Draft

Indian Public Health Standards (IPHS) For Primary Health Centres

GUIDELINES

(March 2006)

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

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Executive Summary

Primary Health Centres 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. 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 4-6 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.

Standards are the main driver for continuous improvements in quality. The performance of Primary Health Centres can be assessed against the set standards.

In order to provide optimal level of quality health care, a set of standards are being recommended for Primary Health Centre to **be called Indian Public Health Standards (IPHS) for PHCs**. The launching of National Rural Health Mission (NRHM) has provided this opportunity.

The standards prescribed in this document are for a PHC covering 20,000 to 30,000 populations with 6 beds.

Setting standards is a dynamic process. Currently the IPHS for Primary Health Centres has been prepared keeping in view the resources available with respect to functional requirement for Primary Health Centre with minimum standards such as building manpower, instruments, and equipments, drugs and other facilities etc.

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 help monitor and improve the functioning of the PHCs.

Service Delivery:

- All “Assured Services” as envisaged in the PHC should be available, which includes routine, preventive, promotive, curative and emergency care in addition to all the national health programmes.
- Appropriate guidelines for each National Programme for management of routine and emergency cases are being provided to the PHC.
- All the support services to fulfil the above objectives will be strengthened at the PHC level.

Minimum Requirement for Delivery of the Above-mentioned Services:

The following requirements are being projected based on the basis 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). It would be a dynamic process in the sense that if the utilization goes up, the standards would be further upgraded. As regards, manpower, one more Medical Officer (may be from AYUSH or a lady doctor) and two more staff nurses are added to the existing total staff strength of 15 in the PHC to make it 24x7 services delivery centre.

Facilities

The document includes a suggested layout of PHC 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 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 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

1. 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 population in the plains and one PHC for every 20,000 population in hilly, tribal and backward areas for more effective coverage. Since then, 23,109 PHCs have been established in the country (as of September 2004).

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, which should be provided equitably and which 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 the set 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.

There are Standards prescribed for a 30 bedded hospital by Bureau of Indian Standards (BIS). Recently, under NRHM, Indian Public Health Standards have been framed for Community Health Centre as the BIS is considered as very resource-intensive at the present scenario. But no such standards have been laid down for Primary Health Care Institutions. In order to provide optimal level of quality health care, a set of standards are being recommended for Primary Health Centre to **be called Indian Public Health Standards (IPHS) for PHCs**.

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. **The standards prescribed in this document are for a PHC covering 20,000 to 30,000 populations with 6 beds,** as all the block level PHCs 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 prepared keeping in view the resources available with respect to functional requirement for PHCs with minimum standards such as building manpower, instruments, and equipments, drugs and other facilities etc.

2. **Objectives of Indian Public Health Standards (IPHS) for Primary Health 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 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.

3. Minimum Requirements (Assured Services) at the Primary Health Centre for meeting the IPHS:

Assured services cover all the essential elements of preventive, promotive, curative and rehabilitative primary health care. This implies a wide range of services that include:

3.1. Medical care:

- OPD services: 4 hours in the morning and 2 hours in the afternoon / evening. Time schedule will vary from state to state. Minimum OPD attendance should be 40 patients per doctor per day.
- 24 hours emergency services: appropriate management of injuries and accident, First Aid, Stabilisation of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions
- Referral services
- In-patient services (6 beds)

3.2. Maternal and Child Health Care including family planning:

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.

ii) Minimum 3 antenatal checkups and provision of complete package of services. First visit as soon as pregnancy is suspected/between 4th and 6th month (before 26 weeks), second visit at 8th month (around 32 weeks) and third visit at 9th month (around 36 weeks). 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)

iii) Minimum laboratory investigations like haemoglobin, urine albumin, and sugar, RPR test for syphilis

iv) Nutrition and health counseling

v) Identification of high-risk pregnancies/ appropriate management

vi) Chemoprophylaxis for Malaria in high malaria endemic areas as per NVBDCP guidelines.

vii) Referral to First Referral Units (FRUs)/other hospitals of high risk pregnancy beyond the capability of Medical Officer, PHC to manage.

b) Intra-natal care: **(24-hour delivery services both normal and assisted)**
   i) Promotion of institutional deliveries
   ii) Conducting 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)

c) Postnatal Care:
   a) A minimum of 2 postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-centre staff.
   b) Initiation of early breast-feeding within half-hour of birth
   c) Education on nutrition, hygiene, contraception, **essential new born care**

(As per Guidelines of GOI on Essential new-born care)

   d) Others: Provision of facilities under **Janani Suraksha Yojana (JSY)**

d) New Born care:
   i) Facilities and care for neonatal resuscitation
   ii) Management of neonatal hypothermia / jaundice

e) Care of the child:
   i) Emergency care of sick children including Integrated Management of Neonatal and Childhood Illness (IMNCI)

ii) Care of routine childhood illness
iii) Essential Newborn Care
iv) Promotion of exclusive breast-feeding for 6 months.
v) Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI. (Current Immunization Schedule at **Annexure-1).**
vi) Vitamin A prophylaxis to the children as per guidelines.
vii) Prevention and control of childhood diseases, infections, etc.

f) Family Planning:
i. Education, Motivation and counseling to adopt appropriate Family planning methods.
ii. Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions.
iii. Permanent methods like Tubal ligation and vasectomy / NSV.
iv. Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).
v. Counseling and appropriate referral for safe abortion services (MTP) for those in need.
vi. Counseling and appropriate referral for couples having infertility.

3.3. Medical Termination of Pregnancies using Manual Vacuum Aspiration (MVA) technique. (wherever trained personnel and facility exists)

3.4. Management of Reproductive Tract Infections / Sexually Transmitted Infections:

a) Health education for prevention of RTI/ STIs
b) Treatment of RTI/ STIs

3.5. Nutrition Services (coordinated with ICDS)

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.

3.6. School Health: Regular check ups, appropriate treatment including deworming, referral and follow-ups

3.7. Adolescent Health Care: Life style education, counseling, appropriate treatment.

3.8. Promotion of Safe Drinking Water and Basic Sanitation

3.9. Prevention and control of locally endemic diseases like malaria, Kala-azar, Japanese Encephalitis, etc.

3.10. Disease Surveillance and Control of Epidemics:

a) Alertness to detect unusual health events and take appropriate remedial measures
b) Disinfection of water sources
c) Testing of water quality using H_2S- Strip Test (Bacteriological)
d) Promotion of sanitation including use of toilets and appropriate garbage disposal.

3.11. Collection and reporting of vital events

3.12. Education about health/Behaviour Change Communication (BCC)

3.13. National Health Programmes including Reproductive and Child Health Programme (RCH), HIV/AIDS control programme, Non communicable disease control programme - as relevant:

Revised National Tuberculosis Control Programme (RNTCP): 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.

Integrated Disease Surveillance Project (IDSP):

a) PHC will collect and analyse data from sub-centre and will report information to district surveillance unit.
b) Appropriate preparedness and first level action in out-break situations.
c) Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid (Rapid Diagnostic test-Typhi Dot) and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

National Programme for Control of Blindness (NPCB):

(a) Basic services: Diagnosis and treatment of common eye diseases
(b) Refraction Services
(c) Detection of cataract cases and referral for cataract surgery

National Vector Borne Disease Control Programme (NVBDCP):

(a) Diagnosis of Malaria cases, microscopic confirmation and treatment
(b) Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case management as per the protocols
(c) Complete treatment to Kala-Azar cases in Kala-Azar endemic areas as per national Policy
(d) Complete treatment of microfilaria positive cases with DEC and participation and arrangement of Mass Drug Administration (MDA)

along with management of side reactions, if any. Morbidity management of Lymphoedema cases.

National AIDS Control Programme:

(a) IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.

(b) Organizing School Health Education Programme

(c) 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 VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states.

(d) 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.

(e) Linkage with Microscopy Centre for HIV-TB coordination.

(f) Condom Promotion & distribution of condoms to the high risk groups.

(g) Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

3.14. Referral Services:

Appropriate and prompt referral of cases needing specialist care including:

a) Stabilisation of patient

b) Appropriate support for patient during transport

c) Providing transport facilities either by PHC vehicle or other available referral transport

3.15. Training:

(i) Health workers and traditional birth attendants

ii) Initial and periodic Training of paramedics in treatment of minor ailments

iii) Training of ASHAs

iv) Periodic training of Doctors through Continuing Medical Education, conferences, skill development training, etc. on emergency obstetric care

v) Training of ANM and LHV in antenatal care and skilled birth attendance

3.16. Basic Laboratory Services: Essential Laboratory services including:

i. Routine urine, stool and blood tests
ii. Bleeding time, clotting time,
iii. Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc.
iv. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP)
v. Blood smear examination for malarial parasite.
vi. Rapid tests for pregnancy / malaria
vii. RPR test for Syphilis/YAWS surveillance
viii. Rapid diagnostic tests for Typhoid (Typhi Dot)
ix. Rapid test kit for fecal contamination of water
x. Estimation of chlorine level of water using ortho-toludine reagent

3.17. Monitoring and Supervision:

(i) Monitoring and supervision of activities of sub-centre through regular meetings / periodic visits, etc.

(ii) Monitoring of all National Health Programmes

(iii) Monitoring activities of ASHAs

(iv) MO should visit all Sub-centres at least once in a month

(v) Health Assistants Male and LHV should visit Sub-centres once a week.

3.18. AYUSH services as per local people's preference (Mainstreaming of AYUSH)

3.19. Rehabilitation: Disability prevention, early detection, intervention and referral

3.20. The PHCs would provide 24 hour delivery services and new born care, all seven days a week in order to increase the institutional deliveries which would help in reducing maternal mortality

3.21. Selected Surgical Procedures: The vasectomy, tubectomy (including laparoscopic tubectomy), MTP, hydrocelectomy and cataract surgeries as a camp/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**.

3.22. Record of Vital Events and Reporting:

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

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

4.1 PHC Building

4.1.1 Location: It should be located in an easily accessible area. The building should have a prominent board displaying the name of the Centre in the local language.

The area chosen should have the facility for electricity, all weather road communication, adequate water supply, telephone.

4.1.2 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. meters depending on whether an OT facility is opted for.

4.1.3 Entrance: It should be well-lit and ventilated with space for Registration and record room, drug dispensing room, and waiting area for patients.

4.1.4 The doorway leading to the entrance should also have a ramp facilitating easy access for handicapped patients, wheel chairs, stretchers etc.

4.1.5 Waiting area:

a) This should have adequate space and seating arrangements for waiting clients / patients
b) The walls should carry posters imparting health education.
c) Booklets / leaflets may be provided in the waiting area for the same purpose.
d) Toilets with adequate water supply separate for males and females should be available.
e) Drinking water should be available in the patient's waiting area.

4.1.6 There should be proper notice displaying wings 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 the complaints are addressed.

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

4.1.7 Outpatient Department:

a) The outpatient room should have separate areas for consultation and examination.
b) The area for examination should have sufficient privacy.
c) In PHCs with AYUSH doctors, necessary infrastructure such as consultation room for AYUSH Doctor and AYUSH Drug dispensing should be made available.

4.1.8 Wards 5.5x3.5 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 and 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) Clean linen should be provided and cleanliness should be ensured at all times.
f) Cooking should not be allowed inside the wards for admitted patients
g) A suitable arrangement with a local agency like a local women's group for provision of nutritious and hygienic food at reasonable rates may be made wherever feasible and possible.

   Cleaning of the wards, etc. should be carried out at such times so as not to interfere with the work during peak hours and also during times of eating.

4.1.9 Operation Theatre: (Optional) to facilitate conducting selected surgical procedures (e.g. vasectomy, tubectomy, hydrocelectomy, Cataract surgery camps)

a. It should have a changing room, sterilization area operating area and washing area.
b. Separate facilities for storing of sterile and unsterile equipments / 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-OP 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.

4.1.10 Labour Room (3800x4200mm):

a) There should be separate areas for septic and aseptic deliveries.
b) The LR should be well-lit and ventilated with an attached toilet and drinking water facilities. Plan has been annexed.
c) Dirty linen, baby wash, toilet, Sterilization

4.1.11 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.

4.1.12 Laboratory (3800x2700mm):

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

4.1.13 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 should be rodent/ pest-free.

4.1.14 Dispensing cum store area: 3000x3000mm

4.1.15 Infrastructure for AYUSH doctor: Based on the specialty being practiced, appropriate arrangements should be made for the provision of a doctor's room and a dispensing room cum drug storage.

4.1.16 Immunization/FP/counseling area: 3000x4000mm

4.1.17 Office room 3500x3000mm

4.1.18 Dirty utility room for dirty linen and used items

4.1.19 Boundary wall with gate

4.1.20 Residential Accommodation:

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

4.1.21 Other amenities:

a. Electricity with generator back-up
b. Adequate water supply
c. Telephone: at least one direct line
d. Wherever possible garden should be developed preferably with the involvement of community.

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.

4.2. Equipment and Furniture:

a. The necessary equipment to deliver the assured services of the PHC should be available in adequate quantity and also be functional.
b. Equipment maintenance should be given special attention.
c. 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 equipments including furniture is given in **Annexure 3**

5. Manpower: The manpower that should be available in the PHC s as follows:

	Existing	**Recommended**
Medical Officer	1	2(one may be from AYUSH or Lady Medical Officer)
Pharmacist	1	1
Nurse-midwife (Staff (Nurse)	1	3 (for 24-hour PHCs) (2 may be contractual)
Health workers (F)	1	1
Health Educator	1	1
Health Asstt (Male & Female)	2	2

Clerks	2	2
Laboratory Technician	1	1
Driver	1	Optional/vehicles may be out-sourced.
Class IV	4	4
Total	**15**	**17/18**

The job responsibilities of the different personnel are given in **Annexure 7**.

6. Drugs:

a) All the drugs available in the Sub-centre should also be available in the PHC.
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 required for the AYUSH doctor should be available in addition to all other facilities.

The list of suggested drugs is given in **Annexure 4**.

7. The Transport Facilities: The PHC should have an ambulance for transport of patients. This may be outsourced**.**

7.1 Referral Transport Facility: The PHC should have an ambulance for transportation of emergency patients. Referral transport may be outsourced.

7.2 Transport for Supervisory and other outreach activities: The vehicle can also be outsourced for this purpose.

8. Laundry and Dietary facilities for indoor patients: these facilities can be outsourced.

9. Waste Management at PHC level: GOI guidelines to be followed which is under preparation.

10. Quality Assurance:

Periodic skill development training of the staff of the PHC in the various jobs/ responsibilities assigned to them can ensure quality. Standard Treatment Protocol for all national 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:
   (1) Courtesy should be extended to patients / clients by all the health providers including the support staff
   (2) All relevant information should be provided as regards the condition / illness of the client/ patient.

ii) Attitude of the health care providers needs to undergo a radical change so as to incorporate the feeling that client is important and needs to be treated with respect.

iii) Cleanliness should be maintained at all points

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

Internal Mechanism: Record maintenance, checking and supportive supervision

External Mechanism: Monitoring through the PRI / Village Health Committee / Rogi Kalyan Samiti (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 on Indian Public Health Standards to have baseline information on the gaps and subsequently to monitor the availability of facilities as per IPHS guidelines is given at **Annexure 9**.

12. 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 Committee / Rogi Kalyan Samiti will also monitor the functioning of the PHCs.

Annexure 1

Current National Immunization Schedule including Schedule for Vitamin - **A prophylaxis**

Immunization schedule

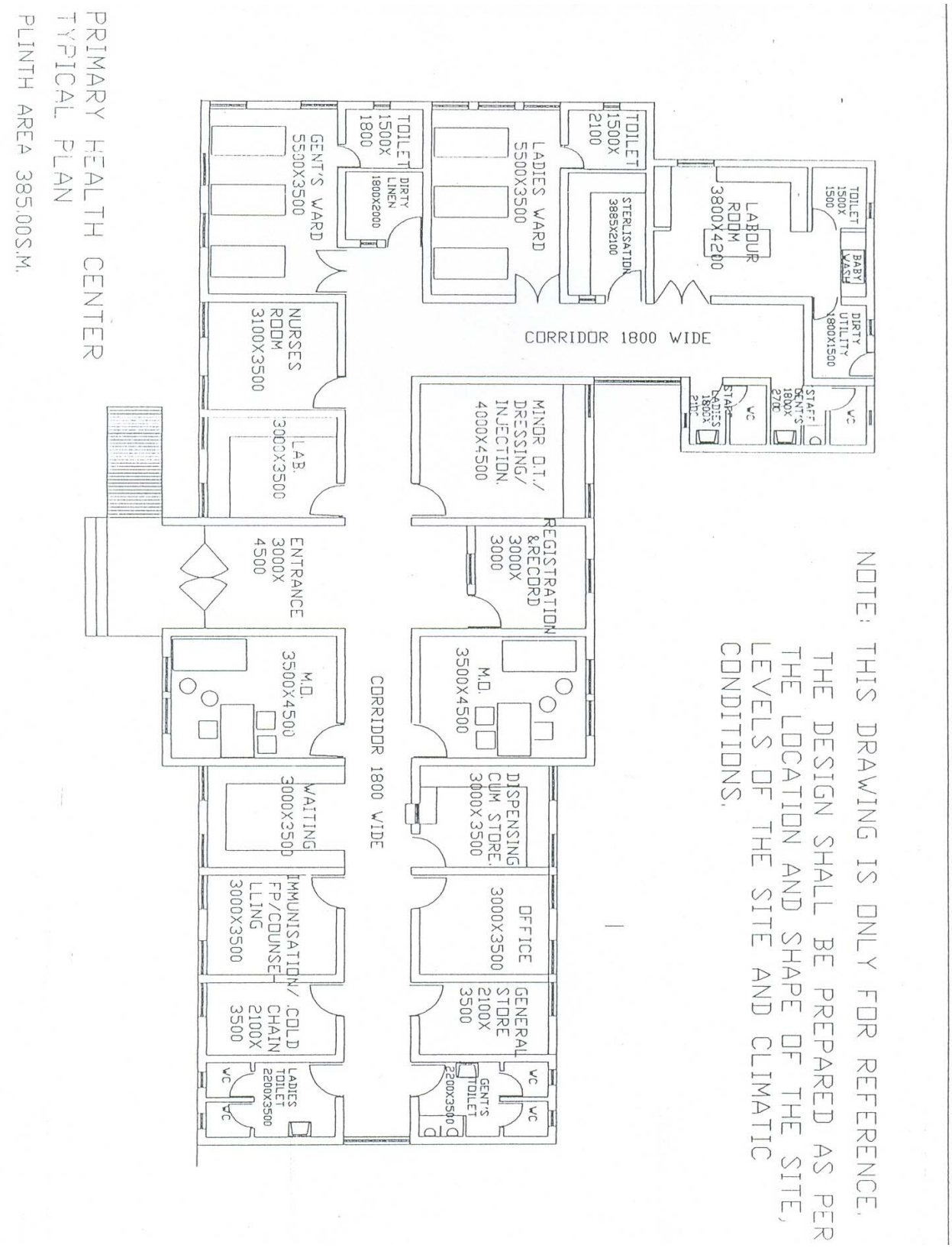
Vaccine	**Age**				
	Birth	**6 weeks**	**10 weeks**	**14 weeks**	**9 months**
Primary Vaccination					
BCG	x				
Oral polio	X[1]	X	x	X	
DPT		X	x	X	
Hepatitis B[2]		x	x	X	
Measles					x
Booster Doses					
DPT + Oral polio	18 to 24 months				
DT	5 years				
Tetanus Toxoid:	At 10 years and again at 16 years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

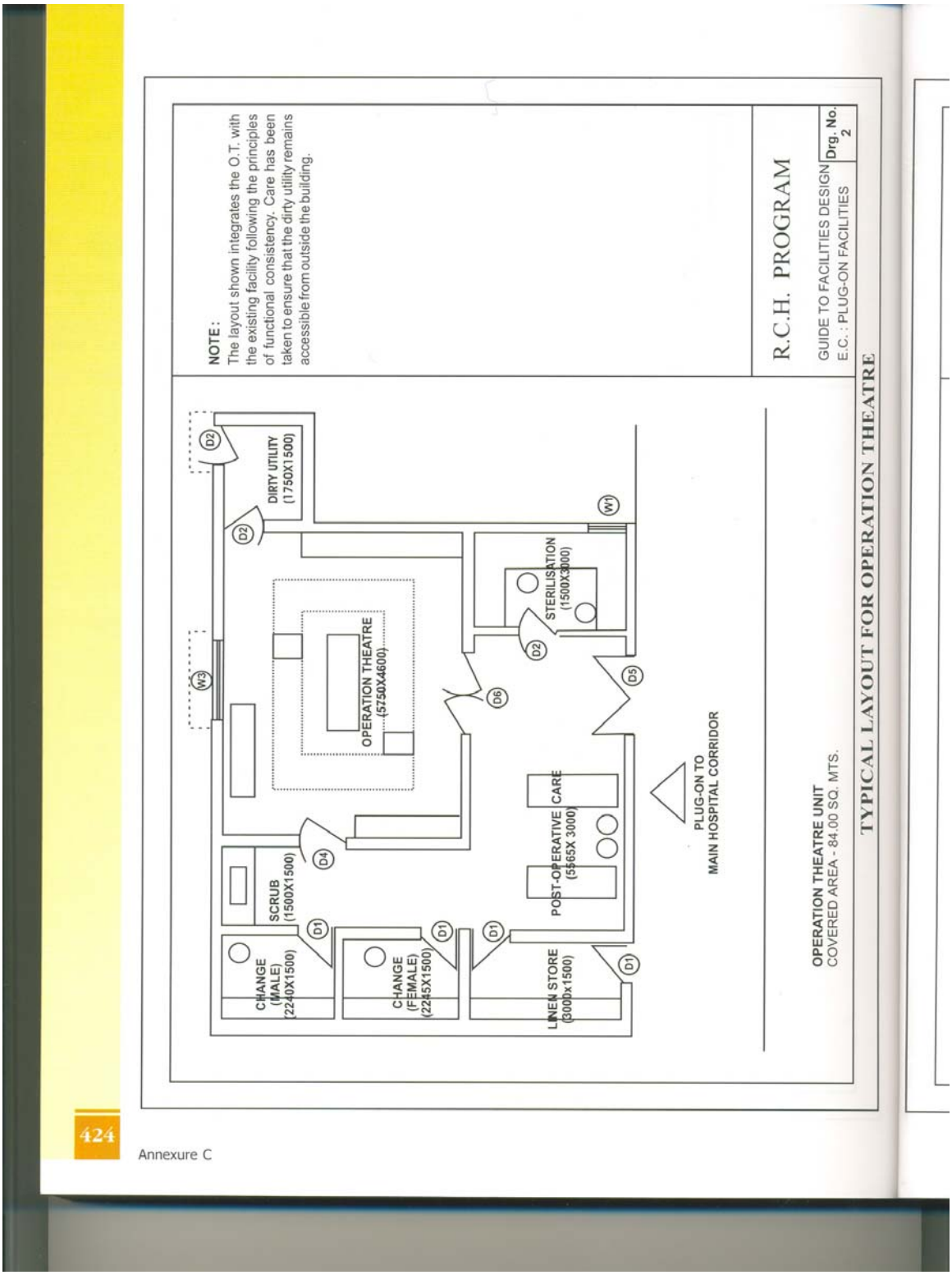
Annexure 2



Layout of PHC

Annexure 2A

Layout of Operation Theatre (OPTIONAL)



Annexure 3

List of suggested equipments and furniture

- Normal Delivery Kit
- Equipment for assisted vacuum delivery
- Equipment for assisted forceps delivery
- Standard Surgical Set (for minor procedures like episiotomies stitching)
- Equipment for Manual Vacuum Aspiration
- Equipment for New Born Care and Neonatal Resuscitation
- IUD insertion kit
- Equipment / reagents for essential laboratory investigations
- Refrigerator.
- ILR/Deep Freezer
- Ice box
- Computer with accessories including internet facility
- Baby warmer/incubator.
- Binocular microscope
- Equipments for Eye care and vision testing: Tonometers (Schiotz), direct opthalmoscope, illuminated vision testing drum, trial lens sets with trial frames, snellen and near vision charts, Battery operated torch
- Equipments under various National Programmes
- Radiant warmer for new borne baby
- Baby scale
- Table lamp with 200 watt bulb for new borne baby
- Phototherapy unit
- Self inflating bag and mask-neonatal size
- Laryngoscope and Endotracheal intubation tubes (neonatal)
- Mucus extractor with suction tube and a foot operated suction machine
- Feeding tubes for baby

- Sponge holding forceps - 2
- Valsellum uterine forceps - 2
- Tenaculum uterine forceps – 2
- MVA syringe and cannulae of sizes 4-8 (2 sets; one for back up in case of technical problems)
- Kidney tray for emptying contents of MVA syringe
- Trainer for tissues
- Torch without batteries – 2
- Battery dry cells 1.5 volt (large size) – 4
- Bowl for antiseptic solution for soaking cotton swabs
- Tray containing chlorine solution for keeping soiled instruments
- Residual chlorine in drinking water testing kits
- H2S Strip test bottles

Requirements for a fully equipped and operational labour room

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. An area earmarked for new-born care
9. Emergency drug tray: This must have the following drugs
    * Inj. Oxytocin
    * Inj. Diazepam
    * Tab. Nifedepine
    * Magnesium sulphate

* Inj. Lignocaine hydrochloride
* Inj. Methyl ergometrine maleate
* 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. Chittle 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

Reagents

1. For 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. Safranine stain
9. PH test strips
10. RPR test kits for syphilis

Glassware and other equipment

1. Colorimeter for Hb estimation
2. Test tubes
3. Pipettes
4. Glass rods
5. Glass slides
6. Cover slips
7. Light Microscope

List of Furniture (including surgical) at PHC

Examination table	3
Writing tables with table sheets	5
Plastic chairs (for in-patients' attendants)	6
Armless chairs	8
Full size steel almirah	4

Labour table	1
OT table	1
Arm board for adult and child	4
Wheel chair	1
Stretcher on trolley	1
Instrument trolley	2
Wooden screen	1
Foot step	5
Coat rack	2
Bed side table	6
Bed stead iron (for in-patients)	6
Baby cot	1
Stool	6
Medicine chest	1
Lamp	3
Shadowless lamp light (for OT and Labour room)	2
Side Wooden racks	4
Fans	6
Tube light	8
Basin	2
Basin stand	2
Sundry Articles including Linen:	
Buckets	4
Mugs	4
LPG stove	1
LPG cylinder	2
Sauce pan with lid	2
Water receptacle	2
Rubber/plastic shutting	2 meters
Drum with tap for storing water	2

I V stand	4
Mattress for beds	6
Foam Mattress for OT table	1
Foam Mattress for labour table	1
Macintosh for labour and OT table	4 metres
Kelly's pad for labour and OT table	2 sets
Bed sheets	6
Pillows with covers	8
Blankets	6
Baby blankets	2
Towels	6
Curtains with rods	20 metres

Annexure 4

DRUGS FOR PHCs (Some of these drugs are listed under essential and emergency obstetrics care under RCH. However additional quantity will be required for management of cases other than O&G cases)

(To be vetted by the Drug Committee)

Oxygen	Inhalation

Local Anaesthetics

Lignocaine Hydrochloride	Topical Forms 2-5%

Preoperative Medication and Sedation for Short Term Procedures

Diazepam	Tablets 5 mg
	Injection 5 mg / ml

Analgesics, antipyretics and Non-Steroidal Anti-inflammatory Medicines,

Non-Opioid Analgesics, Antipyretics and Nonsteroidal Anti-inflammatory Medicines

Acetyl Salicylic Acid	Tablets 300mg & 50 mg
Ibuprofen	Tablets 400 mg
Paracetamol	Injection 150 mg / ml
	Syrup 125 mg / 5ml

Antiallergics and Medicines used in Anaphylaxis

Adrenaline	Injection
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
	Injection 500 mg
Benzathine Benzylpenicillin	Injection 6 lacs, 12 lacs, 24 lacs units
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
	Capsules 250 mg., 500 mg*
Ciprofloxacin	Injection 200 mg / 100 ml
Hydrochloride	Tablets 250 mg., 500 mg
Co-Trimoxazole	Tablets 40 + 200 mg, 80 + 400 mg
(Trimethoprim + Sulphamethoxazole)	Suspension 40 + 200 mg / 5 ml
Doxycycline	Capsules 100 mg
Erythromycin Estolate	Syrup 125 mg / 5 ml
	Tablets 250 mg, 500 mg
Gentamicin	Injection 10 mg / ml, 40 mg / ml
Metronidaozle	Tablets 200 mg, 400 mg
	Injection 500 mg / 100 ml

Antidotes and Other Substances used in Poisonings

Nonspecific	
Activated Charcoal Powder	
Atropine Sulphate	Injection 0.6 mg / ml
Specific	
Antisnake Venom	Injection Polyvalent Solution/ Lyophilyzed Polyvalent Serum
Anticonvulsants/Antiepileptics	
Carbamazepine	Tablets 100 mg, 200 mg Syrup 20 mg / ml
Phenytoin Sodium	Capsules or Tablets 50 mg, 100 mg Syrup 25 mg / ml
Antiinfective Medicines	
Anthelminthics	
Intestinal Anthelminthics	
Mebendazole	Tablets 100 mg Suspension 100 mg/ 5 ml
Albendazole	Tablets 400mg
Antifilarials	
Diethylcarbamazine Citrate	Tablets 150 mg
Antibacterials	
Amoxicillin	Powder for suspension 125 mg / 5 ml Capsules 250 mg, 500 mg
Cardiovascular Medicines	
Antianginal Medicines	
Acetyl Salicylic Acid	**Tablets 75 mg,100mg,350mg.**
Glyceryl Trinitrate	**Sublingual Tablets 0.5 mg.** **Injection 5 mg/ml**
Isosorbide 5 Mononitrate	**Tablets 10 mg.**

Propranolol	**Tablets 10mg,40mg** **Injection 1mg/ml.**
Antihypertensive Medicines	
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
Dermatological Medicines (Topical)	
Antifungal Medicines	
Benzoic Acid +Salicylic Acid	Ointment or Cream 6% + 3%
Miconazole	Ointment or Cream 2%
Antiinfective Medicines	
Framycetin Sulphate	Cream 0.5%
Methylrosanilinium Chloride (Gentian Violet)	Aqueous solution 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

Tettracycline	Tablets or Capsules 250 mg

Antileprosy Medicines and Anti-tubecullar medicines as per national programmes

Antifungal Medicines

Clotrimazole	Pessaries 100 mg, 200 mg, Gel 2%
Griseofulvin	Capsules or Tablets 125 mg, 250 mg
Nystatin	Tablets 500,000 IU
	Pessaries 100,000 IU

Antiprotozoal Medicines

Antiamoebic and Antigiardiasis Medicines

Diloxanide Furoate	Tablets 500 mg
Metronidazole	Tablets 200 mg, 400 mg
	Injection 500 mg / 100 ml
Tinidazole	Tablets 500 mg

Blood Products and Plasma Substitutes

Plasma Subsitutes

Dextran-4-	**Injection 10%**
Dextran	**Injection6%**

Silver Sulphadiazine	Cream 1%

Antiinflammatory and Antipruritic Medicines

Betamethasone	Cream / Ointment 0.05%

Dipropionate Calamine	Lotion
Astringent Medicines	
Zinc Oxide	Dusting Powder
Medicines Affecting Skin Differentiation and Proliferation	
Glycerin	Solution
13.6 Scabicides and Pediculicides	
Benzyl Benzoate	Lotion 25%

Disinfectants and Antiseptics

Antiseptics	
Benzoin Compound	Tincture
Cetrimide	Solution 20% (conc.for dilution)
Chlorhexidine	Solution 5% (conc. for dilution)
Ethyl Alcohol 70%	Solution
Gentian Violet	Paint 0.5%, 1%
Hydrogen Peroxide	Solution 6%

Disinfectants

Bleaching Powder	Powder
Formaldehyde IP	Solution
Potassium Permanganate	Crystals for solution

Diuretics

Furosemide	Injection, 10 mg/ ml, Tablets 40 mg

Gastrointestinal Medicines

Antacids and other Antiulcer Medicines	
Aluminium Hydroxide+ Magnesium Hydroxide	Suspension Tablet
Omeprazole	Capsules 10 mg, 20 mg, 40 mg
Ranitidine Hydrocholoride	Tablets 150 mg, 300 mg Injection 25 mg / ml
Antiemetics	
Domperidone	Tablets 10 mg Syrup 1 mg / ml
Metoclopramide	Tablets 10 mg Syrup 5 mg / ml Injection 5 mg / ml
Antispasmodic Medicines	
Dicyclomine Hydrochloride	Tablets 10 mg, Injection 10 mg / ml
Hyoscine Butyl Bromide	Tablets or 10 mg Injection 20 mg / ml
Laxatives	
Bisacodyl	Tablets/ suppository 5 mg
Isphaghula	Granules
Medicines used in Diarrhoea	
Oral Rehydration Salts	Powder for solution As per IP

Hormones, other Endocrine Medicines and

Contraceptives

Adrenal Hormones and Synthetic Substitutes

Prednisolone	Tablets 5 mg, 10 mg

Antidiabetics and Hyperglycaemics

Insulins and Other Antidiabetic Agents

Glibenclamide	Tablets 2.5 mg, 5 mg
Insulin Injection (Soluble)	Injection 40 IU / ml
Metformin	Tablets 500 mg

For Specific Group of Individuals

Rabies Vaccine	Injection
Tetanus Toxoid	Injection

Ophthalmological Preparations

Antiinfective Agents

Chloramphenicol	Drops/Ointment 0.4%, 1%
Ciprofloxacin Hydrochloride	Drops/Ointment 0.3%
Gentamicin	Drops 0.3%
Miconazole	Drops 1%
Sulphacetamide Sodium	Drops 10%, 20%, 30%
Tetracycline Hydrochloride	Ointment 1%

Antiinflammatory Agents

Prednisolone Acetate	Drops 0.1%
Prednisolone Sodium Phosphate	Drops 1%
Xylometazoline	Drops 0.05%, 0.1%

Local Anaesthetics

Medicines used in Psychotic Disorders	
Chlorpromazine Hydrochloride	Tablets 25 mg, 50 mg, 100 mg
	Syrup 25 mg / 5 ml
	Injection 25 mg / ml
Medicines used for Generalized Anxiety and Sleep Disorders	
Diazepam	Tablets 2 mg, 5 mg, 10 mg
Antiasthmatic Medicines	
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
Theophylline Compounds	Antitussives
Codeine Phosphate	Tablets 10 mg
	Syrup 15 mg / 5 ml
Dextromethorphan	Tablets 30 mg

Solutions correcting Water, Electrolyte and Acid-Base Disturbances

Oral	
Oral Rehydration Salts	Powder for Solution As per IP
Glucose	Injection 5% isotonic
	50% hypertonic
Glucose with Sodium Chloride	Injection 5% + 0.9%
Normal Saline	Injection 0.9%
Potassium Chloride	Injection 11.2% Sol.
Ringer Lactate	Injection
Sodium Bicarbonate	Injection

Miscellaneous

Water for Injection	Injection 2 ml, 5 ml, 10 ml
Vitamins and Minerals	
Ascorbic Acid	Tablets 100 mg, 500 mg
Calcium salts	Tablets 250 mg, 500 mg
Multivitamins	Tablets (As per Schedule V)

Drugs under RCH for Primary Health Centre

(All the drugs available at the sub-centre level, should also be available at the PHC, perhaps in greater quantities, if required)

S. No.	Product	Strength	Formulation Unit	Annual Quantity Per Centre
1.	Diazepam Inj. IP	5 mg per ml	Inj. 2 ml Ampoule	50 Ampoules
2.	Lignocaine Hydrochloride Inj. BP	2% per vial	Inj. 30 ml vial	10 vials
3.	Pethidine Hydrochloride Inj. IP	50 mg per ml	Inj. 1 ml Ampoule	10 ampoules
4.	Pentazocine Lactate Inj. IP	30 mg per ml	Inj. 1 ml Ampoule	50 Ampoules
5.	Dexamethasone Sodium Phosphate inj. IP	4 mg per ml	Inj. 2 ml ampoule	100 ampoules
6.	Promethazine Hydrochloride Inj. IP	25 mg per ml	Inj. 2 ml asmpoule	50 Ampoules
7.	Methyl Ergometrine Maleate Inj. IP	0.2 mg per ml	Inj. 1 ml Ampoule	150 ampoules
8.	Ethophylline BP plus	169.4 mg	Inj. 2 ml	100

	Anhydrous Theophylline IP combination	50.6 mg per 2 ml	ampoule	ampoules
9.	Aminophylline Inj. BP	25 mg per ml	Inj. 10 ml Ampoule	50 Ampoules
10.	Adrenaline Bitartrate Inj. IP	1 mg per ml (1:1000 dilution)	Inj. 1 ml Ampoule	50 Ampoules
11.	Compound Sodium Lactate Inj. IP		5000 ml plastic pouch	200 pl. Pouches
12.	Methyl Ergometrine tab IP	0.125 mg per tablet	Tablet	500 tablets
13.	Diazepam tab. IP	5 mg per tablet	Tablet	250 tablets
14.	Paracetamol tab. IP	500 mg per tablet	Tablet	1000 tablets
15.	Cotrimoxazole combination of - Trimethoprim IP - Sulphamethoxazole IP	Per tablet 80 mg 400 mg	Tablet	2000 tablets
16.	Amoxycillin Trihydrate IP	250 mg per capsule	Capsule	2500 tablets
17.	Doxycycline hydrochloride	100 mg per capsule	Capsule	500 capsules
18.	Tinidazole IP	500 mg per tablet	Tablet	1000 tablets
19.	Salbutamol tab. IP	2 mg per tablet	Tablet	1000 tablets
20.	Phenoxy Methyl Penicillin	125 mg	Tablet	2000

	Potassium IP (Penicillin V)	per tablet		tablets
21.	Hemostatic capsule Branded item – Gyne CVP	As per Gyne-CVP	Capsule	1000 capsules
22.	Vit. K3 (Menadione Inj.) IP	Inj. 10 mg per ml	Inj. 1 ml ampoule	200 ampoules
23.	Atropine sulphate inj. IP	Inj. 0.6 mg per ml	Inj. 1 ml Ampoule	50 Ampoules
24.	Nalidixic Acid tablet IP	500 mg per tablet	Tablet	1000 Ampoules
25.	Oxytocin	5 I.U. per ml	Inj. 1 ml Ampoule	100 Ampoules
26.	Phenytoin	50 mg per ml	Inj. 2 ml Ampoule	25 Ampoules
27.	Chlorpromazine	25 mg per ml	Inj. 2 ml Ampoule	50 Ampoules
28.	Cephelexin Cap. IP	250 mg per capsule	Capsule	1000 Capsules
29.	Ritridine Hol USP	10 mg per ml	Inj. 5 ml Ampoule	50 Ampoules
30.	Dextrose Inj. IP I.V. Solution	5%	Inj. 500 ml plastic pouch	50 plastic pouches
31.	Sodium Chloride Inj. IP I.V. solution	0.9% w/v	Inj. 500 ml plastic pouch	100 plastic pouches

List of RTI/STI Drugs under RCH Programme

Sl. No.	**Drug**	**Strength**	**Annual Quantity / FRU**
1	Ciprofloxacin Hydrochloride Tablets	500 mg / tablet	1000 Tablets
2	Doxycycline Hydrochloride	100 mg / cap	6000

	Capsules		Capsules
3	Erythromycin Estolate Tablets	250 mg *I* tablet	1000 Tablets
4	Benzathine Penicillin Injection	24 lakhs units *I* vial	1000 vials
5	Tinidazole Tablets	500 mg tablet	5000 Tablets
6	Clotrlmazole Pessaries	100 mg pessary	6000 Pessaries
7	Clorimazole 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

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 for AYUSH services as per the list of Department of AYUSH.

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” which is: 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 PHCs

(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?

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 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 surgery for cataract done in the PHC? Yes/No/No information
- 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?
- 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 leucorrhea, 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

If women do not usually go to the PHC, then what is the reason behind it?

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 the PHC providing 24-hours service for conducting deliveries?

If so,

How many deliveries conducting in the past quarter?

How many of them belong to SC, ST, and other backward classes?

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 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, as well 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:

I. Curative Work

1. The Medical Officer will organize the dispensary, outpatient department and will allot duties to the ancillary staff to ensure smooth running of the OPD.
2. He/she will make suitable arrangements for the distribution of work in the treatment of emergency cases which come outside the normal OPD hours.
3. He/she will organize laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of doubtful cases.
4. 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.
5. 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.
6. He/she will screen cases needing specialized medical attention including dental care and nursing care and refer them to referral institutions.

7. He/she will provide guidance to the Health Assistants, Health Workers, Health Guides and School Teachers in the treatment of minor ailments.
8. He/she will cooperate and or coordinate with other institutions providing medical care services in his/her area.
9. He/she will visit each Sub-centre in his/her area at least once in a fortnight on a fixed day not only to check the work of the staff but also to provide curative services.
10. Organize and participate in the “health day” at Anganwadi Centre once in a month.

II. 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 of the effective delivery of

Health and Family welfare services. He/she will coordinate and facilitate the functioning of AYUSH doctor in the PHC.

1. Reproductive and Child Health Programme

MCH Services

Prophylaxis Schemes

Immunization Programme

Oral Rehydration Therapy in Diarrhoeal Diseases

♦ The MO will promote institutional delivery and ensure that the PHC has the facilities to act as 24x7 service delivery PHC.

Family Planning

- He/she will provide leadership and guidance for special programmes such as in nutrition, prophylaxis against nutritional anemia amongst mothers and children (1-5 years) Prophylaxis against blindness and Vitamin A deficiency amongst children (1-5 years).
- He/she will provide basic MCH services.
- He/she will plan and implement UIP in line with the latest policy and ensure maximum possible coverage of the largest population in the PHC.
- He/she will ensure adequate supplies of vaccine and miscellaneous items required from time to time for the effective implementation of UIP.
- He/she will ensure proper storage of vaccine and maintenance and cold chain equipment.
- 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 ups 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 Planning 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 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 / IUD 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.
- He/she will provide MCH services such as ante-natal, intra-natal and post-natal care of mothers and infants and child care through clinics at the PHC and Sub centres.
- He/she will actively involve his health team in the effective implementation of the Nutrition Programmes and administration of Vitamin ‘A’ an Iron & Folic Acid Tablets and will coordinate with ICDS.

- 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 wells to be chlorinated and coordination with sewage agency for sanitation.
- Training of all health personnel like ASHAs, Anganwadi Workers, Dais and others who are involved in health care regarding ORT programme.

2. 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 vaccine and maintenance of cold chain equipment, planning and monitoring of performance and training of staff.

3. 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 among 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 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 Assistance, 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.

- 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.
- 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 booklet 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 positive cases should observe the instructions laid down under NVBDCP on the subject and in case toxic effects are observed in a patient who is receiving primaquine the drug is stopped by the peripheral worker and such cases are brought to his/her notice for follow up action/advice if any.

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 difficult regarding surveillance, diagnosis and 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 from immediate medical care.
- He/she will check the Microscopic/Aldehyde 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, Glassware 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 spray operations. For the purpose he/she may identify one Medical Officer who can be made solely responsible for Kala Azar control.
- 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.

Japanese Encephalitis (JE):

- He/she will be responsible for all anti Japanese Emphalitis 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 J.E. and the approaches for motivation of the people for accepting J.E. control activities and to approach for immediate medical care to prevent death.
- He/she will arrange to collect and transport sera sample to the identified virology lab orders.
- He/she will be responsible for all health education activities in his/her area.
- He/she will be overall responsible for all J.E. 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 J.E. control.
- He/she will be responsible for regular reporting to the District Malaria Officer, Civil Surgeon, Monitoring, Record Maintenance of adequate provisions for drugs etc.

4. 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 IDSP.

5. Leprosy:

- He/she will provide facilities for early detection of cases of Leprosy and confirmation of their diagnosis and treatment.
- He/she will ensure that all cases of Leprosy take regular and complete treatment.

6. 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.

7. 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.

8. 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.

9. National Programme for Prevention of Visual Impairment and 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.

III. 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 organize training programs for ASHA.

- He/she will also make arrangements/provide guidance to the health assistant female and health worker female in organizing training programmes for indigenous dais practicing in the area and ASHAs where applicable.

IV Administrative Work

- He/she will supervise the work of staff working under him/her.
- He/her 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 of honorarium to health guides.
- He/she will ensure the maintenance of the prescribed records at PHC level.
- 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 new schemes.

JOB RESPONSIBILITIES OF HEALTH EDUCATOR

Working Relationship

The Health Educator will function under the technical supervision and guidance of the Block Extension Educator. However, 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

1) 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.
2) He/she will develop his/her work plan in consultation with the medical officer of his/her PHC and the concerned Block Extension Educator.
3) He/she will collect analyses and interpret the data in respect of extension education work in his/her PHC area.
4) He/she will be responsible or 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.
5) He/she will assist the Medical Officer, PHC in conducting training of health workers under the MPW and ASHA and other schemes under NRHM.
6) He/she will organize the celebration of health days and weeks and publicity programmes at local fairs, on market days, etc.

7) 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.
8) He/she will assist the organizing mass communication programmes like film shows, exhibition, lecturers and dramas, with the help of the DEMO and Dy. DEMO.
9) He/she will supervise the work of field workers in the area of education and motivation.
10) He/she will supply education material on health and family welfare to health workers in the block.
11) While on tour he/she will verify entries in the eligible couple register for every village and do random checking of family welfare acceptors.
12) While on tour he/she will check the available stock of conventional contraceptive with the depot holders and the kits with MPHWs and ASHAs.
13) He/she will help field workers in winning over resistant cases and drop-outs in the health and family welfare programmes.
14) He/she will maintain a complete set of educational aids on health and family welfare for his/her own use and for training purpose.
15) He/she will organize population education and health education sessions in schools and for out-of school youth.
16) 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.
17) He/she will prepare a monthly report on the progress of educational activities in the block and send it to the higher authority.

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:

1. Supervise 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 fort nightly the progress of 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.

2. 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 health guide.
- 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.

3. 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 and midwifery kit and Dai kit in the proper way.
- Ensure that the sub-centre is kept clean and is properly maintained.

4. 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 ad 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.

5. 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.

6. 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.

7. Family Planning 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 IUD services and their follow up.
- Assist M.O. PHC in organization of family planning camps and drives.

8. Nutrition:

- Ensure that all cases of malnutrition among infants and young children (0-5years) 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.

9. Universal Immunization Programme:

- Supervise the immunization of all pregnant women and children (0-5 years).
- She will also guide the H.W. female 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).

10. Acute Respiratory Infection:

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

11. School Health:

- Help medical officers in school health services.

12. 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.

13. Health Education:

- Carry out educational activities for MCH, Family Planning, Nutrition and Immunization, Control of blindness, Dental care and other National Health Programmes like leprosy and Tuberculosis 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.

JOB RESPONSIBILITIES OF HEALTH ASSISTANT MALE (SUPERVISION)

Under the Multipurpose workers scheme a health assistant male is expected to cover a population of 30,000 (20,000in 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:

1. 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 her skills in working in the community.

- Help and guide the Health Worker Male in planning and organizing her programmes of activities.
- Visit each Health Worker Male and 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.

2. Team Work:

- Help the health workers to work as part of the health team.
- Coordinate her activities with those of the Health Assistant Female and other health personnel including the dais and health guide.
- Coordinate the health activities in her area with the activities of workers of other departments and agencies and attend meeting at PHC level.
- Conduct staff meetings fort nightly 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.

3. Supplies, equipment and maintenance of Sub-centres:

- In collaboration with the Health Assistant Female, check at regular intervals the stores available at the Sub-centre 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.

4. Records and Reports:

- Scrutinize the maintenance of records by the Health Worker Male and guide her 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.

5. 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 and he will administer presumptive treatment of prescribed dosage of Anti-malarial drugs.
- 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 her 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 her 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 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 her 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 carry with him the proper record forms, diary and guidelines for identifying search operation.
- He 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.

6. 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 neonatarum, acute eye infections and take all possible remedial measures.
- Take the necessary control measures when any noticeable disease is reported to him.
- Carryout the destruction of stray dogs with the help of the Health Worker Male.

7. Leprosy:

- In cases suspected of having leprosy take skin smears and send them for examination
- Ensure that all case of leprosy take regular and complete treatment and inform the medical officer PHC about any defaulters to treatment.

8. 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.

9. Environmental Sanitation:

- Help the 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.

10. Universal Immunization Programme:

- Conduct immunization of all school going children with the help of the Health Workers Female.
- Supervise the chlorination of water sources including wells.

11. Family Planning:

- Personally motivate resistant case for family planning.
- Guide the Health Worker Male in establishing female depot holders with the assistance of the Health Workers Male 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, IUD and other family planning acceptors.

JOB RESPONSIBILITIES OF LABORTORY TECHNICIAN

NOTE: All primary health center and subsidiary health center 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:

I. General Laboratory Procedures

1. Main the cleanliness and safety of the laboratory
2. Ensure treat the glassware and equipment are kept clean
3. Handle and maintain 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 though the Medical Officer, PHC and ensure the safe storage of materials received

II. Laboratory Investigations

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) Microscopic examination

ii) Microscopic examination

III. 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 different)

v) Preparation, staining and examination of thick and thin blood smears for malaria parasites and for microfilaria

vi) Erythrocyte sedimentation rate

vii) VDRL

IV. Carry out examination sputum

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

V. Carry out examination of semen

i) Microscopic examination

ii) Sperm count and motility

VI. Prepare throat swabs

i) Collection of throat swab and examination for diphtheria

VII. Test samples of drinking water

i) Testing of samples for gross impurities

VIII. In addition to the laboratory investigations already listed he will conduct Aldehyde test

ii) He will maintain all records of sera samples drawn, aldehyde test conducted, positive etc

iii) He will also assist in Kala-Azar search operations

iv) In addition to the laboratory investigations already listed he will collect sera samples form suspected encephalitis cases

v) He will maintain all records of sera samples drawn and their results form micro logy lab

Annexure 8

Charter of Patients' Rights for Primary Health Centres

1. Preamble

Primary Health 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 and users' charges if any?
- 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 PHC
- 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 CHC.

5. **Responsibilities of the users**

- users of PHC would attempt to understand the commitments made in the charter
- users 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 PHC 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

Annexure 9

Proforma for Facility Survey for PHC on IPHS

Proforma for PHCs 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

I. Services

S.No.		
1.1.	**Population covered (in numbers)**	
1.2.	**Assured Services available (Yes/No)**	
a.	OPD Services	
b.	Emergency services (24 Hours)	
c.	Referral Services	
d.	In-patient Services	
1.3.		
a.	Number of beds available	
b.	Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%)	
1.4.	Average daily OPD Attendence	
a.	Males	
b.	Females	
1.5.	**Treatment of specific cases (Yes / No)**	
a.	Is surgery for cataract done in the PHC?	
b.	Is the primary management of wounds done at the PHC?	
c.	Is the primary management of fracture done at the PHC?	

d.	Are minor surgeries like draining of abscess etc done at the PHC?	
e.	Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC?	
f.	Is the primary management of burns done at PHC?	

1.6.	**MCH Care including Family Planning**	
1.6.1.	**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	
1.6.2.	**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?	

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?	

1.7.	**Other fuctions 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 programes	
i.	AYUSH services as per local preference	
j.	Rehabilitation services (please specify)	
1.8.	**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	

II. Manpower

S.No.	Personnel	Existing pattern	Recommended	Current Availability at PHC (Indicate Numbers)	Remarks / Suggestions / Identified Gaps

2.1.	Medical Officer	1	2 (one may be from AYUSH and one other Medical Officer preferrably a Lady Doctor)		
2.2.	Pharmacist	1	1		
2.3.	Nurse - Midwife (Staff Nurse)	1	3 (for 24 hour PHCs; 2 may be contractual))		
2.4.	Health Worker (Female)	1	1		
2.5.	Health Educator	1	1		
2.6.	Health Assistant (One male and One female	2	2		
2.7.	Clerks	2	2		
2.8.	Laboratory Technician	1	1		
2.9.	Driver	1	Optional; vehicles may be out-sourced		
2.10.	Class IV	4	4		
	Total	**15**	**17/18**		

III. Training of personnel during previous (full) year

3.1.	**Available training for**	**Number trained**
a.	Tradition birth attendants	
b.	Health Worker (Female)	
c.	Health Worker (Male)	
d.	Medical Officer	
e.	Initial and periodic training of paramadics in treatment of minor ailments	
f.	Training of ASHAs	
g.	Periodic training of Doctors through Continuing Medical Education, conferences, skill development training etc. on emergency obstetric care	
h.	Training of Health Workers in antenatal care and skilled birth attandance	

IV. Essential Laboratory Services

S.No.		**Current Availability at PHC**	**Remarks / Suggestions / Identified Gaps**
4.1.	Routine urine, stool and blood tests		
4.2.	Blood grouping		
4.3.	Bleeding time, clotting time		
3.4.	Diagnosis of RTI/STDs with wet mounting, grams stain, etc.		
4.5.	Sputum testing for TB		
4.6.	Blood smear examination for malaria parasite		

4.7.	Rapid tests for pregnancy			
4.8.	RPR test for Syphills / YAWS surveillance			
4.9.	Rapid tests for HIV			
4.10.	Others (specify)			

V. Physical Infrastructure (As per specifications)

S.No.		Current Availability at PHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
5.1.	Where is this PHC located?			
a.	Within Village Locality			
b.	Far from village locality			
c.	If far from locality specify in km			
5.2.	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 every where; 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			
	Rooms			
	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			
j.	Is boundary wall with gate existing? (Yes / No)			
5.3.	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			
5.4.	Prominent display boards regarding service availability in local language (Yes/No)			
5.5.	Registration counters (Yes/No)			
5.6.				
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)			
5.7.	Separate public utilities for males and females (Yes/No)			
5.8.	Suggestion / complaint box (Yes/No)			
5.9.	OPD rooms / cubicles (Yes/No) (Give numbers)			
5.10	Adequate no. of windows in the room for light and air in each room (Yes/No)			
5.11.	Family Welfare Clinic (Yes/No)			
5.12.	Waiting room for patients (Yes/No)			
5.13.	Emergency Room / Casualty (Yes/No)			
5.14.	Separate wards for males and females (Yes/No)			
5.15	No. of beds : Male			
5.16	No. of beds : Female			
5.17.	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)			
5.18.	Labour room			
a.	Labour room available? (Yes/ No)			
b.	If labour room is present, arc deliveries carried out in the labour room?			
	Yes			
	No			
	Sometimes			

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)			
d.	Is separate areas for septic and aseptic deliveries available? (Yes / No)			
5.19.	Laboratory:			
a.	Laboratory (Yes/No)			
b.	Are adequate equipment and chemicals available? (Yes/No)			
c.	Is laboratory maintained in orderly manner? (Yes / No)			
5.20.	Ancillary Rooms - Nurses rest room (Yes/No)			
5.21.	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)			
5.22	Sewerage			
	Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)			
5.23.	Waste disposal			
	How the waste material is being disposed (please specify)?			
5.24.	Electricity			
a.	Is there electric line in all parts of the PHC? (1- In all parts; 2- In some parts; 3- None)			
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			
c.	Stand by facility (generator) available in working condition (Yes / No)			
5.25.	Laundry facilities:			
a.	Laundry facility available(Yes/No)			
b.	If no, is it outsourced?			
5.26.	Communication facilities			
a.	Telephone (Yes/No)			
b.	Personal Computer (Yes/No)			
c.	NIC Terminal (Yes/No)			
d.	E.Mail (Yes / No)			
e.	Is PHC accesible by			
i.	Rail (Yes / No)			
ii.	All whether road (Yes / No)			
iii.	Others (Specify)			
5.27.	Vehicles			
	Vehicle (jeep/other vehicle) available? (Yes / No)			

		Current Availability at PHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
5.28.	Office room (Yes/No)			
5.29.	Store room (Yes/No)			
5.30.	Kitchen (Yes / No)			
5.31.	Diet:			
a.	Diet provided by hospital (Yes/No)			
b.	If no, how diet is provided to the indoor patients?			
5.32.	Residential facility for the staff with all amenities			
	Medical Officer			
	Pharmacist			
	Nurses			
	Other staff			
5.33.	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 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. oral 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 epidment			
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 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)			

VI. Equipment (As per list)

Equipment	Available		Functional	Remarks / Suggestions / Identified Gaps

VII. Drugs (As per essential drug list)

Drug	Available	Remarks / Suggestions / Identified Gaps

VIII. Furniture

S.No.	Item	Current Availability at PHC	If available, numbers	Remarks / Suggestions / Identified Gaps
8.1.	Examination Table			
8.2.	Delivery Table			
8.3.	Footstep			
8.4.	Bed Side Screen			
8.5.	Stool for patients			
8.6.	Arm board for adult & child			
8.7.	Saline stand			
8.8.	Wheel chair			
8.9.	Stretcher on trolley			
8.10.	Oxygen trolley			
8.11.	Height measuring stand			
8.12.	Iron bed			
8.13.	Bed side locker			
8.14.	Dressing trolley			
8.15.	Mayo trolley			
8.16.	Instrument cabinet			
8.17.	Instrument trolley			
8.18.	Bucket			

8.19.	Attendant stool			
8.20.	Instrument tray			
8.21.	Chair			
8.22.	Wooden table			
8.23.	Almirah			
8.24.	Swab rack			
8.25.	Mattress			
8.26.	Pilow			
8.27.	Waiting bench for patients / attendants			
8.28.	Medicine cabinet			
8.29.	Side rail			
8.30.	Rack			
8.31.	Bed side attendant chair			
8.32.	Others			

IX. Quality Control

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

List of Abbreviations:

ANC:	Ante Natal Check-up
ANM:	Auxiliary Nurse Midwife
ARI:	Acute Respiratory Infections
ASHA:	Accredited Social Health Activist
AWW:	Anganwadi Worker
BCC:	Behaviour Change Communication
BCG:	Bacille Calmette Guerians Vaccine
BIS:	Bureau of Indian Standards
CBHI:	Community Based Health Insurance Schemes
CHC:	Community Health Centre
DDK:	Disposable Delivery Kit
DEC:	Di Ethyle Carbazine
DEMO:	District Extension and Media Officer
DOT:	Direct Observed Treatment
DPT:	Diphtheria, Pertussis and Tetanus Vaccine
DT:	Diphtheria Vaccine
Dy. DEMO:	Deputy District Extension and Media Officer
FRU:	First Referral Unit
IDSP:	Integrated Disease Surveillance Programme
IEC:	Information, Education and Communication
IFA:	Iron and Folic Acid
IPHS:	Indian Public Health Standard
IUD:	Intra-Urine Device
JSY:	Janani Suraksha Yojana (JSY)
LHV:	Lady Health Visitor
MO:	Medical Officer
MTP:	Medical Termination of Pregnancies
NVBDCP:	National Vector Borne Disease Control Programme
NACP:	National AIDS Control Programme
NBCP:	National Blindness Control Programme
NLEP:	National Leprosy Eradication Programme
NMEP:	National Malaria Eradication Programme
NPCB:	National Programme for Control of Blindness
NRHM:	National Rural Health Mission
OPV:	Oral Polio Vaccine
ORS:	Oral Rehydration Solution
PHC:	Primary Health Centre
PPTCT:	Prevention of Parents to Child Transmission
PRI:	Panchayati Raj Institution
RCH:	Reproductive and Child Health
RNTCP:	Revised National Tuberculosis Control Programme
RTI:	Reproductive Tract Infections
STI:	Sexually Transmitted Infections

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) (unpublished)**, 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.