Draft

INDIAN PUBLIC HEALTH STANDARDS

(IPHS)

FOR SUB-CENTRES

GUIDELINES

(March 2006)

सत्यमेव जयते

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Contents:

Executive Summary

In the public sector, a Sub-health Centre (Sub-centre) is the most peripheral and first contact point between the primary health care system and the community. As per the population norms, one Sub-centre is established for every 5000 population in plain areas and for every 3000 population in hilly/tribal/desert areas. A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. As sub-centres are the first contact point with the community, the success of any nation wide programme would depend largely on well functioning sub-centres providing services of acceptable standard to the people. The current level of functioning of the Sub-centres are much below the expectations.

There is a felt need for quality management and quality assurance in health care delivery system so as to make the same more effective, economical and accountable. No concerted effort has been made so far to prepare comprehensive standards for the Sub-centres. The launching of NRHM has provided the opportunity for framing Indian Public Health Standards.

In order to provide Quality Care in these Sub-centres, Indian Public Health Standards (IPHS) are being prescribed to provide basic primary health care services to the community and achieve and maintain an acceptable standard of quality of care. These standards would help monitor and improve functioning of the sub-centre. Setting standards is a dynamic process. Currently the IPHS for Sub-centres has been prepared keeping in view the resources available with respect to functional requirement for Sub-centres with minimum standards, such as building, manpower, instruments and equipments, drugs and other facilities etc. The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community.

Service Delivery:

- All “Assured Services” as envisaged in the Sub-centres should be available, which includes routine, preventive, promotive, few curative and referral services in addition to all the national health programmes as applicable.
- All the support services to fulfil the above objectives will be strengthened at the Sub-centres level.

Minimum Requirement for Delivery of the Above-mentioned Services:

The following requirements are being projected bases on the expected number of beneficiaries for maternal and child health care, immunization, family planning and other services. As far as manpower is concerned, one more ANM is provided in addition to the existing one ANM and one Male Health Worker.

Facilities

The document includes a suggested layout of Sub-centres indicating the space for the building and other infrastructure facilities. A list of equipment, furniture and drugs needed for providing the assured services at the Sub-centres has been incorporated in the document. A Model Citizen’s Charter for appropriate information to the beneficiaries, grievance redressal and constitution of Village Health and Sanitation Committee for better management and improvement of Sub-centres services with involvement of PRI has also been made as a part of the Indian Public Health Standards. The monitoring process and quality assurance mechanism is also included.

1. Introduction:

In the public sector, a Sub-health Centre (Sub-centre) is the most peripheral and first contact point between the primary health care system and the community. As per the population norms, one Sub-centre is established for every 5000 population in plain areas and for every 3000 population in hilly/tribal/desert areas. It is the lowest rung of a three-tier set up consisting of the Sub-centre established for every 3000-5000 population with referral linkage to the Primary Health Centre (PHC) for 20,000 – 30,000 population, and the Community Health Centre (CHC) for 80,000 to 1,20,000 population.

A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. Of particular importance are the packages of services such as immunization, antenatal, natal and postnatal care, prevention of malnutrition and common childhood diseases, family planning services and counselling. They also provide elementary drugs for minor ailments such as ARI, diarrhea, fever, worm infestation etc. and carryout community needs assessment. Besides the above, the government implements several national health and family welfare programmes which again are delivered through these frontline workers.

Currently a Sub-centre is staffed by one Female Health Worker commonly known as Auxiliary Nurse Midwife (ANM) and one Male Health Worker commonly known as Multi Purpose Worker (Male). One Health Assistant (Female) commonly known as Lady Health Visitor (LHV) and one Health Assistant (Male) located at the PHC level are entrusted with the task of supervision of all the Sub-centres (generally six subcentres) under a PHC. The Ministry of Health & FW, GOI provides assistance to all the Sub-centres in the country since April 2002 in the form of salary of ANMs and LHVs, rent (if located in a rented building) and contingency, in addition to drugs and equipment kits. The salary of Male Health Worker is borne by the State Governments. As of September 2004, a total of 1,42,655 sub-centres are functional in the country. About half of the Sub-centres

are located in Government buildings. The rest are either in rented buildings or in rent-free Panchayat / Voluntary Society buildings. Nearly half of the sub-centres do not have a male health worker. As sub-centres are the first contact point with the community, the success of any nation wide programme would depend largely on well functioning subcentres providing services of acceptable standard to the people. This would also have an impact on the reduction of maternal and infant mortality. Recent studies have shown that ensuring their accessibility and availability of quality primary health care services to the community through these sub-centres are major concerns. The launch of National Rural Health Mission has provided the opportunity to have a fresh look at their functioning.

There is a felt need for quality management and quality assurance in health care delivery system so as to make the same more effective, economical and accountable. This can be achieved only if certain standards and guidelines are available. Although there has been some guidelines for the Sub-centres in piece meals, no concerted effort has been made so far to prepare comprehensive standards for the Sub-centres.

In order to provide Quality Care in these Subcentres, Indian Public Health Standards (IPHS) are being prescribed to provide basic primary health care services to the community and achieve and maintain an acceptable standard of quality of care. These standards would help monitor and improve functioning of the sub-centre. Setting standards is a dynamic process. Currently the IPHS for Sub-centres has been prepared keeping in view the resources available with respect to functional requirement for Sub-centres with minimum standards, such as building, manpower, instruments and equipments, drugs and other facilities etc.

2. Objectives of Indian Public Health Standards (IPHS) for Sub-centres

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 Sub-Centres are:

i. To provide basic Primary health care to the community.
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.

3. Minimum Requirement (Assured Services) to be provided in a Sub-centre:

Sub-centres are expected to provide promotive, preventive and few curative primary health care services as below:

3.1 Maternal and Child Health:

(i) Antenatal care:

- Early registration of all pregnancies, ideally within 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.
- Minimum three antenatal check-ups: First visit to the antenatal clinic as soon as pregnancy is suspected/between the 4th and 6th month (before 26 weeks), 2nd visit at 8th month (around 32 weeks) and 3rd visit at 9th month (around 36 weeks)
- Associated services like general examination such as height, weight, B.P., anaemia, abdominal examination, breast examination, Folic Acid Supplementation in first trimaster, Iron & Folic Acid Supplementation from 12 weeks, injection tetanus toxoid, treatment of anaemia etc., (as per the Guidelines for Antenatal care and Skilled Attendance at Birth by ANMs and LHVs)

- Minimum laboratory investigations like haemoglobin estimation, urine for albumin and sugar, and referral to PHC for blood grouping.
- Identification of high-risk pregnancies and appropriate and prompt referral.
- Malaria prophylaxis in malaria endemic zones as per the guidelines of NVBDCP.
- Counselling on diet & rest, pre birth preparedness and complication readiness, delivery kit for home deliveries, danger signs, infant & young child feeding, initiation of breast feeding, exclusive breast feeding for 6 months, demand feeding, supplementary feeding (weaning and starting semi solid and solid food) at 6 months, contraception, advice on institutional deliveries, clean and safe delivery at home, postnatal care & hygiene, nutrition, care of new born and registration of birth.

(ii) Intra-natal care:

- Promotion of institutional deliveries
- Skilled attendance at home deliveries when called for
- Appropriate and prompt referral

(iii) Postnatal care:

- A minimum of 2 postpartum home visits, first within 48 hours of delivery, 2nd within 7 to 10 days.
- Initiation of early breast-feeding within half-hour of birth
- Counselling on diet & rest, hygiene, contraception, essential new born care, infant and young child feeding. (As per Guidelines of GOI on Essential new-born care) and STI/RTI and HIV/AIDS

(iv) Others:

- Provision of untied fund to the Sub-centres (currently Rs.10,000 per Sub-centre is provided under NRHM) for facilitating the service management at the Sub-Centre.
- Provision of facilities under **Janani Suraksha Yojana (JSY)**

Child Health:

- Essential Newborn Care (maintain the body temperature and prevent hypothermia, maintain the airway and breathing, the baby should be breastfed by the mother within half-an-hour, take care of the cord, and take care of the eyes, as per the guidelines for Ante-Natal Care and Skilled Attendance at Birth by ANMs and LHVs.)
- Promotion of exclusive breast-feeding for 6 months.
- Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GoI (Current Immunization Schedule at **Annexure-1).**
- Vitamin A prophylaxis to the children as per guidelines.
- Prevention and control of childhood diseases like malnutrition, infections, ARI, Diarrhea, Fever, etc.

3.2 Family Planning and Contraception

3.2.1 Education, Motivation and counseling to adopt appropriate Family planning methods

3.2.2 Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions (Wherever the ANM is trained on IUD insertion)

3.2.3 Follow up services to the Eligible couples adopting permanent methods (Tubectomy / Vasectomy)

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

3.4 Adolescent health care:

3.4.1 Education, counselling and referral

3.5 Assistance to school health services.

3.6 Control of local endemic diseases such as Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics

3.7 Disease surveillance

3.8 Water Quality Monitoring:

3.8.1 Disinfection of water sources

3.8.2 Testing of water quality using Rapid Test (Bacteriological)

3.9 Promotion of sanitation including use of toilets and appropriate garbage disposal.

3.10 Field visits

3.11 Community needs assessment

3.12 Curative Services:

3.12.1 Provide treatment for minor ailments including fever, Diarrhea, ARI, worm infestation and First Aid

3.12.2 Appropriate and prompt referral

3.12.3 Organizing Health Day at Anganwadi centres at least once in a month with the help of Medical Officer of PHC, ASHA, AWW, PRI, self help groups etc.

3.13 Training, Coordination and Monitoring:

3.13.1 Training of Traditional Birth Attendants and ASHA/Community Health Volunteers

3.13.2 Monitoring of water quality in the villages

3.13.3 Keeping watch over unusual health events

3.13.4 Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRI etc.

3.14 National Health Programmes:

3.14.1 National AIDS Control Programme (NACP):

- IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, PPTCT services and HIV-TB coordination.
- Counseling and referral of persons practicing high risk behaviour in relation to HIV/AIDS and STD
- Linkage with Microscopy Centre for HIV-TB coordination.
- Condom Promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

3.14.2 National Vector Borne Disease Control Programme (NVBDCP):

Prevention of breeding places of vectors through IEC, community mobilisation, collection of blood smears from all fever cases, supply of anti malarial drugs and follow-up of patients on treatment are the activities that are required at the sub-centre level. Rapid test kits for malaria may be used in sub-centres wherever such provision has been made. Assistance to integrated vector control activities in relation to Malaria, Filaria, JE, Dengue, Kala-Azar etc. as prevalent in specific areas and record keeping and reporting of the same. The disease specific guidelines issued by NVBDC are to be followed.

3.14.3 National Leprosy Eradication Programme (NLEP):

Refer the suspect cases of leprosy (patients with skin patches with loss of sensation) to PHC, provision of MDT to diagnosed patients of leprosy at sub-centre, accompanied with documentation & follow-up. Help in defaulter retrieval. Facility for potable drinking water should be ensured for patients taking supervised treatment. Educating public about sign, symptoms & complication of leprosy and availability of MDT at Government Institutions.

3.14.4 Integrated Disease Surveillance Projects (IDSP):

- Weekly reporting of information for Syndromic Surveillance in prescribed format to be reported to Primary Health Centres on every Monday.

- High level of alertness for any unusual health event and appropriate action.

3.14.5 Revised National Tuberculosis Control Programme (RNTCP):

- Referral of suspected symptomatic cases to the PHC/Microscopy centre
- Provision of DOTS at subcentre and proper documentation and follow-up.

Care should be taken to ensure compliance and completion of treatment in all cases. Adequate drinking water should be ensured for taking the tablets.

3.14.6 National Blindness Control Programme (NBCP):

IEC is the major activity to help identify cases of blindness and refer suspected cataract cases to the PHC/CHC.

3.14.7 Non-communicable Disease (NCD) and Cancer Control Programmes:

IEC to sensitise the community about prevention of cancers and other NCDs, early detection through awareness regarding warning signs and appropriate and prompt referral of suspect cases.

3.15 Record of Vital Events

3.15.1 Recording and reporting of vital events including births and deaths, particularly of mothers and infants to the health authorities.

3.15.2 Maintenance of all the relevant records concerning mother, child and eligible couples in the area.

4. Manpower requirement:

In order to provide above services, each subcentre should have the following personnel:

Manpower	Existing	Proposed
Health worker (female)	1	2
Health worker (male)	1	1 (funded and appointment by the state government)
Voluntary worker to keep the Sub-centre clean and	1(optional)	1(optional)

assisting ANM. She is Paid by the ANM from her contingency fund @ Rs.100/pm		
Total	**2/3**	**3/4**

Note: The staff of the Subcentre will have the **support of ASHA (Accredited Social Health Activists)** wherever the ASHA scheme is implemented **/ similar functionaries at village level in other areas**. ASHA is primarily a trained woman volunteer, resident of the village-married/widow/divorced with formal education up to 8th standard preferably in the age group of 25-45 years. The general norm is one ASHA per 1000 population. The job functions of ANM, Male Health worker, ASHA and AWW in the context of coordinated functions under NRHM is given at **Annexure-2.**

5. Physical Infrastructure:

A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

5.1 Location of the Centre: The location of the sub-centre should be so chosen that:

i) It is not too close to an existing subcentre/PHC

ii) As far as possible no person has to travel more than 3 km to reach the Sub-centre.

iii) The Sub-centre village has some communication net work (road communication/public transport/post office/ telephone)

iv) Accommodation for the ANM/ male health worker will be available on rent in the village if necessary.

For selection of villages under the sub-centre, approval of Panchayat as may be considered appropriate is to be obtained.

5.2 The minimum covered area of a Sub-centre along with residential quarter for ANM will vary from 73.50 to 100.20 Sq.Mts. depending on climatic conditions (hot & dry climate, hot and humid climate, warm and humid

climate), land availability, and with or without a labour room. A typical layout plan for Sub-centre with ANM residence as per the RCH Phase-II National Programme Implementation Plan with area/space specifications is given below: Typical Lay out drawing is given at **Annexure-3.**

5.2.1 Waiting area (3300mm x 2700mm)

- Prominent display boards in local language providing information regarding the services available and the timings of the Sub-centre.
- Visit schedule of ANM
- Suggestion/complaint boxes for the patients/visitors and also information regarding the person responsible for redressal of complaints.

5.2.2 Labour Room (4050mm x 3000mm)

5.2.3 Clinic Room (3300mm x 3300mm)

5.2.4 Examination room (1950mm x 3000mm)

5.2.5 Toilet (1950mm x 1200mm)

5.2.6 Residential Accommodation: this should be made available to the Health workers with each one having 2 rooms, kitchen, bathroom and WC. Residential facility for one ANM is as follows which is contiguous with the main subcentre area

- Room –1 (3300mmx2700mm)
- Room –2(3300mmx2700mm)
- Kitchen –1(1800mmx2015mm)
- W.C (1200mmx900mm)
- Bath Room (1500mmx1200mm)

One ANM must stay in the Sub-centre quarter and houses may be taken on rent for the other/ANM/Male Health worker in the sub-centre village. The idea is to

ensure that at least one worker is available in the subcentre village after the normal working hours. For specification the “Guide to health facility design” issued under Reproductive and Child Health Programme (RCH - I & II) of Government of India, Ministry of Health & Family Welfare may be referred.

6. Waste Disposal:

Waste disposal should be carried out as per the GOI guidelines, which is under preparation. Health workers and Voluntary workers working in Sub-centre should be trained in handling, separation and disposal of wastes.

7. Furniture

Adequate furniture that is sturdy and easy to maintain should be provided to the Sub-centre. The list of furniture has been annexed. (**Annexure-4)**

8. Equipment:

The Equipment provided to the Sub-centres should be adequate to provide all the Assured services in the subcentres. This will include all the equipment necessary for conducting safe deliveries, immunisation, contraceptive services like IUD insertion, etc. In addition, equipment for first aid and emergency care, water quality testing, blood smear collection should also be available. Maintenance of the equipment should be ensured either through preventive maintenance/prompt repair of non-functional equipment so as to ensure uninterrupted delivery of services. A standard mechanism should be in place for the same. The list of equipment has been annexed (**Annexure-5).** Proper sterilization of all equipment and following of all Universal precautions are to be ensured.

9. **Drugs:** The list of drugs that should be available as per the guidelines **(Annexure-6)** and accurate records of stock should be maintained.

10. Support Services

a) **Laboratory**: Minimum facilities like estimation of haemoglobin by using a approved **Haemoglobin Colour Scale** (only approved test strips should be used), urine test for the presence of protein by using **Uristix,** and urine test for the presence of sugar by using **Diastix** should be available. (instructions should be followed from the leaflet provided by the manufacturer)

b) **Electricity:** Wherever facility exists**,** uninterrupted power supply has to be ensured for which inverter facility / solar power facility is to be provided.

c) **Water**: Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the centre.

d) **Telephone**. Where ever feasible, telephone facility / cell phone facility is to be provided.

e) **Transport** facility for movement of the staff

Option could be provision of moped through a soft loan to the health workers so that at the end of the loan period, the moped will belong to the HW thus ensuring better maintenance. Fixed Transport allowance per month for the maintenance and POL of the mopeds for performing duties may be provided.

11. Record maintenance and Reporting:

Proper maintenance of records of services provided at the Sub-centres and the morbidity / mortality data is necessary for assessing the health situation in the Sub-centre area. In addition, all births and deaths under the jurisdiction of sub-centre should be documented and sex ratio at birth should be monitored and reported.

A comprehensive register with all the relevant information may promote better continuity and also ease of handling/ maintenance. However, the health workers should have few but essential records to maintain. A list of minimum number of registers to be maintained at sub-centre is given in **Annexure-7**

12. Monitoring mechanism: Monitoring may be made possible by:

- Internal mechanisms: Supportive supervision and Record checking at periodic intervals by the Male and Female Health supervisors from PHC (at least once a week) and by MO of the PHC (at least once in a month) etc. A check list for Sub-centres is given at **Annexure-8**.
- External mechanism: Village health and sanitation committee, Evaluation by an independent external agency, client satisfaction survey etc. by NGOs

Village Health and sanitation Committee (to be constituted in each village under NRHM), will review the activities of the subcentre. A simpler check-list that can be used by NGO/PRI/Village Health committee is given in **Annexure-8A**.

A detailed Facility Survey Format **(Annexure-9)** is also given to monitor periodically whether the Sub-centre is up-to Indian Public Health Standards (IPHS).

PRI should also be involved in the monitoring. The following may be monitored:

- Access to service (Equity). Location of Sub-centres – ensuring it to be safe to female staff and centrally located, well in side the inhabited area of the village.
- Registration and referral procedures; promptness in attending to clients; etc. transportation of emergency maternity cases
- Management of untied fund for the improvement of services of the Sub-centre
- Staff behaviour
- Other facilities: waiting space, toilets, drinking water in the Sub-centre building.

13. Quality Assurance and accountability

This can be ensured through regular skill development training/CME of health workers (at least one such training in a year).

Various guidelines issued by Government of India should be adopted

Regular monitoring by internal (by DHO/CMO) and external agencies (village health and sanitation committee)

In order to ensure quality of services and patient satisfaction, it is essential to encourage community participation. To ensure accountability, the **Citizens' Charter** should be available in all Sub-centres (**Annexure-10)**

Annexure 1

Current National Immunisation Schedule including Schedule for Vitamin - A prophylaxis

Immunization schedule

Vaccine	Age				
	Birth	**6 weeks**	**10 weeks**	**14 weeks**	**9 months**
Primary Vaccination					
BCG	x				
Oral polio	X[1]	X	X	x	
DPT		X	X	x	
Hepatitis B[2]		x	X	x	
Measles					x
Booster Doses					
DPT + Oral polio	18 to 24 months				
DT	5 years				
Tetanus Toxoid:	At 10 years and again at 16 years				
Vitamin A	9, 18, 24, 30 and 36 month				
Pregnant Women					
Tetanus Toxoid (PW) : 1st dose	As early as possible during pregnancy after 1st trimester				
2nd dose	1 month after 1st dose				
Booster	If previously vaccinated within 3 years				

[1] In all institutional deliveries and in all endemic areas

[2] In pilot areas. A dose at birth is recommended for babies born in health care institutions

Vaccination schedule may get modified if newer vaccine is introduced in future under National immunisation programme

Annexure 2

Job Function of ANM, Health Worker Female/ANM, AWW and ASHA in the Context of Coordinated Functions under NRHM

Job Responsibilities of Health Worker Female (ANM):

She will carry out the following functions:

1. Maternal and Child Health

1.1 Register and provide care to pregnant women throughout the period of pregnancy. Registration of a pregnant woman for ANC should take place as soon as the pregnancy is suspected ideally in the first tri-master (before or at 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.

1.2 Ensure that every pregnant woman makes at least 3 (three) visits for Ante Natal Check-up. First visit to the antenatal clinic as soon as pregnancy is suspected / between the 4th and 6th month (before 26 weeks), 2nd visit at 8th month (around 32 weeks) and 3rd visit at 9th month (around 36 weeks). Provide ante natal check ups and associated services such as IFA tablets, TT immunization etc.

1.3 Test urine of pregnant women for albumin and sugar. Estimate haemoglobin level.

1.4 Refer all pregnant women to PHC for RPR test for syphilis.

1.5 Refer cases of abnormal pregnancy and cases with medical and gynaecological problems to Health Assistant Female (LHV) or the Primary Health Centre.

1.6 Conduct deliveries in her area when called for.

1.7 Supervise deliveries conducted by Dais and assist them whenever called in.

1.8 Refer cases of difficult labour and newborns with abnormalities, help them to get institutional care and provide follow up to the patients referred to or discharged from hospital.

1.9 ANM will identify the ultimate beneficiaries, complete necessary formalities and obtain necessary approvals of the competent authority before disbursement to the beneficiaries under Janani Suraksha Yojana **(JSY)** and by 7th of each month will submit accounts of the previous month in the prescribed format to be designed by the State. ANM will prepare a monthly work schedule in the meeting of all accredited workers to be held on every 3rd Friday of every month, which is mandatory. The guideline under JSY is to be followed.

1.10 Make at least two post-natal visits for each delivery happened in her areas and render advice regarding care of the mother and care and feed of the newborn.

1.11 Assess the growth and development of the infant and take necessary action required to rectify the defect.

1.12 Educate mothers individually and in groups in better family health including maternal and child health, family planning, nutrition, immunization, control of communicable diseases, personal and environmental hygiene.

1.13 Assist Medical Officer and Health Assistant Female in conducting antenatal and postnatal clinics at the sub-centre.

2. Family Planning:

2.1 Utilise the information from the eligible couple and child register for the family Planning programme. She will be squarely responsible for maintaining eligible couple registers and updating at all times.

2.2 Spread the message of family planning to the couples and motivate them for family planning individually and in groups.

2.3 Distribute conventional contraceptives and oral contraceptives to the couples, provide facilities and to help prospective acceptors in getting

family planning services, if necessary, by accompanying them or arranging for the Dai/ASHA to accompany them to hospital.

2.4 Provide follow-up services to female family planning acceptors, identify side effects, give treatment on the spot for side effects and minor complaints and refer those cases that need attention by the physician to the PHC/Hospital.

2.5 Establish female depot holders, help the Health Assistant Female in training them, and provide a continuous supply of conventional contraceptives to the depot holders.

2.6 Build rapport with acceptors, village leaders, ASHA, Dais and others and utilize them for promoting Family Welfare Programme.

2.7 Identify women leaders and help the Health Assistant Female to train them.

2.8 Participate in Mahila Mandal meetings and utilize such gatherings for educating women in Family Welfare Programme.

3. Medical Termination of Pregnancy

3.1 Identify the women requiring help for medical termination of pregnancy and refer them to nearest approved institution.

3.2 Educate the community of the consequences of septic abortion and inform them about the availability of services for medical termination of pregnancy.

4. Nutrition:

4.1 Identify cases of malnutrition among infants and young children (zero to five years) give the necessary treatment and advice and refer serious cases to the Primary Health Centre.

4.2 Distribute Iron and Folic Acid tablets as prescribed to pregnant nursing mothers, and young children (up to five years) as per the guidelines

4.3 Administer Vitamin A solution to children as per the guidelines.

4.4 Educate the community about nutritious diet for mothers and children.

4.5 Coordinate with Anganwadi Workers.

5. Universal Programme on Immunization (UIP)

5.1 Immunize pregnant women with tetanus toxoid.

5.2 Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children, (Hepatitis-B in pilot areas) as per immunization schedule.

5.3 Ensure injection safety.

6. Dai Training

- List Dais in her area and involve them in promoting Family Welfare.
- Help the Health Assistant Female / LHV in the training programme of Dais.

7. Communicable Diseases

7.1 Notify the M.O PHC immediately about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness which she comes across during her home visits, take the necessary measures to prevent their spread, and inform the Health Worker Male to enable him to take further action.

7.2 If she comes across a case of fever during her home visits she will take blood smear, administer presumptive treatment and inform Health Worker male for further action.

7.3 Identify cases of skin patches, especially if accompanied by loss of sensation, which she comes across during her homes visits and bring them to the notice of the Health Worker Male/MO (PHC).

7.4 Assist the Health Worker Male in maintaining a record of cases in her area, who are under treatment for malaria, tuberculosis and leprosy, and check whether they are taking regular treatment, motivate defaulters to take

regular treatment and bring these cases to the notice of the Health Worker Male or Health Assistant Male.

7.5 Give Oral Rehydration solution to all cases of diarrhea/dysentery/vomiting. Identify and refer all cases of blindness including suspected cases of cataract to M.O. PHC.

7.6 Education, Counselling, referral, follow-up of cases STI/RTI, HIV/AIDS.

7.7 Where Filaria is endemic:

- ♦ Identification of cases of lymphoedema / elephantitis and hydrocele and their referrals to PHC/CHC for appropriate management.
- ♦ Training of patients with lymphoedema / elephantitis about care of feet and with home based management remedies.
- ♦ Identification and training of drug distributors for mass drug distribution of DEC on National Filaria Day.

8. Vital Events

8.1. Record and report to the health authority of vital events including births and deaths, particularly of mothers and infants to the health authorities in her area.

8.2. Maintenance of all the relevant records concerning mother, child and eligible couples in the area.

9. Record Keeping

9.1 Register (a) pregnant women from three months of pregnancy onward (b) infants zero to one year of age; and (c) women aged 15 to 44 years.

9.2 Maintain the pre-natal and maternity records and child care records.

9.3 Prepare the eligible couple and child register and maintaining it up-to-date

9.4 Maintain the records as regards contraceptive distribution, IUD insertion. Couples sterilized, clinics held at the sub-centre and supplies received and issued.

9.5 Prepare and submit the prescribed weekly / monthly reports in time to the Health Assistant Female.

9.6 While maintaining passive surveillance register for malaria cases, she will record:

- ♦ No. of fever cases
- ♦ No. of blood slides prepared
- ♦ No. of malaria positive cases reported
- ♦ No. of cases given radical treatment

10. Treatment of minor ailments

10.1 Provide treatment for minor ailments, provide first-aid for accidents and emergencies and refer cases beyond her competence to the Primary Health Centre/Community Health Centre or nearest hospital.

11 Team Activities

11.1 Attend and participate in staff meetings at Primary Health Centre/Community Development Block or both.

11.2 Coordinate her activities with the Health Worker Male and other health workers including the Health volunteers/ASHA and Dais.

11.3 Coordinate with the PRI and Village Health and Sanitation Committee

11.4 Meet the Health Assistant Female each week and seek her advice and guidance whenever necessary.

11.5 Maintain the cleanliness of the sub-centre.

11.6 Dispose medical waste as per the guidelines.

11.7 Participate as a member of the team in camps and campaigns.

Role of ANM as a facilitator of ASHA:

Auxiliary Nurse Midwife (ANM) will guide ASHA in performing the following activities:

- She will hold weekly / fortnightly meeting with ASHA and discuss the activities undertaken during the week/fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activity.
- ANM will act as a resource person for the training of ASHA
- ANM will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session
- ANM will participate and guide in organizing the Health Days at Anganwadi Centres.
- She will take help of ASHA in updating eligible couple register of the village concerned.
- She will utilize ASHA in motivating the pregnant women for coming to sub-centre for initial checkups. She will also help ANMs in bringing married couples to sub centres for adopting family planning.
- ANM will guide ASHA in motivating pregnant women for taking full course of IFA Tablets and TT injections etc.
- ANMs will orient ASHA on the dose schedule and side affects of oral pills.
- ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- ANMs will inform ASHA on date, time and place for initial and periodic training schedule. She will also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.

Role of Anganwadi as a facilitator of ASHA:

Anganwadi Worker (AWW) will guide ASHA in performing following activities:

- Organizing health day once/twice a week. On health day, the women, adolescent girls and children from the village will be invited for orientation on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of antenatal check up and institutional delivery, home remedies for minor ailment and importance of immunization etc.

- IEC activity through display of posters, folk dances etc. on these days can be undertaken to sensitize the beneficiaries on health related issues including HIV/AIDS.
- Anganwadi worker will be depot holder for drug kits and will be issuing it to ASHA. The replacement of the consumed drugs can also be done through AWW.
- Participation in National Filaria Day.

Roles & Responsibilities of ASHA:

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community on determinants of health such a nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breast feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract infection/Sexually Transmitted Infection (RTI/STI), HIV/AIDS and care of the young children.
- ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-centre/primary health centres, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), family planning services, ICDS, sanitation and other services being provided by the Government.

- She will work with local health committees of panchayats to develop a comprehensive village health plan.
- She will escort/accompany pregnant women & children requiring treatment/admission to the nearest pre-identified health facility i.e. Primary Health Center/Community Health Center/First Referral Unit (PHC/CHC/FRU).
- ASHA will provide Primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment, short-course (DOTS) under Revised National Tuberculosis Control Programme. She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORT), Iron Folic Acid Tablet (IFA), Chloroquine, Disposable Delivery kits (DDK), Oral Pills & Condoms, etc. A drug kit will be provided to each ASHA.
- Her role as a provider of direct services can be enhanced subsequently. States can explore the possibility of graded training to her for providing new born care and management of a range of common ailments particularly childhood illnesses.
- She will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-centres/Primary Health Centre.
- Fulfillment of all these roles by ASHA is through continuous training and up-gradation of her skills.
- Her skills will improve gradually spread over two years' or more.
- Participation in National Filaria Day.
- Identify the cases of skin patch with loss of sensation and bring them to the notice of Health worker male/females. Ensure that all the patients of Leprosy are taking regular treatment.

Job Responsibilities of Health Worker (Male)

Note: The Health worker Male will make a visit to each family once a fortnight. He will record his visit on the main entrance to the house according to the instructions of the State/UT.

His duties pertaining to different National Health Programme are:

(A) NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

1. Malaria

1.1 From each family, he shall enquire about

a) Presence of any fever cases
b) Whether there was any fever cases in the family in between his fortnightly visits
c) Whether any guest had come to the family and had fever
d) Whether any member of the family who had fever in between his fortnightly visit had left the village.

1.2 He shall collect thick and thin blood smears on one glass slide from case having fever or giving history of fever and enter details in MF-2 and put appropriate serial number on the slide.

1.3 He shall begin presumptive treatment for Malaria after blood smear has been collected. He will follow the instructions given to him regarding administration of presumptive treatment under NVBDCP.

1.4 He shall contact the ASHA, FTD (accredited social health activist under NRHM) during their fortnightly visit to the village and (I) collect blood smears already taken by the ASHA, FTD (ii) also collect details of each case in MF-2 (iii) replenish both drugs and glass-slides and Rapid Diagnostic Kits (RDKs) and look into the account of consumption of Anti malarial drugs and use of RDKs.

1.5 He shall dispatch blood smears along with MF-2 collected from the ASHA, FTD, multipurpose worker female and those collected during their visit in his area to the PHC Laboratory twice a week, or as instructed by the Medical Officer PHC.

1.6 He shall see the results obtained by the use of RDKs and verify the radical treatment administered by the ASHA, FTD if any during his visit.

1.7 He shall administer radical treatment to the positive cases as per drug schedule prescribed and as per instructions issued by the Medical Officer PHC and take laid down action if toxic manifestations are observed in a patient receiving radical treatment with primaquine.

1.8 He shall involve ASHA, FTD for advance information to each household regarding date of spray on the basis of advance spray programme given to him and explain simultaneously the benefit of insecticidal spray to the villagers.

1.9 He shall contact the ASHA and FTD and inform him of the spray dates and request him to motivate the community and prepare them for accepting the spray operations.

1.10 Assist the Health Supervisor Male in supervising spraying operations and training of field spraying staff.

1.11 Participation in 'National Filaria Day'

2. Where Kala-Azar is endemic

2.1 From each family he shall enquire about:

a) Presence of any fever cases of more than 15 days duration.

b) He will identify the fever cases detected by him during his visits and direct such a case to report to PHC for confirmatory diagnosis and currently used for newer diagnostic tools.

c) Whether any guest had come to the family and had fever/Kala-Azar

d) Whether any member of the family/guest who had fever more than 15 days duration and left the village.

2.2 He will guide the suspected cases to the nearest diagnostic and treatment centre (Primary Health Centre/ Community Health Centre) for diagnosis and treatment by the Medical Officer.

2.3 He will during his visit also persuade people undergoing treatment for the next doses of treatment at the PHC particularly in those areas where miltefosine is used.

2.4 He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through health supervisor during his visit.

2.5 He will carry a list of all Kala-azar cases in his area for follow up and will ensure administration of complete treatment.

2.6 He will assist during the spray activities in his area.

2.7 He will conduct all health education activities particularly through interpersonal communication by carrying proper charts etc. and also assist health supervisors and other functionaries in their education activities.

3. Where Japanese Encephalitis is endemic

3.1 From each family he shall enquire about presence of any fever cases with encephalltic presentation.

3.2 He will guide the suspected cases to the nearest diagnostic and treatment centre (Primary Health Care Centre or community Health Centre) for diagnosis and treatment by the medical officer.

3.3 He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through health supervisor during his visit.

3.4 He will carry a list of all JE cases in his area for follow up.

3.5 He will assist during the spray activities in his area.

3.6 He will conduct all health education activities particularly through interpersonal communication by carrying proper charts etc. and also assist health supervisors and other functionaries in their education activities.

4. Where Filaria is endemic

4.1. Identification of cases of lymphoedema / elephantitis and hydrocele and their referrals to PHC/CHC for appropriate management.

4.2 Training of patients with lymphoedema / elephantitis about care of feet and with home based management remedies.

4.3 Identification and training of drug distributors for mass drug distribution of DEC on National Filaria Day.

(B) NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP):

- Identify cases of skin patches especially if accompanied by loss of sensation, refer the above cases to PHC Medical Officer for diagnosis.
- If Leprosy patient want to take MDT from sub-center, provide treatment and maintain patient card.
- Ensure that all leprosy patients are taking regular treatment and motivate defaulter to take regular treatment.

(C) NATIONAL BLINDNESS CONTROL PROGRAMME (NBCP):

- Identify and refer all cases of blindness including suspected cases of cataract to Medical Officer, PHC.

(D) REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP):

- Identify persons especially with fever for 15 days and above with prolonged cough or spitting blood and take sputum smears from these individuals. Refer these cases to the M.O. PHC for further investigations.
- 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.

- Educate the community on various health education aspects of tuberculosis programme.
- Assist the ASHA / similar village health volunteer to motivate the TB patients in taking regular treatment.

(E) UNIVERSAL IMMUNIZATION PROGRAMME:

- Administer DPT vaccines, oral Poliomyelitis vaccine measles vaccine and BCG vaccine to all infants and children in his area in collaboration with health worker female.
- Assist the health worker female in administration of tetanus toxiod to all pregnant women.
- Assist the health supervisor male/health supervisor female in the school health programme
- Educate the people in the community about the importance of immunisation against the various communicable diseases.

(F) REPRODUCTIVE AND CHILD HEALTH PROGRAMME (RCH):

- Utilize the information from the eligible couple and child register for the family planning Programme.
- Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- Distribute conventional contraceptives and oral contraceptives to the couples.
- Help prospective acceptors of sterilization in obtaining the services, if necessary by accompanying them or arranging for the ASHA/dai to accompany them to the PHC/Hospital.
- Provide follow up services to male family Planning acceptors, and refer those cases that need attention by the physician to PHC/Hospital.
- Build rapport with satisfied acceptors, village leaders, ASHA, Dais and others and utilize them for promoting family welfare Programme.
- Identify the male community leaders in each village of his area.

- Assist the health supervisor male in training the leaders in the community and in educating and involving the community in family welfare Programme.
- Identify the women requiring help for medical termination of pregnancy, refer them to the nearest approved institution and inform the health worker female.
- Educate the community on the availability of service for Medical Termination of Pregnancy.
- Educate community on home management of diarrhea and ORS.
- Report any outbreak of diarrhoea disease.
- Measures such as chlorination of drinking water to be carried out.
- Proper sanitation to be maintained.
- Encourage use of latrines.
- Identify and refer cases of genital sore or urethral discharge or non-itchy rash over the body to medical officer.

(G) COMMUNICABLE DISEASES

- Identify cases of diarrhoea/dysentery, fever with rash, jaundice encephalitis, diphtheria, whooping cough and tetanus, Poliomyelitis, neo-natal tetanus, acute eye infections and notify the health supervisor male and M.O.PHC immediately about these cases.
- Carry out control measures until the arrival of the health supervisor male and assist him in carrying out these measures.
- Educate the community about the importance of control and preventive measures against communicable disease and about the importance of taking regular and complete treatment.
- Report the presence of stray dogs to the health supervisor male and assist him carrying out the destruction stray dogs.

(H) ENVIRONMENT SANITATION

- Chlorinate the public water sources including wells at regular intervals.

- Educate the community on (a) the method of disposal of liquid wastes, (b) the method of disposal of solid waste, (c) Home sanitation (d) advantage and use of sanitary type of latrines (e) construction and use of smokeless chulhas.
- Coordination with Village Health and Sanitation Committee.

(I) PRIMARY MEDICAL CARE

- Provide treatment for minor ailments provide first aid for accidents and emergencies and refer cases beyond his competence to the Primary health centre or nearest hospital.

(J) HEALTH EDUCATION

- Educate the community about the availability of maternal and child health services and encourage them to utilize the facilities.

(K) NUTRITION

- Identify cases of malnutrition among infants and young children (0-5 years) in his area, give the necessary treatment and advice or refer them to the anganwadi for supplementary feeding and refer serious cases to the PHC.
- Educate the community about the nutrition diet for mothers and children from locally available food.

(L) VITAL EVENTS

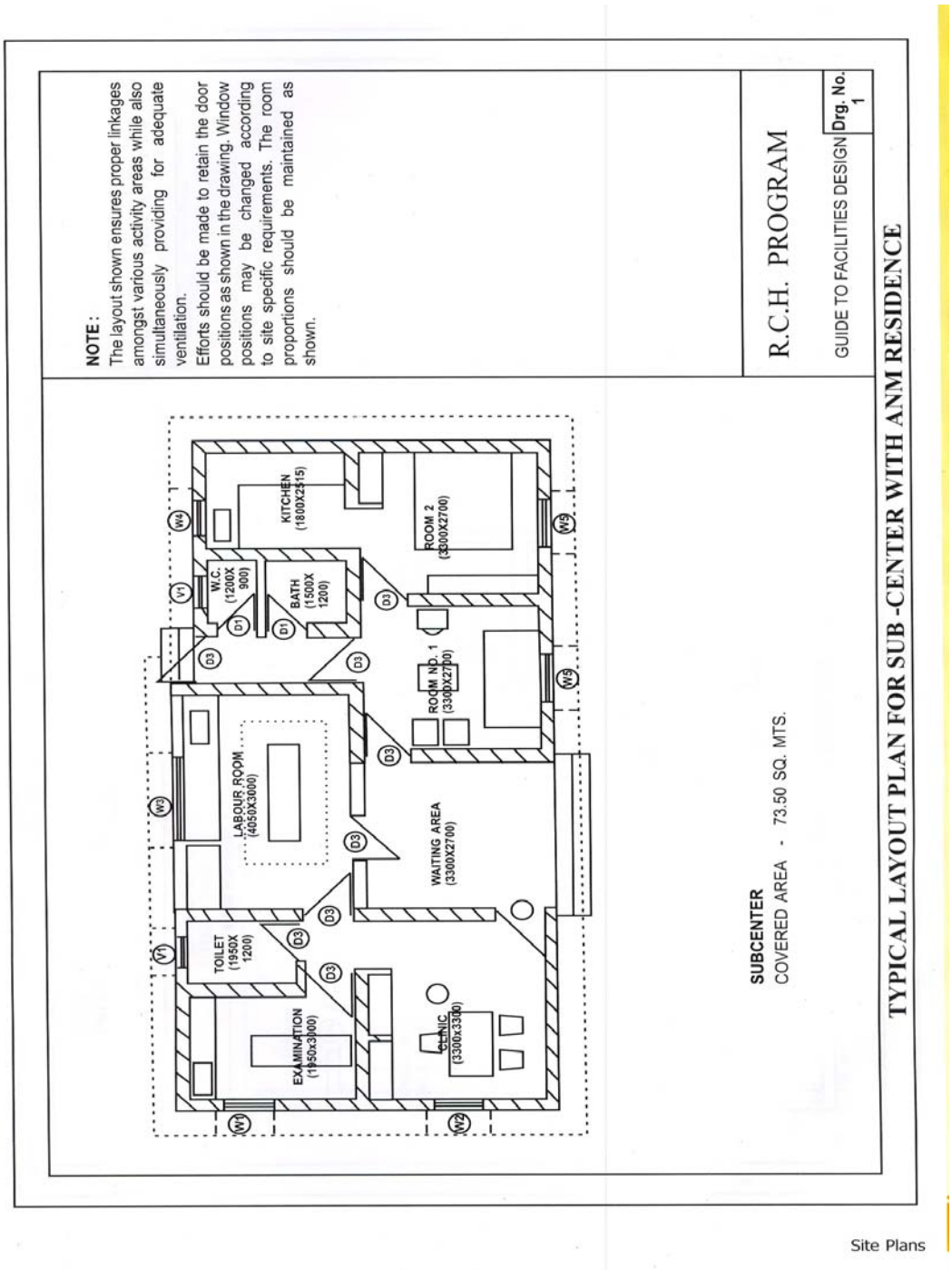
- Enquire about births and deaths occurring in his are, record them in the births and deaths register and report them to the Health Supervisor Male / ANM.
- Educate the community on the importance of registration of births and deaths.

(M) RECORD KEEPING

- Survey all the facilities in his area and prepare/maintain maps and charts for the village.
- Prepare maintain utilize family and village records.
- Assist the Health Worker Female / ANM to prepare the eligible couple and child register and maintaining it up to date.
- Maintain a record of cases in his area as to who are under treatment for tuberculosis and leprosy.
- Prepare and submit the prescribed monthly reports in time to the Health Supervisor male.
- While maintaining passive surveillance register for malaria cases, he will record:
    - No. of fever cases
    - No. of blood slides prepared
    - No. of malaria positive cases reported
    - No. of cases given radical treatment

Annexure 3

Layout of Sub-centre



Annexure 4

Suggested list of required furniture, other fittings and sundry articles in Subcentre:

Examination Table	1
Writing table	2
Armless chairs	3
Medicine Chest	1
Labour table	1
Wooden screen	1
Foot step	1
Coat rack	1
Bed side table	1
Stool	2
Almirahs	1
Lamp	3
Side Wooden racks	2
Fans	3
Tube light	3
Basin stand	1
Sundry Articles:	
Buckets	2
Mugs	2
Kerosene stove	1
Sauce pan with lid	1
Water receptacle	1
Rubber/plastic sheet	2 meters
Drum with tap for storing water	1

The above list may be modified based on the local requirements.

Annexure 5

Suggested list of equipment at SC:

Subcentre Equipment Kit (Kit – C) and other additional equipment:

Item description	**Quantity/kit**
1.Basin Kidney 825 ml (28 OZ) Stainless steel, Ref: IS: 3992	2
2. Tray instrument/Dressing with cover 310x 195x63mm SS, Ref IS: 3993	1
3. Flashlight Box-type pre-focussed 4 cell	1
4. Jar Dressing with cover 0.945 litre stainless steel	1
5. Hemoglobinometer –set Sahl 1 type complete	1
6. Scale bath room metric/Avoirdupois 125kg/280 lb	1
7.Sheeting plastic clear PVC CM x 180 cm	2
8. Forceps Tissue – 160 mm	1
9. Forceps sterilizer (Utility) 200 vaughm ss	1
10.Scissors surgical straight 140mm S/B, ss	1
11.Reagent strips for urine test	1
12 SIMS Uterine Depressor/Retractor	1
13. Measure 1 litre Jug –ss	1
14. Basin solution deep Approx.6litre ss Ref: IS: 5764	1
15. Brush Surgeon's white Nylon Bristles	2
16.Sphygmomanometer Aneroid 300 mm with cuff IS: 7652	1
17. Battery Dry cell 1.5, D type for 10C	4
18. Scale, Infant metric	1
19. Lancet ss(Magedorn needle) 75 mm pkt of 6	1
20. Forceps hemostat straight Kelly 140mm ss	1
21. Forceps uterine vulsellum curved 25.5 cm	1
22. Speculum vaginal bi-valve cusco's/Graves medium	1
23. Speculum vaginal double ended Sims ISS Medium	1

24. Measure ½ litre jug-SS	1
25.Sound, Uterine Graduated	1
26. Sterilization kit -	2
27. Vaccine Carrier -	2
28.Ice pack box -	4
29. Sponge holder -	10
30. Forceps -	20
31. Suture needle straight -	12
32. Suture needle curved -	12
33. Kidney tray -	4(big) & 4 (small)
34. Syringe -	12(10cc)
35. Disposable gloves -	20
36. Mucus extractor -	4
37. Clinical Thermometer oral & rectal -	1 each
38. Torch -	2
39. Urethral catheter, 12fr, rubber	1
40. Foetoscope	1
41. Rack-Blood sedimentation Westergren 6-unit	1
42. Scale, weighing (baby) hanging type, colour coded 5 kg	1
43. Forceps, spring type, dressing 160mm, stainless steel	1
44. Forceps artery, straight, pean 160mm Stainless steel	2
45. Scissors, cord cutting, busch, curved on flat, 160mmSS	1
46. Can enema with tubing and clip	1
47. Talquist Hb scale	1
48. Haemoglobin Colour Scale (WHO approved)	1
49. Uristix (urine test for the presence of protein)	1 full container
50. Diastix (urine test for the presence of sugar)	1 full container
51. Stethoscope	1

52. Micro-glass slides	1 Pkt for 100 slides per annum
53. Disposable lancet (Pricking needles)	
54. Disposable Sterile Swabs	
55. Slide boxes of 25 slides	2

Annexure 6

Suggested list of drugs in Subcentre:

DRUG KIT 'A' for Sub -Centre

S. No.	Name of the Item / drug	Quantity
1	Oral Rehydration Salt (150 packets)	150 packets
2	Tablet IFA (large) (15000 tab.)	15000 tablets
3	Tablet IFA (small) (13000 tab)	13000 tablets
4	Vitamin A Solution	6 bottles of 100 ml each
5	Tab Cotrimoxazole (paediatric) (1000 tab)	1000 tablets

DRUG KIT 'B' for Sub- Centre

S. No.	Name of the Item / drug	Quantity
1	Tab Methylergometrine Maleate (0.125 mg)	480 tablets
2	Tab.Paractamol (500 mg)	500 tablets
3	Inj.Methylergometrine Maleate	10 Ampoules
4	Tab.Mebendazole (100 mg)	300 tablets
5	Tab.Dicyclomine HCl. (10 mg)	180 tablets
6	Ointment Povidone Iodine 5%	5 tubes
7	Cetrimide Powder	125 gm
8	Cotton Bandage	120 Rolls
9	Absorbant Cotton (100 gm each)	10 rolls

Additional Drugs required for responsibility under Skilled Attendance at Birth by ANMs and LHVs

Inj. Gentamycin
Inj. Magnesium Sulphate
Inj. Oxytocin
Cap. Ampicillim
Tab. metronidazole
Tab. Misoprostol 200 μg

Other Drugs and vaccines:

1. Vaccines: BCG, DPT, OPV, Measles, DT, TT, and Hepatitis-B (in pilot areas only).
2. Syrup Cotrimoxazole

3. Syrup Paracetamole
4. Tab. Albendazole 400 mg
5. Adhesive tape (leucoplast & Micropore)
6. Savlon solution (Anti-septic Solution)
7. Betadine solution (Povidone Iodine solution 5%)
8. Tab. Cotrimoxazole 80+400mg (for adults)

Medicines and other consumables required for responsibilities regarding different national disease control programmes:

9. Tab. and syrup Chloroquine (Blister pack for treatment of P.F. cases)
10. Tab. Primaquine (2.5 mg and 7.5 mg)
11. Tab. and syrup Paracetamol
12. Tab. DEC (Di Ethyle Carbamazine – only in filaria endemic areas)
13. Anti Leprosy medicines (MDT) under National Leprosy Eradication Programme in areas where leprosy cases wants medicines from Sub-centres.
14. Rapid Diagnostic Kits for Malaria under National Vector Borne Disease Control Programme.
15. Anti-tuberculosis drugs as supplied under RNTCP (only in DOT centres)

Contraceptive supplies required for duties regarding Family Planning:

16. Nirodh
17. Oral pills
18. Copper – T (380-A)
19. Emergency contraceptive pills

Proposed List of Drugs to be supplied to helpers at Aanganwadi Centres by DFW @ 1 kit per annum.

S. No.	Item	Quantity	Rate/Unit	Total Cost/ Rs.
1.	Disposable Delivery Kit For Clean deliveries at Home	20	6.00	120.00
2.	Tab. Iron Folic Acid (L)	1000	55.00 per thousand tabs,	55.00
3.	ORS Packets	100	1.80	180.00
4.	Tab. Paracetamols	100	0.12	12.00
5.	Tab. Dicyclomine	50	0.10	5.00
6.	Povidine	2	6.50	13.00

S. No.	Item	Quantity	Rate/Unit	Total Cost/ Rs.
	Ointment tube			
7.	Thermometers	2	10.00	20.00
8.	Cotton Absorbent roll of 500 gms	1	40.00	40.00
9.	Bandages, 4cmx4meters	10	5.00	50.00
10.	Tab. Chloroquine*	50	--	
11.	Condoms*	500	--	
12.	Oral Pills (in cycles)*	300	--	
	Total Cost per Kit/Rs			**545.00**

***From existing stocks at S/C, PHC under Malaria Control and Family Welfare Programme.**

Annexure 7

Registers in subcentre

1) Eligible Couple Register including Contraception
2) Maternal and Child Health Register:
    a) Antenatal, intra-natal, postnatal
    b) Under-five register:
        i) Immunisation
        ii) Growth monitoring
3) Births and Deaths Register
4) Drug Register
5) Equipment Furniture and other accessories Register
6) Communicable diseases/ Epidemic Register
7) Passive surveillance register for malaria cases.
8) Register for records pertaining to Janani Suraksha Yojana
9) Register for maintenance of accounts including untied funds.
10) Register for water quality and sanitation
11) Minor ailments Register
12) Records/registers as per various National Health Programme guidelines (NLEP, RNTCP, NVBDCP, etc.)

Annexure 8

Checklist for Internal Monitoring of Sub-centres: quarterly/ half yearly/annually

Services	**Existing**	**Expected**	**Remarks**
Population covered			
Maternal Health			
No. of ANC registration			
No. of ANC registered in 1st trimester			
No. of ANC provided at least 3 antenatal check-ups			
No. of ANC whose BP has been monitored			
No of ANC whose Hb has been monitored			
No. of ANC whose Urine has been examined for sugar and protein			
No of ANC diagnosed as high risk pregnancy			
No. of ANC given 100 IFA tablets during pregnancy			
No of women given booster/2 doses of TT			
No of high risk pregnancy referred to higher institutions			
No of deliveries occurred			

Services	Existing	Expected	Remarks
in institutions			
No. of Post natal cases visited with at least 2 visits			
Child health:			
No. of fully immunised infants			
No. of new borns whose birth weight has been taken			
No. of newborns whose birth weight has been less than 2500 gms.			
No.of underfive children with Grade I Malnutrition			
No.of underfive children with grade II malnutrition			
No. of underfive children with Grade III Malnutrition			
Family Planning			
No. of eligible couples registered			
No. of protected couples with any FP method			
No. of couples who have adopted permanent method,			

Services	**Existing**	**Expected**	**Remarks**
Tubectomy			
Vasectomy			
No of EC adopted IUD			
No of women using spacing methods			
Oral pills			
Nirodh			
Infrastructure Available			
Availability of own / rented subcentre building			
Examination room			
Labour room			
Drinking water facility			
Toilets			
Electricity			
Waste disposal			
Residence for Health Workers ANM HW(Male)			

Services	Existing	Expected	Remarks
Equipment Availability In working condition As per list			
DRUGS Availability As per list			
Transport facility for the staff			
Monitoring Mechanism:			
Supervisory visit LHV			
Health Supervisor(Male)			
MO I/C of PHC			
By Village Health Committee			
Citizens' Charter			
Record Keeping Births &Deaths Other registers Reports sent to PHC			
No. of Fever cases			
No. of Blood slides prepared			
No. of Malaria positive cases reported			
No. of cases given radical treatment			

Annexure 8A

A simpler check-list that can be used by NGO/PRI/Village Health Committee/Self Help Groups:

I. General Information

Name of the village

Name of the District

Total population covered by the Sub Centre:

Distance from the PHC

II. Availability of the Staff in the Subcentre

Following staff appointed in the Subcentre?

Health Worker-Female (ANM) - 2	Yes	No
Health Worker-Male (MPW) - 1	Yes	No
Part time attendant (female) - 1	Yes	No

III. Availability of Infrastructure at Subcentre

- Designated government building available for the Subcentre? Yes No
- Water regularly available in the Subcentre? Yes No
- Where regular electricity supply to the Subcentre? Yes No
- The Blood pressure apparatus in working condition in the Subcentre?
  Yes No No Information
- Examination table in working condition in the Sub centre?
  Yes No No Information
- Is the sterilizer instrument in working condition in the Sub centre?
  Yes No No Information
- Is the weighing machine in working condition in the Sub centre?
  Yes No No Information
- Are the disposable delivery kits available in the Sub centre?
  Yes No No Information

IV. Availability of Services at the Sub Centre

- Does the doctor visit the Sub centre at least once in a month?
  Yes No
- Is the day and time of this visit fixed? Yes No
- Are the residents of the village aware of the timings of the doctor's visit?
  Yes No
- Is the Antenatal care (Inj. T.T. IFA tablets, weight and BP checkup) provided by those in the Sub centre? Yes No
- Is the facility for referral of complicated cases of pregnancy / delivery available at Sub centre for 24 hours? Yes No
- Does the ANM/any trained personnel accompany the woman in labor to the referred care facility at the time of referral? Yes No
- Are the immunization services as per government schedule provided by the Sub centre? Yes No
- Is the treatment of diarrhea and dehydration available in the Sub centre?
  Yes No
- Is the treatment of minor illness like fever, cough, cold etc. available in the Sub centre? Yes No
- Is the facility for taking Peripheral blood smear in case of fever for detection available in the Sub centre? Yes No
- Are the contraceptive services like insertion of Copper – T, distributing Oral contraceptive pills or condoms provided by the Sub centre? Yes No

v. Are the services of the Sub-centres are being utilized by SC, ST or other backward classes

Total number of beneficiaries of all the services provided by the Sub-centres in the last quarter:

Out of these how many beneficiaries are belong to SC?

Out of these how many beneficiaries are belong to ST?

Out of these how many beneficiaries are belong to other backward classes?

Annexure 9

Facility Survey Format

Proforma for Sub Centres on IPHS

Identification

Name of the State: _____

District:_____

Tehsil/Taluk/Block _____

Name of the Village

Location Name of Sub Centre:_____

Date of Data Collection

Day Month Year

Name and Signature of the Person Collecting Data

I. Services

S.No.		
1.1.	**Population covered (in numbers)**	
1.2.	**MCH Care including Family Planning**	
1.2.1.	**Service availability (Yes / No)**	
a.	Ante-natal care	
b.	Intranatal care	
c.	Post-natal care	
d.	New born Care	
e.	Child care including immunization	
f.	Family Planning and contraception	
g.	Adolescent health care	
h.	Assistance to school health services	
i.	Facilities under Janani Suraksha Yojana	
j.	Treatment of minor ailments	
k.	First aid (specify)	
1.2.2.	**Availability of specific services (Yes / No)**	
a.	Does the doctor visit the Sub centre at least once in a month?	
b.	Is the day and time of this visit fixed?	
c.	Are the residents of the village aware of the timings of the doctor's visit?	

d.	Does the Health Assistant (male) or LHV visit the Sub Centre at least once a week?	
e.	Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP checkup) provided by those in the Sub centre?	
f.	Is the facility for referral of complicated cases of pregnancy / delivery available at Sub centre for 24 hours?	
g.	Does the ANM/any trained personnel accompany the woman in labor to the referred care facility at the time of referral?	
h.	Are the Immunization services as per Government schedule provided by the Sub centre	
i.	Is the ORS for prevention of diarrhea and dehydration available in the Subcentre?	
j.	Is the treatment of minor illness like fever, cough, cold, worm disinfestation etc. available in the Sub centre	
k.	Is the facility for taking Peripheral blood smear in case of fever for detection available in the Sub centre?	
l.	Are the contraceptive services like insertion of Copper-T, distributing Oral contraceptive pills or condoms provided by the Sub centre?	
m.	Is it a DOT centre?	
1.3.	**Other fuctions and services performed (Yes / No)**	
a.	Disease surveillance	
b.	Control of local endemic diseases	
c.	Promotion of sanitation	
d.	Field visits and home care	
e.	National Health Programmes including HIV/AIDS control programes	
1.4.	**Monitoring and Supervision activities (Yes / No)**	
a.	Training of traditional birth attendants and ASHA	
b.	Monitoring of Water quality in the village	
c.	Watch over unusual health events	
d.	Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs	
e.	Coordination and supervision of activities of ASHA	
f.	Proper maintance of records and registers	
g.	Is there a Village Health Plan / Sub Centre Plan?	

h.	Is the scheme of ASHA implemented in Sub Centre?	

II.
Manpower

S.No.	Personnel	Existing	Recommended	Current Availability at Sub Centre (Indicate Numbers)	Remarks / Suggestions / Identified Gaps
2.1.	Health Worker (Female)	1	1 or 2 (Optional)		
2.2.	Health Worker (Male)	1	1 or 0 (optional; may be replaced by female health worker)		
2.3.	Voluntary worker to keep the Sub Centre clean and assisting ANM. She is paid by the ANM from her contingency fund @ Rs. 100 per month	1 (optional)	1 (optional)		

III. Physical Infrastructure (As per specifications)

S.No.		Current Availability at Sub Centre	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
3.1.	Location			
a.	Where is this Sub Centre located?			
	Within Village Locality			
	Far from village locality			
	If far from locality specify in km			
b.	Whether located at an easily accessible area? (Yes/No)			
c.	The distance of Sub Centre (in Kms.) from the remotest village in the coverage area			
d.	Travel time to reach the Sub Centre from the remotes place in the coverage area			
e.	The distance of Sub Centre (in Kms.) from the PHC			
f.	The distance of Sub Centre (in Kms.) from the CHC			
3.2.	Building			
a.	Is a designated government building available for the Sub Centre? (Yes / No)			

b.	If there is no designated government building, then where does the Sub Centre located			
	Rented premises			
	Other government building			
	Any other specify			
c.	Area of the building (Total area in Sq. mts.)			
d.	What is the present condition of the existing building			
e.	What is the present stage of construction of the building			
	Construction complete			
	Construction incomplete			
f.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)			
g.	Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster)			
h.	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)			
i.	Whether the cleanliness is Good / Fair / Poor?(Observe)			
j.	Are any of the following close to the Sub Centre? (Observe) (Yes/No)			
i.	Garbage dump			
ii.	Cattle shed			
iii.	Stagnant pool			
iv.	Pollution from industry			
k.	Is boundary wall with gate existing? (Yes / No)			
3.3.	Prominent display boards in local language (Yes/No)			
3.4.	Separate public utilities for males and females (Yes/No)			
3.5.	Suggestion / complaint box (Yes/No)			
3.6.	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			
c.	If labour room is present, but deliveries not being conducted there, then what are the reasons for the same?			
	Staff not staying			
	Poor condition of the labour room			
	No power supply in the labour room			
	Any other specify			
3.7.	Clinic Room			
3.8.	Examination room			
3.9.	Water supply			
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))			
b.	Whether overhead tank and pump exist (Yes / No)			
c.	If overhead tank exist, whether its capacity sufficient? (Yes/No)			
d.	If pump exist, whether it is in working condition? (Yes / No)			

3.10.	Waste disposal			
	How the medical waste disposed off (please specify)?			
3.11.	Electricity			
	Regular electric supply available? (Yes / No)			
3.12.	Communication facilities			
a.	Telephone (Yes/No)			
3.13.	Transport facility for movement of staff (Yes / No)			
3.14.	Residential facility for the staff	**Current Availability at Sub Centre**	**If available, area in Sq. mts.)**	**If available, whether staff staying or not?**
	Health Worker (Female)			
3.15.	Whether Health Worker (Male) available in the Sub Centre?			
3.16.	Is he staying at Sub Centre Head Quarter village? (Yes / No)			

IV. Equipment (As per list)

Equipment	Available	Functional	Remarks / Suggestions / Identified Gaps

V. Drugs (As per essential drug list)

Drug	Available	Remarks / Suggestions / Identified Gaps

VI.
Furniture

S.No.	Item	Current Availability at Sub Centre	If available, numbers	Remarks / Suggestions / Identified Gaps
6.1.	Examination Table			
6.2.	Writing Table			
6.3.	Armless chairs			
6.4.	Medicine chest			
6.5.	Labour table			
6.6.	Wooden screen			
6.7.	Foot step			
6.8.	Coat rack			
6.9.	Bed side table			
6.10.	Stool			
6.11.	Almirahs			
6.12.	Lamp			
6.13.	Side wooden racks			
6.14.	Fans			

6.15.	Tube lights			
6.16.	Basin stand			
6.17.	Buckets			
6.18.	Mugs			
6.19.	Kerosene stove			
6.20.	Sauce pan with lid			
6.21.	Water receptacle			
6.22.	Rubber / plastic shutting			
6.23.	Talquist Hb scale			
6.24.	Drum with tap for storing water			
6.25.	Others (specify)			

VII. Quality Control

S.No.	Particular	Whether functional / available as per norms	Remarks
7.1.	Citizen's charter in local language(Yes/No)		
7.2.	Internal monitoring: supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and by MO (at least once in a month)		
7.3.	External monitoring: Village health and sanitation committee, evaluation by independent external agency		
7.4.	Availability of various guidelines issued by GOI or State Govt. (specify)		

Annexure 10

Model Citizens Charter for Sub-centres

1. **Preamble**

Sub-centres exist to provide health care to every citizen of India within the allocated resources and available facilities. The Charter seeks to provide a framework, which enables citizens to know.

- what services are available?
- the quality of services they are entitled to.
- the means through which complaints regarding denial or poor qualities of services will be addressed.

2. **Objectives**

- to make available health care services and the related facilities for citizens.
- to provide appropriate advice, treatment, referral and support that would help to cure the ailment to the extent medically possible.
- to redress any grievances in this regard.

3. **Commitments of the Charter**

- to provide access to available facilities without discrimination,
- to provide emergency care, if needed on reaching the SC
- to provide adequate number of notice boards detailing the location of all the facilities and the schedule of field visits..
- to provide written information on diagnosis, treatment being administered.
- to record complaints and respond at an appointed time.

4. **Grievance redressal**

- grievances that citizens have will be recorded
- aggrieved user after his/her complaint recorded would be allowed to seek a second opinion at PHC.

5. Responsibilities of the users

- users of SC would attempt to understand the commitments made in the charter
- user would not insist on service above the standard set in the charter because it could negatively affect the provision of the minimum acceptable level of service to another user.
- instruction of the SC personnel would be followed sincerely, and
- in case of grievances, the redressal mechanism machinery would be addressed by users without delay.

6. Performance audit and review of the charter

- performance audit may be conducted through a peer review every two or three years after covering the areas where the standards have been specified

List of Abbreviation

ANC:	Ante Natal Check-up
ANM:	Auxiliary Nurse Midwife
ARI:	Acute Respiratory Infections
ASHA:	Accredited Social Health Activist
AWW:	Anganwadi Worker
BCG:	Bacille Calmette Guerians Vaccine
CHC:	Community Health Centre
DEC:	Di Ethyle Carbazine
DDK:	Disposable Delivery Kit
DOT:	Direct Observed Treatment
DPT:	Diphtheria, Pertussis and Tetanus Vaccine
DT:	Diphtheria Vaccine
FRU:	First Referral Unit
FTD:	Fever Treatment Depot
IDSP:	Integrated Disease Surveillance Programme
IEC:	Information, Education and Communication
IPHS:	Indian Public Health Standards
IFA:	Iron and Folic Acid
IUD:	Intra-Urine Device
JSY:	Janani Suraksha Yojana
LHV:	Lady Health Visitor
MDT:	Multi Drug Treatment in Leprosy
MF2:	Malaria Form - 2
MTP:	Medical Termination of Pregnancy
MO:	Medical Officer
NBCP:	National Blindness Control Programme
NCD:	Non-communicable Disease
NLEP:	National Leprosy Eradication Programme
NMEP:	National Malaria Eradication Programme
NRHM:	National Rural Health Mission
NVBDCP:	National Vector Borne Disease Control Programme
OPV:	Oral Polio Vaccine
ORS:	Oral Rehydration Solution
PHC:	Primary Health Centre
PHN:	Public Health Nurse
PRI:	Panchayati Raj Institution
PNC:	Post Natal Check-up
RDK:	Rapid Diagnostic Kits (e.g. malaria, typhoid etc.)
RNTCP:	Revised National Tuberculosis Control Programme
RTI:	Reproductive Tract Infections
STI:	Sexually Transmitted Infections
SC:	Sub-Centre
TT:	Tetanus Toxoide