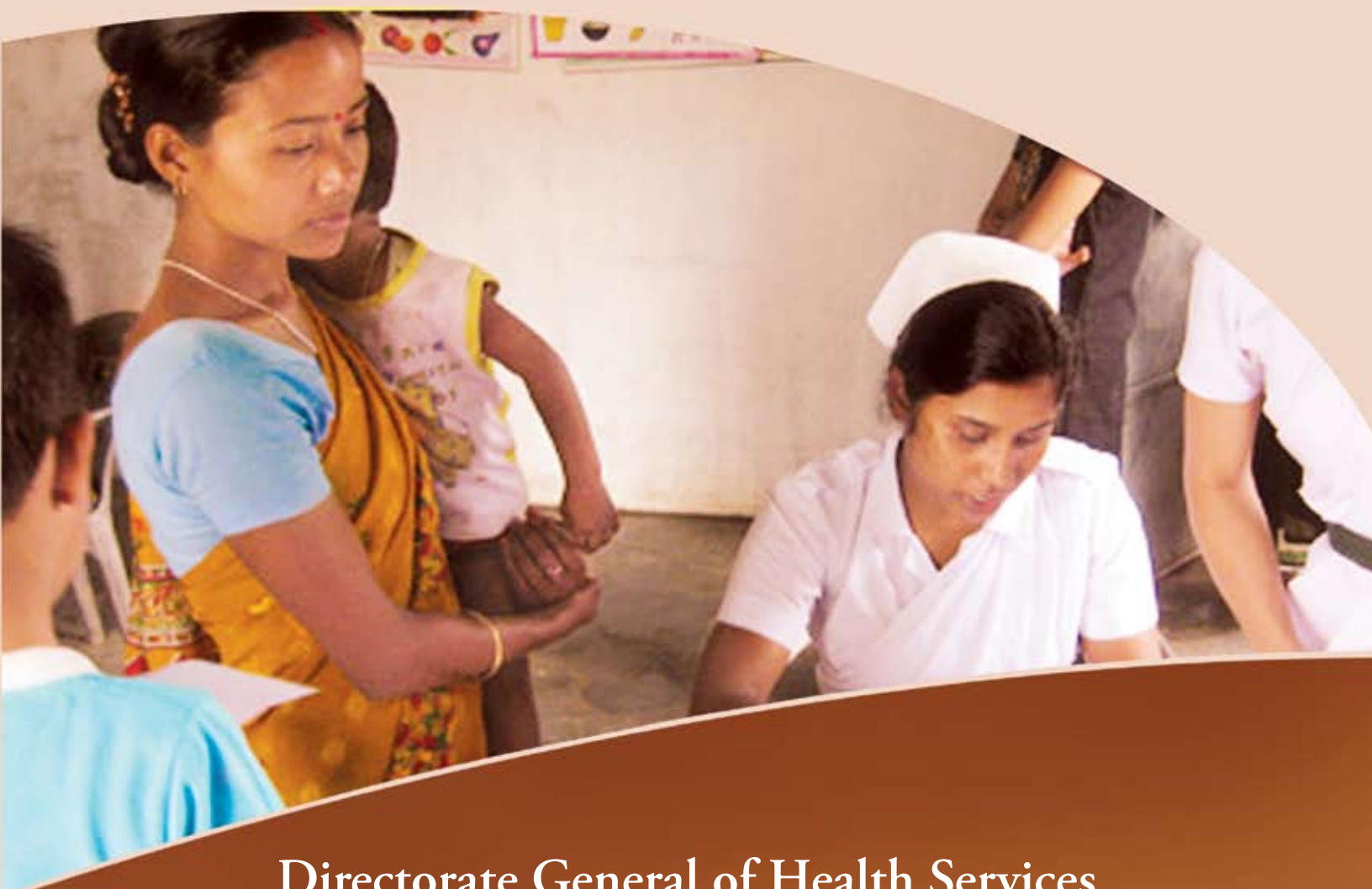




Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres Revised 2012



Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India



**Indian Public Health Standards (IPHS)
Guidelines for
Primary Health Centres
Revised 2012**

**Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India**

CONTENTS

Message	v
Foreword	vi
Preface	vii
Acknowledgements	viii
Executive Summary	1
Indian Public Health Standards for Primary Health Centres	3
Introduction	3
Objectives of Indian Public Health Standards (IPHS) for Primary Health Centres (PHC).....	4
Services at the Primary Health Centre for Meeting the IPHS.....	4
Infrastructure	12
Manpower	16
Drugs	17
The Transport Facilities with Assured Referral Linkages	17
Laundry Services	17
Dietary Facilities for Indoor Patients	17
Waste Management at PHC Level	17
Quality Assurance	17
Monitoring of PHC Functioning	18
Accountability	18
Statutory and Regulatory Compliance	18
Annexures	
Annexure 1: National Immunization Schedule for Infants, Children and Pregnant Women	19
Annexure 2: Layout of PHC.....	21
Annexure 2A: Layout of Operation Theatre	22

Annexure 3:	List of Suggested Equipment and Furniture Including Reagents and Diagnostic Kits	23
Annexure 3A:	Newborn Corner in Labour Room/OT	27
Annexure 4:	Essential Drugs for PHC.....	29
Annexure 5:	Universal Precautions	45
Annexure 6:	Check List for Monitoring by External Mechanism	46
Annexure 7:	Job Responsibilities of Medical Officer and Other Staff at PHC	49
Annexure 8:	Charter of Patients' Rights for Primary Health Centre	63
Annexure 9:	Proforma for Facility Survey for PHC on IPHS	64
Annexure 10:	Facility Based Maternal Death Review Form	73
Annexure 11:	Integrated Disease Surveillance Project Formats	77
Annexure 11A:	Form P Weekly Reporting Format - IDSP.....	78
Annexure 11B:	Form L Weekly Reporting Format - IDSP	79
Annexure 11C:	Format for instantaneous reporting of Early Warning Signals/Outbreaks as soon as it is detected	80
Annexure 12:	List of Statutory and Regulatory Compliances	81
Annexure 13:	List of Abbreviations	82
References		84
Members of Task Force for Revision of IPHS		85

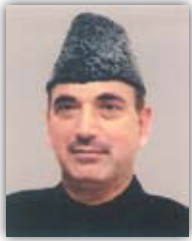


गुलाम नबी आज़ाद
GHULAM NABI AZAD



स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
निर्माण भवन, नई दिल्ली-110108
Minister of Health & Family Welfare
Government of India
Nirman Bhavan, New Delhi-110108

MESSAGE



National Rural Health Mission (NRHM) was launched to strengthen the Rural Public Health System and has since met many hopes and expectations. The Mission seeks to provide effective health care to the rural populace throughout the country with special focus on the States and Union Territories (UTs), which have weak public health indicators and/or weak infrastructure.

Towards this end, the Indian Public Health Standards (IPHS) for Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District and District Hospitals were published in January/February, 2007 and have been used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs. IPHS are a set of uniform standards envisaged to improve the quality of health care delivery in the country.

The IPHS documents have been revised keeping in view the changing protocols of the existing programmes and introduction of new programmes especially for Non-Communicable Diseases. Flexibility is allowed to suit the diverse needs of the states and regions.

Our country has a large number of public health institutions in rural areas from sub-centres at the most peripheral level to the district hospitals at the district level. It is highly desirable that they should be fully functional and deliver quality care. I strongly believe that these IPHS guidelines will act as the main driver for continuous improvement in quality and serve as the bench mark for assessing the functional status of health facilities.

I call upon all States and UTs to adopt these IPHS guidelines for strengthening the Public Health Care Institutions and put in their best efforts to achieve high quality of health care for our people across the country.

New Delhi
23.11.2011

(Ghulam Nabi Azad)

P.K. PRADHAN

Secretary

Department of Health & FW

Tel.: 23061863 Fax : 23061252

e-mail : secyhw@nic.in



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110108

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110108

FOREWORD



As envisaged under National Rural Health Mission (NRHM), the public health institutions in rural areas are to be upgraded from its present level to a level of a set of standards called "Indian Public Health Standards (IPHS)". The Indian Public Health Standards are the benchmarks for quality expected from various components of Public health care organizations and may be used for assessing performance of health care delivery system.

As early as 1951, the Primary Health Centres (PHCs) were established as an integral part of community development programme. Since then lot of changes have taken place. Currently the PHC covers a population of 20,000-30,000 (depending upon the geographical location) and is occupying a place between a Sub-Centre at the most peripheral level and Community Health Centre at block level.

As setting standards is a dynamic process, need was felt to update the IPHS keeping in view the changing protocols of existing National Health Programmes, introduction of new programmes especially for Non-Communicable Diseases and prevailing epidemiological situation in the country. The IPHS for PHC has been revised by a task force comprising of various stakeholders under the Chairmanship of Director General of Health Services. Subject experts, NGOs, State representatives and health workers working in the health facilities have also been consulted at different stages of revision.

The newly revised IPHS for PHC has considered the services, infrastructure, manpower, equipment and drugs into two categories of Essential (minimum assured services) and Desirable (the ideal level services which the states and Union Territories (UTs) shall try to achieve). PHCs have been categorized into two categories depending upon the case load of deliveries. This has been done to ensure optimal utilization of resources. States/UTs are expected to categorize the PHCs and provide infrastructure according to the laid down guidelines in this document.

I am sure this document will help the States Governments and Panchayati Raj Institutions to monitor effectively as to how many of the PHCs are conforming to IPHS and take measures to upgrade the remaining to desired level.

I would like to acknowledge the efforts put by the Directorate General of Health Services in preparing the guidelines. Comments and suggestions for further improvement are most welcome.

(P.K.Pradhan)



National Rural Health Mission

Dr. Jagdish Prasad
M.S. M.Ch., FIACS
Prof. of Cardiac Surgery
VMMC P.G. Institute Safdarjung Hospital
Director General of Health Services



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य सेवा महानिदेशालय
निर्माण भवन, नई दिल्ली - 110 108
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES
NIRMAN BHAWAN, NEW DELHI-110 108
Tel : 23061438, 23061063 (O), 23061924 (F), 26161026 (S.JH)
E-mail : drj.prasad@nic.in, drjprasad2010@gmail.com
dghs@nic.in

PREFACE



Standards are a means of describing a level of quality that the health care organizations are expected to meet or aspire to achieve. For the first time under National Rural Health Mission (NRHM), an effort had been made to develop Indian Public Health Standards (IPHS) for a vast network of peripheral public health institutions in the country and the first set of standards was released in early 2007.

A Primary Health Centre (PHC) serves as a first port of call to a qualified doctor in the public health sector in rural areas providing a range of curative, promotive and preventive health care.

A PHC providing 24-hour services and with appropriate linkages, plays an important role in increasing institutional deliveries thereby helping to reduce maternal mortality and infant mortality.

The IPHS for Primary Health Centres has been revised keeping in view the resources available with respect to functional requirements of Primary Health Centre with minimum standards for such as building, manpower, instruments and equipment, drugs and other facilities etc. The revised IPHS has also incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non-Communicable Diseases. The task of revision was completed as a result of consultations held over many months with task force members, programme officers, Regional Directors of Health and Family Welfare, experts, health functionaries, representatives of Non-Government organizations, development partners and State/Union Territory Government representatives after reaching a consensus. The contribution of all of them is well appreciated. Several innovative approaches have been incorporated in the management process to ensure community and Panchayati Raj Institutions' involvement and accountability.

From Service delivery angle, PHCs may be of two types depending upon the delivery case load – Type A and Type B. The PHCs with delivery case load of less than 20 deliveries in a month will be of Type A and those with delivery case load of 20 or more in a month will be of Type B. This has been done to ensure optimal utilization of manpower and resources.

Setting standards is a dynamic process and this document is not an end in itself. Further revision of the standards shall be undertaken as and when the Primary Health Centres will achieve a minimum functional grade. It is hoped that this document will be of immense help to the States/Union Territories and other stakeholders in bringing up Primary Health Centres to the level of Indian Public Health Standards.

(Dr. Jagdish Prasad)

ACKNOWLEDGEMENTS

The revision of the existing guidelines for Indian Public Health Standards (IPHS) for different levels of Health Facilities from Sub-Centre to District Hospitals was started with the formation of a Task Force under the Chairmanship of Director General of Health Services (DGHS). This revised document is a concerted effort made possible by the advice, assistance and cooperation of many individuals, Institutions, government and non-government organizations.

I gratefully acknowledge the valuable contribution of all the members of the Task Force constituted to revise Indian Public Health Standards (IPHS). The list of Task Force Members is given at the end of this document. I am thankful to them individually and collectively.

I am truly grateful to Mr. P.K. Pradhan, Secretary (H & FW) for the active encouragement received from him.

I also gratefully acknowledge the initiative, inspiration and valuable guidance provided by Dr. Jagdish Prasad, Director General of Health Services, Ministry of Health and Family Welfare, Government of India. He has also extensively reviewed the document while it was being developed.

I sincerely acknowledge the contribution of Dr. R.K. Srivastava, Ex- DGHS and Chairman of Task Force constituted for revision of IPHS who has extensively reviewed the document at every step, while it was being developed.

I sincerely thank Miss K. Sujatha Rao, Ex-Secretary (H&FW) for her valuable contribution and guidance in rationalizing the manpower requirements for Health Facilities. I would specially like to thank Ms. Anuradha Gupta, Additional Secretary and Mission Director NRHM, Mr. Manoj Jhalani Joint Secretary (RCH), Mr. Amit Mohan Prasad, Joint Secretary (NRHM), Dr. R.S. Shukla Joint Secretary (PH), Dr. Shiv Lal, former Special DG and Advisor (Public Health), Dr. Ashok Kumar, DDG Dr. N.S. Dharm Shakti, DDG, Dr. C.M. Agrawal DDG, Dr. P.L. Joshi former DDG, experts from NHSRC namely Dr. T. Sunderraman, Dr. J.N. Sahai, Dr. P. Padmanabhan, Dr. J.N. Srivastava, experts from NCDC Dr. R.L. Ichhpujani, Dr. A.C. Dhariwal, Dr. Shashi Khare, Dr. S.D. Khaparde, Dr. Sunil Gupta, Dr. R.S. Gupta, experts from NIHF Prof. B. Deoki Nandan, Prof. K. Kalaivani, Prof. M. Bhattacharya, Prof. J.K. Dass, Dr. Vivekadish, programme officers from Ministry of Health Family welfare and Directorate General of Health Services especially Dr. Himanshu Bhushan, Dr. Manisha Malhotra, Dr. B. Kishore, Dr. Jagdish Kaur, Dr. D.M. Thorat and Dr. Sajjan Singh Yadav for their valuable contribution and guidance in formulating the IPHS documents.

I am grateful to the following State level administrators, health functionaries working in the health facilities and NGO representatives who shared their field experience and greatly contributed in the revision work; namely:

Dr. Manohar Agnani, MD NRHM from Government of MP Dr. Junaid Rehman from Government of Kerala.

Dr. Kamlesh Kumar Jain from Government of Chhattisgarh.

Dr. Y.K. Gupta, Dr. Kiran Malik, Dr. Avdesh Kumar, Dr. Naresh Kumar, Smt. Prabha Devi Panwar, ANM and Ms. Pushpa Devi, ANM from Government of Uttar Pradesh.

Dr. P.N.S. Chauhan, Dr. Jayashree Chandra, Dr. S.A.S. Kazmi, Dr. L.B. Asthana, Dr. R.P. Maheshwari, Dr. (Mrs.) Pushpa Gupta, Dr. Ramesh Makwana and Dr. (Mrs.) Bhusan Shrivastava from Government of Madhya Pradesh.

Dr. R.S. Gupta, Dr. S.K. Gupta, Ms. Mamta Devi, ANM and Ms. Sangeeta Sharma, ANM from Government of Rajasthan.

Dr. Rajesh Bali from Government of Haryana.

NGO representatives: Dr. P.K. Jain from RK Mission and Dr. Sunita Abraham from Christian Medical Association of India.

Tmt. C. Chandra, Village Health Nurse, and Tmt. K. Geetha, Village Health Nurse from Government of Tamil Nadu.

I express my sincere thanks to Architects of Central Design Bureau namely Sh. S. Majumdar, Dr. Chandrashekhar, Sh. Sridhar and Sh. M. Bajpai for providing inputs in respect of physical infrastructure and building norms.

I am also extremely grateful to Regional Directors of Health and Family Welfare, State Health Secretaries, State Mission directors and State Directors of Health Services for their feedback.

I shall be failing in my duty if I do not thank Dr. P.K. Prabhakar, Deputy Commissioner, Ministry of Health and Family Welfare for providing suggestions and support at every stage of revision of this document.

Last but not the least the assistance provided by my secretarial staff and the team at Macro Graphics Pvt. Ltd. is duly acknowledged.



(Dr. Anil Kumar)

Member Secretary-Task force

CMO (NFSG)

Directorate General of Health Services

Ministry of Health & Family Welfare

Government of India

June 2012
New Delhi

EXECUTIVE SUMMARY

Primary Health Centre is the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centres for curative, preventive and promotive health care.

A typical Primary Health Centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 6 indoor/observation beds. It acts as a referral unit for 6 Sub-Centres and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level. However, as the population density in the country is not uniform, the number of PHCs would depend upon the case load. PHCs should become a 24 hour facility with nursing facilities. Select PHCs, especially in large blocks where the CHC/FRU is over one hour of journey time away, may be upgraded to provide 24 hour emergency hospital care for a number of conditions by increasing number of Medical Officers, preferably such PHCs should have the same IPHS norms as for a CHC.

Standards are the main driver for continuous improvements in quality. The performance of Primary Health Centres can be assessed against the set standards. Setting standards is a dynamic process. Currently the IPHS for Primary Health Centres has been revised keeping in view the resources available with respect to functional requirements of Primary Health Centre with minimum standards such as

building, manpower, instruments and equipment, drugs and other facilities etc. The revised IPHS has incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non-communicable diseases.

The overall objective of IPHS for PHC is to provide health care that is quality oriented and sensitive to the needs of the community. These standards would also help monitor and improve the functioning of the PHCs.

Service Delivery

- ◆ From Service delivery angle, PHCs may be of two types, depending upon the delivery case load – **Type A and Type B.**

Type A PHC: PHC with delivery load of less than 20 deliveries in a month,

Type B PHC: PHC with delivery load of 20 or more deliveries in a month

- ◆ All “Minimum Assured Services” or **Essential Services** as envisaged in the PHC should be available. The services which are indicated as **Desirable** are for the purpose that we should aspire to achieve for this level of facility.
- ◆ Appropriate guidelines for each National Programme for management of routine and emergency cases are being provided to the PHC.

Minimum Requirement for Delivery of the Above-mentioned Services

The following requirements are being projected based on case load of 40 patients per doctor per day, the expected number of beneficiaries for maternal and child health care and family planning and about 60% utilization of the available indoor/observation beds (6 beds). Besides one MBBS medical officer, one AYUSH medical officer (desirable) has been provided to provide choices to the people, wherever an AYUSH public facility is not available in the near vicinity. Manpower has been rationalized. For Type B PHCs, additional staff in the form of one MBBS medical officer (desirable) one Staff Nurse and one sanitary worker cum watchman have been provided to take care of additional delivery case load. It would be a dynamic

process in the sense that if the utilization goes up, the standards would be further upgraded.

Facilities

The document includes a suggested layout of PHC indicating the space for the building and other infrastructure facilities. A list of manpower, equipment, furniture and drugs needed for providing the assured and desirable services at the PHC has been incorporated in the document. A Charter of Patients' Rights for appropriate information to the beneficiaries, grievance redressal and constitution of Rogi Kalyan Samiti/ Primary Health Centre Management Committee for better management and improvement of PHC services with involvement of Panchayati Raj Institutions (PRI) has also been made as a part of the Indian Public Health Standards. The monitoring process and quality assurance mechanism is also included.

INDIAN PUBLIC HEALTH STANDARDS FOR PRIMARY HEALTH CENTRES

Introduction

The concept of Primary Health Centre (PHC) is not new to India. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit to provide as close to the people as possible, an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care.

The health planners in India have visualized the PHC and its Sub-Centres (SCs) as the proper infrastructure to provide health services to the rural population. The Central Council of Health at its first meeting held in January 1953 had recommended the establishment of PHCs in community development blocks to provide comprehensive health care to the rural population. These centres were functioning as peripheral health service institutions with little or no community involvement. Increasingly, these centres came under criticism, as they were not able to provide adequate health coverage, partly, because they were poorly staffed and equipped and lacked basic amenities.

The 6th Five year Plan (1983-88) proposed reorganization of PHCs on the basis of one PHC for every 30,000 rural populations in the plains and one PHC for every 20,000 population in hilly, tribal and desert areas for more effective coverage. However, as the population density in the country is not uniform, the number of PHCs would depend upon the case load. PHCs should become functional for round the clock with provision of 24 × 7 nursing facilities. Select PHCs, especially in large blocks where the CHC is over one hour of journey time away, may be upgraded to provide 24 hour emergency

hospital care for a number of conditions by increasing the number of Medical Officers; preferably such PHCs should have the same IPHS norms as for a CHC. There are 23673 PHCs functioning in the country as on March 2010 as per Rural Health Statistics Bulletin, 2010. The number of PHCs functioning on 24x7 basis are 9107 and number of PHCs where three staff Nurses have been posted are 7629 (as on 31-3-2011).

PHCs are the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centres for curative, preventive and promotive health care. It acts as a referral unit for 6 Sub-Centres and refer out cases to Community Health Centres (CHCs-30 bedded hospital) and higher order public hospitals at sub-district and district hospitals. It has 4-6 indoor beds for patients.

PHCs are not spared from issues such as the inability to perform up to the expectation due to (i) non-availability of doctors at PHCs; (ii) even if posted, doctors do not stay at the PHC HQ; (iii) inadequate physical infrastructure and facilities; (iv) insufficient quantities of drugs; (v) lack of accountability to the public and lack of community participation; (vi) lack of set standards for monitoring quality care etc.

Standards are a means of describing the level of quality that health care organizations are expected to meet or aspire to. Key aim of these standards is to underpin the delivery of quality services which are fair and responsive to client's needs, provided equitably and deliver improvements in the health and wellbeing of the population. Standards are the main driver for continuous

improvements in quality. The performance of health care delivery organizations can be assessed against standards. The National Rural Health Mission (NRHM) has provided the opportunity to set Indian Public Health Standards (IPHS) for Health Centres functioning in rural areas.

In order to provide optimal level of quality health care, a set of standards called Indian Public Health Standards (IPHS) were recommended for Primary Health Centre (PHC) in early 2007.

The nomenclature of a PHC varies from State to State that include a Block level PHCs (located at block HQ and covering about 100,000 population and with varying number of indoor beds) and additional PHCs/New PHCs covering a population of 20,000-30,000 etc. Regarding the block level PHCs it is expected that they are ultimately going to be upgraded as Community Health Centres with 30 beds for providing specialized services.

Setting standards is a dynamic process. Currently the IPHS for Primary Health Centres has been revised keeping in view the resources available with respect to functional requirement for PHCs having 6 beds with minimum standards such as building manpower, instruments, and equipment, drugs and other facilities etc. The revised IPHS has incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non-communicable diseases.

It is desirable that on the basis of essential services, State/UT should issue the Government notification for minimum mandate standard for services at PHC.

Objectives of Indian Public Health Standards (IPHS) for Primary Health Centres (PHC)

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community.

The objectives of IPHS for PHCs are:

- i. To provide comprehensive primary health care to the community through the Primary Health Centres.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the community.

Services at the Primary Health Centre for meeting the IPHS

From Service delivery angle, PHCs may be of two types, depending upon the delivery case load – **Type A and Type B.**

Type A PHC: PHC with delivery load of less than 20 deliveries in a month,

Type B PHC: PHC with delivery load of 20 or more deliveries in a month

All the following services have been classified as **Essential (Minimum Assured Services) or Desirable (which all States/UTs should aspire to achieve at this level of facility).**

Medical care

Essential

- ◆ **OPD services:** A total of 6 hours of OPD services out of which 4 hours in the morning and 2 hours in the afternoon for six days in a week. Time schedule will vary from state to state. Minimum OPD attendance is expected to be 40 patients per doctor per day. In addition to six hours of duty at the PHC, it is desirable that MO PHC shall spend at least two hours per day twice in a week for field duties and monitoring.
- ◆ **24 hours emergency services:** appropriate management of injuries and accident, First Aid, stitching of wounds, incision and drainage of abscess, stabilisation of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions. These services will be provided primarily by the nursing staff. However, in case of need, Medical Officer may be available to attend to emergencies on call basis.
- ◆ **Referral services.**
- ◆ **In-patient services (6 beds).**

Maternal and Child Health Care Including Family Planning

Essential

a) Antenatal care

- i. Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy). However, even if a woman comes

late in her pregnancy for registration she should be registered and care given to her according to gestational age. Record tobacco use by all antenatal mothers.

- ii. Minimum 4 antenatal checkups and provision of complete package of services.

Suggested schedule for antenatal visits:

1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up.

2nd visit: Between 14 and 26 weeks.

3rd visit: Between 28 and 34 weeks.

4th visit: Between 36 weeks and term.

Associated services like providing iron and folic acid tablets, injection Tetanus Toxoid etc (as per the “guidelines for Ante-Natal Care and Skilled Attendance at birth by ANMs and LHVs) Ensure, at-least 1 ANC preferably the 3rd visit, must be seen by a doctor.

- iii. Minimum laboratory investigations like Haemoglobin, Urine albumin and sugar, RPR test for syphilis and Blood Grouping and Rh typing.
- iv. Nutrition and health counseling. Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.
- v. Identification and management of high risk and alarming signs during pregnancy and labour. Timely referral of such identified cases to FRUs/ other hospitals which are beyond the capacity of Medical Officer PHC to manage.
- vi. Tracking of missed and left out ANC.
- vii. Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.

b) Intra-natal care: (24-hour delivery services both normal and assisted)

- i. Promotion of institutional deliveries.
- ii. Management of normal deliveries.
- iii. Assisted vaginal deliveries including forceps/ vacuum delivery whenever required.
- iv. Manual removal of placenta.

- v. Appropriate and prompt referral for cases needing specialist care.
- vi. Management of pregnancy Induced hypertension including referral.
- vii. Pre-referral management (Obstetric first-aid) in Obstetric emergencies that need expert assistance (Training of staff for emergency management to be ensured).
- viii. Minimum 48 hours of stay after delivery.
- ix. Managing labour using Partograph.

c) Proficient in identification and basic first aid treatment for PPH, Eclampsia, Sepsis and prompt referral

As per ‘Antenatal Care and Skilled Birth Attendance at Birth’ Guidelines

d) Postnatal Care

- i. Ensure post- natal care for 0 & 3rd day at the health facility both for the mother and new-born and sending direction to the ANM of the concerned area for ensuring 7th & 42nd day post-natal home visits. 3 additional visits for a low birth weight baby (less than 2500 gm) on 14th day, 21st day and on 28th day.
- ii. Initiation of early breast-feeding within one hour of birth.
- iii. Counseling on nutrition, hygiene, contraception, essential new born care (As per Guidelines of GOI on Essential new-born care) and immunization.
- iv. Others: Provision of facilities under Janani Suraksha Yojana (JSY).
- v. Tracking of missed and left out PNC.

e) New Born care

- i. Facilities for Essential New Born Care (ENBC) and Resuscitation (Newborn Care Corner in Labour Room/OT, Details given in Annexure 3A).
- ii. Early initiation of breast feeding with in one hour of birth.
- iii. Management of neonatal hypothermia (provision of warmth/Kangaroo Mother Care (KMC), infection protection, cord care and identification of sick newborn and prompt referral.

f) Care of the child

- i. Routine and Emergency care of sick children including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and inpatient care. Prompt referral of sick children requiring specialist care.
- ii. Counseling on exclusive breast-feeding for 6 months and appropriate and adequate complementary feeding from 6 months of age while continuing breastfeeding. (As per National Guidelines on Infant and Young Child Feeding, 2006, by Ministry of WCD, Government of India).
- iii. Assess the growth and development of the infants and under 5 children and make timely referral.
- iv. Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI. (Current Immunization Schedule at **Annexure 1**). **Tracking of vaccination dropouts.**
- v. Vitamin A prophylaxis to the children as per national guidelines.
- vi. Prevention and control of routine childhood diseases, infections like diarrhoea, pneumonia etc. and anemia etc.
- vii. Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

Janani Suraksha Yojana

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. This scheme integrates cash assistance with delivery and post-delivery care.

While the scheme would create demand for institutional delivery, it would be necessary to have adequate number of 24x7 delivery services centre, doctors, mid-wives, drugs etc. at appropriate places. Mainly, this will entail

- ◆ Linking each habitation (village or a ward in an urban area) to a functional health centre- public or accredited private institution where 24x7 delivery service would be available,
- ◆ Associate an ASHA or a health link worker to each of these functional health centre.
- ◆ It should be ensured that ASHA keeps track of all expectant mothers and newborn. All expectant mother and newborn should avail ANC and immunization services, if not in health centres, atleast on the monthly health and nutrition day, to be organised in the Anganwadi or sub-centre.
- ◆ Each pregnant women is registered and a micro-birth plan is prepared.
- ◆ Each pregnant woman is tracked for ANC,
- ◆ For each of the expectant mother, a place of delivery is pre-determined at the time of registration and the expectant mother is informed,

- ◆ A referral centre is identified and expectant mother is informed,
- ◆ ASHA and ANM to ensure that adequate fund is available for disbursement to expectant mother,
- ◆ ASHA takes adequate steps to organize transport for taking the women to the pre-determined health institution for delivery.
- ◆ ASHA assures availability of cash for disbursement at the health centre and she escorts pregnant women to the pre-determined health centre.
- ◆ ASHA package in the form of cash assistance for referral transport, cash incentive and transactional cost to be provided as per guidelines.

Janani Shishu Suraksha Karyakram (JSSK)

JSSK launched on 1st of June of 2011 is an initiative to assure free services to all pregnant women and sick neonates accessing public health institutions. The scheme envisages free and cashless services to pregnant women including normal deliveries and caesarian section operations and also treatment of sick newborn (up to 30 days after birth) in all Government health institutions across State/UT.

This initiative supplements the cash assistance given to pregnant women under the JSY and is aimed at mitigating the burden of out of pocket expenditure incurred by pregnant women and sick newborns,

Entitlements for Pregnant Women

1. Free and Zero expense delivery and Caesarian Section
2. Free Drugs and Consumables
3. Free Diagnostics (Blood, Urine tests and Ultrasonography etc. as required.)
4. Free diet during stay in the health institutions (up to 3 days for normal deliveries and upto 7 days for caesarian deliveries)
5. Free provision of the Blood
6. Free transport from home to health institutions, between facilities in case of referrals and drop back from institutions to home.

7. Exemption from all kinds of user charges

Entitlements for Sick newborn till 30 days after Birth

1. Free and zero expense treatment
2. Free Drugs and Consumables
3. Free Diagnostics
4. Free provision of the Blood
5. Free transport from home to health institutions, between facilities in case of referrals and drop back from institutions to home.
6. Exemption from all kinds of user charges

g) Family Welfare

- i. Education, Motivation and Counseling to adopt appropriate Family planning methods.
- ii. Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD insertions.
- iii. Referral and Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).
- iv. Counseling and appropriate referral for couples having infertility.
- v. Permanent methods like Tubal ligation and vasectomy/NSV, where trained personnel and facility exist.

Medical Termination of Pregnancies

Essential

Counseling and appropriate referral for safe abortion services (MTP) for those in need.

Desirable

- ◆ MTP using Manual Vacuum Aspiration (MVA) technique will be provided in PHCs, where trained personnel and facility exist.
- ◆ Medical Method of Abortion with linkage for timely referral to the facility approved for 2nd trimester of MTP.

Management of Reproductive Tract Infections/Sexually Transmitted Infections

Essential

- a. Health education for prevention of RTI/STIs.
- b. Treatment of RTI/STIs.

Nutrition Services (coordinated with ICDS)

Essential

- a. Diagnosis of and nutrition advice to malnourished children, pregnant women and others.
- b. Diagnosis and management of anaemia and vitamin A deficiency.
- c. Coordination with ICDS.

School Health

Teachers screen students on a continuous basis and ANMs/HWMs (a team of 2 workers) visit the schools (one school every week) for screening, treatment of minor ailments and referral. Doctor from CHC/PHC will also visit one school per week based on the screening reports submitted by the teams. Overall services to be provided under school health shall include

Essential

Health service provision

Screening, health care and referral:

- ◆ Screening of general health, assessment of Anaemia/Nutritional status, visual acuity, hearing problems, dental check up, common skin conditions, Heart defects, physical disabilities, learning disorders, behavior problems, etc.
- ◆ Basic medicines to take care of common ailments, prevalent among young school going children.
- ◆ Referral Cards for priority services at District/Sub-District hospitals.

Immunization:

- ◆ As per national schedule
- ◆ Fixed day activity
- ◆ Coupled with education about the issue

Micronutrient (Vitamin A & IFA) management:

- ◆ Weekly supervised distribution of Iron-Folate tablets coupled with education about the issue
- ◆ Administration of Vitamin-A in needy cases.

De-worming

- ◆ Biannually supervised schedule
- ◆ Prior IEC
- ◆ Siblings of students also to be covered

Capacity building**Monitoring & Evaluation**

Mid Day Meal: in coordination with department of school education, Ministry of Human Resource Development

Desirable**Health Promoting Schools**

- ◆ Counseling services
- ◆ Regular practice of Yoga, Physical education, health education
- ◆ Peer leaders as health educators.
- ◆ Adolescent health education-existing in few places
- ◆ Linkages with the out of school children
- ◆ Health clubs, Health cabinets
- ◆ First Aid room/corners or clinics.

Adolescent Health Care

To be provided preferably through adolescent friendly clinic for 2 hours once a week on a fixed day. Services should be comprehensive i.e. a judicious mix of promotive, preventive, curative and referral services

Core package (Essential)

- ◆ Adolescent and Reproductive Health: Information, counseling and services related to sexual concerns, pregnancy, contraception, abortion, menstrual problems etc.
- ◆ Services for tetanus immunization of adolescents
- ◆ Nutritional Counseling, Prevention and management of nutritional anemia
- ◆ STI/RTI management
- ◆ Referral Services for VCTC and PPTCT services and services for Safe termination of pregnancy, if not available at PHC

Optional/additional services (desirable): as per local need

Outreach services in schools (essential) and community Camps (desirable)

- ◆ Periodic Health check ups and health education activities, awareness generation and Co-curricular activities

Promotion of Safe Drinking Water and Basic Sanitation**Essential**

- ◆ Disinfection of water sources and Coordination with Public Health Engineering department for safe water supply.
- ◆ Promotion of sanitation including use of toilets and appropriate garbage disposal.

Desirable

- ◆ Testing of water quality using H₂S - Strip Test (Bacteriological).

Prevention and control of locally endemic diseases like malaria, Kala Azar, Japanese Encephalitis etc. (Essential)

Collection and reporting of vital events. (Essential)

Health Education and Behaviour Change Communication (BCC). (Essential)

Other National Health Programmes

Revised National Tuberculosis Control Programme (RNTCP)

Essential

All PHCs to function as DOTS Centres to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines. Facility for Collection and transport of sputum samples should be available as per the RNTCP guidelines.

National Leprosy Eradication Programme

Essential

- a. Health education to community regarding Leprosy.
- b. Diagnosis and management of Leprosy and its complications including reactions.
- c. Training of leprosy patients having ulcers for self-care.
- d. Counselling for leprosy patients for regularity/ completion of treatment and prevention of disability.

Integrated Disease Surveillance Project (IDSP)

Essential

- Weekly reporting of epidemic prone diseases in S, P & L forms and SOS reporting of any cluster of cases (formats for the data collection are added in **Annexures 11, 11A, 11B, 11C**).
- PHC will collect and analyse data from Sub-Centre and will report information to district surveillance unit.
- Appropriate preparedness and first level action in out-break situations.
- Laboratory services for diagnosis of Malaria, Tuberculosis, and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

National Programme for Control of Blindness (NPCB)

Essential

- The early detection of visual impairment and their referral.
- Detection of cataract cases and referral for cataract surgery.
- Provision of Basic treatment of common eye diseases.
- Awareness generation through appropriate IEC strategies for prevention and early detection of impaired vision and other eye conditions.
- Greater participation/role of community in primary prevention of eye problems.

National Vector Borne Disease Control Programme (NVBDCP)

Essential in endemic areas

Diagnosis and Management of Vector borne Diseases is to be undertaken as per NVBDCP guidelines for PHC/CHC:

- Diagnosis of Malaria cases, microscopic confirmation and treatment.
- Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case management as per the protocols.
- Complete treatment to Kala-azar cases in Kala-azar endemic areas as per national Policy.
- Complete treatment of microfilaria positive cases with DEC and participation in and arrangement for Mass Drug Administration (MDA) along with management of side reactions, if any. Morbidity management of Lymphoedema cases.

National AIDS Control Programme

Essential

- IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- Organizing School Health Education Programme.
- Condom Promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

Desirable

- Integrated Counseling and Testing Centre, STI services.
- Screening of persons practicing high-risk behaviour with one rapid test to be conducted at the PHC level and development of referral linkages with the nearest ICTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states.
- Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital for PPTCT services in the six high HIV prevalence states (Tamil Nadu, Andhra Pradesh, Maharashtra, Karnataka, Manipur and Nagaland) of India.
- Linkage with Microscopy Centre for HIV-TB coordination.
- Pre and post-test counseling of AIDS patients by PHC staff in high prevalence states.

National Programme for Prevention and Control of Deafness (NPPCD)

Essential

- Early detection of cases of hearing impairment and deafness and referral.
- Basic Diagnosis and treatment services for common ear diseases like wax in ear, otomycosis, otitis externa, Ear discharge etc.
- IEC services for prevention, early detection of hearing impairment/deafness and greater participation/role of community in primary prevention of ear problems.

National Mental Health Programme (NMHP)

Essential

- Early identification (diagnosis) and treatment of mental illness in the community.

- b. Basic Services: Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and epilepsy and referral).
- c. IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation/role of Community for primary prevention of mental disorders.

National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS)

Cancer

Essential

- a. IEC services for prevention of cancer and early symptoms.
- b. Early detection of cancer with warning signals like change in Bladder/Bowel habits, bleeding per rectum, blood in urine, lymph node enlargement, Lump or thickening in Breast, itching and/or redness or soreness of the nipples of Breast, non healing chronic sore or ulcer in oral cavity, difficulty in swallowing, obvious change in wart/mole, nagging cough or hoarseness of voice etc.
- c. Referral of suspected cancer cases with early warning signals for confirmation of the diagnosis.

Desirable

PAP smear

Other NCD Diseases

Essential

- a. Health Promotion Services to modify individual, group and community behaviour especially through;
 - i. Promotion of Healthy Dietary Habits.
 - ii. Increase physical activity.
 - iii. Avoidance of tobacco and alcohol.
 - iv. Stress Management.
- b. Early detection, management and referral of Diabetes Mellitus, Hypertension and other Cardiovascular diseases and Stroke through simple measures like history, measuring blood pressure, checking for blood, urine sugar and ECG.

Desirable

Survey of population to identify vulnerable, high risk and those suffering from disease.

National Iodine Deficiency Disorders Control Programme (NIDDCP)

Essential

- a. IEC activities to promote the consumption of iodated salt by the people.
- b. Monitoring of Iodated salt through salt testing kits.

National Programme for Prevention and Control of Fluorosis (NPPCF) (In affected (Endemic Districts)

Essential

- a. Referral Services.
- b. IEC activities to prevent Fluorosis.

Desirable

- a. Clinical examination and preliminary diagnostic parameters assessment for cases of Fluorosis if facilities are available.
- b. Monitoring of village/community level activity.

National Tobacco Control Programme (NTCP)

Essential

- a. Health education and IEC activities regarding harmful effects of tobacco use and second hand smoke.
- b. Promoting quitting of tobacco in the community.
- c. Providing brief advice on tobacco cessation to all smokers/tobacco users.
- d. Making PHC tobacco free.

Desirable

Watch for implementation of ban on smoking in public places, sale of tobacco products to minors, sale of tobacco products within 100 yards of educational institutions.

National Programme for Health Care of Elderly

Essential

IEC activities on healthy aging.

Desirable

'Weekly geriatric clinic at PHC' for providing complete health assessment of elderly persons, Medicines, Management of chronic diseases and referral services.

Oral Health

Essential

Oral health promotion and check ups & appropriate referral on identification.

Physical Medicine and Rehabilitation (PMR) Services

Desirable

- a. Primary prevention of Disabilities.
- b. Screening, early identification and detection.
- c. Counseling.
- d. Issue of Disability Certificate for obvious Disabilities by PHC doctor.

Referral Services

Appropriate and prompt referral of cases needing specialist care including:

- a. Stabilization of patient.
- b. Appropriate support to patient during transport.
- c. Providing transport facilities either by PHC vehicle or other available referral transport.
- d. Drop back home for patients as mandated under JSSK

Training

Essential

- a. Imparting training to undergraduate medical students and intern doctors in basic health care.
- b. Orientation training of male and female health workers in various National Health Programmes including RCH, Adolescent health services and immunization
- c. Skill based training to ASHAs.
- d. Initial and periodic Training of paramedics in treatment of minor ailments.
- e. Periodic training of Doctors and para medics through Continuing Medical Education, conferences, skill development trainings.
- f. All health staff of PHC must be trained in IMEP.

Desirable

- g. Others
 - i. There should be provision of induction training for doctors, nursing and paramedical staff.
 - ii. Whenever new/higher responsibility is assigned or new equipment/technology is introduced, there must be provision of training.
 - iii. There must be mechanism for ensuring quality assurance in trainings by Training feedback and Training effectiveness evaluation.
 - iv. Appropriate placement for trained person should be ensured.
 - v. Trainings in minor repairs and maintenance of available equipment should be provided to the user.

- vi. Training of para medics in indenting, forecasting, inventory and store management
- vii. Development of protocols for equipment (operation, preventive and breakdown maintenance).

Note: 1. Trainings should commensurate with job responsibilities for each category of health personnel.

Note: 2. Since ECG machine is envisaged in PHCs hence lab technician or some other paramedic should be trained in taking ECG.

Basic Laboratory and Diagnostic Services

Essential Laboratory services including

- i. Routine urine, stool and blood tests (Hb%, platelets count, total RBC, WBC, bleeding and clotting time).
- ii. Diagnosis of RTI/STDs with wet mounting, Grams stain, etc.
- iii. Sputum testing for mycobacterium (as per guidelines of RNTCP).
- iv. Blood smear examination malarial.
- v. Blood for grouping and Rh typing.
- vi. RDK for Pf malaria in endemic districts.
- vii. Rapid tests for pregnancy.
- viii. RPR test for Syphilis/YAWS surveillance (endemic districts).
- ix. Rapid test kit for fecal contamination of water.
- x. Estimation of chlorine level of water using ortho-toluidine reagent.
- xi. Blood Sugar.

Desirable

- xii. Blood Cholesterol.
- xiii. ECG.

Validation of reports: periodic validation of laboratory reports should be done with external agencies like District PHC/Medical college for Quality Assurance. Periodic calibration of Laboratory and PHC equipment.

Monitoring and Supervision

Essential

- i. Monitoring and supervision of activities of Sub-Centre through regular meetings/periodic visits, by LHV, Health Assistant Male and Medical Officer etc..
- ii. Monitoring of all National Health Programmes by Medical Officer with support of LHV, Health Assistant Male and Health educator.
- iii. Monitoring activities of ASHAs by LHV and ANM (in her Subcentre area).

- iv. Health educator will monitor all IEC and BCC activities
- v. Health Assistants Male and LHV should visit Sub-Centres once a week.
- vi. Checking for tracking of missed out and left out ANC/PNC, Vaccinations etc. during monitoring visits and quality parameters (including using Partograph, AMTSL, ENBC etc.) during delivery and post delivery.
- vii. Timely payment of JSY beneficiaries.
- viii. Timely payment of TA/DA to ASHAs.

Desirable

- i. MO should visit all Sub-Centres at least once in a month. This will be possible only if more than one Medical Officer is posted in the PHC.

Functional Linkages with Sub-Centres

Essential

- ◆ There shall be a monthly review meeting at PHC chaired by MO (or in-charge), and attended by all the Health Workers (Male and Female) and Health Assistants (Male and female).
- ◆ On the spot Supervisory visits to Sub-Centres.
- ◆ Organizing Village Health and Nutrition day at Anganwadi Centres.

Desirable

- ◆ ASHAs and Anganwadi Workers should attend monthly review meetings. Medical Officer should orient ASHAs on selected topics of health care.

Mainstreaming of AYUSH

Desirable

- ◆ Provision of one AYUSH Doctor and one AYUSH Pharmacist has been made at PHC to provide choices to the people wherever an AYUSH public facility is not available in the near vicinity. The AYUSH doctor at PHC shall attend patients for system specific AYUSH based preventive, promotive and curative health care and take up public health education activities including awareness generation about the uses of medicinal plants and local health practices.
- ◆ The signboard of the PHC should mention AYUSH facilities.
- ◆ AYUSH Doctor should support in implementation of national health programmes after requisite training if required.

- ◆ Locally available medicinal herbs/plants should be grown around the PHC.

Selected Surgical Procedures

(Desirable)

The vasectomy, tubectomy (including laparoscopic tubectomy), MTP, hydrocelectomy as a fixed day approach have to be carried out in a PHC having facilities of O.T. During all these surgical procedures, universal precautions will be adopted to ensure infection prevention. These universal precautions are mentioned at **Annexure 5**.

Record of Vital Events and Reporting

Essential

- a. Recording and reporting of Vital statistics including births and deaths.
- b. Maintenance of all the relevant records concerning services provided in PHC.

Maternal Death Review (MDR).

(Desirable)

Facility Based MDR shall be conducted at the PHC, the form is given at **Annexure 10**.

Infrastructure

The PHC should have a building of its own. The surroundings should be clean. The details are as follows:

PHC Building

Location

It should be centrally located in an easily accessible area.

The area chosen should have facilities for electricity, all weather road communication, adequate water supply and telephone. At a place, where a PHC is already located, another health centre/SC should not be established to avoid the wastage of human resources.

PHC should be away from garbage collection, cattle shed, water logging area, etc. PHC shall have proper boundary wall and gate.

Area

It should be well planned with the entire necessary infrastructure. It should be well lit and ventilated with as much use of natural light and ventilation as possible.

The plinth area would vary from 375 to 450 sq. metres depending on whether an OT facility is opted for.

Sign-age

The building should have a prominent board displaying the name of the Centre in the local language at the gate and on the building. PHC should have pictorial, bilingual directional and layout sign-age of all the departments and public utilities (toilets, drinking water).

Prominent display boards in local language providing information regarding the services available/user charges/fee and the timings of the centre. Relevant IEC material shall be displayed at strategic locations.

Citizen charter including patient rights and responsibilities shall be displayed at OPD and Entrance in local language.

Entrance with Barrier free access

Barrier free access environment for easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons as per guidelines of GOI.

Ramp as per specification, Hand-railing, proper lightning etc must be provided in all health facilities and retrofitted in older one which lack the same. The doorway leading to the entrance should also have a ramp facilitating easy access for old and physically challenged patients. Adequate number of wheel chairs, stretchers etc. should also be provided.

Disaster Prevention Measures

For all new upcoming facilities in seismic 5 zone or other disaster prone areas.

Building and the internal structure should be made disaster proof especially earthquake proof, flood proof and equipped with fire protection measures.

Earthquake proof measures - structural and non-structural should be built in to withstand quake as per geographical/state govt. guidelines. Non-structural features like fastening the shelves, almirahs, equipment etc. are even more essential than structural changes in the buildings. Since it is likely to increase the cost substantially, these measures may especially be taken on priority in known earthquake prone areas.

PHC should not be located in low lying area to prevent flooding as far as possible.

Fire fighting equipment – fire extinguishers, sand buckets etc. should be available and maintained to be readily available when needed. Staff should be trained in using fire fighting equipment.

All PHCs should have Disaster Management Plan in line with the District Disaster management Plan. All health staff should be trained and well conversant with disaster prevention and management aspects. Surprise mock drills should be conducted at regular intervals.

Waiting Area

- This should have adequate space and seating arrangements for waiting clients/patients as per patient load.
- The walls should carry posters imparting health education.
- Booklets/leaflets in local language may be provided in the waiting area for the same purpose.
- Toilets with adequate water supply separate for males and females should be available. Waiting area should have adequate number of fans, coolers, benches or chairs.
- Safe Drinking water should be available in the patient's waiting area.

There should be proper notice displaying departments of the centre, available services, names of the doctors, users' fee details and list of members of the Rogi Kalyan Samiti/Hospital Management Committee.

A locked complaint/suggestion box should be provided and it should be ensured that the complaints/suggestions are looked into at regular intervals and addressed.

The surroundings should be kept clean with no water-logging and vector breeding places in and around the centre.

Outpatient Department

- The outpatient room should have separate areas for consultation and examination.
- The area for examination should have sufficient privacy.
- In PHCs with AYUSH doctor, necessary infrastructure such as consultation room for AYUSH Doctor and AYUSH Drug dispensing area should be made available.
- OPD Rooms shall have provision for ample natural light, and air. Windows shall open directly to the external air or into an open verandah.

- e. Adequate measures should be taken for crowd management; e.g. one volunteer to call patients one by one, token system.
- f. One room for Immunization/Family Planning/Counseling.
- h. One of the hospital staff shall be trained in Autoclaving and PHC shall have standard Operative procedure for autoclaving.
- i. OT shall have power back up (generator/Inverter/UPS). OT should have restricted entry. Separate foot wear should be used.

Wards 5.5 m x 3.5 m each

- a. There should be 4-6 beds in a Primary Health Centre. Separate wards/areas should be earmarked for males and females with the necessary furniture.
- b. There should be facilities for drinking water and separate clean toilets for men and women.
- c. The ward should be easily accessible from the OPD so as to obviate the need for a separate nursing staff in the ward and OPD during OPD hours.
- d. Nursing station should be located in such a way that health staff can be easily accessible to OT and labour room after regular clinic timings.
- e. Proper written handover shall be given to incoming staff by the outgoing staff.
- f. Dirty utility room for dirty linen and used items.
- g. Cooking should not be allowed inside the wards for admitted patients.
- h. Cleaning of the wards, etc. should be carried out at regular intervals and at such times so as not to interfere with the work during peak hours and also during times of eating. Cleaning of the wards, Labour Room, OT, and toilets should be regularly monitored.

Operation Theatre (Optional)

To facilitate conducting selected surgical procedures (e.g. vasectomy, tubectomy, hydrocelectomy etc.).

- a. It should have a changing room, sterilization area operating area and washing area.
- b. Separate facilities for storing of sterile and unsterile equipment/instruments should be available in the OT.
- c. The Plan of an ideal OT has been annexed showing the layout.
- d. It would be ideal to have a patient preparation area and Post-Operative area. However, in view of the existing situation, the OT should be well connected to the wards.
- e. The OT should be well-equipped with all the necessary accessories and equipment.
- f. Surgeries like laparoscopy/cataract/Tubectomy/Vasectomy should be able to be carried out in these OTs.
- g. OT shall be fumigated at regular intervals.

Labour Room (3.8 m x 4.2 m)

Essential

- a. Configuration of New Born care corner
 - Clear floor area shall be provided in the room for newborn corner. It is a space within the labour room, 20-30 sq ft in size, where a radiant warmer (Functional) will be kept.
 - Oxygen, suction machine and simultaneously-accessible electrical outlets shall be provided for the newborn infant in addition to the facilities required for the mother. Both Oxygen Cylinder and Suction Machine should be functional with their tips cleaned and covered with sterile gauze etc for ready to use condition. They must be cleaned after use and kept in the same way for next use.
 - The Labour room shall be provided with a good source of light, preferably shadow-less.
 - Resuscitation kit including Ambu Bag (Paediatric size) should be placed in the radiant warmer.
 - Provision of hand washing and containment of infection control if it is not a part of the delivery room.
 - The area should be away from draught of air, and should have power connection for plugging in the radiant warmer.
- b. There should be separate areas for septic and aseptic deliveries.
- c. The Labour room should be well-lit and ventilated with an attached toilet and drinking water facilities. Facilities for hot water shall be available.
- d. Separate areas for Dirty linen, baby wash, toilet, Sterilization.
- e. Standard Treatment Protocols for common problems during labour and for newborns to be provided in the labour room.
- f. Labour room should have restricted entry. Separate foot wear should be used.
- g. All the essential drugs and equipment (functional) should be available.
- h. Cleanliness shall always be maintained in Labour room by regular washing and mopping with disinfectants.

- i. Labour Room shall be fumigated at regular interval **(Desirable)**.
- j. Delivery kits and other instruments shall be autoclaved where facility is available.
- k. If Labour Room has more than one labour table then the privacy of the women must be ensured by having screens between 2 labour tables.

Minor OT/Dressing Room/Injection Room/ Emergency

- a. This should be located close to the OPD to cater to patients for minor surgeries and emergencies after OPD hours.
- b. It should be well equipped with all the emergency drugs and instruments.
- c. Privacy of the patients should be ensured.

Laboratory (3.8 m x 2.7 m)

- a. Sufficient space with workbenches and separate area for collection and screening should be available.
- b. Should have marble/stone table top for platform and wash basins.

General store

- a. Separate area for storage of sterile and common linen and other materials/drugs/consumable etc. should be provided with adequate storage space.
- b. The area should be well-lit and ventilated and rodent/pest free.
 - Sufficient number of racks shall be provided.
 - Drugs shall be stored properly and systematically in cool (away from direct sunlight), safe and dry environment.
 - inflammable and hazardous material shall be secured and stored separately
- c. Near expiry drugs shall be segregated and stored separately
- d. Sufficient space with the storage cabins separately for AYUSH drugs be provided.

Dispensing cum store area: 3 m x 3 m

Infrastructure for AYUSH doctor

Based on the system of medicine being practiced, appropriate arrangements should be made for the provision of a doctor's room and a dispensing room cum drug storage.

Waste disposal pit - As per GOI/Central Pollution Control Board (CPCB) guidelines.

Cold Chain room – Size: 3 m x 4 m

Logistics Room – Size: 3 m x 4 m

Generator room – Size: 3 m x 4 m

Office room 3.5 m x 3.0 m

Dirty utility room for dirty linen and used items

Residential Accommodation

Essential

Decent accommodation with all the amenities likes 24-hrs. water supply, electricity etc. should be available for Medical Officer, nursing staff, pharmacist, laboratory technician and other staff.

If the accommodation can not be provided due to any reason, then the staff may be paid house rent allowance, but in that case they should be staying in near vicinity of PHC so that they are available 24 × 7, in case of need.

Boundary wall/Fencing

Essential

Boundary wall/fencing with Gate should be provided for safety and security.

Environment friendly features

Desirable

The PHC should be, as far as possible, environment friendly and energy efficient. Rain-Water harvesting, solar energy use and use of energy-efficient bulbs/equipment should be encouraged.

Other amenities

Essential

Adequate water supply and water storage facility (over head tank) with pipe water should be made available.

Computer

Essential

Computer with Internet connection should be provided for Management Information System (MIS) purpose.

Lecture Hall/Auditorium

Desirable

For training purposes, a Lecture Hall or a small Auditorium for 30 Person should be available. Public address system and a black board should also be provided.

The suggested layout of a PHC and Operation Theatre is given at **Annexure 2** and **Annexure 2A** respectively. The Layout may vary according to the location and shape of the site, levels of the site and climatic conditions. The prescribed layout may be implemented in PHCs yet to be built, whereas those already built may be upgraded after getting the requisite alteration/additions. The funds may be made available as per budget provision under relevant strategies mentioned in NRHM/RCH-II program and other funding projects/programs.

Equipment and Furniture

- The necessary equipment to deliver the assured services of the PHC should be available in adequate quantity and also be functional.
- Equipment maintenance should be given special attention.
- Periodic stock taking of equipment and preventive/round the year maintenance will ensure proper functioning equipment. Back up should be made available wherever possible. A list of suggested equipment and furniture including regents and diagnostic kits is given in **Annexure 3**.

Manpower

To ensure round the clock access to public health facilities, Primary Health Centres are expected to provide 24-hour

service with basic Obstetric and Nursing facilities. Under NRHM, PHCs are being operationalized for providing 24 X 7 services in various phases by placing at least 3 Staff Nurses in these facilities. If the case load is there, operationalization of 24 X 7 PHC may be undertaken in a phase-wise manner according to availability of manpower. This is expected to increase the institutional deliveries which would help in reducing maternal mortality.

From Service delivery angle, PHCs may be of two types, depending upon the delivery case load – **Type A and Type B**.

Type A PHC: PHC with delivery load of less than 20 deliveries in a month,

Type B PHC: PHC with delivery load of 20 or more deliveries in a month

Select PHCs, especially in large blocks where the CHC is over one hour of journey time away, may be upgraded to provide 24 hour emergency hospital care for a number of conditions by increasing number of Medical Officers, preferably such PHCs should have the same IPHS norms as for a CHC.

The manpower that should be available in the PHC is given in the table below:

- For Type B PHCs, additional staff in the form of one MBBS medical officer (desirable, If the case load of delivery cases is more than 30 per month) one Staff Nurse and one sanitary worker

Manpower: PHC

Staff	Type A		Type B	
	Essential	Desirable	Essential	Desirable
Medical Officer- MBBS	1		1	1 [#]
Medical Officer –AYUSH		1 [^]		1 [^]
Accountant cum Data Entry Operator	1		1	
Pharmacist	1		1	
Pharmacist AYUSH		1		1
Nurse-midwife (Staff-Nurse)	3	+1	4	+1
Health worker (Female)	1*		1*	
Health Assistant. (Male)	1		1	
Health Assistant. (Female)/Lady Health Visitor	1		1	
Health Educator		1		1
Laboratory Technician	1		1	
Cold Chain & Vaccine Logistic Assistant		1		1
Multi-skilled Group D worker	2		2	
Sanitary worker cum watchman	1		1	+1
Total	13	18	14	21

* For Sub-Centre area of PHC.

[#] If the delivery case load is 30 or more per month. One of the two medical officers (MBBS) should be female.

[^] To provide choices to the people wherever an AYUSH public facility is not available in the near vicinity.

cum watchman have been provided have been provided to take care of additional delivery case load.

- ◆ Medical Officer should be available on call duty to manage emergencies.
- ◆ Accommodation for at least one MO and 3 Staff Nurses will be provided.
- ◆ One of the Class IV employee may be identified as helper to Cold Chain & Vaccine Logistic Assistant & trained.

The job responsibilities of the different personnel are given in **Annexure 7**. Funds may be made available for hiring additional manpower as per provision under NRHM.

Drugs

Essential:

- a. All the drugs available in the Sub-Centre should also be available in the PHC. All the drugs as per state/UT essential drug list shall be available.
- b. In addition, all the drugs required for the National Health Programmes and emergency management should be available in adequate quantities so as to ensure completion of treatment by all patients.
- c. Adequate quantities of all drugs should be maintained through periodic stock-checking, appropriate record maintenance and inventory methods. Facilities for local purchase of drugs in times of epidemics/outbreaks/emergencies should be made available.
- d. Drugs of that discipline of AYUSH to be made available for which the doctor is present. The list of suggested drugs is given in **Annexure 4**.

The Transport Facilities with Assured Referral Linkages

Referral Transport Facility

It is desirable that the PHC has ambulance facilities for transport of patients for timely and assured referral to functional FRUs in case of complications during pregnancy and child birth. This may be outsourced either through Govt/PPP model or linkages with Emergency Transport system should be in place.

Transport for Supervisory and Other Outreach Activities

It is desirable that the vehicle is made available through outsourcing.

Laundry Services

Provision for clean linen shall be made for admitted patients. At least 5 sets of linen shall be made available. Laundry Services may be available in house or outsourced.

Dietary Facilities for indoor Patients

Desirable

Nutritious and well- balanced diet shall be provided to all IPD patients keeping in mind their cultural preferences. A suitable arrangement with a local agency like a local women's group/NGO/Self-Help Group for provision of nutritious and hygienic food at reasonable rates may be made wherever feasible and possible.

Waste Management at PHC Level

“Guidelines for Health Care Workers for Waste Management and Infection Control in Primary Health Centres” are to be followed.

Quality Assurance

- ◆ Periodic skill development training of the staff of the PHC in the various jobs/responsibilities assigned to them.
- ◆ Standard Treatment Protocol for all National Health Programmes and locally common disease should be made available at all PHCs.
- ◆ Regular monitoring is another important means. A few aspects that need definite attention are:
 - i. Interaction and Information Exchange with the client/patient:
 - Courtesy should be extended to patients/clients by all the health providers including the support staff.

- All relevant information should be provided as regards the condition/illness of the client/patient.
 - Attitude of the health care providers needs to undergo a radical change so as incorporate the feeling that client is important and needs to be treated with respect.
- ii. Cleanliness should be maintained in all areas.

Monitoring of PHC functioning

This is important to ensure that quality is maintained and also to make changes if necessary.

Internal Mechanisms: Record maintenance, checking and supervision.

Medical Audit

Death Audit

Patient Satisfaction Surveys: For both OPD and IPD patients.

Evaluation of Complaints and suggestions received;

External Mechanisms: Monitoring through the PRI/Village Health Sanitation and Nutrition Committee/Rogi Kalyan Samiti/community monitoring framework. (as per guidelines of GOI/State Government). A checklist for the same is given in **Annexure 6**. A format for conducting facility survey for the PHCs to have baseline information on the gaps in comparison to Indian Public

Health Standards and subsequently to monitor the availability of facilities as per IPHS guidelines is given at **Annexure 9**.

Social audit

Accountability

To ensure accountability, the **Charter of Patients' Rights** should be made available in each PHC (as per the guidelines given in **Annexure 8**). Every PHC should have a **Rogi Kalyan Samiti/Primary Health Centre's Management Committee** for improvement of the management and service provision of the PHC (as per the Guidelines of Government of India). This committee will have the authority to generate its own funds (through users' charges, donation etc.) and utilize the same for service improvement of the PHC. The PRI/Village Health Sanitation and Nutrition Committee/Rogi Kalyan Samiti should also monitor the functioning of the PHCs.

Statutory and Regulatory Compliance

PHC shall fulfil all the statutory and regulatory requirements and comply to all the regulations issued by local bodies, state and union of India. PHC shall have copy of these regulations/Acts. List of statutory and regulatory compliances is given in **Annexure 12**.

Annexure 1

NATIONAL IMMUNIZATION SCHEDULE FOR INFANTS,
CHILDREN AND PREGNANT WOMEN

Immunization programme provides vaccination against seven vaccine preventable diseases

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1 & 2	Early in pregnancy and 4 weeks after TT-1* [one dose (booster)* if previously vaccinated within last 3 years]	0.5 ml	Intra-muscular	Upper Arm
TT-Booster	If pregnancy occur within three years of last TT vaccinations*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth (for institutional deliveries) or along with DPT-1 (upto one year if not given earlier)	0.1 ml (0.05 ml for infant up to 1 month)	Intra-dermal	Left Upper Arm
Hepatitis B- 0	At birth for institutional delivery, preferably within 24 hrs of delivery	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
OPV - 0	At birth for institutional deliveries within 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
Hepatitis B- 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid-thigh)
Measles 1 & 2	At 9-12 months and 16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin-A (1 st dose)	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster	16-24 months	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid-thigh)
	2 nd booster at 5 years of age	0.5 ml	Intra-muscular	Upper Arm

Vaccine	When to give	Dose	Route	Site
OPV Booster	16-24 months	2 drops	Oral	Oral
JE [^]	16-24 months	0.5 ml	Sub-cutaneous	Upper Arm
Vitamin A (2 nd to 9 th dose)	2 nd dose at 16 months with DPT/ OPV booster. 3 rd to 9 th doses are given at an interval of 6 months interval till 5 years age	2 ml (2 lakh IU)	Oral	Oral
DT Booster	5 years	0.5 ml	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

* TT-2 or Booster dose to be given before 36 weeks of pregnancy.

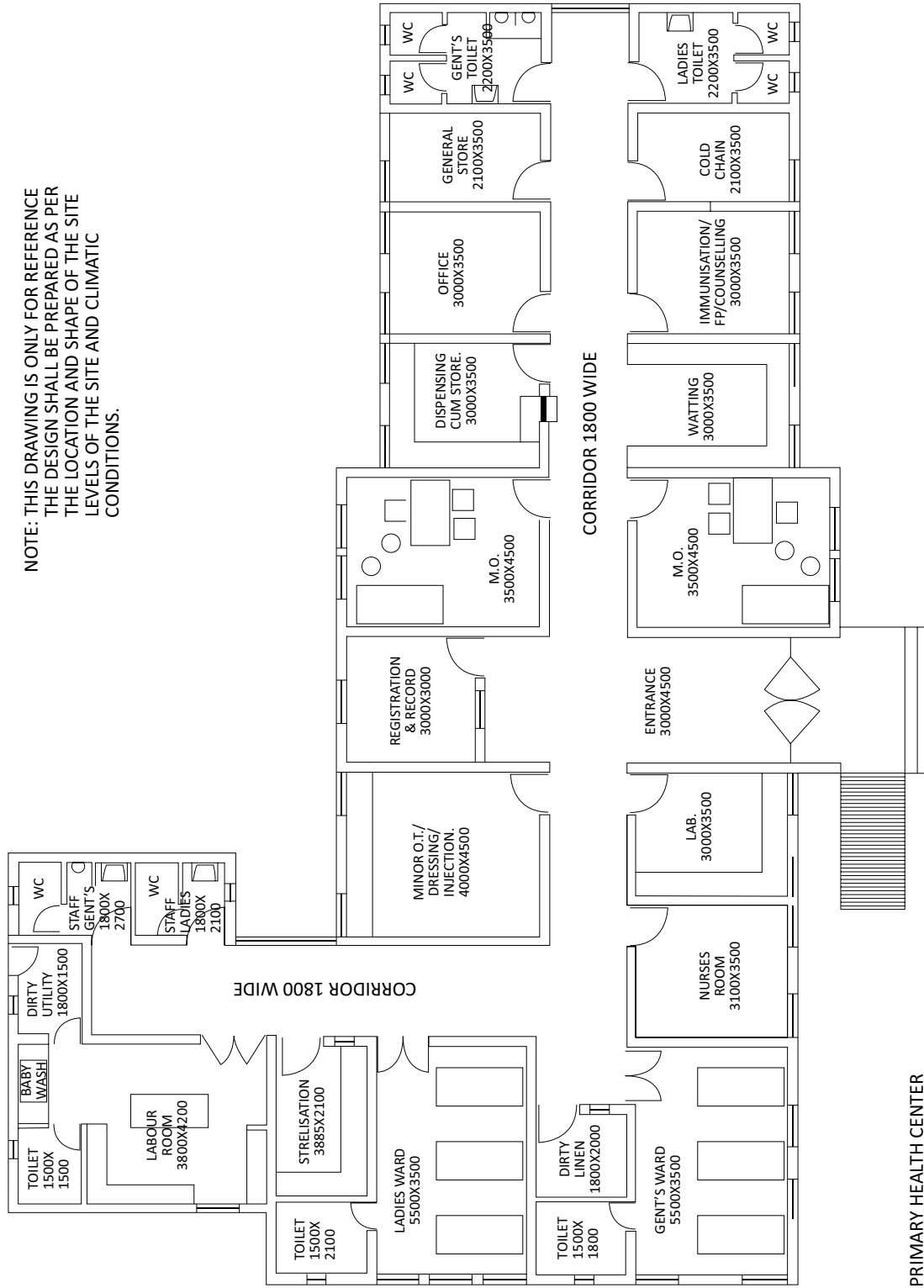
[^] JE in Selected Districts with high JE disease burden (currently 112 districts)

A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis B and Measles before one year of age.

Note: The Universal Immunization Programme is dynamic and hence the immunization schedule needs to be updated from time to time.

Annexure 2

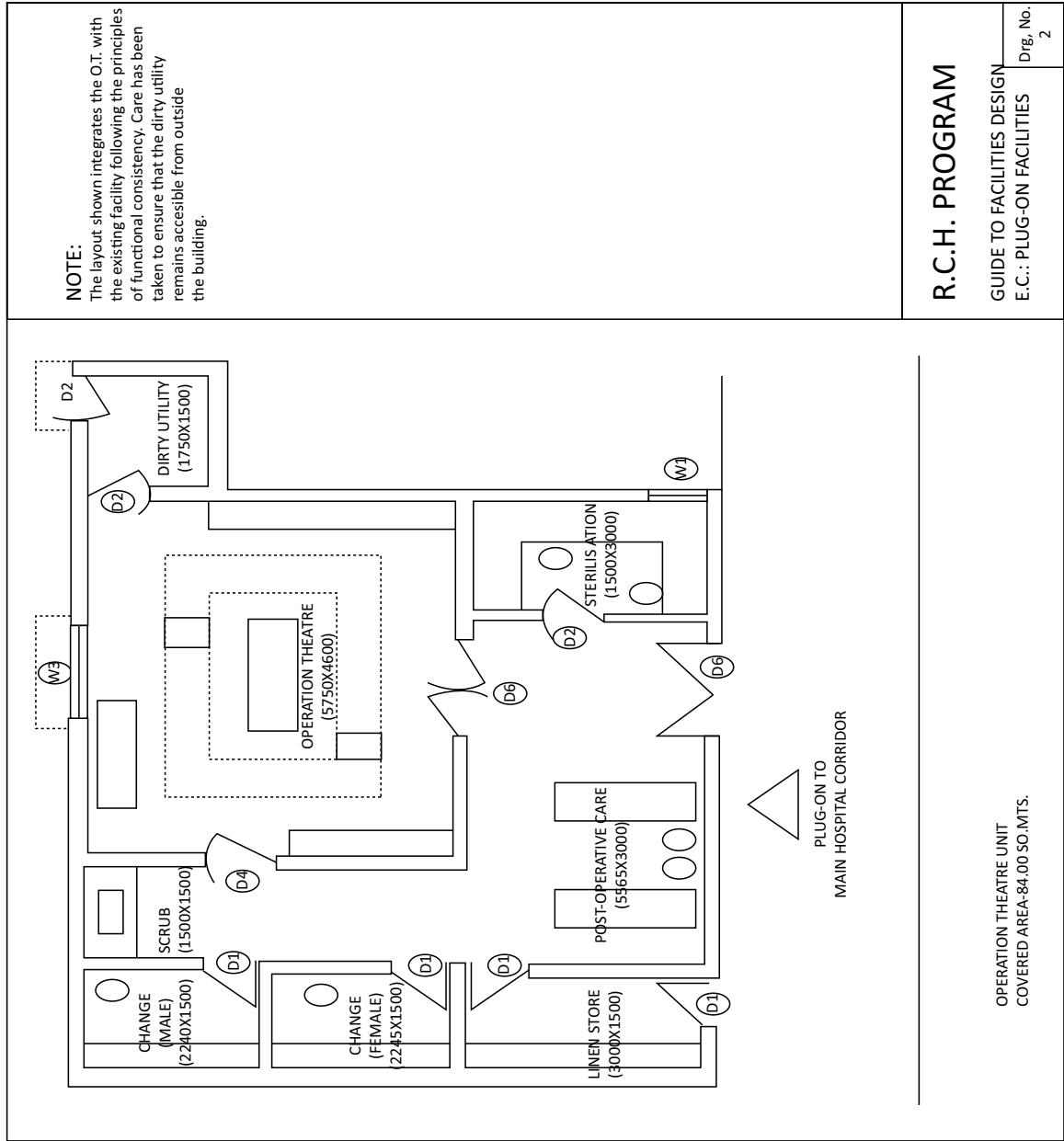
LAYOUT OF PHC



PRIMARY HEALTH CENTER
TYPICAL PLAN

PLINTH AREA 385.005.M

Annexure 2A: LAYOUT OF OPERATION THEATRE



Annexure 3

LIST OF SUGGESTED EQUIPMENT AND FURNITURE INCLUDING REAGENTS AND DIAGNOSTIC KITS

Essential

1. Normal Delivery Kit.
2. Equipment for assisted vacuum delivery.
3. Equipment for assisted forceps delivery.
4. Standard Surgical Set (for minor procedures like episiotomies stitching).
5. Equipment for Manual Vacuum Aspiration.
6. Equipment for New Born Care and Neonatal Resuscitation.
7. IUCD insertion kit.
8. Equipment/reagents for essential laboratory investigations.
9. Refrigerator.
10. ILR (Small) and DF (Small) with Voltage Stabilizer.
11. Cold Boxes (Small & Large): Small- one, Large – two.
12. Vaccine Carriers with 4 Icepacks: Two per SC (maximum 2 per polio booth) + 1 for PHC.
13. Spare ice pack box: 8, 25 & 60 ice pack boxes per vaccine carrier, Small cold box & Large cold box respectively.
14. Waste disposal twin bucket, hypochlorite solution/bleach: As per need.
15. Freeze Tag: 2 per ILR bimonthly.
16. Thermometres Alcohol (stem): Need Based
17. Ice box.
18. Computer with accessories including internet facility.
19. Binocular microscope.
20. Equipment under various National Programmes.
21. Radiant warmer for new born baby.
22. Adult weighing scale.
23. Baby weighing scale.
24. Height measuring Scale.
25. Table lamp with 200 watt bulb for New born baby.
26. Phototherapy unit (Desirable).
27. Self inflating bag and mask-neonatal size.
28. Laryngoscope and Endotracheal intubation tubes (neonatal).
29. Mucus extractor with suction tube and a foot operated suction machine.
30. Feeding tubes for baby.
31. Sponge holding forceps – 2.
32. Vulsellum uterine forceps – 2.
33. Tenaculum uterine forceps – 2.
34. MVA syringe and cannulae of sizes 4-8 (2 sets; one for back up in case of technical problems).
35. Kidney tray for emptying contents of MVA syringe.
36. Torch without batteries – 2.
37. Battery dry cells 1.5 volt (large size) – 4.
38. Bowl for antiseptic solution for soaking cotton swabs.
39. Tray containing chlorine solution for keeping soiled instruments.
40. Kits for testing residual chlorine in drinking water.
41. H₂S Strip test bottles.

42. Head Light.
43. Ear specula.
44. B.P. Apparatus table model – 2.
45. Stethoscope – 2.
46. 3 sets of NSV instruments.
47. Minilap kits –5.

Desirable

1. Room Heater/Cooler for immunization clinic with electrical fittings as per need.
2. Ear Syringe.
3. Otoscope.
4. Jobson Horne Probe.
5. Tuning fork.
6. Noise Maker.
7. ECG machine ordinary – 1.
8. Nebuliser – 1

Requirements for a fully equipped and operational labour room

Essential

A fully equipped and operational **labour room** must have the following:

1. A labour table
2. Suction machine
3. Facility for Oxygen administration
4. Sterilisation equipment
5. 24-hour running water
6. Electricity supply with back-up facility (generator with POL)
7. Attached toilet facilities
8. **Newborn Corner: Details mentioned in Annexure 3A**
9. **Emergency drug tray:** This must have the following drugs:
 - Inj. Oxytocin
 - Inj. Diazepam
 - Tab. Nifedepine
 - Inj. Magnesium sulphate
 - Inj. Lignocaine hydrochloride
 - Inj. Methyl ergometrine maleate
 - IV Haemaccel
 - Sterilised cotton and gauze
10. Delivery kits, including those for normal delivery and assisted deliveries. **PRIVACY** of a woman in

labour should be ensured as a quality assurance issue.

List of equipment for Pap smear

1. Cusco's vaginal speculum (each of small, medium and large size)
2. Sim's vaginal speculum – single & double ended - (each of small, medium and large size)
3. Anterior Vaginal wall retractor
4. Sterile Gloves
5. Sterilised cotton swabs and swab sticks in a jar with lid
6. Kidney tray for keeping used instruments
7. Bowl for antiseptic solution
8. **Antiseptic solution:** Chlorhexidine 1% or Cetrimide 2% (if povidone iodine solution is available, it is preferable to use that)
9. Cheatle's forceps
10. Proper light source/torch
11. For vaginal and Pap Smears:
 - Clean slides with cover slips
 - Cotton swab sticks
 - KOH solution in bottle with dropper
 - Saline in bottle with dropper
 - Ayre's spatula
 - Fixing solution/hair spray

Requirements of the laboratory

Essential

Reagents

1. Reagents of Cyan meth - haemoglobin method for Hb estimation
2. Uristix for urine albumin and sugar analysis
3. ABO & Rh antibodies
4. KOH solution for Whiff test
5. Gram's iodine
6. Crystal Violet stain
7. Acetone-Ethanol decolourising solution.
8. Safranin stain
9. PH test strips
10. RPR test kits for syphilis

- | | | |
|---|---|-------------|
| 11. H ₂ S Strip test kits for fecal contamination of drinking water | 17. Medicine chest | 1 |
| 12. Test kits for estimation of residual chlorine in drinking water using orthotoludine reagent | 18. Lamp | 3 |
| 13. 1000 Nos Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each. | 19. Side Wooden racks | 4 |
| | 20. Fans | 6 |
| | 21. Tube light | 8 |
| | 22. Basin | 2 |
| | 23. Basin stand | 2 |
| | 24. Buckets | 4 |
| | 25. Mugs | 4 |
| | 26. LPG stove | 1 |
| | 27. LPG cylinder | 2 |
| | 28. Sauce pan with lid | 2 |
| | 29. Water receptacle | 3 |
| | 30. Rubber/plastic shutting | 2 metres |
| | 31. Drum with tap for storing water | 2 |
| | 32. Mattress for beds | 12 |
| | 33. Foam Mattress for OT table | 2 |
| | 34. Foam Mattress for labour table | 2 |
| | 35. Bed sheets | 30 |
| | 36. Pillows with covers | 30 |
| | 37. Blankets | 18 |
| | 38. Baby blankets | 4 |
| | 39. Towels | 18 |
| | 40. Curtains with rods | 20 metres |
| | 41. Dustbin | 5 |
| | 42. Coloured Puncture proof bags | as per need |
| | 43. Generator (5 KVA with POL for immunization purpose) | 1 |

Essential

Glassware and other equipment:

1. Colorimetre
2. Test tubes
3. Pipettes
4. Glass rods
5. Glass slides
6. Cover slips
7. Light Microscope
8. Differential blood cell counter (Desirable)
9. Glucometer (Desirable)

List of Furniture at PHC

The list is indicative and not exhaustive. The Furniture/ fittings and Medical and Surgical items are to be provided as per need and availability of space and services provided by the PHC.

Essential Items

- | | |
|---|----|
| 1. Examination table | 4 |
| 2. Writing tables with table sheets | 6 |
| 3. Plastic chairs (for in-patients' attendants) | 6 |
| 4. Armless chairs | 16 |
| 5. Full size steel almirah | 7 |
| 6. Table for Immunization/FP/Counseling | 1 |
| 7. Bench for waiting area | 2 |
| 8. Wheel chair | 2 |
| 9. Stretcher on trolley | 2 |
| 10. Wooden screen | 1 |
| 11. Foot step | 5 |
| 12. Coat rack | 2 |
| 13. Bed side table | 6 |
| 14. Bedstead iron (for in-patients) | 6 |
| 15. Baby cot | 2 |
| 16. Stool | 10 |

Essential Medical/Surgical items

- | | |
|--|-----------------------|
| 1. Blood Pressure Apparatus (Non-mercury is desirable) | 3 |
| 2. Stethoscope | 3 |
| 3. Tongue Depressor | 10 |
| 4. Torch | 2 |
| 5. Thermometre Clinical | 4 |
| 6. Hub cutter | 2 |
| 7. Needle Destroyer | 2 |
| 8. Labour table | 1 (02 for Type B PHC) |
| 9. OT table | 1 |
| 10. Arm board for adult and child | 4 |
| 11. Instrument trolley | 2 |
| 12. I V stand | 10 |
| 13. Shadowless lamp light (for OT and Labour room) | 2 |
| 14. Macintosh for labour and OT table | As per need |

15. Kelly's pad for labour and OT table	2 sets	Desirable	
16. Red Bags	As per need	1. Black Board/Overhead Projector	1
17. Black bags	As per need	2. Public Address System	1

Annexure 3A: NEWBORN CORNER IN LABOUR ROOM/OT

Delivery rooms in Operation Theatres (OT) and in Labour rooms are required to have separate resuscitation space and outlets for newborns. Some term infants and most preterm infants are at greater thermal risk and often require additional personnel (Human Resource), equipment and time to optimize resuscitation. An appropriate resuscitation/stabilization environment should be provided as provision of appropriate temperature for delivery room & resuscitation of high-risk preterm infants is vital to their stabilization.

Services at the Corner

This space provides an acceptable environment for most uncomplicated term infants, but may not support the optimal management of newborns who may require referral to SNCU. Services provided in the Newborn Care Corner are:

- ◆ Care at birth
- ◆ Resuscitation
- ◆ Provision of warmth
- ◆ Early initiation of breastfeeding
- ◆ Weighing the neonate

Configuration of the corner

- ◆ Clear floor area shall be provided in the room for newborn corner. It is a space within the labour room, 20-30 sq ft in size, where a radiant warmer will be kept.
- ◆ Oxygen, suction machine and simultaneously-accessible electrical outlets shall be provided for the newborn infant in addition to the facilities required for the mother.
- ◆ **Clinical procedures:** Standard operating procedures including administration of oxygen, airway suctioning would be put in place.
- ◆ Resuscitation kit should be placed as part of radiant warmer.
- ◆ Provision of hand washing and containment of infection control if it is not a part of the delivery room.
- ◆ The area should be away from draught of air, and should have power connection for plugging in the radiant warmer.

Equipment and Consumables required for the Corner

Item No.	Item Description	Essential	Desirable	Quantity	Installation	Training	Civil	Mechanical	Electrical
1	Open care system: radiant warmer, fixed height, with trolley, drawers, O2-bottles	E		1	X	X	X	X	X
2	Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated, neonate, 500 ml	E		1		X			
3	Weighing Scale, spring	E		1		X			
4	Pump suction, foot operated	E		1		X			
5	Thermometre, clinical, digital, 32-34 °C	E		2					
6	Light examination, mobile, 220-12 V	E		1	X				X
7	Hub Cutter, syringe	E		1		X			
Consumables									
8	I/V Cannula 24 G, 26 G	E							
9	Extractor, mucus, 20ml, ster, disp Dee Lee	E							
10	Tube, feeding, CH07, L40cm, ster, disp	E							
11	Oxygen catheter 8 F, Oxygen Cylinder	E							
12	Sterile Gloves	E							

Annexure 4

ESSENTIAL DRUGS FOR PHC

All the drugs available at the Sub-Centre level should also be available at the PHC, perhaps in greater quantities, (if required). List of the drugs given under is not exhaustive and exclusive but has been provided for delivery of minimum assured services.

Oxygen	Inhalation
Diazepam	Injection 5 mg/ml
Acetyl Salicylic Acid	Tablets 300 mg, 75 mg & 50 mg
Ibuprofen	Tablets 400 mg
Paracetamol	Injection 150 mg/ml Syrup 125 mg/5ml
Chlorpheniramine Maleate	Tablets 4 mg
Dexchlorpheniramine Maleate	Syrup 0.5 mg/5 ml
Dexamethasone	Tablets 0.5 mg
Pheniramine Maleate	Injection 22.75 mg/ml
Promethazine	Tablets 10 mg, 25 mg Syrup 5 mg/5 ml Capsules 250 mg, 500 mg
Ampicillin	Capsules 250 mg, 500 mg Powder for suspension 125 mg/5 ml
Benzylpenicillin	Injection 5 lacs, 10 lacs units
Cloxacillin	Capsules 250 mg, 500 mg Liquid 125 mg/5 ml
Procaine Benzylpenicillin	Injection Crystalline penicillin (1 lac units) + Procaine penicillin (3 lacs units)
Cephalexin	Syrup 125 mg/5 ml
Gentamicin	Injection 10 mg/ml, 40 mg/ml

Activated Charcoal Powder	
Antisnake Venom (Lyophilized Polyvalent Serum)	Ampoule
Carbamazepine	Tablets 100 mg, 200 mg Syrup 20 mg/ml
Phenytoin Sodium	Capsules or Tablets 50 mg, 100 mg Syrup 25 mg/ml
Mebendazole	Tablets 100 mg Suspension 100 mg/5 ml
Albendazole	Tablets 400 mg
Diethylcarbamazine Citrate	Tablets 150 mg
Amoxicillin	Powder for suspension 125 mg/5 ml
Glyceryl Trinitrate	Sublingual Tablets 0.5 mg Injection 5 mg/ml
Isosorbide 5 Mononitrate	Tablets 10 mg
Propranolol	Tablets 10 mg, 40 mg Injection 1 mg/ml
Amlodipine	Tablets 2.5 mg, 5 mg, 10 mg
Atenolol	Tablets 50 mg, 100 mg
Enalapril Maleate	Tablets 2.5 mg, 5 mg, 10 mg Injection 1.25 mg/ml
Methyldopa	Tablets 250 mg
Tab. Metoprolol	Tablets 25 mg, 50 mg, 100 mg
Hydrochlorothiazide	Tablets 12.5, 25 mg
Tab. Captopril	Tablets 25 mg
Tab. Isosorbide Dinitrate (Sorbitrate)	Tablets 5 mg, 10 mg
Benzoic Acid + Salicylic Acid	Ointment or Cream 6%+3%
Miconazole	Ointment or Cream 2%
Framycetin Sulphate	Cream 0.5%
Neomycin +Bacitracin	Ointment 5 mg + 500 IU
Povidone Iodine	Solution and Ointment 5%
Silver Nitrate	Lotion 10%
Nalidixic Acid	Tablets 250 mg, 500 mg
Nitrofurantoin	Tablets 100 mg
Norfloxacin	Tablets 400 mg
Tetracycline	Tablets or Capsules 250 mg
Griseofulvin	Capsules or Tablets 125 mg, 250 mg
Nystatin	Tablets 500,000 IU

Metronidazole	Pessaries 100,000 IU Tablets 200 mg, 400 mg Syrup
Dextran	Injection 6%
Silver Sulphadiazine	Cream 1%
Betamethasone	Cream/Ointment 0.05%
Dipropionate Calamine	Lotion
Zinc Oxide	Dusting Powder
Glycerin	Solution
Benzyl Benzoate	Lotion 25 %
Benzoin Compound	Tincture
Chlorhexidine	Solution 5% (conc. for dilution)
Ethyl Alcohol	70% Solution
Gentian Violet	Paint 0.5%, 1%
Hydrogen Peroxide	Solution 6%
Bleaching Powder	Powder
Formaldehyde IP	Solution
Potassium Permanganate	Crystals for solution
Furosemide	Injection, 10 mg/ml Tablets 40 mg
Aluminium Hydroxide + Magnesium Hydroxide	Suspension Tablet
Omeprazole	Capsules 10, 20, 40 mg
Ranitidine Hydrochloride	Tablets 150 mg, 300 mg Injection 25 mg/ml
Domperidone	Tablets 10 mg Syrup 1 mg/ml
Metoclopramide	Tablets 10 mg Syrup 5 mg/ml Injection 5 mg/ml
Dicyclomine Hydrochloride	Tablets 10 mg Injection 10 mg/ml
Hyoscine Butyl Bromide	Tablets or 10 mg Injection 20 mg/ml
Bisacodyl	Tablets/suppository 5 mg
Isphaghula	Granules
Oral Rehydration Salts	Powder for solution As per IP
Oral Contraceptive pills	
Condoms (Nirodh)	
Copper T (380 A)	
Prednisolone	Tablets 5 mg, 10 mg

Glibenclamide	Tablets 2.5 mg, 5 mg
Insulin Injection (Soluble)	Injection 40 IU/ml
Metformin	Tablets 500 mg
Rabies Vaccine	Injection
Tetanus Toxoid	Injection
Chloramphenicol Eye Drops	Drops/Ointment 0.4%, 1%
Ciprofloxacin Hydrochloride Eye Drops	Drops/Ointment 0.3%
Gentamicin Eye/Ear	Drops 0.3%
Miconazole	Cream 2%
Sulphacetamide Sodium Eye Drops	Drops 10%, 20%, 30%
Tetracycline Hydrochloride Eye oint	Ointment 1%
Prednisolone Sodium Phosphate	Eye Drops 1%
Xylometazoline Nasal Drops	Drops 0.05%, 0.1%
Diazepam	Tablets 2 mg, 5 mg, 10 mg
Aminophylline	Injection 25 mg/ml
Beclomethasone Dipropionate	Inhalation 50 mg, 250 mg/dose
Salbutamol Sulphate	Tablets 2 mg, 4 mg Syrup 2 mg/5 ml Inhalation 100 mg/dose
Dextromethorphan	Tablets 30 mg
Dextrose	IV infusion 5% isotonic 500 ml bottle
Normal Saline	IV Infusion 0.9% 500 ml bottle
Potassium Chloride	Syrup 1.5 gm/5 ml, 200 ml
Ringer Lactate	IV infusion 500 ml
Sodium Bicarbonate	Injection
Ascorbic Acid	Tablets 100 mg, 500 mg
Calcium salts	Tablets 250 mg, 500 mg
Multivitamins	Tablets (As per Schedule V)
Broad spectrum antibiotic/antifungal	Ear drops
Wax dissolving	Ear drops
NVP	Tablets and bottle (5 ml)
STI syndromic treatment kit	As per Need
Clofazimine	Tablets 100 mg (loose)

Drugs and Logistics for Immunization

Essential

Vaccines	BCG, DPT, OPV, Measles, TT, Hep B, JE and other vaccines if any as per GOI guidelines
Antirabies vaccine	As per need
AD syringes	(0.5 ml & 0.1 ml) - need based

Reconstitution syringes	5 ml – need based
Vaccine Carriers	as per need
Zipper bag	per vaccine carrier
Vial Opener	Need based
Vitamin A	1 months supply for all the SCs directly under the PHC + 10% buffer stock

Note: Minimum and maximum Stock: 0.5 and 1.25 month respectively. Indent order and receipt of vaccines and logistics should be monthly at minimum stock level. CC & VL Assistant should coordinate timely receipt of required vaccines and Logistics from the District Stores.

Emergency drug kit to manage Anaphylaxis and other AEFI

Essential

Inj. Adrenaline,
Inj. Hydrocortisone,
Inj. Dexamethasone,
Ambu bag (Paediatric),

Sterile hypodermic syringe for single use with reuse prevention feature 2ml and 5ml syringes, Needles (Size 24, 22, 20).

Drugs and Consumables for MVA:

- ◆ Syringe for local anaesthesia (10 ml) and Sterile Needle (22-24 gauge).
- ◆ Chlorine solution.
- ◆ Antiseptic solution (savlon).
- ◆ Local Anaesthetic agent (injection 1% Lignocaine, for giving para cervical block).
- ◆ Sterile saline/sterile water for flushing cannula in case of blockage.
- ◆ Infection prevention equipment and supplies.

Drugs under RCH for Primary Health Centre

Many of these drugs are already included in the above mentioned Essential Drug List. For grouping purpose repetition is being done.

Essential Obstetric Care Drug Kit for PHC

Sl. No.	Name of the Drug/Form	Dosage	Quantity/Kit
1	Diazepam Injection IP	Diazepam IP 5 mg/ml; 2 ml in each ampoule	50 ampoules
2	Lignocaine Injection IP	Lignocaine Hydrochloride IP 2% w/v; 30 ml in each vial	10 vials
3	Pentazocine Injection IP	Pentazocine Lactate IP eq. to Pentazocine 30 mg/ml; 01 ml in each ampoule	50 ampoules
4	Dexamethasone Injection IP	Dexamethasone Sodium Phosphate IP eq. to Dexamethasone Phosphate, 4 mg/ml.; 02 ml in each ampoule	100 ampoules

Sl. No.	Name of the Drug/Form	Dosage	Quantity/Kit
5	Promethazine Injection IP	Promethazine hydrochloride IP, 25 mg/ml; 02 ml in each ampoule	50 ampoules
6	Methylergometrine Injection IP	Methylergometrine maleate, 0.2 mg/ml; 01 ml in each ampoule	150 ampoules
7	Etofylline BP plus Anhydrous Theophylline IP Combination Injection (As per standards provided)	Etofylline BP 84.7 mg/ml & Theophylline IP eq. to Theophylline anhydrous, 25.3 mg/ml; 02 ml in each ampoule	100 ampoules
8	Adrenaline Injection IP	0.18% w/v Adrenaline tartrate or Adrenaline Tartrate IP eq. to Adrenaline 1 mg/ml; 01 ml in each ampoule	50 ampoules.
9	Methylergometrine Tablets IP	Methylergometrine maleate IP, 0.125 mg	500 tablets
10	Diazepam Tablets IP	Diazepam IP 5 mg	250 tablets
11	Paracetamol Tablets IP	Paracetamol IP 500 mg	1000 tablets
12	Co-trimoxazole combination of Trimethoprim & Sulphamethoxazole Tablets IP (Adults)	Trimethoprim IP 80 mg/Sulphamethoxazole IP 400 mg	2000 tablets
13	Amoxycillin Capsules IP	Amoxycylline Trihydrate IP eq. to amoxycylline 250 mg	2500 capsules
14	Doxycycline Capsules IP	Doxycycline Hydrochloride eq. to Doxycycline 100 mg	500 capsules
15	Metronidazole Tablets IP	Metronidazole IP 200 mg	1000 tablets
16	Salbutamol Tablets IP	Salbutamol sulphate eq. to Salbutamol 2 mg	1000 tablets
17	Phenoxymethylpenicillin Potassium Tablets IP	Phenoxymethylpenicillin Potassium IP eq. to Phenoxymethylpenicillin 250 mg	2000 tablets
18	Menadione Injection USP (Vitamin K3)	Menadione USP 10mg/ml; 01 ml in each ampoule	200 ampoules
19	Atropine Injection IP	Atropine Sulphate IP 600µg/ml; 02 ml in each ampoule	50 ampoules
20	Fluconazole Tablets (As per standards provided)	Fluconazole USP 150 mg	500 tablets
21	Methyldopa Tablets IP	Methyldopa IP eq. to Methyldopa anhydrous 250 mg	500 tablets
22	Oxytocin Injection IP	Oxytocin IP 5.0 I.U./ml; 02 ml in each ampoule	100 ampoules
23	Phenytoin Injection BP (in solution form)	Phenytoin Sodium IP 50 mg/ml; 02 ml in each ampoule	25 ampoules
24	Cephalexin Capsules IP	Cephalexin IP eq. to Cephalexin anhydrous 250 mg	1000 capsules
25	Compound Sodium Lactate Injection IP	0.24 % V/V of Lactic Acid (eq. to 0.32% w/v of Sodium Lactate), 0.6 % w/v Sodium Chloride, 0.04% w/v Potassium Chloride and 0.027% w/v Calcium Chloride; 500 ml in each bottle/pouch	200 FFS pouches/ BFS Bottles
26	Dextrose Injection IP	Dextrose IP, 5% w/v; 500 ml in each bottle/pouch	100 FFS pouches/ BFS bottles
27	Sodium Chloride Injection IP	Sodium Chloride IP 0.9% w/v; 500 ml in each bottle/ pouch	100 FFS pouches/ BFS bottles
28	Lindane Lotion USP	Lindane IP 1% w/v; each tube containing 50 ml	100 tubes
29	Dextran 40 Injection IP	Dextrans 10% w/v; 500 ml in each bottle	5 bottles
30	Infusion Equipment	IV Set with hypodermic needle 21G of 1.5" length	200

List of RTI/STI Drugs under RCH Programme

Essential

Sl. No.	Drug	Strength	Annual Quantity I. FRU
1	Ciprofloxacin Hydrochloride Tablets	500 mg I tablet	1000 Tablets
2	Doxycycline Hydrochloride Capsules	100 mg I cap	6000 Capsules
3	Erythromycin Estolate Tablets	250 mg I tablet	1000 Tablets
4	Benzathine Penicillin Injection	24 lakhs units/vial	1000 vials
5	Tinidazole Tablets	500 mg tablet	5000 Tablets
6	Clotrimazole Cream	100 mg pessary	6000 Pessaries
7	Clotrimazole Cream	2% w/w cream	500 Tubes
8	Compound Podophyllin	25% w/v	5 Bottles
9	Gamma Benzene Hexachloride Application (Lindane Application)	1 % w/v	10 Bottles
10	Distilled Water		10001 Ampoules

List of AYUSH Drugs to be used by AYUSH doctor posted at PHCs (as per the list provided by the Department of AYUSH, Ministry of Health & Family Welfare, Government of India)

List of Ayurvedic Medicines for PHCs

- Sanjivani Vati
- Godanti Mishran
- AYUSH-64
- Lakshmi Vilas Rasa (Naradeeya)
- Khadiradi Vati
- Shilajatwadi Louh
- Swag Kuthara rasa
- Nagarjunabhra rasa
- Sarpagandha Mishran
- Punarnnavadi Mandura
- Karpura rasa
- Kutajaghan vati
- Kamadudha rasa
- Laghu Sutasekhar rasa
- Arogyavardhini Vati
- Shankha Vati
- Lashunadi Vati
- Agnitundi Vati
- Vidangadi louh
- Brahmi Vati
- Sirashooladi Vajra rasa
- Chandrakant rasa
- Smritisagara rasa
- Kaishora guggulu
- Simhanad guggulu
- Simhanad guggulu
- Yograj guggulu
- Gokshuradi guggulu
- Gandhak Rasayan
- Rajapravartini vati
- Triphala guggulu
- Saptamrit Louh
- Kanchanara guggulu
- Ayush Ghutti
- Talisadi Churna
- Panchanimba Churna
- Avipattikara Churna
- Hingvashtaka Churna
- Eladi churna

40. Swadishta virechan churna
41. Pushyanuga Churna
42. Dasanasamskara Churna
43. Triphala Churna
44. Balachaturbhadrha Churna
45. Trikatu Churna
46. Sringlyadi Churna
47. Gojihwadi kwath Churna
48. Phalatrikadi kwath Churna
49. Maharasnadi kwath Churna
50. Pashnabhedadi kwath Churna
51. Dasamoola kwath Churna
52. Eranda Paka
53. Haridrakhanda
54. Supari pak
55. Soubhagya Shunthi
56. Brahma Rasayana
57. Balarasayana
58. Chitraka hareetaki
59. Amritarishta
60. Vasarishta
61. Arjunarishta
62. Lohasava
63. Chandansava
64. Khadirarishta
65. Kutajarishta
66. Rohitakarishta
67. Ark ajwain
68. Abhayarishta
69. Saraswatarishta
70. Balarishta
71. Punarnnavasav
72. Lodhrasava
73. Ashokarishta
74. Ashwagandharishta
75. Kumaryasava
76. Oasamoolarishta
77. Ark Shatapushpa (Sounf)
78. Drakshasava
79. Aravindasava
80. Vishagarbha Taila
81. Pinda Taila
82. Eranda Taila
83. Kushtarakshasa Taila
84. Jatyadi Taila/Ghrita
85. Anu Taila
86. Shuddha Sphatika
87. Shuddha Tankan
88. Shankha
89. Abhraka Bhasma
90. Shuddha Gairika
91. Jahar mohra Pishti
92. Ashwagandha Churna
93. Amrita (Giloy) Churna
94. Shatavari Churna
95. Mulethi Churna
96. Amla Churna
97. Nagkesar Churna
98. Punanrnava
99. Dadimashtak Churna
100. Chandraprabha Vati

List of Unani Medicines for PHCs

1. Arq-e-Ajeeb
2. Arq-e-Gulab
3. Arq-e-kasni
4. Arq-e-Mako
5. Barashasha
6. Dawaul Kurkum Kabir
7. Dwaul Misk Motadil Sada
8. Habb-e-Aftimoon
9. Habb-e-Bawasir Damiya
10. Habb-e-Bukhar
11. Habb-e-Dabba-e-Atfal
12. Habb-e-Harmal
13. Habb-e-Hamal
14. Habb-e-Hilteet
15. Habb-e-Hindi Oabiz
16. Habb-e-Hindi Zeeqi

17. Habb-e-Jadwar
18. Habb-e-Jawahir
19. Habb-e-Jund
20. Habb-e-Kabid Naushadri
21. Habb-e-karanjwa
22. Habb-e-khubsul Hadeed
23. Habb-e-Mubarak
24. Habb-e-Mudirr
25. Habb-e-Mumsik
26. Habb-e-Musaffi
27. Habb-e-Nazfuddam
28. Habb-e-Nazla
29. Habb-e-Nishat
30. Habb-e-Raal
31. Habb-e-Rasaut
32. Habb-e-Shaheeqa
33. Habb-e-Shifa
34. Habb-e-Surfa
35. Habb-e-Tabashir
36. Habb-e-Tankar
37. Habb-e-Tursh Mushtahi
38. Ltrifal Shahatra
39. Ltrifal Ustukhuddus
40. Ltrifal Zamani
41. Jawahir Mohra
42. Jawarish Jalinoos
43. Jawarish Kamooni
44. Jawarish Mastagi
45. Jawarish Tamar Hindi
46. Khamira Marwareed
47. Kushta Marjan Sada
48. Laooq Katan
49. Laooq khiyarshanbari
50. Laooq Sapistan
51. Majoon Arad Khurma
52. Majoon Dabeedulward
53. Majoon Falasifa
54. Majoon Jograj Gugal
55. Majoon Kundur
56. Majoon Mochras
57. Majoon Muqawwi-e-Reham
58. Majoon Nankhwah
59. Majoon Panbadana
60. Majoon Piyaz
61. Majoon Suhag Sonth
62. Majoon Suranjan
63. Majoon Ushba
64. Marham Hina
65. Marham Kafoor
66. Marham Kharish
67. Marham Ouba
68. Marham Ral Safaid
69. Qurs Aqaqia
70. Qurs Dawaul shifa
71. Qurs Deendan
72. Qurs Ghafis
73. Qurs Habis
74. Ours Mulaiyin
75. Ours Sartan Kafoor
76. Qurs Mulaiyin
77. Qurs Sartan Kafoori
78. Qurs Zaranbad
79. Qurs Ziaabetes Khaas
80. Qurs Ziaabetes sada
81. Qurs-e-Afsanteen
82. Qurs-e-Afsanteen
83. Qurs-e-Sartan
84. Qutoor-e-Ramad
85. Raughan Baiza-e-Murgh
86. Raughan Bars
87. Raughn Kamila
88. Raughan Qaranful
89. Raughan Surkh
90. Raughan Turb
91. Roghan Malkangni
92. Roghan Qust
93. Safppf Amla
94. Safoof Amla

- | | |
|------------------------------|--------------------------------|
| 95. Safoof Chutki | 105. Sharbat faulad |
| 96. Safoof Dama Halদিwala | 106. Sharbat Khaksi |
| 97. Safof Habis | 107. Sharbat sadar |
| 98. Safoof Muqliyasa | 108. Sharbat Toot Siyah |
| 99. Safoof Mustehkam Dandan | 109. Sharbat Zufa |
| 100. Safoof naushadar | 110. Sunoon Mukhrij-e-Rutoobat |
| 101. Safoof Salilan | 111. Tiryag Nazla |
| 102. Safoof Teen | 112. Tiryag Pechish |
| 103. Sharbat Anjabar | 113. Zuroor-e-Oula |
| 104. Sharbat Buzoori Motadil | |

List of Sidha Medicines for PHCs

- | | | |
|------------------------------|---|---|
| 1. Amai out parpam | - | For diarrhea |
| 2. Amukkarac curanam | - | For general debility, insomnia, Hyper acidity |
| 3. Anna petic centuram | - | For anemia |
| 4. Antat Tailam | - | For febrile convulsions |
| 5. Atotataik kuti nir | - | cough and cold |
| 6. Aya kantac centuram | - | anemia |
| 7. Canku parpam | - | anti allergic |
| 8. Canta cantirotayam | - | fevers and jaundice |
| 9. Cilacattu parpam | - | Urinary infection, white discharge |
| 10. Civanar Amirtam | - | anti allergic, bronchial asthma |
| 11. Comput Tinir | - | indigestion, loss of appetite |
| 12. Cuvacakkutori mathirai | - | asthma and cough |
| 13. Elatic curanam | - | allergy, fever in primary complex |
| 14. Incic Curanam | - | indigestion, flatulence |
| 15. Iraca Kanti Mrluku | - | skin 9 infections, venereal infections |
| 16. Kantaka racayanam | - | skin diseases and urinary infections |
| 17. Kapa Curak Kutinir | - | fevers |
| 18. Karappan tailam | - | eczema |
| 19. Kasturik Karuppu | - | fever, cough, allergic bronchitis |
| 20. Korocanai Mattirai | - | sinus, fits |
| 21. Kunkiliya Vennay | - | external application for piles and scalds |
| 22. Manturati Ataik Kutinir | - | anaemia |
| 23. Mattan Tailam | - | ulcers and diabetic carbuncle |
| 24. Mayanat Tailam | - | swelling, inflammation |
| 25. Muraukkan Vitai Mattirai | - | intestinal worms |
| 26. Nantukkal parpam | - | diuretic |
| 27. Nelikkai Ilakam | - | tonic |

- | | | |
|------------------------------|---|-------------------------------|
| 28. Neruncik Kutinir | - | diuretic |
| 29. Nilavakaic Curanam | - | constipation |
| 30. Nila Vempuk Kutinir | - | fever |
| 31. Omat Tinir | - | indigestion |
| 32. Parankip pattaic curanam | - | skin diseases |
| 33. Pattuk karuppu | - | DUB, painful menstruation |
| 34. Tayirc Cuntic Curanam | - | diarrhea, used as ORS |
| 35. Terran kottai llakam | - | tonic, used in bleeding piles |
| 36. Tiripalaic Curanam | - | styptic and tonic |
| 37. Visnu Cakkaram | - | pleurisy |

Patent & Proprietary Drug

- | | | |
|------------|---|---------------|
| 1. 777 oil | - | for psoriasis |
|------------|---|---------------|

List of Homeopathy Medicines for PHCs

Sl. No.	Name of Medicine	Potency
1	Abrotanum	30
2	Abrotanum	200
3	Absinthium	Q
4	Acconite Nap.	6
5	Acnite Nap.	30
6	Aconite Nap.	200
7	Aconite Nap.	1M
8	Aconite Nap.	30
9	Actea Racemosa	200
10	Actea Racemosa	30
11	Aesculus Hip	200
12	Aesculus Hip	1M
13	Agaricus musca	30
14	Agaricus musca	200
15	Allium cepa	6
16	Allium cepa	30
17	Allium cepa	200
18	Aloe soc.	6
19	Aloe soc.	30
20	Aloe soc.	200
21	Alumina	30
22	Alumina	200
23	Ammon carb	30
24	Ammon Carb	200
25	Ammon Mur	30
26	Ammon Mur	200

Sl. No.	Name of Medicine	Potency
27	Ammon Phos	30
28	Ammon Phos	200
29	Anacardium Ori.	30
30	Anacardium Ori.	200
31	Anacardium Ori.	1M
32	Angustura	Q
33	Anthracinum	200
34	Anthracinum	1M
35	Antim Crud	30
36	Antim Crud	200
37	Antim Crud	1M
38	Antimonium Tart	3X
39	Antimonium Tart	6
40	Antimonium Tart	30
41	Antimonium Tart	200
42	Apis mel	30
43	Apis mel	200
44	Apocynum Can	Q
45	Apocynum Can	30
46	Arg. Met	30
47	Arg. Met	200
48	Arg. Nit.	30
49	Arg. Nit.	200
50	Arnica Mont.	Q
51	Arnica Mont.	30
52	Arnica Mont.	200

Sl. No.	Name of Medicine	Potency
53	Arnica Mont	1M
54	Arsenicum Alb.	6
55	Arsenicum Alb.	30
56	Arsenicum Alb.	200
57	Arsenicum Alb.	1M
58	Aurum Met.	30
59	Aurum Met.	200
60	Bacillinum	200
61	Bacillinum	1M
62	Badiaga	30
63	Badiaga	200
64	Baptisia Tinct	Q
65	Baptisia Tinct	30
66	Baryta Carb.	30
67	Baryta Carb.	200
68	Baryta Carb.	1M
69	Baryta Mur.	3X
70	Belladonna	30
71	Belladonna	200
72	Belladonna	1M
73	Bellis Perennis	Q
74	Bellis Perennis	30
75	Benzoic Acid	30
76	Benzoic Acid	200
77	Berberis vulgaris	Q
78	Berberis vulgaris	30
79	Berberis vulgaris	200
80	Blatta Orientalis	Q
81	Blatta Orientalis	30
82	Blumea Odorata	Q
83	Borax	30
84	Brovista	30
85	Bromium	30
86	Bryonia Alba	3X
87	Bryonia Alba	6
88	Bryonia Alba	30
89	Bryonia Alba	200
90	Bryonia Alba	1M
91	Bufo rana	30
92	Carbo veg	30
93	Carbo veg	200
94	Cactus G.	Q
95	Cactus G.	30
96	Calcarea Carb	30

Sl. No.	Name of Medicine	Potency
97	Calcarea Carb	200
98	Calcarea Carb	1M
99	Calcarea Fluor	30
100	Calcarea Fluor	200
101	Calcarea Fluor	1M
102	Calcarea Phos	30
103	Calcarea Phos	200
104	Calcarea Phos	1M
105	Calendula Off.	Q
106	Calendula Off.	30
107	Calendula Off.	200
108	Camphora	6
109	Camphora	200
110	Cannabis Indica	6
111	Cannabis Indica	30
112	Cantharis	Q
113	Cantharis	30
114	Cantharis	200
115	Capsicum	30
116	Capsicum	200
117	Carbo Animalis	30
118	Carbo Animalis	200
119	Carbolic Acid	30
120	Carbolic Acid	200
121	Carduus Mar	Q
122	Carduus Mar	6
123	Carduus Mar	30
124	Carcinosinum	200
125	Carcinosinum	1M
126	Cassia sophera	Q
127	Caulophyllum	30
128	Caulophyllum	200
129	Causticum	30
130	Causticum	200
131	Causticum	1M
132	Cedron	30
133	Cedron	200
134	Cephalendra Indica	Q
135	Chamomilla	6
136	Chamomilla	30
137	Chamomilla	200
138	Chamomilla	1M
139	Chelidonium	Q
140	Chelidonium	30

Sl. No.	Name of Medicine	Potency
141	Chin Off.	Q
142	Chin Off.	6
143	Chin Off.	30
144	Chin Off.	200
145	Chininum Ars	3X
146	Chininum Sulph	6
147	Cicuta Virosa	30
148	Cicuta Virosa	200
149	Cina	Q
150	Cina	3X
151	Cina	6
152	Cina	30
153	Cina	200
154	Coca	200
155	Coculus Indicus	6
156	Coculus Indicus	30
157	Coffea Cruda	30
158	Coffea Cruda	200
159	Colchicum	30
160	Colchicum	200
161	Colocynthis	6
162	Colocynthis	30
163	Colocynthis	200
164	Crataegus Oxy	Q
165	Crataegus Oxy	3X
166	Crataegus Oxy	30
167	Crataegus Oxy	200
168	Crotalus Horridus	200
169	Croton Tig.	6
170	Croton Tig.	30
171	Condurango	30
172	Condurango	200
173	Cuprum met.	30
174	Cuprum met.	200
175	Cynodon Dactylon	Q
176	Cynodon Dactylon	3X
177	Cynodon Dactylon	30
178	Digitalis	Q
179	Digitalis	30
180	Digitalis	200
181	Dioscorea	30
182	Dioscorea	200
183	Diphtherinum	200
184	Drosera	30

Sl. No.	Name of Medicine	Potency
185	Drosera	200
186	Dulcamara	30
187	Dulcamara	200
188	Echinacea	Q
189	Echinacea	30
190	Eqyusetum	30
191	Eqyusetum	200
192	Eupatorium Perf.	3X
193	Eupatorium Perf.	30
194	Eupatorium Perf.	200
195	Euphrasia	Q
196	Euphrasia	30
197	Euphrasia	200
198	Ferrum Met.	200
199	Flouric Acid	200
200	Formica Rufa	6
201	Formica Rufa	30
202	Gelsimium	3X
203	Gelsimium	6
204	Gelsimium	30
205	Gelsimium	200
206	Gelsimium	1M
207	Gentiana Chirata	6
208	Glonoine	30
209	Glonoine	200
210	Graphites	30
211	Graphites	200
212	Graphites	1M
213	Guaiacum	6
214	Guaiacum	200
215	Hamamelis Vir	Q
216	Hamamelis Vir	6
217	Hamamelis Vir	200
218	Helleborus	6
219	Helleborus	30
220	Hepar Sulph	6
221	Hepar Sulph	30
222	Hepar Sulph	200
223	Hepar Sulph	1M
224	Hippozaeniim	6
225	Hydrastis	Q
226	Hydrocotyle As.	Q
227	Hydrocotyle As.	3X
228	Hyocyamus	200

Sl. No.	Name of Medicine	Potency
229	Hypericum	Q
230	Hypericum	30
231	Hypericum	200
232	Hypericum	1m
233	Ignatia	30
234	Ignatia	200
235	Ignatia	1m
236	Lodium	30
237	Lodium	200
238	Lodium	1m
239	Lpecacuanha	Q
240	Lpecacuanha	3X
241	Lpecacuanha	6
242	Lpecacuanha	30
243	Lpecacuanha	200
244	Lris Tenax	6
245	Lris Vericolor	30
246	Lris Vericolor	200
247	Jonosia Ashoka	Q
248	Justicia Adhatoda	Q
249	Kali Broamtum	3X
250	Kali Carb	30
251	Kali Carb	200
252	Kali Carb	1M
253	Kali Cyanatum	30
254	Kali Cyanatum	200
255	Kali Lod	30
256	Kali lopd	200
257	Kali Mur	30
258	Kali Mur	200
259	Kali Sulph	30
260	Kalmia Latifolium	200
261	Kalmia Latifolium	30
262	Kalmia Latifolium	30
263	Kreosotum	200
264	Kreosotum	1M
265	Kreosotum	Q
266	Lac Defloratum	30
267	Lac Defloratum	200
268	Lac Defloratum	1M
269	Lac Can	30
270	Lac Can	200
271	Lachesis	30
272	Lachesis	200

Sl. No.	Name of Medicine	Potency
273	Lachesis	1M
274	Lapis Albus	3X
275	Lapis Albus	30
276	Ledum Pal	30
277	Ledum Pal	200
278	Ledum Pal	1M
279	Lillium Tig.	30
280	Lillium Tig.	200
281	Lillium Tig.	1M
282	Labella inflata	Q
283	Labella inflata	30
284	Lucopodum	30
285	Lucopodum	200
286	Lucopodum	1M
287	Lyssin	200
288	Lyssin	1M
289	Mag. Carb	30
290	Mag. Carb	200
291	Mag phos	30
292	Mag phos	200
293	Mag phos	1M
294	Medorrhinum	200
295	Medorrhinum	1M
296	Merc Cor	6
297	Merc Cor	30
298	Merc Cor	200
299	Merc Sol	6
300	Merc Sol	30
301	Merc Sol	200
302	Merc Sol	1m
303	Mezeruim	30
304	Mezeruim	200
305	Millefolium	Q
306	Millefolium	30
307	Muriatic Acid	30
308	Muriatic Acid	200
309	Murex	30
310	Murex	200
311	Mygale	30
312	Naja Tri	30
313	Naja Tri	200
314	Natrum Ars	30
315	Natrum Ars	200
316	Natrum Carb	30

Sl. No.	Name of Medicine	Potency
317	Natrum Carb	200
318	Natrum Carb	1M
319	Natrum Mur	6
320	Natrum Mur	30
321	Natrum Mur	200
322	Natrum Mur	1M
323	Natrum Phos	30
324	Natrum Sulph	30
325	Natrum Sulph	200
326	Natrum Sulph	1M
327	Nitric Acid	30
328	Nitric Acid	200
329	Nitric Acid	1M
330	Nux Vomica	6
331	Nux Vomica	30
332	Nux Vomica	200
333	Nux Vomica	1M
334	Nyctenthus Arbor	Q
335	Ocimum Sanctum	Q
336	Oleander	6
337	Petroleum	30
338	Petroleum	200
339	Petroleum	1M
340	Phosphoric Acid	Q
341	Phosphoric Acid	30
342	Phosphoric Acid	200
343	Phosphoric Acid	1M
344	Phosphorus	30
345	Phosphorus	200
346	Phosphorus	1M
347	Physostigma	30
348	Physostigma	200
349	Plantago Major	Q
350	Plantago Major	6
351	Plantago Major	30
352	Platina	200
353	Platina	1M
354	Plumbum Met	200
355	Plumbum Met	1M
356	Podophyllum	6
357	Podophyllum	30
358	Podophyllum	200
359	Prunus Spinosa	6
360	Psorinum	200

Sl. No.	Name of Medicine	Potency
361	Psorinum	1M
362	Pulsatilla	30
363	Pulsatilla	200
364	Pulsatilla	1M
365	Pyrogenium	200
366	Pyrogenium	1M
367	Ranunculus bulbosus	30
368	Ranunculus bulbosus	200
369	Ranunculus repens	6
370	Ranunculus repens	30
371	Ratanhia	6
372	Ratanhia	30
373	Rauwolfia serpentina	Q
374	Rauwolfia serpentina	6
375	Rauwolfia serpentine	30
376	Rhododendron	30
377	Rhododendron	200
378	Rhus tox	3X
379	Rhus tox	6
380	Rhus tox	30
381	Rhus tox	200
382	Rhus tox	1M
383	Robinia	6
384	Robinia	30
385	Rumex criisus	6
386	Rumex criisus	30
387	Ruta gr	30
388	Ruta gr	200
389	Sabal serreulata	Q
390	Sabal serreulata	6
391	Sabina	3X
392	Sabina	6
393	Sabina	30
394	Sang can	30
395	Sang can	200
396	Sarsaprilla	6
397	Sarsaprilla	30
398	Secalecor	30
399	Secalecor	200
400	Selenium	30
401	Selenium	200
402	Senecio aureus	6
403	Sepia	30
404	Sepia	200

Sl. No.	Name of Medicine	Potency
405	Sepia	1M
406	Silicea	30
407	Silicea	200
408	Silicea	1M
409	Spigellia	30
410	Spongia tosta	6
411	Spongia tosta	30
412	Spongia tosta	200
413	Stannum	30
414	Stannum	200
415	Staphisagria	30
416	Staphisagria	200
417	Staphisagria	1M
418	Sticta pulmonaria	6
419	Sticta pulmonaria	30
420	Stramonium	30
421	Stramonium	200
422	Sulphur	30
423	Sulphur	200
424	Sulphur	1M
425	Sulphuric acid	6
426	Sulphuric acid	30
427	Syphilimum	200
428	Syphilimum	1M
429	Tabacum	30
430	Tabacum	200
431	Tarentula cubensis	6
432	Tarentula cubensis	30
433	Tellurium	6
434	Tellurium	30
435	Terebinthina	6
436	Terebinthina	30
437	Terminalia arjuna	Q
438	Terminalia arjuna	3X
439	Terminalia arjuna	6
440	Thuja occidentalis	Q
441	Thuja occidentalis	30
442	Thuja occidentalis	200

Sl. No.	Name of Medicine	Potency
443	Thuja occidentalis	1M
444	Thyroidinum	200
445	Thyroidinum	1M
446	Tuberculinum bov	200
447	Uran. Nit	3X
448	Urtica urens	Q
449	Urtica Urens	6
450	Ustilago	6
451	Verst Blb	6
452	Viburnan opulus	6
453	Viburnan opulus	30
454	Viburnan opulus	200
455	Vipera tor	200
456	Vipera tor	1M
457	Verat viride	30
458	Verat viride	200
459	Viscum album	6
460	Wyethia	6
461	Wyethia	30
462	Wyethia	200
463	Zinc met	200
464	Zinc met	1M
465	Zinck phos	200
466	Zinck phos	1M
467	Globules	20 No.
468	Suger of milk	
469	Glass piles	5 ml
470	Glass piles	10 ml
471	Butter Paper	
472	Blank Sticker Ointment	½*3/2 inch
473	Aesculus Hip	
474	Arnica	
475	Calendula	
477	Cantharis	
478	Hamamelis Vir	
479	Twelve Biochemic Medicines	6x & 12x
480	Chinerairia Eye Drop	
481	Mullein Oil (Ear Drop)	

Annexure 5

UNIVERSAL PRECAUTIONS

The universal precautions should be understood and applied by all medical and paramedical staff involved in providing health services. The basic elements include:

- ◆ Hand washing thoroughly with soap and running water:
 - Before carrying out the procedure.
 - Immediately if gloves are torn and hand is contaminated with blood or other body fluids.
 - Soon after the procedure, with gloves on and again after removing the gloves.
- ◆ Barrier Precautions: using protective gloves, mask, waterproof aprons and gowns.
- ◆ Strict asepsis during the operative procedure and cleaning the operative site. Practise the “no touch technique” e.g., any instrument or part of instrument which is to be inserted in the cervical canal must not touch any non-sterile object/surface prior to insertion.
- ◆ Decontamination and cleaning of all instruments immediately after each use.
- ◆ Sterilisation/high level disinfection of instruments with meticulous attention.
- ◆ Appropriate waste disposal.

Sterilisation of instruments

1. Instruments and gloves must be autoclaved
2. In case autoclaving is not possible, the instruments must be fully immersed in water in a covered container and boiled for at least 20 minutes.

Sterilisation of Copper T insertion instruments

- ◆ Copper T is available in a pre-sterilised pack.
- ◆ Ensure that the instruments and gloves used for insertion are autoclaved or fully immersed in a covered container and boiled for at least 20 minutes.

Sterilisation and maintenance of MVA equipment

The four basic steps are:

- ◆ Decontamination of instruments, gloves, cannulae and syringes in 0.5% chlorine solution.
- ◆ Cleaning in lukewarm water using a detergent.
- ◆ Sterilisation/High Level Disinfection.
- ◆ Storage and re-assembly of instruments.

The person responsible for cleaning must wear utility gloves.

Annexure 6

CHECK LIST FOR MONITORING BY EXTERNAL MECHANISM

A simple check list that can be used by NGOs/PRI. Information should be collected by group discussion with people availing of PHC service.

Number of patients used the out-patient services in the past quarter:

- ◆ How many of them are from SC, ST, and other backward classes?
- ◆ How many of them are women?
- ◆ How many of them are children?
- ◆ How many are below poverty line?
- ◆ Are generic drugs prescribed?

Availability of Medicines in the PHC

Is the Anti-snake venom regularly available in the PHC?
Yes/No/No information

Is the anti-rabies vaccine regularly available in the PHC?
Yes/No/No information

Are the drugs for Malaria regularly available in the PHC?
Yes/No/No information

Are the drugs for Tuberculosis regularly available in the PHC?

Are drugs for treatment of Leprosy (MDT Blister Packs) and its complications regularly available in the PHC ?

Are all medicine given free of charge in the PHC?:

- ◆ Yes, all the medicines are given free of charge.
- ◆ Some medicines are given free of charge while others have to be brought from medical store.
- ◆ Most of the medicines have to be bought from medical store.
- ◆ No information.

- ◆ Which medicines have to be bought from the medical store? (If possible give the doctor's prescription along with the checklist.)

Availability of curative services

- ◆ Is the primary management of wounds done at the PHC? (stiches, dressing, etc.)
- ◆ Is the primary management of fracture done at the PHC?
- ◆ Are minor surgeries like draining of abscess etc. done at the PHC?
- ◆ Is the primary management of cases of poisoning done at the PHC?
- ◆ Is the primary management of burns done at PHC?

Availability of Reproductive and Child Health Services

- ◆ Are Ante-natal clinics organized by the PHC regularly?
- ◆ Is the facility for normal delivery available in the PHC for 24 hours?
 - Are deliveries being monitored through Partograph?
 - How many deliveries conducted in the past quarter?
 - How many of them belong to SC, ST and other backward classes?
- ◆ Is the facility for tubectomy and vasectomy available at the PHC?

- ◆ Is the facility for internal examination for gynaecological conditions available at the PHC?
- ◆ Is the treatment for gynaecological disorders like leucorrhoea, menstrual disorders available at the PHC?
 - Yes, treatment is available.
 - No, women are referred to other health facilities.
 - Women do not disclose their illness.
 - No idea.
- ◆ Is there any fixed day health services for adolescent Health?
- ◆ Is there any fixed day health services for family planning?
- ◆ If women do not usually go to the PHC, then what is the reason behind it?
- ◆ Is the Counseling for Family Planning given during MCH Services.
- ◆ Is the facility for Medical Termination of Pregnancy (MTP) (abortion) available at the PHC?
- ◆ Is there any pre-condition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's consent for MTP?
 - No precondition.
 - Precondition only for some women.
 - Precondition for all women.
 - No idea.
- ◆ Do women have to pay for Medical Termination of Pregnancy?
- ◆ Is treatment for anaemia given to both pregnant as well as non-pregnant women?
 - All women given treatment for anaemia.
 - Only pregnant women given treatment for anaemia.
 - No women given treatment for anaemia.
- ◆ Are the low birth weight babies managed at the PHC?
- ◆ Is there a fixed immunization day?
- ◆ Are BCG and Measles vaccine given regularly at the PHC?
- ◆ Is the treatment of children with pneumonia available at the PHC?
- ◆ Is the management of children suffering from diarrhoea with severe dehydration done at the PHC?

Availability of laboratory services at the PHC

- ◆ Is blood examination for anaemia done at the PHC?
- ◆ Is detection of malaria parasite by blood smear examination done at the PHC?
- ◆ Is sputum examination done to diagnose tuberculosis at the PHC?
- ◆ Is urine examination for pregnant women done at the PHC?

General questions about the functioning of the PHC.

- ◆ Was there an outbreak of any of the following diseases in the PHC area in the last three years?
 - Malaria
 - Measles
 - Gastroenteritis (diarrhoea and vomiting).
 - Jaundice.
 - Fever with loss of consciousness/convulsions.

If yes, did the PHC staff respond immediately to stop the further spread of the Epidemic.

What steps did the PHC staff take?

How is the behaviour of PHC staff with the patient?

- Courteous
- Casual/indifferent
- Insulting/derogatory

Is there corruption in terms of charging extra money for any of the service provided?

Does the doctor do private practice during or after the duty hours?

Are there instances where patients from a particular social background (SC, ST, minorities, villagers) have faced derogatory or discriminatory behaviour or service of poorer quality?

Have patients with specific health problems (HIV/AIDS, leprosy) suffered discrimination in any form? Such issues may be recorded in the form of specific instances.

Are women patients interviewed in an environment that ensures privacy and dignity?

Are examinations on women patients conducted in the presence of a women attendant and procedures conducted under conditions that ensure privacy?

Is the PHC providing in patient care?

Do patients with chronic illness receive adequate care and drugs for the entire requirement?

If the PHC is not well equipped to provide the services needed, are patient transported immediately without

delay, with all the relevant papers, to a site where the desired service is available?

Is facility for transportation of patients including pregnancy and labour cases available?

Is there a publicly display mechanism, whereby a complaint/grievance can be registered?

Annexure 7

JOB RESPONSIBILITIES OF MEDICAL OFFICER AND OTHER STAFF AT PHC

Duties of Medical Officer, Primary Health Centre

The Medical Officer of Primary Health Centre (PHC) is responsible for implementing all activities grouped under Health and Family Welfare delivery system in PHC area. He/she is responsible in his individual capacity, and as over all in charge. It is not possible to enumerate all his tasks. However, by virtue of his designation, it is implied that he will be solely responsible for the proper functioning of the PHC, and activities in relation to RCH, NRHM and other National Programs. The detailed job functions of Medical Officer working in the PHC are as follows:

Curative Work

- ◆ The Medical Officer will organize the dispensary, outpatient department and will allot duties to the ancillary staff to ensure smooth running of the OPD.
- ◆ He/she will make suitable arrangements for the distribution of work in the treatment of emergency cases which come outside the normal OPD hours.
- ◆ He/she will organize laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of doubtful cases.
- ◆ He/she will make arrangements for rendering services for the treatment of minor ailments at community level and at the PHC through the Health Assistants, Health Workers and others.
- ◆ He/she will attend to cases referred to him/her

by Health Assistants, Health Workers, ASHA/ Voluntary Health Workers where applicable, Dais or by the School Teachers.

- ◆ He/she will screen cases needing specialized medical attention including dental care and nursing care and refer them to referral institutions.
- ◆ He/she will provide guidance to the Health Assistants, Health Workers, Health Guides and School Teachers in the treatment of minor ailments.
- ◆ He/she will cooperate and coordinate with other institutions providing medical care services in his/her area.
- ◆ He/she will visit each Sub-Centre in his/her area at least once in a month on a fixed day not only to check the work of the staff but also to provide curative services. This will be possible only if more than one Medical Officer is posted in PHC.
- ◆ Organize and participate in the “Village Health and Nutrition Day” at Anganwadi Centre once in a month.

Preventive and Promotive Work

The Medical Officer will ensure that all the members of his/her Health Team are fully conversant with the various National Health & Family Welfare Programs including NRHM to be implemented in the area allotted to each Health functionary. He/she will further supervise their work periodically both in the clinics and

in the community setting to give them the necessary guidance and direction.

He/she will prepare operational plans and ensure effective implementation of the same to achieve the laid down targets under different National Health and Family Welfare Programmes. The MO will provide assistance in the formulation of village health and sanitation plan through the ANMs and coordinate with the PRIs in his/her PHC area.

He/she will keep close liaison with Block Development Officer and his/her staff, community leaders and various social welfare agencies in his/her area and involve them to the best advantage in the promotion of health programmes in the area.

Wherever possible, the MO will conduct field investigations to delineate local health problems for planning changes in the strategy for the effective delivery of Health and Family welfare services. He/she will coordinate and facilitate the functioning of AYUSH doctor in the PHC.

Reproductive and Child Health Programme

MCH and Family Welfare Services

All MCH and Family Welfare services as assured at PHC should be made available:

- ◆ The MO will promote institutional delivery and ensure that the PHC functions as 24 x 7 service delivery PHC, wherever it is supposed to be so.
- ◆ He/she will provide leadership and guidance for special programmes such as in nutrition, prophylaxis against nutritional anemia amongst mothers and children, adolescent girls, Prophylaxis against blindness and Vitamin A deficiency amongst children (1-5 years) and also will coordinate with ICDS.
- ◆ He/she will provide MCH services such as ante-natal, intra-natal and postnatal care of mothers and infants and child care through clinics at the PHC and Sub-Centres.
- ◆ He/she will ensure through his/her health team early detection of diarrhoea and dehydration.
- ◆ He/she will arrange for correction of moderate and severe dehydration through appropriate treatment.
- ◆ He/she will ensure through his/her health team early detection of pneumonia cases and provide appropriate treatment.
- ◆ He/she will supervise the work of Health supervisors and Health workers in treatment of mild and moderate ARI.
- ◆ He/she will visit schools in the PHC area at regular intervals and arrange for medical check up, immunization and treatment with proper follow up of those students found to have defects.
- ◆ He/she will be responsible for proper and successful implementation of Family Welfare Programme in PHC area, including education, motivation, delivery of services and after care.
- ◆ He/she will be squarely responsible for giving immediate and sustained attention to any complications the acceptor develops due to acceptance of Family Planning methods.
- ◆ He/she will extend motivational advice to all eligible patients he/she sees in the OPD.
- ◆ He/she will get himself trained in tubectomy, wherever possible and organize tubectomy camps.
- ◆ He/she will get training in NSV and IUCD, organize and conduct vasectomy camps.
- ◆ He/she will seek help of other agencies such as District Bureau, Mobile Van and other association/voluntary organizations for tubectomy/IUCD camps and MTP services.
- ◆ The following duties are common to all the activities coming under package of services for MCH:
 - a. He/she will provide leadership to his/her team in the implementation of Family Welfare Programme in the PHC catchments area.
 - b. He/she will ensure adequate supplies of equipment, drugs, educational material and contraceptives required for the services programmes.
- ◆ Adequate stocks of ORS to ensure availability of ORS packets throughout the year.
- ◆ Monitor all cases of diarrhea especially for children between 0-5 years.
- ◆ Recording and reporting of all details due to diarrhea especially for children between 0-5 years.
- ◆ Organize chlorination of wells and coordinate with accountable authorities for sanitation.

- ◆ Training of all health personnel like ASHAs, Anganwadi Workers, Dais and others who are involved in health care regarding relevant National Health Programmes including ORT.
- ◆ Ensuring logistic supply to all the Sub-Centres and ASHAs.

Universal Immunization Programme (UIP)

- ◆ He/she will plan and implement UIP in line with the latest policy and ensure cent percent coverage of the target population in the PHC (i.e. pregnant mothers and new born infants).
- ◆ He/she will ensure adequate supplies of vaccines miscellaneous items required from time to time for the effective implementation of UIP.
- ◆ He/she will ensure proper storage of vaccines and maintenance of cold chain equipment, planning and monitoring of performance and training of staff.
- ◆ Organizing training of ASHAs and supervising their skill and knowledge of use of RDT and anti-malarial drugs.
- ◆ He/she will check the microscopic work of the Laboratory Technician and dispatch prescribed per-centage of such slides to the Zonal Organization/Regional Office for Health and Family Welfare (Government of India) and State headquarters for cross checking as laid down from time to time.

National Vector Borne Disease Control Programme (NVBDCP)

Malaria

- ◆ He/she will be responsible for all NVBDCP operations in his/her PHC area and will be responsible for all administrative and technical matters.
- ◆ He/she should be completely acquainted with all problems and difficulties regarding surveillance and spray operations in his/her PHC area and be responsible for immediate action whenever the necessity arises.
- ◆ The Medical Officer will guide the Health Workers and Health Assistants on all treatment schedules, especially radical treatment with primaquine. As far as possible he/she should investigate all malaria cases in the area with less than API 2 regarding their nature and origin, and institute necessary measures in this connection.
- ◆ He/she should ensure that prompt remedial measures are carried out by the Health Assistant, about positive cases detected in areas with API less than two.
- ◆ He/she should give specific instructions to them in this respect, while sending the result of blood slides found positive.
- ◆ Activities related to Quality assurance of malaria microscopy and RDT.
- ◆ Stratify Sub-Centres areas based on API to identify high risk Sub-Centres i.e. API 2 and above, API 5 and above and develop micro action plan for carrying out Indoor Residual Spray.
- ◆ Supervising the skill of spray squads in spray activities and spray operations in the field.
- ◆ Identification of high risk Sub-Centres for distribution of LLIN.
- ◆ Organisation of village level treatment camps of community owned bednets.
- ◆ He/she should, during his/her monthly meetings, ensure proper accounts of slides and anti malaria drugs issued to the Health Workers and Health Assistant Male.
- ◆ The publicity material and mass media equipment received from time to time will be properly distributed or affixed as per the instructions from the district organization.
- ◆ He/she should consult the guidelines on Management and treatment of cerebral malaria and treat cerebral malaria cases as and when required.
- ◆ He/she should ensure that all categories of staff in the periphery administering radical treatment to the malaria positive cases should follow the guidelines of NVBDCP and in case any side effect is observed in a case, who is receiving primaquine, the drug is stopped by the worker and such case should immediately be referred to PHC.

Filaria

- ◆ He/she will be responsible for all Elimination of Lymphatic Filariasis (ELF) activities in his/her area and will be responsible for all administrative and technical matters.
- ◆ He/she should be completely acquainted with all problems and difficulties in line-listing of filaria cases, providing morbidity management services and conducting Mass Drug Administration (MDA).
- ◆ He/she will be responsible for all health education activities in his/her area.
- ◆ He will be responsible for Mf survey in night in sentinel and random sites in his area, if it is identified.
- ◆ He will ensure that all records/reports are sent in time & kept safe.

Where Kala Azar and Japanese Encephalitis are endemic the following additional duties are expected from him.

Kala Azar:

- ◆ He/she will be responsible for all anti Kala Azar operations in his/her area and will be responsible for all administrative and technical matters.
- ◆ He/she should be completely acquainted with all problems and difficulties regarding surveillance, diagnosis, treatment and spray operations in his/her PHC areas and be responsible for immediate action whenever the necessity arises.
- ◆ He/she will guide the health workers and health assistants on all treatment schedules, criteria for suspecting a case to be of Kala Azar, control activities, complete treatment and to approach for immediate medical care.
- ◆ He/she will check the rapid (rK-39) test conducted by the Laboratory Technicians.
- ◆ He/she will organize and supervise the Kala Azar search operations in his/her area.
- ◆ He should, during his monthly meetings ensure proper accounts of drugs, Chemicals, Glass-ware etc.
- ◆ He/she will be responsible for all Health Education activities in his/her area.
- ◆ He/she will be overall responsible for all Kala Azar control activities in his/her areas Including

advance planning for spray operations and micro action plan. One Medical Officer who can be made solely responsible for Kala Azar control may be identified.

- ◆ He/she will be responsible for regular reporting to the District Malaria Officer/Civil Surgeon, Monitoring, Record Maintenance of adequate provisions of Drugs, Chemicals, etc.

Acute Encephalitis Syndrome (AES)/Japanese Encephalitis (JE):

- ◆ He/she will be responsible for all AES/JE prevention and control activities in his/her area and will be responsible for all administrative and technical matters.
- ◆ He/she will be overall responsible for all AES/JE control activities in his/her areas including spray operations. For the purpose, he/she may identify one Medical Officer who can be made solely responsible for AES/JE control.
- ◆ He/she should be completely acquainted with all problems and difficulties regarding surveillance, diagnosis, treatment and spray operations in his/her PHC area and be responsible for immediate action whenever the necessity arises.
- ◆ He/she will guide the Health Workers and Health Assistants on all treatment schedules, criteria for suspecting a case to be of JE and the approaches for motivation of the people for accepting JE control activities and to approach for immediate medical care to prevent death.
- ◆ He/she will arrange admission & appropriate management of AES/JE cases at PHC level or make arrangements for referral to CHC/District Hospital.
- ◆ He/she will arrange to collect and transport sera sample to the identified virology lab and fully participate in JE Vaccination Programme.
- ◆ He/she will be responsible for all health education activities in his/her area.
- ◆ He/she will be responsible for regular reporting to the District Malaria Officer, Civil Surgeon, Monitoring, Record Maintenance of adequate provisions for drugs etc.

Dengue/Chikungunya

- ◆ He/she will be responsible for all Dengue/Chikungunya prevention and control activities

in his/her area and will be responsible for all administrative and technical matters.

- ◆ He/she should be completely acquainted with all problems and difficulties regarding surveillance, diagnosis, treatment and vector control activities in his/her PHC area and be responsible for immediate action whenever the necessity arises.
- ◆ He/she will arrange admission & appropriate management of Dengue/Chikungunya cases at PHC level or make arrangements for referral to CHC.
- ◆ He/she will arrange to collect and transport sera sample to the identified Sentinel Surveillance Hospitals for confirmation.
- ◆ He/she will be responsible for all health education activities in his/her area.
- ◆ He/she will be responsible for regular reporting to the District Malaria Officer, Civil Surgeon, Monitoring, Record Maintenance of adequate provisions for drugs etc.

Control of Communicable Diseases

- ◆ He/she will ensure that all the steps are being taken for the control of communicable diseases and for the proper maintenance of sanitation in the villages.
- ◆ He/she will take the necessary action in case of any outbreak of epidemic in his/her area.
- ◆ Perform duties under the Integrated Disease Surveillance Project.

Leprosy

- ◆ Diagnose cases, ensure registration and management of leprosy & its complications with due counselling.
- ◆ Ensure regularity and completion of treatment and retrieval of defaulters.
- ◆ Ensure regular updation of records, availability of adequate stock of MDT, Prednisolone, other supportive drugs and materials and timely submission of reports.
- ◆ Refer and follow up all the cases with grade-2 disability to district hospitals for assessment and management.

Tuberculosis

- ◆ He/she will provide facilities for early detection of cases of Tuberculosis, confirmation of their diagnosis and treatment.
- ◆ He/she will ensure that all cases of Tuberculosis take regular and complete treatment.
- ◆ Ensure functioning of Microscopic Centre (if the PHC is designated so) and provision of DOTS.

Sexually Transmitted Diseases (STD)

- ◆ He/she will ensure that all cases of STD are diagnosed and properly treated and their contacts are traced for early detection.
- ◆ He/she will provide facilities for RPR test, for all pregnant women at the PHC.
- ◆ He will receive STI syndromic treatment training and provide syndromic treatment for STIs.

School Health

- ◆ He/she will visit schools in the PHC area at regular intervals and arrange for Medical Checkups, immunization and treatment with proper follow up of those students found to have defects.

National Programme for Control of Blindness

- ◆ He/she will make arrangements for rendering:
 - Treatment for minor ailments.
 - Testing of vision.
- ◆ He/she will refer cases to the appropriate institutes for specialized treatment.
- ◆ He/she will extend support to mobile eye care units.

Training

- ◆ He/she will organize training programmes including continuing education for the staff of PHC and ASHA under the guidance of the district health authorities and Health & Family Welfare Training centres.
- ◆ He/she will ensure that staff is sent for appropriate trainings.
- ◆ He/she will maintain and update a data base of staff and the trainings undergone by the them.
- ◆ He/she will provide opportunity to the staff for using the knowledge, skills and competencies learnt during the training.

- ◆ He/she will assess functioning of analysis and arrange for retraining if required.
- ◆ He/she will ensure appropriate infrastructure for trainings like venue, training aids, training material and other logistics.
- ◆ He/she will organize training programs for ASHA with focus on developing appropriate skills as per local need.
- ◆ He/she will also make arrangements/provide guidance to the Health Assistant Female and Health Worker Female in organizing training programmes for ASHAs.
- ◆ He/she will receive reports from the periphery, get them compiled and submit them regularly to the district health authorities.
- ◆ He/she will keep notes of his/her visits to the area and submit every month his/her tour report to the CMO.
- ◆ He/she will discharge all the financial duties entrusted to him/her.
- ◆ He/she will discharge the day to day administrative duties and administrative duties pertaining to new schemes.

Administrative Work

- ◆ He/she will supervise the work of staff working under him/her.
- ◆ He/she will ensure general cleanliness inside and outside the premises of the PHC and also proper maintenance of equipment under his/her charge.
- ◆ He/she will ensure to keep up to date inventory and stock register of all the stores and equipment supplied to him/her and will be responsible for its correct accounting.
- ◆ He/she will get indents prepared timely for drugs, instruments, vaccines, ORS and contraceptive etc. sufficiently in advance and will submit them to the appropriate health authorities.
- ◆ He/she will check the proper maintenance of the transport given in his/her charge.
- ◆ He/she will scrutinize the programmes of his/her staff and suggest changes if necessary to suit the priority of work.
- ◆ He/she will get prepared and display charts in his/her own room to explain clearly the geographical areas, location of peripheral health units, morbidity and mortality, health statistics and other important information about his/her area.
- ◆ He/she will hold monthly staff meetings with his/her own staff with a view to evaluating the progress of work and suggesting steps to be taken for further improvements.
- ◆ He/she will ensure the regular supply of medicines and disbursements in Sub-Centres and to ASHAs.
- ◆ He/she will ensure the maintenance of the prescribed records at PHC level.

Other NCD Programmes

- ◆ Diagnosis and treatment of common ear diseases.
- ◆ Early detection of Hearing Impairment cases and referral to District Hospital (Appropriate level).
- ◆ Refers suspected cancer cases with early warning signals.
- ◆ Diagnosis and treatment of common mental disorders and to provide referral service. Treatment of psychosis, depression, anxiety disorders and epilepsy could be done at this level after training.
- ◆ IEC activities for prevention and early detection of mental disorders.
- ◆ Early detection, treatment as far as possible and referral of Diabetes Mellitus, Hypertension, CVD and Stroke.
- ◆ 'Weekly geriatric clinic at PHC' for providing complete health assessment of elderly persons, Medicines, Management of chronic diseases and referral services.
- ◆ Basic Physical Medicine and Rehabilitation services including preventive, therapy and referral services.
- ◆ Health promotion related IEC and BCC Activities.

Job Responsibilities of Health Educator

Although it is desirable to have one Health Educator in every PHC. However, at least one Health Educator should be available in each block i.e. at block headquarter level PHC. He/she will be under the immediate administrative control of the PHC Medical Officer. He/she will be responsible for providing support to all health and family welfare programmes in the block.

Duties and Functions

- ◆ He/she will have with him/her all information relevant to development activities in the block, particularly concerning health and family welfare, and will utilize the same for programme planning.
- ◆ He/she will develop his/her work plan in consultation with the Medical Officer of his/her PHC and the concerned Block Extension Educator.
- ◆ He/she will collect, analyse and interpret the data in respect of extension education work in his/her PHC area.
- ◆ He/she will be responsible for regular maintenance of records of educational activities, tour programmes, daily dairies and other registers, and will ensure preparation and display of relevant maps and charts in the PHC.
- ◆ He/she will assist the Medical Officer, PHC in conducting training of health workers and ASHAs.
- ◆ He/she will organize the celebration of health days and weeks and publicity programmes at local fairs, on market days, etc.
- ◆ He/she will organize orientation training for health and family welfare workers, opinion leaders, local medical practitioners, school teachers, dais and other involved in health and family welfare work.
- ◆ He/she will assist the organizing mass communication programmes like film shows, exhibition, lectures and dramas.
- ◆ He/she will supervise the work of field workers in the area of education and motivation.
- ◆ He/she will supply educational material on health and family welfare to health workers in the block.
- ◆ While on tour he/she will verify entries in the eligible couple register for every village and do random checking of family welfare acceptors.
- ◆ While on tour he/she will check the available stock of conventional contraceptive with the depot holders and the kits with HWs and ASHAs.
- ◆ He/she will help field workers in winning over resistant cases and drop-outs in the health and family welfare programmes.
- ◆ He/she will maintain a complete set of educational aids on health and family welfare for his/her own use and for training purpose.
- ◆ He/she will organize population education and health education sessions in schools and for out-of-school children and youth.
- ◆ He/she will maintain a list of prominent acceptors of family planning methods and opinion leaders village wise and will try to involve them in the promotion of health and family welfare programmes.
- ◆ He/she will prepare a monthly report on the progress of educational activities in the block and send it to the higher authority.
- ◆ Health promotion related IEC and BCC Activities

Job Responsibilities of Health Assistant Female (LHV – Lady Health Visitor) (Female Supervisor)

Note: Under the Multipurpose Workers Scheme a Health Assistant Female is expected to cover a population of 30,000 (20,000 in tribal and hilly areas) in which there are six Sub-Centres, each with the Health Worker Female. The Health Assistant Female will carry out the following duties:

Supervision and guidance

- ◆ Supervise and guide the Health Worker Female, Dais and guide ASHA in the delivery of health care service to the community.
- ◆ Strengthen the knowledge and skills of the Health Worker Female.
- ◆ Helps the Health Worker Female in improving her skills in working in the community.
- ◆ Help and guide the Health Worker Female in planning and organizing her programmes of activities.
- ◆ Visit each Sub-Centre at least once a week on a fixed day to observe and guide the Health Worker Female in her day to day activities.
- ◆ Assess fortnightly the progress of assessment report work of the Health Worker Female and submit with respect to their duties under various National Health Programmes.
- ◆ Carry out supervisory home visits in the area of the Health Worker Female with respect to their duties under various National Health Programmes.
- ◆ Supervise referral; of all pregnant women for RPR testing at PHC.

Team Work

- ◆ Help the health workers to work as part of the health team.
- ◆ Coordinate her activities with those of the Health Assistant Male and other health personnel including the dais.
- ◆ Coordinate the health activities in her area with the activities of workers of other departments and agencies and attend meeting at PHC level.
- ◆ Conduct regular staff meetings with the health workers in coordination with the Health Assistant (Male).
- ◆ Attend staff meetings at the Primary Health Centre.
- ◆ Assist the Medical Officer of the Primary Health Centre in the organization of the different health services in the area.
- ◆ Participate as a member of the health team in mass camps and campaigns in health programmes.
- ◆ Facilitate and Participate in activities of village Health & Nutrition Day.

Supplies, equipment and maintenance of Sub-Centres

- ◆ In collaboration with the Health Assistant Male, check at regular intervals the stores available at the Sub-Centre and help in the procurement of supplies and equipment.
- ◆ Check that the drugs at the Sub-Centre are properly stored and that the equipment is well maintained.
- ◆ Ensure that the Health Worker Female maintains her general kit, midwifery kit and Dai kit in the proper way.
- ◆ Ensure that the Sub-Centre is kept clean and is properly maintained.

Records and Reports

- ◆ Scrutinize the maintenance of records by the Health Worker Female and guide her in their proper maintenance.
- ◆ Review reports received from the Health Workers Female, consolidate them and submit monthly reports to the Medical Officer of the Primary Health Centre.

Where Kala-Azar is endemic, additional duties are

- ◆ She will supervise the work of Health Worker Female during concurrent visit and will check whether the worker is performing her duties.
- ◆ She should check minimum of 10% of the house in a village to verify that the Health Worker Female really visited those houses and carried her job properly. Her job of identifying suspected Kala-Azar cases and ensuring complete treatment has been done properly.
- ◆ She will carry with her the proper record forms, diary and guidelines for identifying suspected Kala-Azar cases.
- ◆ She will be responsible along with Health Assistant Male for ensuring complete treatment of Kala-Azar patients in his area.
- ◆ She will be responsible along with Health Assistant Male for ensuring complete coverage during the spray activities and search operation.
- ◆ She will also undertake health education activities particularly through interpersonal communication, arrange group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

Where Japanese Encephalitis is endemic her specific duties are as below

- ◆ She will supervise the work of Health Worker Female during concurrent visit and will check whether the worker is performing her duties.
- ◆ She should check along with minimum of 10% of the house in a village to verify that the Health Worker Female really visited those houses and carried her job properly. Her job of identifying suspected JE cases and ensuring complete treatment has been done properly.
- ◆ She will carry with her the proper record forms, diary and guidelines for identifying suspected JE cases.
- ◆ She will be responsible for ensuring complete treatment of JE patients in her area.
- ◆ She will be responsible along with Health Assistant Male for ensuring complete coverage during the spray activities and search operation.
- ◆ She will also undertake health education activities particularly through interpersonal communication,

arranging group meetings with leaders and organizing and conduction training of community leaders with the assistance of health team.

Training

- ◆ Organize and conduct training for Dais/ASHA with the assistance of the Health Worker Female.
- ◆ Assist the Medical Officer of the Primary Health Centre in conducting training programme for various categories of health personnel.

Maternal and Child Health

- ◆ Conduct weekly MCH clinics at each Sub-Centre with the assistance of the Health Worker Female and dais.
- ◆ Respond to calls from the Health Worker Female, the Health Worker Male, the health guides and the trained Dais and render the necessary help.
- ◆ Conduct deliveries when required at PHC level and provide domiciliary and midwifery services.

Family Welfare and Medical Termination of Pregnancy

- ◆ She will ensure through spot checking that Health Worker Female maintains up-to date eligible couple registers all the times.
- ◆ Conduct weekly family planning clinics along with the MCH clinics at each Sub-Centre with the assistance of the Health Worker Female.
- ◆ Personally motivate resistant case for family planning.
- ◆ Provide information on the availability of services for medical termination of pregnancy and for sterilization. Refer suitable cases for MTP to the approved institutions.
- ◆ Guide the Health Worker Female in establishing female depot holders for the distribution of conventional contraceptives and train the depot holders with the assistance of the health workers female.
- ◆ Provide IUCD services and their follow up.
- ◆ Assist M.O. PHC in organization of family planning camps and drives.

Nutrition

- ◆ Ensure that all cases of malnutrition among infants and young children (0-5 years) are given the necessary treatment and advice and refer serious cases to the Primary Health Centre.
- ◆ Ensure that iron and folic acid vitamin A are distributed to the beneficiaries as prescribed.
- ◆ Educate the expectant mother regarding breast feeding.

Universal Immunization Programme

- ◆ Supervise the immunization of all pregnant women and children (0-5 years).
- ◆ She will also guide the MPW (M) and MPW(F) to procure supplies organize immunization camps provide guidance for maintaining cold chain, storage of vaccine, health education and also in immunizations.
- ◆ Supervise the immunization of all pregnant women and infants.
- ◆ Follow the directions given in Manual of Health Worker (female) under National Immunization Programme.

Acute Respiratory Infection

- ◆ Ensure early diagnosis of pneumonia cases.
- ◆ Provide suitable treatment to mild/moderate cases of ARI.
- ◆ Ensure early referral in doubtful/severe cases.

School Health

- ◆ Assist Medical Officer in school health services.

Primary Medical Care

- ◆ Ensure treatment for minor ailments, provide ORS & First Aid for accidents and emergencies and refer cases beyond her competence to the Primary Health Centre or nearest hospital.

Health Education

- ◆ Carry out educational activities for MCH, Family Welfare, Nutrition and Immunization, Control of blindness, Dental care and other National Health Programmes like leprosy, Tuberculosis and NCD programmes with the assistance of the Health Worker Female.

- ◆ Arrange group meetings with the leaders and involve them in spreading the message for various health programmes.
- ◆ Organize and conduct training of women leaders with the assistance of the Health Worker Female.
- ◆ Organize and utilize Mahila Mandal, Teachers and other women in the Community in the family welfare programmes, including ICDS personnel.
- ◆ Coordinate his activities with those of the Health Assistant Female and other health personnel including the Dais and Health Guide.
- ◆ Coordinate the health activities in his area with the activities of workers of other departments and agencies and attend meetings.
- ◆ Conduct staff meetings fortnightly with the health workers in coordination with the Health Assistant Female at one of the Sub-Centres by rotation.
- ◆ Attend staff meetings at the Primary Health Centre.
- ◆ Assist the Medical Officer of the Primary Health Centre in the organization of the different health services.
- ◆ Participate as a member of the health team in mass camps and campaigns in health programmes.
- ◆ Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel.
- ◆ Facilitate and Participate in the activities of village Health & Nutrition Day.

Job Responsibilities of Health Assistant Male

Under the Multipurpose workers scheme a Health Assistant Male is expected to cover a population of 30,000 (20,000 in tribal and hilly areas) in which there are six Sub-Centres, each with the health worker male.

The Health Assistant Male will carry out the following duties

Supervise and guidance

- ◆ Supervise and guide the Health Worker Male, in the delivery of health care service to the community.
- ◆ Strengthen the knowledge and skills of the Health Worker Male.
- ◆ Help the Health Worker Male in improving his skills in working in the community.
- ◆ Help and guide the Health Worker Male in planning and organizing his programmes of activities.
- ◆ Visit each Health Worker Male at least once a week on a fixed day to observe and guide him in his day to day activities.
- ◆ Assess monthly the progress of work of the Health Worker Male and submit with assessment report to the Medical Officer of the Primary Health Centre.
- ◆ Carry out supervisory home visits in the area of the Health Worker Male.

Team Work

- ◆ Help the health workers to work as part of the health team.

Supplies, equipment and maintenance of Sub-Centres

- ◆ In collaboration with the Health Assistant Female, check at regular intervals the stores available at the Sub-Centres and ensure timely placement of indent for and procure the supplies and equipment in good time.
- ◆ Check that the drugs at the Sub-Centre are properly stored and that the equipment is well maintained.
- ◆ Ensure that the Health Worker Male maintains his general kit proper way.

Records and Reports

- ◆ Scrutinize the maintenance of records by the Health Worker Male and guide him in their proper maintenance.
- ◆ Review records received from the Health Worker Male, consolidate them and submit reports to the Medical Officer of the Primary Health Centre.

Malaria

- ◆ He will supervise the work of Health Worker Male during concurrent visits and will check whether the worker is performing his duty as laid down in the schedule.

- ◆ He should check minimum of 100 of the houses in a village to verify the work of the Health Worker Male.
- ◆ He will carry with him a kit for collection of blood smears during his visit to the field and collect thick and thin smears from any fever case he comes across.
- ◆ He will be responsible for prompt radical treatment to positive cases in his area. He will plan, execute and supervise the administration of radical treatment in consultation with PHC Medical Officer.
- ◆ Supervise the spraying of insecticides during local spraying along with the Health Worker Male.

Where Kala-Azar is endemic additional duties are:

- ◆ He will supervise the work of Health Worker Female during concurrent visit and will check whether the worker is performing her duties.
- ◆ He should check minimum of 10% of the house in a village to verify that the Health Worker Male really visited those houses and carried his job properly. His job of identifying suspected Kala-Azar cases and ensuring complete treatment has been done properly.
- ◆ He will carry with him the proper record forms, diary and guidelines for identifying suspected Kala-Azar cases.
- ◆ He will be responsible for ensuring complete coverage treatment of Kala-Azar patients in his area.
- ◆ He will be responsible for ensuring complete coverage during the spray activities and search operation.
- ◆ He will also undertake health education activities particularly through interpersonal communication, arranging group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

Where Japanese Encephalitis is endemic his specific duties are as below:

- ◆ He will supervise the work of Health Worker female during concurrent visit and will check whether the worker is performing his duties.
- ◆ He should check minimum of 10% of the house in a village to verify that the Health Worker Male really

visited those houses and carried his job properly. His job of identifying suspected encephalitis cases and ensuring motivation of community has been done properly.

- ◆ He will carry with him the proper record forms, diary and guidelines for identifying suspected encephalitis cases.
- ◆ He will also undertake health education activities particularly through interpersonal communication, arranging group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

Where Lymphatic Filariasis is Endemic, His specific Duties are as Follows:

- ◆ He will supervise the work of Health Worker (Male) and volunteers during concurrent visit and will check whether the worker is performing his duties.
- ◆ He should check minimum 10% of the houses in a village to verify that the health worker (male) really visited those houses and carried his job properly.
- ◆ He will carry with him the proper record forms, diary and guidelines for Mass Drug Administration (MDA) and drug distribution.
- ◆ He will be responsible for ensuring coverage and compliance of drug above 80% during MDA.
- ◆ He will also undertake health education activities particularly through interpersonal communication, arranging group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

Communicable Disease

- ◆ Be alert to the sudden outbreak of epidemics of diseases, such as diarrhea/dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough or tetanus poliomyelitis, tetanus neonatorum, acute eye infections and take all possible remedial measures.
- ◆ Take the necessary control measures when any noticeable disease is reported to him.
- ◆ Take measures for control of stray dogs with the help of the Health Worker Male and local authorities.

Leprosy

- ◆ Ensure that all the cases of leprosy take regular and complete treatment and ensure retrieval of defaulter
- ◆ Assess and monitor grade 1 & 2 disability for leprosy disabled patients.

Tuberculosis

- ◆ Check whether all cases under treatment for Tuberculosis are taking regular treatment, motivate defaulters to take regular treatment and bring them to the notice of the Medical Officer, PHC.
- ◆ Ensure that all cases of Tuberculosis take regular and complete treatment and inform the Medical Officer, PHC about any defaulters to treatment.

Non Communicable Diseases

Health Promotion and IEC Activities

Environmental Sanitation

- ◆ Community sanitation
- ◆ Safe water sources
- ◆ Soakage pits
- ◆ Kitchen gardens
- ◆ Manure pits
- ◆ Compost pits
- ◆ Sanitary latrines
- ◆ Smokeless chullas and supervise their construction.
- ◆ Supervise the chlorination of water sources including wells.

Universal Immunization Programme

- ◆ Conduct immunization of all school going children with the help of the Health Workers.

Family Welfare

- ◆ Personally motivate resistant case for family planning.
- ◆ Guide the Health Worker Male in establishing family planning depot holders and supervise the functioning.
- ◆ Assist M.O. PHC in organization of family planning camps and drives.

- ◆ Provide information on the availability of services for medical termination of pregnancy and refer suitable cases to the approved institutions.
- ◆ Ensure follow up of all cases of vasectomy, tubectomy, IUCD and other family planning acceptors.

Job Responsibilities of Laboratory Technician

NOTE: All Primary Health Centre and subsidiary health Centre have been provided with a post of laboratory technician/assistant. The laboratory technician will be under the direct supervision of the Medical Officer, PHC. The laboratory technician will carry out the following duties:

General Laboratory Procedures

1. Manage the cleanliness and safety of the laboratory.
2. Ensure that the glassware and equipment are kept clean.
3. Handle properly and ensure maintenance of the microscope.
4. Sterilize the equipment as required.
5. Dispose of specimens and infected material in a safe manner.
6. Maintain the necessary records of investigations done and submit the reports to the Medical Officer, PHC.
7. Prepare monthly reports regarding his work.
8. Indent for supplies for the laboratory through the Medical Officer, PHC and ensure the safe storage of materials received.

Laboratory Investigations (Minimum)

1. Carry out examination of urine
 - i. Specific gravity and PH.
 - ii. Test for glucose.
 - iii. Test for protein (albumen).
 - iv. Test for bile pigments and bile salts.
 - v. Test for ketone bodies.
 - vi. Microscopic examination.
2. Carry out examination of stools
 - i. Gross examination.
 - ii. Microscopic examination.

3. Carry out examination of blood
 - i. Collection of blood specimen by finger prick technique.
 - ii. Hemoglobin estimation.
 - iii. RBC count.
 - iv. WBC count (total and differential).
 - v. Preparation, staining and examination of thick and thin blood smears for malaria parasites and for microfilaria.
 - vi. Erythrocyte Sedimentation Rate.
 - vii. VDRL.
 - viii. Blood grouping and Rh typing.
 - ix. Rapid HIV and STI Screening test

4. Carry out examination of sputum

Preparation, staining and examination of sputum smears for Mycobacterium tuberculosis (wherever the PHC is recognized as microscopy centre under RNTCP).

5. Carry out examination of semen
 - i. Microscopic examination.
 - ii. Sperm count motility, morphology etc.
6. Prepare throat swabs
 - i. Collection of throat swab and examination for diphtheria.
7. Test samples of drinking water
 - i. Testing of samples for gross impurities.
 - ii. Rapid tests for detecting fecal contamination by H₂S strip test.
 - iii. Residual chlorine in drinking water by testing kits.
8. Under NVBDCP, in endemic areas, he will also
 - i. Conduct rapid diagnostic test for Kala-azar for suspected case of Kala-Azar (rk 39) in OPD or referred by ASHAs or Health Workers.
 - ii. Conduct Aldehyde test, maintain all records of sera samples drawn, aldehyde tests and also assist in Kala-Azar search operations.
 - iii. Collect sera samples from suspected encephalitis cases and send to sentinel surveillance laboratory for testing, maintain all records of sera samples drawn and their results.

JOB RESPONSIBILITY OF IMMUNIZATION STAFF AT PHC/CHC/SUB-DIVISIONAL/SUB-DISTRICT/DISTRICT HOSPITAL

Cold Chain and Vaccine Logistic (CC&VL) Assistant

Qualification & Experience

Graduate or Diploma in Pharmacy/Nursing with 1-2 years experience in medical store management.

Job Responsibilities

1. Support the MO I/C in UIP implementation, focusing on improved management of the cold chain inclusive of basic preventive maintenance of cold chain equipment, vaccine & logistics management (goods clearance, elimination of overstocking and stock outs of vaccine) and injection safety including proper waste disposal.
2. Ensure monthly reporting of Immunization data including vaccine usage, VAPP and AEFI cases as per GOI guidelines and annual progress report.
3. Assist MO I/C to conduct periodic programme reviews and undertake action on operational procedures specifically logistics affecting the implementation and management of the UIP.
4. Maintaining of accurate stock records and periodic review of supply requisitions.
5. Assist MO I/C in preparing annual vaccine forecasts of the PHC/CHC.
6. Provide technical guidance to the PHC/CHC level staff on cold chain management and conduct periodical evaluation for the purpose of repair and replacement.
7. Undertake field visits to session sites and provide supportive supervision to health care workers to maintain proper cold chain for vaccines, logistics and waste disposal.
8. Assist MO during monthly meetings and provide feedback/refresher trainings to workers on issues related to cold chain & vaccine logistics.

9. Assist MO in micro planning for adequate & timely supply of vaccines & logistics through alternate vaccine delivery mechanism.
 10. Recording of temperature in the Temp. record Book twice daily as per guidelines.
 11. Any other immunization related work as specified by Medical Officer.
5. Other immunization related work as specified by DIO/CCO/VLM.

Cold Chain Handler (Helper)

Qualification and Experience

Matriculation Pass with 1-2years of working experience in stores.

Job Description

1. Cleaning cold chain and immunization room.
2. Ice packs - filling, arranging in DF for conditioning, packing cold box, returning vaccines and ice packs from carriers when they return from field.
3. Equipment – cleaning and defrosting ILR & DF, cleaning and preventive maintenance of cold boxes and vaccine carriers.
4. Unloading and dispatch of vaccines and logistics.

Data Handler

Qualification & Experience

Desirable

The Candidate must be a Graduate in Commerce/Science/ Arts with Diploma in Computer Application from a recognized institution with 2 yrs experience in the related area. Permanent resident of the district concerned.

Job Description

1. The Computer Assistant shall undertake data entry of immunization report, vaccine and logistics receipt, release and logbook data.
2. He/She shall compile the information on a monthly basis & forward the data to the DIO/ADIO/state.
3. He/She shall be responsible for operation & up keep of HMIS Software.
4. He/She shall under take visit to the field for training of field functionaries, collection of data & validation.

Annexure 8

CHARTER OF PATIENTS' RIGHTS FOR PRIMARY HEALTH CENTRE

Citizen's Charter

Mission Statement

Access to services: The PHC provides medical care to all patients without any discrimination of gender, cast, or religion. The Medical Officer is responsible for ensuring the delivery of services.

Standards of Services: This PHC provides quality of service on the minimum assured services set by Indian Public Health Standards (IPHS).

Your Rights in the PHC

1. Right to access to all the services provided by the PHC.
2. Right to Information-including information relating to your treatment.
3. Right of making decision regarding treatment.
4. Right for privacy and confidentiality.
5. Right to religious and cultural freedom.
6. Right for Safe and Secure Treatment.
7. Right for grievance redressal.

Services Available

- a. OPD services: Location, Name of doctors, timings, and user fees/charges.
- b. Indoor services: Location and number of beds.
- c. 24 x 7 Emergency, referral and normal delivery services.
- d. Laboratory services: Location, timings and charges.

- e. Family Welfare services: Location, and timings of family Planning clinics. Forth coming schedule of sterilization camps.
- f. Immunization services: Location and days of vaccination.
- g. AYUSH services: location, name of doctor, timings and user fees/charges.

Medical Facilities Not Available:.....

Complaints & Grievances:

- ◆ Every complaint will be duly acknowledged.
- ◆ We aim to settle your genuine complaints within..... days of its receipt.
- ◆ Suggestions/Complaint boxes are also provided at enquiry counter and..... in the PHC.
- ◆ If we cannot, we will explain the reasons and the time we will take to resolve.

Your Responsibilities:

- ◆ Please do not inconvenience other patients.
- ◆ Please help us in keeping the PHC and its surroundings neat and clean.
- ◆ Beware of Touts. If you find any such person in premises tell the PHC authorities.
- ◆ The PHC is a "No Smoking Zone" and smoking is a Punishable Offence.
- ◆ Please refrain from demanding undue favours from the staff and officials as it encourages corruption.
- ◆ Please provide useful feedback & constructed suggestions. These may be addressed to the Medical Officer Incharge of the PHC.

Annexure 9

PROFORMA FOR FACILITY SURVEY FOR PHC ON IPHS

Identification

Name of the State: _____			
District: _____			
Tehsil/Taluk/Block: _____			
Location & Name of PHC: _____			
Is the PHC providing 24 hours and 7 days delivery facilities			
Date of Data Collection			
	Day	Month	Year
Name and Signature of the Person Collecting Data			

Services

Population covered (in numbers)

Type of PHC:

- Type A
- Type B

Assured Services available (Yes/No)

- OPD Services
- Emergency services (24 Hours)
- Referral Services
- In-patient Services

Number of beds available

- Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%)

Average daily OPD Attendance

- Males
- Females

Treatment of specific cases (Yes/No)

- Is the primary management of wounds done at the PHC?
- Is the primary management of fracture done at the PHC?

- c. Are minor surgeries like draining of abscess etc. done at the PHC?
- d. Is the primary management of cases of poisoning/ snake, insect or scorpion bite done at the PHC?
- e. Is the primary management of burns done at PHC?
- k. Are the low birth weight babies managed at the PHC?
- l. Is there a fixed immunization day?
- m. Is BCG and Measles vaccine given regularly in the PHC?
- n. How is the vaccine received at PHC and distributed to Sub-Centres?
- o. Is the treatment of children with pneumonia available at the PHC?
- p. Is the management of children suffering from diarrhea with severe dehydration done at the PHC?

MCH Care including Family Welfare

Service availability (Yes/No)

- a. Ante-natal care
- b. Intranatal care (24 - hour delivery services both normal and assisted)
- c. Post-natal care
- d. New born Care
- e. Child care including immunization
- f. Family Planning
- g. MTP
- h. Management of RTI/STI
- i. Facilities under Janani Suraksha Yojana

Availability of specific services (Yes/No)

- a. Are antenatal clinics organized by the PHC regularly?
- b. Is the facility for normal delivery available in the PHC for 24 hours?
- c. Is the facility for tubectomy and vasectomy available at the PHC?
- d. Is the facility for internal examination for gynaecological conditions available at the PHC?
- e. Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC?
- f. If women do not usually go to the PHC, then what is the reason behind it?
- g. Is the facility for MTP (abortion) available at the PHC?
- h. Is there any precondition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's consent for MTP?
- i. Do women have to pay for MTP?
- j. Is treatment for anemia given to both pregnant as well as non-pregnant women?

Other functions and services performed (Yes/No)

- a. Nutrition services.
- b. School Health programmes.
- c. Promotion of safe water supply and basic sanitation.
- d. Prevention and control of locally endemic diseases.
- e. Disease surveillance and control of epidemics.
- f. Collection and reporting of vital statistics.
- g. Education about health/behaviour change communication.
- h. National Health Programmes including HIV/AIDS control programmes.
- i. AYUSH services as per local preference.
- j. Rehabilitation services (please specify).

Monitoring and Supervision activities (Yes/No)

- a. Monitoring and supervision of activities of Sub-Centres through regular meetings/periodic visits, etc.
- b. Monitoring of National Health Programmes
- c. Monitoring activities of ASHAs
- d. Visits of Medical Officer to all Sub-Centres at least once in a month.
- e. Visits of Health Assistants (Male) and LHV to Sub-Centres once a week.
- f. Timely payment of JSY beneficiaries.
- g. Timely payment of TA/DA to ASHAs.

Manpower

Sl. No.	Staff	Recommended	Current Availability at PHC (Indicate Numbers)	Remarks/Suggestions/ Identified Gaps
1	Medical Officer- MBBS			
2	MO –AYUSH			
3	Accountant/Clerk			
4	Pharmacist			
5	Pharmacist AYUSH			
6	Nurse-midwife (Staff-Nurse)			
7	Health workers (F)			
8	Health Asstt. (Male)			
9	Health Asstt. (Female)/LHV			
10	Health Educator			
11	Data entry cum computer operator			
12	Laboratory Technician			
13	Cold Chain & Vaccine Logistic Assistant			
14	Multi-skilled Group D worker			
15	Sanitary worker cum watchman			
	Total			

Training of personnel during previous (full) year

Sl. No.	Available training for	Number trained
1	Tradition birth attendants	
2	Health Worker (Female)	
3	Health Worker (Male)	
4	Medical Officer	
5	Initial and periodic training of paramedics in treatment of minor ailments	
6	Training of ASHAs	
7	Periodic training of Doctors through Continuing Medical Education, conferences, skill development training etc. on emergency obstetric care, Training in FP services.-IUCD, Minilap and NSV, LSAS	
8	Training of Health Workers in antenatal care and skilled birth attendance	

Essential Laboratory Services

Sl. No.	Current Availability at PHC	Remarks/Suggestions/Identified Gaps
1	Routine urine, stool and blood tests	
2	Blood grouping	
3	Bleeding time, clotting time	
4	Diagnosis of RTI/STDs with wet mounting, grams stain etc.	
5	Sputum testing for TB	
6	Blood smear examination for malaria parasite	
7	Rapid tests for pregnancy	
8	RPR test for Syphilis/YAWS surveillance (in high endemic area only)	
9	Rapid tests for HIV	
10	Others (specify)	

Any other Services if available e.g., ECG

Physical Infrastructure (As per specifications)

Sl. No.	Current Availability at PHC	If available, area in Sq. mts.	Remarks/Suggestions/Identified Gaps
1	Where is this PHC located? a. Within Village Locality b. Far from village locality c. If far from locality specify in km		
2	Building a. Is a designated government building available for the PHC? (Yes/No) b. If there is no designated government building, then where does the PHC located? Rented premises/Other government building/Any other specify c. Area of the building (Total area in Sq. mts.) d. What is the present stage of construction of the building Construction? Complete/Construction incomplete e. Compound Wall/Fencing (1-All around; 2-Partial; 3-None) f. Condition of plaster on walls (1- Well plastered with plaster intact everywhere; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster) g. Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or no proper flooring) h. Whether the cleanliness is Good/Fair/Poor? (Observe) OPD Wards Toilets Premises (compound) i. Are any of the following close to the PHC? (Observe) (Yes/No) i. Garbage dump ii. Cattle shed iii. Stagnant pool iv. Pollution from industry		

Sl. No.	Current Availability at PHC	If available, area in Sq. mts.	Remarks/Suggestions/ Identified Gaps
	j. Is boundary wall with gate existing? (Yes/No)		
3	Location a. Whether located at an easily accessible area? (Yes/No) b. Distance of PHC (in Kms.) from the farthest village in coverage area c. Travel time (in minutes) to reach the PHC from farthest village in coverage area d. Distance of PHC (in Kms.) from the CHC e. Distance of PHC (in Kms.) from District Hospital		
4	Prominent display boards regarding service availability in local language (Yes/No)		
5	Registration counters (Yes/No) a. Pharmacy for drug dispensing and drug storage (Yes/No) b. Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination (Yes/No)		
6	Separate public utilities for males and females (Yes/No)		
7	Suggestion/complaint box (Yes/No)		
8	OPD rooms/cubicles (Yes/No) (Give numbers)		
9	OPD rooms/cubicles (Yes/No) (Give numbers) each room (Yes/No)		
10	Family Welfare Clinic (Yes/No)		
11	Waiting room for patients (Yes/No)		
12	Emergency Room/Casualty (Yes/No)		
13	Separate wards for males and females (Yes/No)		
14	No. of beds: Male		
15	No. of beds: Female		
16	Operation Theatre (if exists) a. Operation Theatre available (Yes/No) b. If operation theatre is present, are surgeries carried out in the operation theatre? Yes/No/Sometimes c. If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same? Non-availability of doctors/staff Lack of equipment/poor physical state of the operation theatre No power supply in the operation theatre/Any other reason (specify) d. Operation Theatre used for obstetric/gynaecological purpose (Yes/No) e. Has OT enough space (Yes/No)		
17	Labour room a. Labour room available? (Yes/No) b. If labour room is present, are deliveries carried out in the labour room? Yes/No/Sometimes		

Sl. No.	Current Availability at PHC	If available, area in Sq. mts.	Remarks/Suggestions/ Identified Gaps
	<p>c. If labour room is present but deliveries are not being conducted there, then what are the reasons for the same? Non-availability of doctors/staff Poor condition of the labour room/No power supply in the labour room/Any other reason (specify)</p> <p>d. Is separate areas for septic and aseptic deliveries available? (Yes/No)</p> <p>e. Is Newborn care corner available (Yes/No)</p>		
18	<p>Laboratory</p> <p>a. Laboratory (Yes/No)</p> <p>b. Are adequate equipment and chemicals available? (Yes/No)</p> <p>c. Is laboratory maintained in orderly manner? (Yes/No)</p>		
19	Ancillary Rooms - Nurses rest room (Yes/No)		
20	<p>Water supply</p> <p>a. Source of water (1- Piped; 2- Bore well/hand pump/tube well; 3- Well; 4- Other (specify))</p> <p>b. Whether overhead tank and pump exist (Yes/No)</p> <p>c. If overhead tank exists whether its capacity sufficient? (Yes/No)</p> <p>d. If pump exists whether it is in working condition? (Yes/No)</p>		
21	<p>Sewerage</p> <p>Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)</p>		
22	<p>Waste disposal</p> <p>How the waste material is being disposed (please specify)?</p>		
23	<p>Electricity</p> <p>a. Is there electric line in all parts of the PHC? (1- In all parts; 2- In some parts; 3- None)</p> <p>b. Regular Power Supply (1- Continuous Power Supply; 2-Occasional power failure; 3- Power cuts in summer only; 4-Regular power cuts; 5- No power supply)</p> <p>c. Stand by facility (generator) available in working condition (Yes/No)</p>		
24	<p>Laundry facilities</p> <p>a. Laundry facility available(Yes/No)</p> <p>b. If no, is it outsourced?</p>		
25	<p>Communication facilities</p> <p>a. Telephone (Yes/No)</p> <p>b. Personal Computer (Yes/No)</p> <p>c. NIC Terminal (Yes/No)</p> <p>d. E.Mail (Yes/No)</p> <p>e. Is PHC accessible by</p> <p>i. Rail (Yes/No)</p> <p>ii. All whether road (Yes/No)</p> <p>iii. Others (Specify)</p>		
26	<p>Vehicles</p> <p>Vehicle (jeep/other vehicle) available? (Yes/No)</p>		
27	Office room (Yes/No)		

Sl. No.	Current Availability at PHC	If available, area in Sq. mts.	Remarks/Suggestions/ Identified Gaps
28	Store room (Yes/No)		
29	Kitchen (Yes/No)		
30	Diet: a. Diet provided by hospital (Yes/No) b. If no, how diet is provided to the indoor patients?		
31	Residential facility for the staff with all amenities Medical Officer Pharmacist Nurses Other staff		
32	Behavioral Aspects (Yes/No) a. How is the behaviour of the PHC staff with the patient? Courteous/Casual/indifferent/Insulting/derogatory b. Any fee for service is being charged from the users? (Yes/No). If yes, specify. c. Is there corruption in terms of charging extra money for any of the service provided? (Yes/No) d. Is a receipt always given for the money charged at the PHC? (Yes/No) e. Is there any incidence of any sexual advances, verbal or physical abuse, sexual harassment by the doctors or any other paramedical? (Yes/No) f. Are woman patients interviewed in an environment that ensures privacy and dignity? (Yes/No) g. Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy? (Yes/No) h. Do patients with chronic illnesses receive adequate care and drugs for the entire duration? (Yes/No) i. If the health centre is unequipped to provide the services; how and where the patient is referred and how patients transported? j. Is there a publicly displayed mechanism; whereby a complaint/grievance can be registered? (Yes/No) k. Is there an outbreak of any of the following diseases in the PHC area in the last three years? Malaria Measles Gastroenteritis Jaundice l. If yes, did the PHC staff responded immediately to stop the further spread of the epidemic m. Does the doctor do private practice during or after the duty hours? (Yes/No) n. Are there instances where patients from particular social background? SC, ST, dalits, minorities, villagers have faced derogatory or discriminatory behavior or service of poorer quality? (Yes/No) o. Have patients with specific health problems (HIV/AIDS, leprosy) suffered discrimination in any form? (Yes/No)		

Equipment (As per list)

Equipment	Available	Functional	Remarks/Suggestions/ Identified Gaps

Drugs (As per essential drug list)

Drug	Available	Remarks/Suggestions/Identified Gaps

Furniture

Sl. No.	Item	Current Availability at PHC	If available, area in Sq. mts.	Remarks/ Suggestions/ Identified Gaps
1	Examination Table			
2	Delivery Table			
3	Footstep			
4	Bed Side Screen			
5	Stool for patients			
6	Arm board for adult & child			
7	I V stand			
8	Wheel chair			
9	Stretcher or trolley			
10	Oxygen trolley			
11	Height measuring stand			
12	Iron bed			
13	Bed side locker			
14	Dressing trolley			
15	Mayo trolley			
16	Instrument cabinet			
17	Instrument trolley			
18	Bucket			
19	Attendant stool			
20	Instrument tray			
21	Chair			

Sl. No.	Item	Current Availability at PHC	If available, area in Sq. mts.	Remarks/ Suggestions/ Identified Gaps
22	Wooden table			
23	Almirah			
24	Swab rack			
25	Mattress			
26	Pillow			
27	Waiting bench for patients/attendants			
28	Medicine cabinet			
29	Side rail			
30	Rack			
31	Bed side attendant chair			
32	Others			

Quality Control

Sl. No.	Particular	Whether functional/ available as per norms	Remarks
1	Citizen's charter (Yes/No)		
2	Constitution of Rogi Kalyan Samiti (Yes/No) (give a copy of office order notifying the members)		
3	Internal monitoring (Social audit through Panchayati Raj Institution/Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify)		
4	External monitoring/Gradation by PRI (Zila Parishad/ Rogi Kalyan Samitis)		
5	Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/Guidelines etc. (Please provide a list)		

Annexure 10

FACILITY BASED MATERNAL DEATH REVIEW FORM

Note

This form must be completed for all deaths, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy.

Attach a copy of the case records to this form

Complete the form in duplicate within 24 hours of a maternal death. The original remains at the institution where the death occurred and the copy is sent to the person responsible for maternal health in the State

For Office Use Only:

FB-MDR No:

Year:

General Information

Address of Contact Person at District and State:

Residential Address of Deceased Woman:

Address where Died:

Name and Address of facility:

Block:

District:

State:

Details of Deceased Woman

- i. Name: /Age (years): /Sex: /Inpatient Number:
- ii. Gravida: /Live Births (Para): /Abortions: /No. of Living children:
- iii. Timing of death: During pregnancy/during delivery/within 42 days of delivery
- iv. Days since delivery/abortion:
- v. Date and time of admission:
- vi. Date/Time of death:

Admission at Institution Where Death Occurred or from Where It Was Reported;

i. Type of facility where died:

PHC	24 x 7 PHC	Sdh/Rural Hospital	District Hospital	Medical College/ Tertiary Hospital	Private Hospital	Pvt Clinic	Other

ii. Stage of pregnancy/delivery at admission:

Abortion	Ectopic pregnancy	Not in labour	In labour	Postpartum

iii. Stage of pregnancy/delivery when died:

Abortion	Ectopic pregnancy	Not in labour	In labour	Postpartum

iv. Duration of time from onset of complication to admission:

v. Condition on Admission: Stable/Unconscious/Serious/Brought dead

vi. Referral history: Referred from another centre?

How many centres?

Type of centre?

Antenatal Care

Received Antenatal care or not/

Reasons for not receiving care/

Type of Ante Natal care provided/

High risk pregnancy: aware of risk factors?/what risk factors?

Delivery, Puerperium and Neonatal Information

i. Details of labor: /had labor pains or not/stage of labor when died/duration of labor

ii. Details of delivery: /undelivered/normal/assisted (forceps or vacuum)/surgical intervention (C-section)

iii. Puerperium: /Uneventful/Eventful (PPH/Sepsis etc.)

Comments on labour, delivery and puerperium: (in box below)

- iv. Neonatal Outcome: /stillborn/neonatal death immediately after birth/alive at birth/alive at 7 days/

Comments on baby outcomes(in box below)

Interventions

Specific medical/surgical procedures/resuscitation procedures undertaken

Cause of Death

- a. Probable direct obstetric (underlying) cause of death: Specify:
- b. Indirect Obstetric cause of death: Specify:
- c. Other Contributory (or antecedent) cause/s: Specify:
- d. Final Cause of Death:(after analysis)

Factors

(other than medical causes listed above)

- a. Personal/Family
- b. Logistics
- c. Facilities available
- d. Health personnel related

Comments on potential avoidable factors, missed opportunities and substandard care

Autopsy

Performed/Not Performed

If performed please report the gross findings and send the detailed report later

Case Summary

(please supply a short summary of the events surrounding the death):

Form filled by:

Name

Designation

Institution and location

Signature and Stamp

Date

Note: To facilitate the investigation, for detailed Questions refer to annexures on FBMDR.

Annexure 11 : INTEGRATED DISEASE SURVEILLANCE PROJECT FORMATS

Form S Reporting Format for Syndromic Surveillance

(To be filled by Health Worker, Village Volunteer, Non-formal Practitioners)

State..... District..... Block..... Year.....

Name of the health worker/Volunteer/Practitioner	Name of the Supervisor					Name of the Reporting Unit								
ID No./Unique identifier (To be filled by DSU)	Reporting week		From		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
					dd	mm	yy	To		<input type="text"/>	<input type="text"/>	<input type="text"/>		
	a	b	c	d	e	f	g	h	i	j	k	l	m	n
	Cases						Total	Deaths						Total
	Male			Female				Male			Female			
	<5yr	≥5yr	Total	<5yr	≥5yr	Total		<5yr	≥5yr	Total	<5yr	≥5yr	Total	
1. Fever														
Fever <7 days														
1. Only Fever														
2. With Rash														
3. With Bleeding														
4. With Daze/Semiconsciousness														
Fever > 7 days														
2. Cough with or without fever														
<3 weeks														
>3 weeks														
3. Loose Watery Stools of Less Than 2 Weeks Duration														
With some/Much Dehydration														
With no Dehydration														
With Blood in Stool														
4. Jaundice cases of Less Than 4 Weeks Duration														
Cases of acute Jaundice														
5. Acute Flaccid Paralysis Cases in Less Than 15 Years of Age														
Cases of Acute Flaccid Paralysis														
6. Unusual Symptoms Leading to Death or Hospitalization that do not fit into the above.														

Date:

Signature

Annexure 11 A

Form P Weekly Reporting Format - IDSP

Name of Reporting Institution:		I.D. No.:	
State:	District:	Block/Town/City:	
Officer-in-Charge	Name:	Signature:	
IDSP Reporting Week:-	Start Date:-	End Date:-	Date of Reporting:-
	__/__/__	__/__/__	__/__/__

Sl. No.	Diseases/Syndromes	No. of cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	
2	Bacillary Dysentery	
3	Viral Hepatitis	
4	Enteric Fever	
5	Malaria	
6	Dengue/DHF/DSS	
7	Chikungunya	
8	Acute Encephalitis Syndrome	
9	Meningitis	
10	Measles	
11	Diphtheria	
12	Pertussis	
13	Chicken Pox	
14	Fever of Unknow Origin (PUO)	
15	Acute Respiratory Infection (ARI) Influenza Like Illness (ILI)	
16	Pneumonia	
17	Leptospirosis	
18	Acute Flaccid Paralysis < 15 year of Age	
19	Dog bite	
20	Snake bite	
21	Any other State Specific Disease (Specify)	
22	Unusual Syndromes NOT Captured Above (Specify clinical diagnosis)	
	Total New OPD attendance (Not to be filled up when data collected for indoor cases)	
	Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases	

Annexure 11 B

Form L Weekly Reporting Format - IDSP

Name of the Laboratory:		Institution:	
State:	District:	Block/Town/City:	
Officer-in-Charge:	Name:	Signature:	
IDSP Reporting Week:-	Start Date:-	End Date:-	Date of Reporting:-
	__/__/____	__/__/____	__/__/____

Diseases	No. Samples Tested	No. Found Positive	
Dengue/DHF/DSS			
Chikungunya			
JE			
Meningococcal Meningitis			
Typhoid Fever			
Diphtheria			
Cholera			
Shigella Dysentery			
Viral Hepatitis A			
Viral Hepatitis E			
Leptospirosis			
Malaria		PV:	PF:
Other (Specify)			
Other (Specify)			

Line List of Positive Case (Except Malaria cases):

Name	Age (Yrs)	Sex (M/F)	Address: Village/Town	Name of Test Done	Diagnosis (Lab confirmed)

Annexure 11 C

Format for instantaneous reporting of Early Warning Signals/Outbreaks as soon as it is detected

State:

District:

Date of reporting:

Is there any unusual increase in Case/Deaths or unusual event in any area? Yes/No

If yes, provide the following information:

Disease/Syndrome (Provisional/Confirmed)	
Area affected (Block, PHC, Sub-Centre, Village)	
No. of cases	
No. of deaths	
Date of start of the outbreak	
Total population of affected area (Village)	
Salient epidemiological observations	
Lab results (type of sample, number of samples collected and tested, What tests, where, results)	
Control measures undertaken (Investigated by RRT or not)	
Present status	
Any other information	

* State SSU need to report instantaneously as well as weekly compilation on every Monday to the CSU including NIL reports

Annexure 12

LIST OF STATUTORY AND REGULATORY COMPLIANCES

1. No objection certificate from the Competent Fire Authority
2. Authorisation under Bio-medical Waste (Management and Handling) Rules, 1998
3. Authorisation from Atomic Energy Regulation Board.
4. Hazardous Waste (Management, Handling and Trans-boundary Movement) Rules 2008
5. Authorisation from Atomic Energy Regulation Board (if X-Ray facility available)
6. Excise permit to store Spirit
7. Vehicle registration certificates for Ambulances
8. Consumer Protection Act
9. Drug & Cosmetic Act 1950
10. Fatal Accidents Act 1855
11. Indian Lunacy Act 1912
12. Indian Medical Council Act and code of Medical Ethics
13. Indian Nursing Council Act
14. Insecticides Act 1968
15. Maternity Benefit Act 1961
16. Boilers Act as amended in 2007
17. MTP Act 1971
18. Persons with Disability Act 1995
19. Pharmacy Act 1948
20. PNDT Act 1996
21. Registration of Births and Deaths Act 1969
22. Right to Information Act
23. Clinical Establishments (Registration and Regulation) Act 2010

Annexure 13

LIST OF ABBREVIATIONS

AEFI	:	Adverse Event Following Immunization
AIIMS	:	All India Institute of Medical Sciences
ANC	:	Ante Natal Check-up
ANM	:	Auxiliary Nurse Midwife
ARI	:	Acute Respiratory Infections
ASHA	:	Accredited Social Health Activist
AYUSH	:	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
AWW	:	Anganwadi Worker
BCC	:	Behaviour Change Communication
BCG	:	Bacille Calmette Gueriens Vaccine
BIS	:	Bureau of Indian Standards
CBHI	:	Community Based Health Insurance Schemes/Central Bureau of Health Intelligence
CHC	:	Community Health Centre
CMO	:	Chief Medical Officer
DDK	:	Disposable Delivery Kit
DEC	:	Di Ethyle Carbamazine
DEMO	:	District Extension and Media Officer
DGHS	:	Director General of Health Services
DOTS	:	Directly Observed Treatment Short Course
DPT	:	Diphtheria, Pertussis and Tetanus Vaccine
DT	:	Diphtheria and Tetanus Vaccine
Dy. DEMO	:	Deputy District Extension and Media Officer
EAG	:	Empowered Action Group
ELF	:	Elimination Of Lymphatic Filariasis
FRU	:	First Referral Unit
HSCC	:	Hospital services Consultancy Corporation

ICDS	:	Integrated Child Development Services Scheme
IDSP	:	Integrated Disease Surveillance Project
ID/AP	:	Infrastructure Division/Area Projects
IEC	:	Information, Education and Communication
IFA	:	Iron and Folic Acid
IPHS	:	Indian Public Health Standard
IUCD	:	Intra Uterine Contraceptive Device
JSY	:	Janani Suraksha Yojana (JSY)
LHV	:	Lady Health Visitor
MCH	:	Maternal and Child Health
MO	:	Medical Officer
MTP	:	Medical Termination of Pregnancy
NVBDCP	:	National Vector Borne Disease Control Programme
NACP	:	National AIDS Control Programme
NCDC	:	National Centre for Disease Control
NIDDCP	:	National Iodine Deficiency Disorders Control Programme
NIHFW	:	National Institute of Health & Family Welfare
NLEP	:	National Leprosy Eradication Programme
NPCB	:	National Programme for Control of Blindness
NPCDCS	:	National Programme for Prevention and Control of Cancer Diabetes, CVD and Stroke
NRHM	:	National Rural Health Mission
NVBDCP	:	National Vector Borne Disease Control Programme
OPV	:	Oral Polio Vaccine
ORS	:	Oral Rehydration Solution
PHC	:	Primary Health Centre
PPTCT	:	Prevention of Parents to Child Transmission
PRI	:	Panchayati Raj Institution
RBC	:	Red Blood Corpuscle
RCH	:	Reproductive and Child Health
RKS	:	Rogi Kalyan Samiti
RNTCP	:	Revised National Tuberculosis Control Programme
RTI	:	Reproductive Tract Infections
SC	:	Sub-Centre
STI	:	Sexually Transmitted Infections
TOR	:	Terms of Reference
VHSC	:	Village Health and Sanitation Committee
VHSNC	:	Village Health Sanitation and Nutrition Committee
VAPP	:	Vaccine-associated Paralytic Poliomyelitis
WBC	:	White Blood Corpuscle

REFERENCES

1. **National Rural Health Mission 2005–2012 – Reference Material (2005)**, Ministry of Health & Family Welfare, Government of India.
2. **Bulletin on Rural Health Statistics in India (2005)**, Infrastructure Division, Department of Family Welfare; Ministry of Health & Family Welfare, Government of India.
3. **Guidelines for Operationalising 24x7 PHC (2005) (unpublished)**, Maternal Health Division, Department of Family Welfare, Ministry of Health & Family Welfare, Government of India.
4. **Guidelines for Ante-Natal Care and Skilled Attendance at Birth by ANMs and LHVs (2005)**, Maternal Health Division, Department of Family Welfare, Ministry of Health & Family Welfare, Government of India.
5. **RCH Phase II, National Program Implementation Plan (PIP) (2005)**, Ministry of Health & Family Welfare, Government of India.
6. **Guidelines for Setting up of Rogi Kalyan Samiti/ Hospital Management Committee (2005)**, Ministry of Health & Family Welfare, Government of India.
7. **Indian Standard: Basic Requirements for Hospital Planning, Part-1 up to 30 Bedded Hospital, IS: 12433 (Part 1)-1988**, Bureau of Indian Standards, New Delhi.
8. **Indian Public Health Standards (IPHS) for Community Health Centre (April 2005)**, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.

MEMBERS OF TASK FORCE FOR REVISION OF IPHS

(As per order No. T 21015/55/09 – NCD, Dte.GHS, dated 29-1-2010 and minutes of meeting of Task Force held on 12-2-2010)

1. Dr. R.K. Srivastava, Director General of Health Services – Chairman
2. Dr. Shiv Lal, Special DG (PH), Dte.GHS, Nirman Bhawan, New Delhi – Co-Chairman.
3. Sh. Amarjit Sinha, Joint Secretary, NRHM, Ministry of Health & F.W., Nirman Bhawan, New Delhi.
4. Dr. Amarjit Singh, Executive Director, Jansankhya Sthirata Kosh, Bhikaji Cama Place, New Delhi – 110066.
5. Dr. B. Deoki Nandan, Director National Institute of Health & Family Welfare, Baba Gang Nath Marg, Munirka, New Delhi – 110067
6. Dr. T. Sunderraman, Executive Director, National Health Systems Resource Centre, NIHFW Campus, Baba Gang Nath Marg, Munirka, New Delhi – 110067.
7. Dr. N.S. Dharmshaktu, DDG (NSD), Dte.G.H.S., Nirman Bhawan, New Delhi.
8. Dr. S.D. Khaparde, DC (ID), Ministry of Health & F.W., Nirman Bhawan, New Delhi.
9. Dr. A.C. Dhariwal, Additional Director (PH) and NPO, National Centre for Disease Control (NCDC), 22, Sham Nath Marg, New Delhi – 110054.
10. Dr. C.S. Pandav, Prof. and Head, Community Medicine, AIIMS, New Delhi.
11. Dr. J.N. Sahay, Advisor on Quality improvement, National Health Systems Resource Centre, NIHFW Campus, Baba Gang Nath Marg, Munirka, New Delhi – 110067.
12. Dr. Bir Singh, Prof. Department of Community Medicine, AIIMS and Secretary General. Indian Association of Preventive and Social Medicine.
13. Dr. Jugal Kishore, Professor of Community Medicine, Maulana Azad Medical College, Bahadur Shah Zafar Marg, New Delhi – 110002
14. Mr. J.P. Mishra, Ex. Programme Advisor, European Commission, New Delhi
15. Dr. S. Kulshreshtha, ADG, Dte. GHS., Nirman Bhawan, New Delhi.
16. Dr. A.C. Baishya, Director, North Eastern Regional Resource Centre, Guwahati, Assam.
17. Dr. S. K. Satpathy, Public Health Foundation of India, Aadi School Building, Ground Floor, 2 Balbir Saxena Marg, New Delhi – 110016.
18. Dr. V.K. Manchanda, World Bank, 70, Lodhi Estate, New Delhi – 110003.
19. Sh. Dilip Kumar, Nursing Advisor, Dte. G.H.S., Nirman Bhawan, New Delhi.
20. Dr. Anil Kumar, CMO (NFSG), Dte.G.H.S, Nirman Bhawan, New Delhi- Member Secretary



Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India