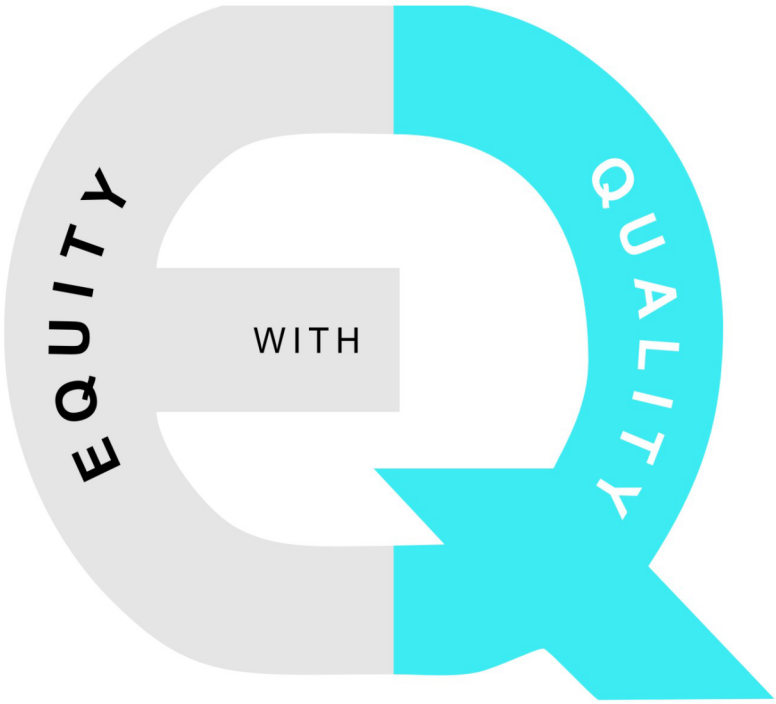
Public Health Standards
For
Primary Urban Health Centres

(To be used with the Quality Assurance Manual, Book 2)



Book 1

सत्यमेव जयते

Delhi State Health Mission

Department of Health and Family Welfare

Government of National Capital Territory of Delhi

Public Health Standards (PHS)
For
Primary Urban Health Centres (PUHCs)

Book 1

(To be used with the Quality Assurance Manual, Book 2)

To facilitate the systematic upgradation of the PUHCs as per the standards defined and ensuring subsequent adherence to the same, the Quality Assurance Manual (Book 2) has been devised, which shall form an inseparable addendum to this book. It outlines the need, management framework for Quality Assurance and provides the necessary tools for objectively assessing the facility and undertaking measures to ensure quality in processes, inputs and achieving desirable outputs.

Delhi State Health Mission
Department of Health and Family Welfare
Government of National Capital Territory of Delhi

SHEILA DIKSHIT

Chief Minister

Govt of National Capital Territory of Delhi

Delhi Secretariat , I.P.Estate, New Delhi -110002

Message

I am glad to learn that Delhi State Health Mission is bringing out a publication of the Public Health Standards for Primary Urban Health Centre in Delhi.

The Delhi Cabinet took a historic decision to implement Public Health Standards with an aim to improve the availability and access to quality healthcare for all citizens and in particular poor and vulnerable sections of the population . The standards have been defined for provision of health services, laboratory services, convergence with related sectors, referral linkages, prevention and control of infection, behaviour change communication, capacity building of staff, management of information, facility management, physical infrastructure and equipment, drugs and laboratory logistics, manpower including ANM, CDEO-cum-Assistant, public health nurse, community mobilization officer. Implementation of these standards shall lead to optimal facility management, fulfillment of service guarantees, increased utilization of services leading to positive health outcome, client satisfaction and community involvement. A mechanism for standardization and quality assurance has also been defined. The gaps shall be identified through a facility survey and upgradation of facilities done as per the standards. A separate framework at the state, district and facility level will be implemented for systematic monitoring and evaluation of services offered.

I am sure that the standards will lead to provision of curative, preventive and promotive healthcare, basic lab services, referral services in a patient/ client – friendly manner. It is further intended to ensure optimum utilization of existing resources to provide the best possible healthcare and mandatory involvement of the community in managing / monitoring the health facility.

Date : 19.5.2010

(SHEILA DIKSHIT)

PROF. KIRAN WALIA

Minister for Health & Family Welfare ,
Women & Child Development & Languages

Govt of National Capital Territory of Delhi
Delhi Secretariat , I.P.Estate, New Delhi -110002

Message

State is committed to provision of Accessible, Affordable and Accountable healthcare for all. First and foremost requirement in provision of Quality Care is the availability of input and performance benchmarks. Indian Public Health Standards for rural Primary Health Centres are being used for optimizing the Primary healthcare delivery in rural areas of the country. Delhi is the first State to come up with a set of Input and Output standards for an Primary Urban Health Centre.

One Primary Urban Health Centre shall cater to around 50,000 population and ensure delivery of a mandated set of preventive, promotive and curative services at these centres. These centers will have the infrastructure, manpower and logistics required to undertake delivery of these services in an optimum manner. The PUHC shall invite active participation of the community in planning, implementing and monitoring through ASHAs, Rogi Kalyan Samitis.

I hope the defined Public Health Standards for the PUHC and the Quality Assurance Manual will be implemented earnestly and shall facilitate the ultimate objective of "Equity with Quality" in healthcare delivery.

Date : 1.6.2010

Kiran Walia

(Prof. Kiran Walia)

सत्यमेव जयते

J P SINGH

Principal Secretary (Health & Family Welfare)
& Chairman, State Health Society

Govt of National Capital Territory of Delhi
Delhi Secretariat , I.P.Estate, New Delhi -110002

Message

For a predominantly urban State like Delhi, the proposed Primary Urban Health Centre will be the first port of call to a qualified medical practitioner. It will cater to a 50,000 population cluster. Due to the constraints peculiar to an urban setting, a Primary Urban Health Centre is essentially different functionally and structurally from the Primary Health Centre of a rural state. This needs customization in terms of services to be provided with specified outputs and outcomes, the infrastructure required to deliver these services and the monitoring mechanisms.

In view of the above, the Public Health Standards for the Primary Urban Health Centers have been prepared by the Department of Health and Family Welfare. **The standards recommended in this document are for a PUHC covering approximately a population of 50000. (It may vary from 35000 to 75000).** The **Public Health Standards** for Primary Urban Health Centres have been recommended keeping in view the resources available and the essential requirements to deliver the mandate of a **Primary Urban Health Center.**

The following components have been objectively defined in the standards laid down—

1. Processes including the vital activity of community participation.
2. Inputs including physical infrastructure / human resource with roles and responsibilities / the drugs and other logistics.
3. Outputs and outcomes .

The Standards have been supplemented with a Quality Assurance Manual to facilitate the process of gap identification , strengthening and upgradation to the required level and an ongoing monitoring of adherence to these defined standards.

I warmly congratulate our Delhi State Health Mission (under NRHM) team for their commendable effort and hope that this initiative will provide an objective mechanism of Quality assurance in our Primary Healthcare delivery system and synergize the activities of multiple healthcare providers.

Date : 13.5.2010

J P SINGH

Acknowledgement

Launch of the Delhi State Health Mission provided the Government of National Capital Territory of Delhi, an opportunity for innovations and implementation of important health system reforms leading to realization of Accessible, Affordable and Accountable healthcare for all. Laying down of benchmarks / standards for the primary and secondary healthcare is one such milestone initiative which shall ensure quality and also help in addressing the complex issue of multiple healthcare agencies through standardization and defined catchments.

The Primary Urban Health Centre (PUHC) is the urban counterpart of the rural Primary Health Centre with certain essential differences. **PUHC shall provide services in Out Patient mode with well defined functional referral linkages. Resource intensive, round the clock functioning** indoor facilities are not visualized for a PUHC as **long distances and difficult terrain are not major constraints in an urban setting. Guided by the** mandate of a PUHC and the available resources, t**he standards have been recommended for a PUHC covering approximately a population of 50000. The services shall include** curative, preventive and promotive healthcare, basic lab services, referral services delivered in a client friendly manner.

Once upgraded as per the standards, the PUHC is expected to deliver quality assured healthcare services in an age, gender and culture sensitive manner responsive to the community needs. The focus, in addition to the complete coverage shall be on the quality of the services provided. The PUHC shall be judged by its performance on the following parameters:

i. Optimal Facility Management.
ii. Fulfilment of Service Guarantees
iii. Increased utilization of services leading to positive health outcomes.
iv. Client satisfaction.
v. Community Involvement.

To underline the ultimate objective of achieving the expected outputs with quality, a Quality Assurance Manual has been prepared which in addition to outlining the process of implementation suggests tools to monitor subsequent adherence to these Standards in the PUHC. Standardization and Quality Assurance are dynamic processes which shall evolve and advance with time.

The total commitment to provision of quality assured healthcare and the complete support of our Hon'ble Chief Minister, Sheila Dikshit and the Hon'ble Minister for Health and Family Welfare, Prof. Kiran Walia and the Chief Secretary, Shri Rakesh Mehta led to the development of these standards. I am grateful for the trust and enablement provided by Shri J.P. Singh, our esteemed Principal Secretary, Health and Family Welfare, GNCTD without which the formulation of these standards would not have been possible.

Consultative process involving key stakeholders from different directorates, programs and agencies lasting for more than two and half years has led to formulation of the Primary Health Standards for PUHC. The concept has evolved and crystallized with addition of dimensions like optimal facility management using available resources to provide the best possible healthcare and mandatory involvement of the community in managing and monitoring the health facility.

Director , Directorate of Health Services , Dr. S Bhattacharjee , Director , Directorate of Family Welfare, Dr. S Brindha and Director, ISM & H, Shri. Mohan Lal, led the initiative and continuously guided and inspired their officers. I gratefully acknowledge the efforts of the members of the Committee set up by the Principal Secretary, H&FW to lay down the Standards for the PUHC. I am grateful to all the State Program officers and senior functionaries from other agencies - Government of India / Municipal Corporation of Delhi / New Delhi Municipal Council/Central Government Health Scheme / Employees' State Insurance / Railways / Chief District Medical Officers along with their officers / Community Medicine faculty of the three medical colleges, NIHFW, NHSRC in the State for their inputs through participation in meetings and workshops .

I would like to acknowledge the effort of Dr. Monika Dutta Rana, State Program Officer, Convenor of the Committee setup for formulation of the Standards and her team for co-ordinating the entire exercise. I would also like to congratulate Sh. Shuddho Banerjee, State BCC Consultant and his team for designing these two books.

I sincerely hope that implementation of these minimum standards, which shall be the first of their kind in the country for an urban milieu, shall lead to universal availability of quality assured primary healthcare to citizens of Delhi.

Date : 13.5.2010

Dr. Jayadev Sarangi
Special Secretary, Health & Family Welfare &
Mission Director, Delhi State Health Mission

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Executive Summary

Providing an equitable, accessible, affordable and quality assured primary healthcare delivery system is a mandatory pre- requisite before the dream of health for all can be realized. The system has to be holistic with strong preventive, promotive, curative and rehabilitative component functionally linked to responsive and responsible secondary and tertiary level care providers.

More than six decades ago, in 1946 Sir Joseph Bhore had conceptualized a Primary Health Centre for every 40,000 population and recommended integration of preventive and curative services at all administrative levels along with ensured community participation through formation of Village Health Committees. Though India was one of the first countries to recognize the merits of Primary Healthcare approach, our primary healthcare system is still far from optimal.

Under the National Rural Health Mission, process of optimizing the primary healthcare delivery has already begun through the important tool of benchmarking the Primary Health Centres using Indian Public Health Standards (IPHS) laid down for the Primary Health Centres. Setting standards is a dynamic and continuously evolving activity carried out to ensure rational and standardized enablement and subsequent monitoring of the outcomes. The overall objective of IPHS for PHC is to provide health care that is quality oriented and sensitive to the needs of the community.

Similar Public health Standards for equivalent urban health structures were not available and those laid down for rural PHCs were not applicable to the urban setting. Due to different geographic constraints, urban population dynamics, diverse and changing morbidities, additional challenges of prolific, uncontrolled urbanization, contrasting socio-economic groups, structure of existing health infrastructure and multiple administrative authorities in an urban setting, a Primary Urban Health Centre (an urban counterpart of a PHC) had to be customized in terms of services to be provided, the infrastructure required to deliver these services and the monitoring mechanisms. Therefore need was felt for recommendation of Public Health Standards for a Primary Urban Health Centre.

In an urban state like Delhi the need and relevance of laying down these standards was even more acutely felt because of the confusion caused by existence of multiple agencies providing primary healthcare with their respective units which are heterogenous in structure and services being provided. The only way to address the problem was the standardization of a Primary Urban Health Centre (PUHC) the peripheral most urban health facility manned by a doctor, identifying and designating one such facility for every 50,000 population as a PUHC, and ensuring its upgradation to the laid standards.

This standardized PUHC with a mandated Rogi Kalyan Samiti is the only way to:

- Utilize the existing health infrastructure belonging to different agencies to ensure universal coverage.

- Standardize heterogenous units and assure quality.
- Rationalize existing resources and plan for more.
- Ensure accountability.
- Bring about integration of all health programs at the implementation level.

In the predominantly urban, capital of the nation ,the expectation of the community from a Primary Urban Health facility is not just prevention from communicable / noncommunicable diseases and provision of basic curative care for common identified ailments delivered in a system centric manner. PUHC is visualized as the portal for delivery of holistic primary healthcare, which is:

- Responsive to the community and provides services in an age / gender and culture sensitive manner.
- Provides level-appropriate, integrated package of services including diagnostics/ curative / rehabilitative interventions for addressing acute and chronic morbidities resulting from communicable / non communicable diseases and nutritional disorders.
- Provides OPD based, level compatible specialist services in selected PUHCs for disciplines like Internal Medicine, Gynecology/Obstetric, Pediatrics, Ophthalmology, Ear- Nose- Throat, Dental Services.
- Delivers preventive maternal and child health services, adolescent healthcare, family welfare services included under the Reproductive and Child Health Program.
- Implements all curative and preventive functions under various other National Health Programs.
- Linked to the identified secondary & tertiary level healthcare providers through a functional two way referral linkage.
- Proactively addresses other determinants of health through convergence with relevant stakeholders and community link workers like ASHAs.
- Is able to identify and provide level appropriate referral and support for problems amenable to early interventions like development disorders in children.
- Provides the acceptable alternate systems of medicine.
- Empowers the community to take care of its health by consistent, effective health education and behavior change communication. Is actively involved in identifying emerging health challenges like increasing prevalence of Non Communicable Diseases and responding by health promotion activities.
- Able to detect any changes in local morbidity patterns and report to the appropriate level in a time bound manner. Able to swing into level appropriate action in case of a disaster / crisis situation.
- Fully equipped in physical infrastructure and necessary skills to deliver its mandate.
- Has inbuilt and extraneous monitoring and evaluation mechanisms with capacity and commitment to online corrections.
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- Has a strong community ownership with involvement of local community in planning and implementation through formalized structures like Accredited Social Health Activists (ASHAs) and Rogi Kalyan Samitis and is amenable and responsive to community monitoring.

The overall objective of recommendations made in this document "Public Health Standards for PUHC" is to provide health care that is quality oriented and sensitive to the needs of the community. **The mechanisms for ensuring adherence to the standards and Quality Assurance are defined in the Quality Assurance Manual, which shall be an inseperable part of these standards.**

The recommendations have been made under the four main sections supported by detailed annexures. These are:

1. Processes involved in providing optimal healthcare - clinical care, Facility Management Capacity Building, Managing Health Information to be undertaken at the Primary Urban Health Centre.
2. Infrastructure, including the Manpower for delivering the mandated services.
3. Community Participation and Community Linkage through the Rogi Kalyan Samiti and ASHA respectively.
4. Expected Outputs and Outcomes.

Services to be provided at the PUHC:

These services have been described as the centre based and outreach based direct healthcare services. In addition, the capacities, which the PUHC must possess to be able to deliver these services in an efficient and effective manner have been described.

There is also a recommendation to provide OPD based level compatible specialist services for disciplines like Gyne / Obs, Pediatrics, Internal Medicine , Ophthalmology, ENT, Dental and Mental health in a periodical / special clinic mode. These services provided near home will increase the credibility of the PUHC, increase its utilization and decongest the overburdened secondary / tertiary care facilities. This activity can be provided in the selected centres linked to nearby five to six PUHCs.

Outreach activities

Regular Health and Nutrition days undertaken by the PUHCs will be the predominant outreach activities. No fixed satellite outreach centres on the pattern of subcenter / outpost are proposed as an attachment to the PUHC as the earlier experience of IPPVIII and MCD with these units has met with a limited success. On many occasions such centres are not needed in the congested urban scenario. However wherever justified, fixed satellite centre may operate using the existing subcenter / outpost / anganwadi / NGO facility.

Infrastructure Requirements:

The minimum infrastructure required to deliver the mandated services in terms of manpower, space, equipment, drugs has been defined. With the increased demand, utilization, the standards would be further upgraded. In view of the desired emphasis on communitization, a social Mobilization Officer has been proposed and in order to strengthen the Management Information System, and provide clerical assistance to the MO I/C, a Computer Data Entry Operator cum assistant has been proposed in the core health team of the PUHC. The detailed roles / duties for each PUHC functionary have been laid down.

Community Participation and ownership

Rogi Kalyan Samiti : Community participation in planning, implementing and monitoring of primary healthcare delivery is essential for it to succeed in achieving its objectives and yield results. Presence of Rogi Kalyan Samiti therefore has been ingrained in the recommended Public Health Standards .The basic structure, objectives, functions of a PUHC Rogi Kalyan Samiti have been provided by the State.

Reaching the community through ASHAs: Role of ASHAs in initiating the process of local health planning and building the required community linkages has been outlined.

Quality Assurance Manual has been formulated to ensure adherence to the prescribed standards and objectively assess the outputs and outcomes. Regular, concurrent and periodical monitoring has to be done and processes and outcomes evaluated. The mechanism and formats have been defined in the Quality Assurance manual that shall be an essential part of the Standards.

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, integrated, curative and preventive health care to the rural population with emphasis on preventive and promotive aspects and active involvement of community through the Village Health Committees. Despite India being one of the first nations to realize the merits of primary health care , six decades after the Bhore Committee recommendations there is lot to be done to put in place a holistic primary healthcare system.

With the arrival of National Rural Health Mission (NRHM) focus has once again shifted to the PHCs and **Indian Public Health Standards (IPHS) for Primary Health Centres** have been laid down in order to optimize healthcare delivery. Standards are means of describing the quantum and quality of care that any given health facility is expected to provide or aspire to. Key aim of these standards is to ensure delivery of quality services, which are adequate and responsive to client's needs and which ultimately deliver improvements in the health and wellbeing of the population. Standards are the main driver for continuous improvements in quality.

As one can see the rural structure has evolved over time and now has standards and benchmarks against which the PHC can be evaluated both structurally and functionally. The urban scenario is different from the rural circumstances and with rapid urbanisation and equally rapid growth of vulnerable populations, which rely on public health care systems, an urgent need to examine and optimise our urban healthcare systems was felt. It is evident that the rural primary health structures are not suited to the urban conditions. It will not be feasible or cost effective to replicate them in a setting where terrain is not a problem, transport is relatively easy, referral facilities are close by and there is high population density. In view of diverse and changing morbidities , additional challenges of prolific, uncontrolled urbanization contrasting socio-economic cultural groups, nature of existing health infrastructure and multiple administrative authorities, a Primary Urban Health Centre has to be different, functionally and structurally, from the Primary Health Centre of a rural state.

For a predominantly urban State like Delhi, a Primary Urban Health Centre has been proposed and will be the first port of call to a qualified medical practitioner. The PUHC will essentially be different from a PHC in as much as it will not provide round the clock services and will not have any indoor facilities.

The standards recommended in this document are for a PUHC covering approximately a population of 50000. The population may be as low as 30000 in sparsely populated areas and may go up to 75000 in densely populated areas. The PHS for Primary Urban Health Centres have been

recommended keeping in view the resources available and the functional requirements to deliver the mandate of a PUHC.

The objectives of PHS for PUHCs are:

i. To provide comprehensive primary health care to the community through the Primary Urban 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.

iv. To objectively assess the output and outcomes with the help of quality assurance tools.

Putting in place a Standardized Primary Urban Health Centre for every 50,000 population is perhaps the only way to :

- Utilize the multiple existing health infrastructure belonging to different agencies to ensure universal coverage.
- Standardize heterogenous units and assure quality.
- Rationalize existing resources and plan for more.
- Ensure accountability.
- Bring about integration of all health programs at the implementation level.

The Standards have been defined under four sections covering four key areas in delivery of the Primary Healthcare.

1. Mandated Processes at the Primary Urban Health Center.
2. Requirements in terms Infrastructure, Physical and human resource .
3. Community participation through setting up of Rogi Kalyan Samitis and linkage with community through ASHAs.
4. Expected outputs and outcomes.

Processes at the Primary Urban Health Centre

SECTION 1

SECTION I

Processes at the Primary Urban Health Centre.

1. Clinical Services in centre.
2. Clinical Services in outreach.
3. Convergence with related sectors.
4. Referral Linkages.
5. Laboratory Services.
6. Prevention and control of Infection.
7. Behaviour Change Communication.
8. Capacity Building of staff.
9. Management of Information.
10. Facility Management

Processes at the Primary Urban Health Centre

Mandated Processes at the Primary Urban Health Centre

Each PUHC must be capable of carrying out a set of mandated processes. First set of processes manifesting in direct health care (Clinical Processes) and the other set indirectly impacting health care service delivery.

These are:

These include the essential elements of preventive, promotive, curative and rehabilitative primary health care:

- Clincal Services in centre.
- Clinical Services in outreach
- Convergence with related sectors.
- Referral Linkages.
- Laboratory Services.
- Prevention and control of infection.
- Behaviour Change Communation.
- Capacity Building of staff
- Management of information.
- Facility management.

1.1) Clinical Services in the centre

A)Centre based curative medical care

i). No indoor patient facility is envisaged for PUHC. Wherever required the patient can be observed during the OPD hours before shifting the patient to the linked higher facility.

ii). Service delivery will be mainly OPD based: Six hours a day.

iii). Provision of 24 hours emergency services is not visualized in PUHCs .

iv). Minimum OPD attendance visualized is 40 patients per doctor per day.

v). Standard Treatment Protocols for the common diseases affecting different age groups are available and shall be followed at the PUHCs. All centre personnel (medical and otherwise) should be well trained and equipped to provide this level appropriate care at the PUHC level. The training component has to be ensured and periodically assessed and updated. All PUHCs must possess the “Standard Treatment Protocols” as adopted by the State.

B) Emergency Medical care during OPD hours

First aid for injuries and accidents, animal bite, burns, dehydration and other emergency conditions. Provision of first aid to the patient before referral must be ensured.

C) Selected Surgical Procedures

Simple incision and drainage, suturing of simple clean lacerated wounds should be carried out at the PUHC. During all these surgical procedures, universal precautions shall be observed to ensure infection prevention.

D) Referral for the cases requiring Secondary / Tertiary care

All patients requiring higher level care to be referred in time to a linked and identified centre with a complete referral slip. The centre must have a two way referral linkage to facilitate back referrals / followup.

E) Rehabilitation: Early detection, disability prevention and referral for appropriate intervention to an identified / linked referral unit is a function of PUHC.

F) Provision of AYUSH Services (atleast one system of ISM/Homeopathy). In case an AYUSH unit is not co-located, nearest AYUSH unit to be identified and linked.

G) Provision of OPD based specialist services in disciplines like Internal Medicine, Gynecology, Pediatrics, Ophthalmology, ENT, Dental services. These services provided near home will increase the credibility of the PUHC, increase its utilization and decongest the overburdened secondary / tertiary care facilities.Rogi Kalyan Samitis can play an important role in facilitating / monitoring these clinics.

i) One out of every four to five PUHCs may run a specialist clinic with the nearest centres being linked to it.

ii) The following specialities can be taken up, guided by a felt need.

- Medicine
- Gynecology
- Pediatrics
- Ophthalmology (Refractionist.)
- ENT
- Dental Services

iii) The selection of the centre shall be guided by the proximity / distance from the hospital or an existing Polyclinic , availability of the space , perceived need of the community.

- The specialist clinic can be operationalized through the State or it can be a RKS initiative.
- The logistics will be guided by the speciality chosen.
- In case sufficient space is not available the separate PUHCs may host different specialist clinic and the information regarding the same may be disseminated to the linked PUHCs.

H) Evening OPDs might be conducted in PUHCs where a significant portion of catchment population cannot access the health facility during morning hours.

Selection of PUHCs for evening OPDs shall be guided by its proximity to slums , JJ Clusters, industrial areas , absence of any other accessible service provider in the vicinity.

Services : The evening OPD shall provide all the essential curative services. The weekly ANC clinics, Well baby clinics etc shall continue to be a part of morning shift but all pregnant women and children coming to evening OPDs must be registered, examined and provided appropriate care. One out of the two immunization days of the week can be conducted in evening OPD.

Timings of OPD : 2 pm to 8 pm (shall be guided by the local need).

The Staff for the evening OPD shall be over and above that for a PUHC . This shall include one MO , one Pharmacist , one ANM, one LA/LT, one NO, and one CDEO cum assistant. SCC is already present in the evening shift. The entire staff be pooled and will do evening shifts by rotation.

Logistics **:** No separate Logistics are required.

This activity may be facilitated and monitored through the Rogi Kalyan Samitis .

I) Geriatric care: Special emphasis should be there for taking care of the senior citizens visiting the health centre. This includes user friendly access, freedom from long waiting queues, assistance in obtaining and understanding medications to special assistance like that in obtaining dentures / spectacles etc. In providing this special assistance , Rogi Kalyan Samiti shall play an important role.

i) Safe and affordable access to the PUHC centre should be available for all, especially for the older persons, whenever possible, by using a variety of community based resources, including volunteers.
ii) Simple and easily readable signage should be posted throughout the PUHC centre to facilitate orientation and personalise providers and services.
iii) Key PUHC staff should be easily identifiable using name badges and name boards.
Iv) The PUHC facility should be equipped with good lighting, non-slip floor surfaces, stable furniture and clear walkways , comfortable seating facility.

Centre based preventive and promotive services

(J) Maternal and Child Health Care :

(i) Antenatal care:

- Early registration of all pregnancies with a duly filled ANC Card ideally in the first trimester (before12th week of pregnancy) and provision of antenatal care appropriate to gestation.
- Prescribed number of antenatal checkups , appropriately timed as per RCH guidelines and provision of complete package of services including provision of iron and folic acid tablets, Tetanus Toxoid injection etc .
- Laboratory investigations - hemoglobin, urine albumin, and sugar.
- Nutrition and health counseling

Identification of high-risk pregnancies/appropriate management. Referral to First Referral Units (FRUs) / other linked hospital for high risk pregnancy.

(ii) Preparation / planning for delivery in an institution.

(iii) Postnatal care

- A minimum of 2 postpartum home visits, first within 48 hours of delivery, 2nd within 7 days by the ANM.
- Initiation of early breast-feeding within an hour of birth.
- Education on nutrition, hygiene, contraception, **essential new born care.**

(iv) In case of availability of special schemes for pregnant women like Janani Suraksha Yojna (JSY), MAMTA Scheme, Ladli Scheme, the same should be publicized through the centre and the ANM / ASHA should facilitate utilization of these benefits by the eligible beneficiaries.

(v) Care of the child

- Care of routine childhood illness.
- Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI / State. (Annexure 1)
- Essential Newborn Care (the staff / centre should be equipped to provide basic essential newborn care in case a newborn is brought to the centre or a home delivery takes place in the catchment area).
- Emergency care of sick children including Integrated Management of Neonatal and Childhood Illness (IMNCI) during the working hours.
- Promotion of exclusive breastfeeding for six months.
- Vitamin A prophylaxis for the children as per the guidelines.

- Prevention and control of childhood diseases, infections.

(K)Adolescent Health Care

Special emphasis on detection and management of nutritional disorders and high risk behavior. Life skill education, counseling and appropriate treatment.

(L) Management and Prevention of Reproductive Tract Infections / Sexually Transmitted Diseases

Treatment of Reproductive Tract Infections and Sexually Transmitted Diseases and health education for prevention of RTIs / STDs should be available.

(M)Family Planning Services should be available at the centre

i. Education, Motivation and counseling to adopt appropriate Family planning methods.
ii. Provision of contraceptives such as condoms, oral pills, emergency contraceptives.
iii. IUCD insertions.
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 , workup and appropriate referral for couples having infertility.

N) Implementation of National Health Programs

i) Integrated Disease Surveillance Project (IDSP) activities

(Disease Surveillance and Control of Epidemics)

- Alertness to detect unusual health events and take appropriate remedial measures
- Disinfection of house hold drinking water sources.
- Promotion of sanitation including use of toilets and appropriate garbage disposal.

ii) Revised National Tuberculosis Control Program(RNTCP):

- All PUHCs to function as DOTS Centres to deliver treatment as per RNTCP treatment guidelines through DOTS providers.
- Treatment and referral of common complications of TB and side effects of drugs.
- Recording and reporting on RNTCP activities as per the guidelines

iii) National Program for Control of Blindness (NPCB):

- Basic services: Diagnosis and treatment of common eye diseases.
- Screening for refraction disorders and referral for refraction study.
- Detection of cataract cases and referral for cataract surgery

iv) National Vector Borne Disease Control Program (NVBDCP):

- Diagnosis of Malaria cases, microscopic confirmation and treatment.
- Cases of suspected Dengue, Chikungunya to be provided symptomatic treatment, referral for hospitalization and case management as per the protocols.
- IEC activities regarding spread and prevention, symptoms of Vector Bone Desease to enable early detection of disease and its complications.
- Elimination of vector breeding sites.

v) National Leprosy Elimination Program

- Identification of leprosy patients on the basis of clinical examination.
- Referral of the patients to secondary care level in case of doubtful clinical diagnosis requiring investigations, complicated cases, severe drug reaction etc.
- Complete treatment with Multi Drug Therapy.
- Information , Education and Communication (IEC) activities.
- Rehabilitation / Disability prevention.

vi) National Iodine Deficiency Disorder Control Program

- Goiter detection and appropriate management / referral.
- Salt iodine estimation of salt samples collected from household.
- IEC activities to create awareness of Iodine deficiency disorders.

vii) National AIDS Control Program

- IEC activities to enhance awareness and preventive measures about STIs and HIV / AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- Screening of persons practicing high-risk behavior at the nearest ICTC .
- Risk screening of antenatal mothers with one rapid test for HIV from linked ICTC.
- Linkage with Microscopy Centre for HIV-TB coordination.
- Condom Promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART.

1.2 Clinical Care through Outreach Component

Outreach components of health care shall be delivered by ANM, ASHAs and other outreach initiatives. One ANM shall be assigned to each 10,000 population in PUHCs catering to slums, unauthorized colonies, resettlement colonies and JJ clusters. She will carry out the household survey of her assigned area and also prepare and maintain the eligible couple register. At any given time she will know the individuals/families requiring help ie. pregnant women/the children requiring immunization , patients with TB. Leprosy on MDT, the cataract cases requiring surgery, households requiring Chlorine

tablets/drops to make drinking water safe , families eligible for special health schemes JSY , MAMTA , LADLI schemes etc.

Need for outreach Clinical services: Although in an urban setting the distances are relatively smaller, the terrain easy and transport more easily available, there might be areas/situations/certain specific vulnerable groups, which may require organised outreach clinics. Constraints like preoccupation of the habitants with earning a livelihood, women and children of a particular segment finding it difficult to access a health centre in absence of a male companion create a need for basic service during outreach activities to reach these beneficiaries. Such outreach activities are especially required in the slums, JJ clusters, resettlement colonies, unauthorized colonies and villages.

These can be carried out in two forms

A) Periodic Health & Nutrition Days

Without setting up any fixed units like subcentres, health posts etc, outreach activities can be in the form of regular Health and Nutrition days. This activity shall be structured with prescribed manpower and equipment and will be amenable to objective assessment in terms of the services being provided, both quantitatively and qualitatively. Guidelines on conduct of a Health and Nutrition day are given at Annexure VI.

PUHC will be responsible for conducting this activity in its catchment area. The staff and logistics will flow from the PUHC.

B) By setting up a fixed outreach centre

Setting up of fixed outreach centres ie. sub centre / health post like structure for every 5000 to 6000 population is not mandated and is only recommended on a felt need basis. Experience has shown that setting up of these structures and making them optimally functional is not an easy task and often not cost effective or even workable in overcrowded slums / constantly shifting JJ Clusters. Also, smaller distances and easier terrain obviate the need for setting up of these structures on every five to six thousand population.

However, in the initial phase till the required number of PUHCs are made available with equitable distribution, a fixed outreach centre may be required in certain areas guided by the distance of the habitation / cluster from the nearest PUHC. An already existing structure i.e. a willing Mother anganwadi / extant subcentre / health outpost of MCD / IPPVIII / Basti Vikas Kendra may be used for this purpose. In such a case, while making the PUHC health action plan, this activity may be reflected and requirements in terms of necessary logistics may be projected in the plan.

1.3 Convergence with other sectors

A) Nutritional Services (in convergence with ICDS).

i) Diagnosis of and nutrition advice to malnourished children, pregnant women and others.

ii) Diagnosis and management of anemia and vitamin A deficiency.

iii) All the anganwadis in the catchment area must be identified and mapped . There should be functional liason between the ANM/ASHA and the the anganwadi worker in the area.

iv) Coordination with ICDS. A child / woman / adolescent diagnosed as malnourished / anemic in the health and nutrition day / or in the PUHC should be attached to the anganwadi nearest to their home and systematically monitored. MO / ANM / ASHA / AWW to take responsibility.

B) Health of school going children

All schools in the catchment area to be mapped. Children referred from the school for investigations, management to be taken care of. PUHC should participate in school health fairs, monitoring activities, if required.

C) Health of School dropouts / Children not going to school

Identification of children not going to schools through ASHAs and facilitating their health checkup.

D) Promotion of Safe Drinking Water and Basic Sanitation

ANMs / ASHAs / Health & Sanitation Committees to find local solutions with the help of provisions under State Health Mission and Departments of Health / Water & Sanitation. All PUHCs must have sufficient stock of Chlorine Tablets / drops. All ASHAs to be given adequate stock of Chlorine Tablets / drops.

1.4) Referral Services

I. Maternity Homes/Hospitals for Obstetric Services/Secondary/Tertiary Care centres must be identified and the linkages are to be displayed in PUHC as well as in the linked higher centres.

ii. Clear referral guidelines / protocols must be available in the PUHCs and referral centres.

iii. The linkages should be two way. Subsequent Follow-up of the referred cases and care as per the plan of action outlined by the consultant in higher centre shall be taken up at the PUHC.

iv. Complete referral slip (including history / examination / differential Diagnosis / tests & treatment done till date) should be made.

v. In case of Acute Conditions / Trauma :

Appropriate and prompt referral of cases needing hospital care including:

- First Aid to the patient.
- Appropriate support for patient during transport.
- Providing transport facilities either by ambulance or other available referral transport.

Chronic Conditions requiring referral for specialist consultation / care :

- Complete referral slip (including history / examination / differential Diagnosis / tests & treatment done till date) should be made available to the patient.

1.5) Provision of Essential Laboratory Services

i. Hb%, TLC
ii. Blood Sugar
iii. Urine Albumin , Sugar and Microscopy
iv. Urine Pregnancy Test
v. Stool Microscopy
vi. Sputum testing for tuberculosis (if designated as a microscopy Centre under RNTCP)
vii. Tests specified as a part of IDSP

1.6) Prevention and Control of Infection

Appropriate infection-prevention procedures must be practiced at all times with all clients to decrease the risk of transmission of infection, including the HIV, Hepatiis C and B.

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 used 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. Using the prescribed waste-disposal practices in

segregation, handling , transporting and processing of the biomedical waste generated in the centre .

Each PUHC must be well equipped in terms of logistics and trained manpower to take care of its biomedical waste, which should be disposed as per the guidelines provided by the State .

1.7) Education about health / Behavior Change Communication (BCC)

Each PUHC shall have BCC plan in which the desired behavior change, the modality to be used along with time frames and expected outputs/outcomes should be stated. At each level / with each interaction appropriate effort has to be made for a positive behavior change in those visiting the health facility/the community in the catchment area.

Some of the activities are:

i. Display of IEC Material in the waiting areas.
ii. Disbursal of handbills / leaflets / folders as and when provided.
iii. Conduct of nukkad nataks, well baby shows, camps etc.
iv. Use of Inter Personal Communication skills by the staff during interactions.
v. Use of available IEC Material in outreach sessions.
vi. Effective IEC , BCC through ASHAs.
vii. Making use of monthly Health and Nutrition Days, meetings of Health and Sanitation committees, youth clubs, local self help groups for IEC / BCC activities.

1.8 Continuous Capacity Building

i) Periodic skill updating / training of the staff of the PUHC in jobs / responsibilities assigned to them is essential for quality assured service delivery.
ii) Standard Treatment Protocol for all national programmes and prevalent ailments / diseases should be made available at all PUHCs and Medical Officers should be fully trained in these protocols / procedures and use of equipment available in the PUHC.
iii) Paramedical staff - ANMs / Pharmacists / LTs have to be kept updated in their basic skills. The trainings should be held regularly and on - the - job assessment shall be an essential part of routine monitoring.
iv) Induction and refresher trainings of ASHAs has to be undertaken. Ongoing support in the field has to be provided through formation of Mentor groups.

1.9) Management of Information

I) PUHC has a set of periodic reports generated as per the formats provided by the State / the Health Mission.
ii) The records shall be maintained as per the guidelines for services rendered both at health center and through the outreach sessions.
iii) As far as possible the records and reports shall be computerized and easily available for

scrutiny and use.

iv) Each PUHC functionary will have a component to contribute in the report. He / She must be trained and facilitated in collection, compilation , report generation from work done by them .

v) MO I/C will be responsible for accuracy/completeness and timely submission of all reports .

vi) Maintenance of all the relevant records concerning services provided in PUHC , logistics (Consumables / non consumable items) and the personnel working in the centre shall be maintained meticulously.

vii) Recording of Vital Events: ANM must collect information on all maternal and infant deaths taking place in her assigned area. The address of the nearest linked birth / deaths registration office must be displayed in the centre.

1.10) Facility Management shall include:

i. Physical upkeep of the premises including white wash and minor repairs. No seepage , leaking cisterns , taps , water pipes.

ii. Availability of continuous water supply including that in the toilets..

iii. Availability of Drinking water.

iv. Electricity with functional / sufficient power backup (Generator / Inverter as per need of the required strength) .

v. Uninterrupted supply of logistics by following the inventory management principles , factoring in the seasonal variations , other events like camps / outreach sessions while preparing the indents / placing timely indents.

vi. Upkeep of the equipment and timely renewal of the Annual Maintenance Contracts(AMC).

vii. Ensuring punctuality and taking care of absentism. Delegation of duties to alternate staff in case of short absence. Arrangement of alternative staff in case of long leave.

viii. Availability of security and sanitation services.

ix. Cleanliness and Sanitation :

a) Mopping of the floors daily and SOS. The floors should be mopped and dried before the patient inflow begins. Periodical washing as directed by the MO I/C.

b) Cleaning of walls , tiles and window panes periodically.

c) Cleaning of furniture , equipment , counters and shelves daily.

d) Emptying the dustbins daily.

e) Getting the linen washed regularly .

f) Sanitation : i Separate toilets for men and women .

ii Clean tiles and walls .

iii Seat to be cleaned daily with the toilet cleaner and brush .

iv Continuous water supply in toilets must be ensured.

v Toilet must be inspected by the MO I/C daily.

vi Provision of water and soap for hand washing.

Human Resource & Physical Infrastructure requirements

SECTION 2

SECTION II

Human Resource & Physical Infrastructure Requirements to deliver the mandated services.

1. Human Resource
2. Physical infrastructure
3. Equipment & Furniture
4. Drugs and logistics

Human Resource & Physical Infrastructure requirements to deliver the mandated services

Infrastructure for the Primary Urban Health Centre:

2. 1.Human Resource : The manpower that should be available in a PUHC is as follows:

Staff: (Requirements are projected on the basis of 50000 to 75000 population for a PUHC) Realizing the need for supervision of Auxillary Nurse Midwifes, their capacity building, organization and monitoring of their work in the centre and in the field, Public Health Nurse has been recommended in the staff structure. With the growing emphasis on the communitization and setting up of Rogi Kalyan Samitis, attatchment of ASHAs to the centres, formation of health and sanitation committees, PUHC level convergence with health related sectors, a Community Mobilization Officer has been recommended. In view of the increased paperwork/recordkeeping, the MO I/C shall be provided secretarial assistance by the CDEO cum Assistant, who will also look after the compilation and transmission of various reports / records.

S. No.	Category of staff	Recommended
1.	Medical Officer In charge Second Medical Officer	1 1
2.	Pharmacist (Storekeeper) Pharmacist	1 1
3.	Public Health Nurse	1
4.	Auxiliary Nurse-Midwife	1 for centre (plus I for each 10000 urban poor population attached to the centre) in slums/ JJ Clusters etc.
5.	Laboratory Technician	1
6.	Dresser	1
7.	Nursing Orderly	1
8.	SCC	3
9.	CDEO cum assistant	1
10.	Social (Community) Mobilization Officer	1
11.	Incase of a co-located AYUSH unit i.Medical Officer (AYUSH) ii. Pharmacist (AYUSH) iii. Nursing Orderly	 1 1 1

*This recommendation is for 50,000 population. In case of higher catchment populations the staff will be increased proportionately till such time as there is one PUHC for every 50,000 population. In addition care must be taken to ensure sufficient leave reserve and staff for special Programs like Pulse Polio etc.

Duties and Job responsibilities of the each staff member have been detailed (See Annexure V).

Staff for evening OPDs

S. No.	Category of staff	Recommended
1.	Medical Officer	1
2.	Pharmacist	1
3.	Auxiliary Nurse-midwife	1
4.	Laboratory Assistant	1
5.	Dresser	1
6.	Nursing Orderly	1
7.	CDEO cum Assistant	1

2.2. Physical Infrastructure:

PUHC Building : It should be well planned with the necessary infrastructure. All work areas should be well lit and ventilated with as much use of natural light and ventilation as possible.

a).Location:

i).It should be located in an easily accessible area. The area chosen should have the electricity, all weather road communication, adequate water supply, telephone connectivity. The building should have a prominent board displaying the name of the centre in the local language.

b). Area:

Availability of space being one the major constraints in urban areas with high density of population, rigid standards can not be prescribed but broad guidelines for future PUHC have been laid down.

The plinth area would vary from 200 sq mt to 400 sq mt depending upon availability.

A minimum covered area of 2000-2500 sq foot with adequate Parking Facility.

Area should have a boundary wall with gate.

It should have non slip floors.

c). Entrance:

I). It should be well-lit and easily accessible.

ii). In case these are steps leading to the entrance, it should also have a ramp facilitating easy access for elderly , handicapped patients, wheel chairs, stretchers etc.

iii). A separate registration counter should be available near the entrance.

d). Waiting area:

I). This should have adequate space and seating arrangements for waiting patients / attendents.

ii). The walls should carry posters imparting health education.

iii). Booklets / leaflets may be provided in the waiting area for the same purpose.

iv). Separate Toilets for males & females with adequate water supply should be available, preferably with western and indian WC seats.

v). Drinking water should be available in the patient's waiting area.

vi). There should be sign plates displaying parts of the centre, boards displaying available services, names of the doctors, list of members of the Rogi Kalyan Samiti and the linked referral facilities.

vii). A locked complaint / suggestion box should be provided in a prominent place. It should be opened regularly and ensured that the complaints / suggestions are addressed.

viii).The Citizen's Charter should be displayed in a prominent position on the centre premises.

e). The surroundings/compound :

i). It should be kept clean with no water logging / vector breeding places in and around the centre.

ii). There should be a green area and horticulture/garden should be developed with community involvement with plantation of trees and plants wherever space is available. In areas with space constraint potted plants can be used.

f). Outpatient Department (OPD Room):

i). The outpatient room should have separate compartment for consultation and examination with a wash basin and attached toilet facility . Size 12 X 15 feet. (Atleast Two rooms one for MO I/C and the other for second medical officer).

ii).The area for examination should have sufficient privacy.

iii).In PUHCs with AYUSH doctors, necessary infrastructure such as consultation room for AYUSH Doctor and AYUSH Drug dispensing should be made available. (Two Rooms-one for doctor and one for store cum Pharmacy).

iv). Clean linen should be provided and cleanliness should be ensured at all times.

g). Room for internal Examination/IUCD Insertion (12x10 feet):

I) Doctors should have a washbasin with availability of running water.

ii) It should be situated adjacent/close to the OPD room.

h). Dressing Room:

There should be separate room for dressings and minor procedures.

i). This should be located close to the OPD room to provide easy and quick access to patients for injections / minor surgeries and emergencies during OPD hours.

ii). It should have washbasin with running water supply.

iii). It should be well equipped with all the emergency drugs and required instruments.

I). Seperate room for conducting ANC/Immunization and well baby clinics:

i). Antenatal and Well Baby Clinics involve examination / history taking / weighing / recording BP / immunization / group and individual counselling . Therefore sufficient space has to be available. (20ft x20ft). The room should be well lit and ventilated and preferably with dual entrance. If space is

available, seperate room for councelling clinic should be made available.

j). Laboratory (15ft x 12ft)should have:

i). Sufficient waiting space.

ii).Separate areas for sample collection and conducting the tests should be available.

iii). Should have marble/stone platform and wash basins.

iv). Running water supply should be available in Lab.

v). Exhaust fan should be available.

k). General store: (20ft x 20ft):

I). Store should have adequate space with racks / almirahs .

ii).Drugs / dressings / lab consumables / linen and many other logistics, both consumables and non consumables should be stored in a systematic way.

iii).The area should be well-lit and ventilated and should be rodent / pest free.

l). Dispensing pharmacy with required storage area: (12 x 10 ft):

i). Should be available near waiting area to accomodate the waiting people.

ii).Should have the require almirahs/racks.

m).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-cum-drug storage room.

n). Office room for the community mobilization officer/PHN (size 12 X 10 feet)

o). Store/Closet for small condemned Items (5 X 5) feet

p). The Nursing Orderly room 8 X6 feet. The same may be used to operate the autoclave for Biomedical Waste

q). Other essential amenities:

i). Electricity with generator / inverter back-up.

ii). Adequate running and stored water supply.

iii).At least one Telephone line.

r). The suggested layout of a PUHC is given at Annexure II.

The Layout will vary according to the location, size and shape of the available plot.

2.3. Equipment and Furniture:

i). The necessary equipment to deliver the assured services of the PUHC should be functional and available in required numbers.

ii). Equipment maintenance should be given special attention through AMCs.

iii).Periodic stock taking of equipment and round the year maintenance will ensure proper functional equipment. Back up should be kept available wherever possible. A list of suggested furniture, general instruments and equipments is given at Annexure IIIa, IIIb.

2.4. Drugs

i). List of common surgical consumables is given at Annexure IIIc.

ii). List of the drugs that should be available in a PUHC is given at Annexure IIId

iii).Inaddition, all the drugs required for the National health programmes and emergency management should be available in adequate quantities so as to ensure prompt and complete treatment of all patients.

iv). 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 available.

v).All Lab consumables required for the tests listed to be carried out at the PUHC laboratory must be made available at the PUHC. See Annexure IIIe.

vi). Miscellaneous items are given at Annexure IIIf.

vii). Linen items are given at Annexure IIIg.

viii). Stationery items are given at Annexure IIIh.

ix). Drugs required for the AYUSH doctor should be available in PUHCs having co located AYUSH units. See Annexure IV

x). The outreach centre / activity will also be provided the necessary drugs and logistics from the attached PUHC .

2.5. The Transport Facilities:

The PUHC should have a workable arrangement / sufficient provision for transport of patients in case of emergency.

Transport for supervisory and other outreach activities should be organised in case of long distances.

2.6. Laundry facility:

Services for regular washing of PUHC Linen may be outsourced.

2.7. Waste Management at PUHC level:

All equipments (auto claves, needle destroyer and hub cutter, colour coded bags) / chemicals and a dedicated corner for autoclaving should be available in the PUHC. Guidelines provided by the State must be followed strictly and all staff must be trained in management of Biomedical Waste.

Community Participation and Empowerment

SECTION 3

SECTION III

Community Participation and Empowerment

1. Rogi Kalyan Samiti
2. Community link workers –ASHAs
   (Accredited Social Health Activists)
3. Health and Sanitation Committees
4. Citizen's Charter

Community Participation and Empowerment

3.1.Rogi Kalyan Samiti. Rogi Kalyan Samiti is a simple and enabling structure in the form of a registered society for sustained improvement in functioning of the health institution and quality of care provided.

Need for Rogi Kalyan Samiti

- To ensure community participation in planning, implementation and monitoring of the PUHC activities and make the PUHC more sensitive and responsive to the community needs.
- To Provide the required local autonomy and flexibility in implementation of local level activities required for optimal functionalization of the centre.
- To provide funds for local activities / initiatives carried out with the objective of delivering quality assured healthcare .

Objectives :

- Ensure delivery of the mandated services as per the Public Health Standards laid down for the PUHC.
- Ensure upgradation of the PUHC (centre / outreach) to the recommended PHS.
- Ensure a grievance redressal mechanism.
- Ensure availability of the essential drugs and other logistics.
- Ensure accountability of the health providers to the community.
- Ensure a rational , prioritised utilisation of funds.
- Introduce transparency with regard to the management of funds.
- Generate resources through donations and fund raising events, community contributions.

Functions and Activities:

To achieve the abovementioned objectives , the Society shall direct its efforts and resources for undertaking following activities :

- Periodical monitoring visits, patient feedbacks to assess the timeliness / quality of services / adherence to the PHS / attitude of the staff in interactions with patient / availability of medications / average waiting time for the patients.
- Monitoring of the outreach activities.
- Assessment of patient satisfaction levels regarding the services being provided.
- Assessment of the problems/ limitations being faced by the staff and finding solutions.
- Minor repairs / renovation / upkeep of the PUHC premises.
- Minor Electrical works / repairs of the electrical gadgets.
- Ensure that the equipment available is functional.

- Install signages , repair of furniture.
- To undertake customized solutions to address problems like lack of running water .
- Ensure display of the Citizen's Charter in the health facility and its compliance.
- Regularly examine, address the complaints received in the Complaint box positioned in a prominent position in the waiting area.
- Operationalization of periodical Specialist clinics, if required.
- Facilitating / monitoring evening OPDs.
- Beautification / horticulture of the PUHC premises.
- Making the waiting area patient friendly.
- Ensure availability of clean drinking water.
- Ensure clean male & female toilets with running water availability.
- Establish clothes and toy banks through which those who have plenty can share with those less privileged.
- Monitor safe disposal of the biomedical waste generated in the centre / outreach.
- Play a catalyst role in awareness generation especially on issues like female foeticide, gender bias.
- Monitor continuous capacity building of the PUHC staff / ASHAs / workers of converging agencies like ICDS.
- Monitor timely payments to ASHAs, contribute in the unit level monitoring activity.

Constitution/Rules/By laws shall be as per the State Guidelines.

Resources: Certain funds like untied funds / maintenance funds shall be made available to the RKS. In addition, the RKS has the mandate to generate its funds through donations / fundraising events. The State funds separately approved for activities, which are to be carried out by the RKS can be released to the RKS Account.

District / State level capacity building for RKS functionaries shall help RKS members in discharging the role envisaged for them.

Detailed Guidelines on (Structure , MOA , Rules & Regulations) shall be provided by the State.

3.2 ASHA

Accredited Social Health Activist (ASHA). For every 2000 (1500 to 2500) population pocket , one local , woman volunteer is to be selected she will serve as the link worker called ASHA. She will be trained and provided a basic drug kit (Paracetamol, ORS, Chlorine tablets, Bandages, cotton , betadine etc). Her work in her area will facilitate the outreach activities of the ANM, initiate local health planning. ANM in turn will validate / verify the work done by her and also provide support and guidance to these volunteers in the field.

Role envisaged for ASHAs:

a) To carry out the survey of the households in her area. To prepare a local health plan in consultation with ANM based on her household survey and local priorities.

b) To create awareness about determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions.

c) She will provide information on existing health services and the need for their timely utilization. She will mobilize the community and facilitate them in accessing health services available at the Primary Urban Health Centers, referral centres, anganwadis .

d) To counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, care of the young child, contraception and prevention of common infections including Reproductive Tract Infections/Sexually Transmitted Infections (RTIs/STIs). She will ensure that each child in her area is fully immunized.

e) She will work with the Health & Sanitation Committee of her area to get optimum benefit from various initiatives related to safe water supply and sanitation being undertaken by the Government. She will promote construction of household / community toilets.

f) She will arrange escort / accompany pregnant women & children requiring treatment / admission to the nearest pre-identified health facility i.e. Primary Urban Health Centre / Maternity home / Subdistrict / district hospital as per the need. She will make the women in her area aware of the Janani Suraksha Yojana and help them in availing benefits of the scheme.

g) ASHA will provide ORS for diarrhea, paracetamol for fever, first aid for minor injuries. She can be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme. She will help in effective field level implementation of other National Programmes by creating awareness about them.

h) She will act as a depot holder for essential provisions being made available to every habitation like ORS (Oral Re-hydration Salts) packets for Oral Re-hydration Therapy (ORT), Iron & Folic Acid Tablet (IFA), Chlorine Tablets, Oral Pills & Condoms etc. A Drug Kit will be provided to each ASHA.

I) She will inform about any unusual health problems / disease outbreaks in the community to the Primary Urban Health Centre.

ASHA will facilitate local health planning by assessing the quantum of healthcare needed in her cluster of households and apprising the ANM/PUHC of any specific problem. ASHA will be trained for the role envisaged for her as per the modules prepared for such a community worker.

She will enter her activities in the diary provided to her. She will be paid certain fixed incentives for some of the activities carried out by her. ANM will provide the supervision and mentoring support in the field and also verify the work done by her. There will be continuous capacity building and training of ASHAs and in the field ASHA will be supported by the mentor groups / ANMs/ PHN / MO / Social Community Mobilization Officer.

3.3 Health and Sanitation Committees:

- A health and sanitation committee shall be formed at every 2000 population with ASHA as the convener.
- It shall have representatives from local self help groups, senior citizens groups, RWAs, local NGOs, retired govt. servants etc. Local Anganwadi worker / helper shall be a part of it.

Activities:

- Cleanliness & Sanitation activities .
- Ensure safe drinking water.
- Setting up community toilets / facilitating household toilets/ promoting use of toilet and
- preventing open defecation.
- To be vigilant and eliminate / render safe all vector breeding sites.
- Local health and nutrition activities organizing Health and Nutrition days.

3.4 Citizen's Charter for Primary Urban Health Centres

Primary Urban Health Centre is the peripheralmost health facility manned by the Medical Officer and support staff along with the required logistics to provide holistic primary healthcare to the citizens residing in the catchment area of the centre. One PUHC is visualised for every 50,000 population. It is a manifestation of the commitment of all healthcare providers to make quality assured, affordable , accountable , responsive primary healthcare universally available.

Citizen Charter shall be prepared and provided for all **PUHCs.**

a). Objective of this document :

To inform the beneficiaries about the health facility, its structure, its mandate , the service components available in the facility , the entitlements of the beneficiary , the responsibilities of the beneficiaries and the available mechanism of grievance redressal.

b). Commitment of the Charter:

- Access of all beneficiaries to the PUHC and utilization of existing facility without discrimination.
- Quality oriented service delivery in a responsive and responsible manner.
- To provide holistic primary healthcare in an OPD mode with the level appropriate emergency care and referral services.
- Dissemination of information about the existence / location of referral centres and facilities involved in dealing with other determinants of health.
- To provide the information in writing about the diagnosis / treatment advised and being administered.
- Provision of timely, detailed and complete referral as and when required with facilitaton of access to the referral facility.

- Community involvement in planning / implementation and monitoring of the PUHC activities.
- Provision for the complaints / grievances to be addressed in a time bound fashion.

c). Citizen's charter shall include information as the following:

- Registration timings and timings for delivery of services to be mentioned clearly.
- Availability of services free of cost.
- Lay out of available services.

i). Curative Component:

- **OPD Services:** Management of the common ailments as per the Standard Treatment Protocols adopted by the State .
- **Emergency Medical care :** During the OPD hours, First aid followed by referral if required for injuries / accidents / animal bite cases, and other emergency conditions.
- **Minor Surgical Procedures like** simple incision and drainage.
- **Referral for the cases requiring Secondary / Tertiary care**. All patients requiring higher level care to be referred in time to a linked and identified centre with a complete referral slip. Follow up of these cases in PUHC through back referral.
- **Rehabilitation:** Disability prevention, early detection, intervention and referral.
- **Provision of AYUSH Services** wherever AYUSH unit is co-located.
- **Facility for geriatric care**

ii). Preventive and Promotive services

- **List of Maternal Health Services :**

a). List of antenatal care

b). Facilitation for delivery in an institution

c). Postnatal care

Two postpartum home visits through the ANM to ensure wellbeing of mother and newborn within 48 hrs and seven days of delivery, to initiate early breastfeeding and reinforce advice on nutrition, hygiene, contraception.

- **List of Child Health Services**

- **List of Adolescent Health Services**

  Detection and management of nutritional disorders and counseling for high risk behavior.

- **List of Family Planning Services**

i). Education, Motivation and counseling to adopt appropriate family planning

methods.

ii). Provision of contraceptives such as condoms, oral pills, emergency contraceptives.

iii). Carry out IUCD (Intra Uterine Contraceptive Device) insertions.

iv). Follow up services to the eligible couples adopting permanent spacing /method (Tubectomy / Vasectomy).

vi). Counseling and appropriate referral for couples having infertility.

- **Services for Management and Prevention of Reproductive Tract Infections (RTI) / Sexually Transmitted Diseases (STD)**

iii). National programs being implemented through PUHC with specific activities :

- **Integrated Disease Surveillance Project (IDSP)**
- **Revised National Tuberculosis Control Program (RNTCP)**
- **National Program for Control of Blindness (NPCB)**
- **National Vector Borne Disease Control Program (NVBDCP)**
- **National Leprosy Elimination Program**
- **National Iodine Deficiency Disorder Control Program**
- **National AIDS Control Program**

iv). Addressing other determinants of health through inter sectoral convergence:

- **Nutritional Services (in convergence with ICDS)**
- **Activities undertaking for school going children (Convergence with School Health)**
- **Activities for Promotion of Safe Drinking Water and Basic Sanitation**.

v). Referral Services:

- Appropriate and prompt referral of cases needing specialist care / Indoor care.
- Follow-up of these cases. Liasoning with the referral institutions for PUHC area. Building a two way link with the concerned officials of the referral centre.

vi). Tests to be provided at the PUHC Laboratory

vii). Activities for education about health and its determinants/ National Health Programs / Special schemes of the department .

viii). Services provided through Outreach activities

a).Provision of basic curative & preventive care in areas / certain specific vulnerable groups through outreach activities, especially, in the slums, JJ clusters, resettlement colonies, unauthorized colonies and villages through regular Health and Nutrition days, Immunization sessions.

ix). Capacity Building function of the PUHC

x). Commitment to Rational use of drugs

The drug procurement, usage policy shall be in keeping with the rational and safe use of drug.

Any short term withdrawal of services shall be displayed on notice boards.

xi). Activities to ensure community participation

- **Formation of the Rogi Kalyan Samitis .**
- **Community linkages through ASHA scheme implementation.**
- **Formation of Health and Sanitation Committee.**

xii).Responsibilities of the Citizens

In addition to the rights , the citizens also have certain responsibilities towards the PUHC.

1. To keep the premises clean . Not to spit / smoke / litter the area.
2. To keep the surrounding area clean.
3. Not to disfigure / damage the building / other infrastructure.
4. To observe etiquette like standing in the queue, talk in low tones, assist old/ infirm and disabled.
5. Follow the instructions given by the MOI/C regarding treatment advised and referrals/ followups.
6. Inform the MOI/c about any sex selective procedures, environmental hazards, excessive vector breeding.
7. Cooperate with health functionaries and voluntary workers attached to PUHCs like ASHAs

xiii).Grievance Redressal Mechanism.

Any grievance / complaint can be directly addressed to the Medical Officer Incharge or placed in the complaint box positioned in a prominent place in the waiting area. These complaints will be dealt with in a time bound manner. If required, MO I/C may bring it up before the RKS.

In case the grievance is not resolved at the PUHC Level ,the Chief District Medical officer will take it up through the district Rogi Kalyan Samiti.
The next level, if required, will be the level of the Integrated District Health Society, Directorates of Health Services and Family Welfare or StateHealth Society depending upon the nature of grievance.

The name of the Medical Officer Incharge and the Chief District Medical Officer along with official address and phone numbers will be displayed in the PUHC.

Display at the centre:

- A board carrying the summarized Citizen Charter shall be displayed in hindi at a conspicuous place on the PUHC premises.
- Printed citizen charter in folder form to be made available in the PUHC in hindi and english.
- Size preferably 4 ft x 6ft for board
- Colour unique dark blue background with white letters
- Preferably no abbreviations to be used

Periodical Review of the Charter

The Charter will be reviewed periodically and suitably modified.

SECTION 4

Expected Outputs and Outcomes

SECTION IV
Expected Outputs and Outcomes

1 Optimal Facility Management & Efficient Processes
2 Service Guarantees
3 Increased utilization of services leading to positive health outcomes.
4 Client satisfaction.
5 Community Involvement and Empowerment

Expected Outputs and Outcomes

4.1.Optimal Facility Management & Efficient processes .

I.	Optimal Facility Management		
	I).	Building and compound :	• Access clean, old age & disabled friendly • Well maintained building. Clean green compound with no seepage, no water logging • No broken windows, doors
	ii).	Waiting area:	• Comfortable, sufficient with seating arrangement and fan • Drinking water available • Clean separate toilets available • Signages appropriately displayed • IEC Material displayed
	iii).	Working areas :	• Space well lit, ventilated • Clean : All rooms clean, well mopped, dust free with clean linen • Privacy of patient maintained • Continuous availability of water • Continuous availability of electricity • Safe and secure work environment
	iv).	Medicines and Logistics:	• Quality assured • Uninterrupted supply • Rational use
	v).	Equipment:	• Availability of functional equipment • Annual Maintenance Contract mechanisms in places & functional • Reagents, consumables available
	vi).	Infection prevention and control (including Bio-medical waste disposal):	• All concerned have the necessary knowledge & training • Necessary equipments and logistics available
	vii).	Records , Registers , Reports:	• Availability of registers • Records / registers to be complete and Accurate • Reports generated and forwarded in time • Analysed and Evaluated locally
	viii).	Availability of staff:	• Trained staff as per the norms is available
	ix).	Management of Health Information:	• Computerised information, compilation report generation by the centre and timely onward transmission • Analysis, evaluation and use of data • Recording of Vital statistics

			including births and deaths, particularly of mothers and infants • Computerised inventory management • Maintenance of all the relevant records concerning services provided PUHC & processes
		Capacity Building:	For Staff : • Clinical care skills. • Managerial skills. • Attitude / behavior skills. • For Community representatives: ASHA, RKS and HSC members

4.2.Service Guarantees :

A.	Clinical Care Component :(Direct Healthcare)		
	a).	Medical Services:	• Six hours OPD services. Time schedule as per the Departmental guidelines, need of local community
	b).	Emergency Services : (during OPD hours)	• First Aid before referral,appropriate PUHC level management and referral of injuries, accidents, animal bites and other emergencies to the linked referral centers
	c).	Curative OPD services:	• Treatment of common acute and chronic infective and non infective illnesses as per the Standard treatment protocols
	d).	Non Communicable Diseases:	• Screening / PUHC level Management / Referral / Followup / counceling for Life style disorders (NCDs) especially Hypertension, Diabetes, Coronary Vascular Disease, Asthma, COPD etc.
	e).	Eye:	• Treatment of common eye disorders
	f).	Nutritional disorders:	• Detection, management, counseling
	g).	Gynecological disorders RTI/STD :	• Treatment of common gynecological problems • Diagnosis / treatment of patient and partner / followup and counseling for RTI / STI
	h).	Cancer :	Screening for malignancies / appropriate referral of suspected cases
	i).	Geriatric problems:	Sensitive Management / counseling for geriatric Problems
	j).	Mental Health:	Screening/counseling/referral to the linked facility

B.	Preventive and Promotive		
	a).	Maternal Health :	
	i).	ANC Care:	• Early Registration of Pregnancies , ideally in first trimester (Before 12 weeks of pregnancy). • Antenatal checkups and provision of complete package of services. First visit as soon as pregnancy is suspected, second between 4th and 6th month (around 26 weeks), 3 rd visit at eighth month (around 32 weeks) and 4th visit at 9th month (around 36 weeks). Associated services like provision of Iron and Folic Acid tablets, Injection TT • Basicl Laboratory investigations like Hb%, Urine Alb / Sug • Identification of high risk pregnancy, appropriate management and referral to the attached referral Centres • Counseling for nutrition & danger signs
	ii).	Intranatal Care:	• Promotion of Institutional Delivery by linkage to the designated maternity home/FRU and facilitating access to the same
	iii).	Postnatal care :	• A minimum of two post partum checkups, first within 48 hrs and second within 7 days of delivery and detection and management/referral for of any complications • Initiation of early breast feeding within half an hour of birth • Education on nutrition, hygiene , contraception and essential newborn care.(As per Guidelines of GOI on Essential New Born care)
	b).	New born & Child Care:	
	i).	New Born care :	• “Level appropriate” management of a sick new born
	ii).	Care of the child and referrals when required:	• Care of routine childhood illnesses • Promotion of exclusive breastfeeding for six Months • Full immunization of all infants and children

			against Vaccine preventable diseases as per the State guidelines • Vitamin A prophylaxis to the children as per the Guidelines • Prevention and control of childhood diseases like malnutrition and infections
	c).	Adolescent Health	
			• Life style education, Nutritional counseling, appropriate treatment
	d).	Family Planning	
			• Education, Motivation and counseling to adopt appropriate Family Planning methods. • Provisions of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD Insertions • Referral for Tubal ligation, Vasectomy • Follow up services to the eligible couples adopting permanent methods • Counselling and appropriate referral for safe abortion services (MTP) for those in need
C.		**Management of Reproductive Tract Infections and Sexually Transmitted diseases :**	
			• Health Education for prevention of RTI & STI. • Treatment of RTI / STIs
D.		**Infertilty**	
			• Counseling and appropriate referral for infertility
E.		**Services under other National Health Programs**	
	a.	RNTCP.	• Sputum examination for Tuberculosis in designated microscopy centers • DOTS regime for Tuberculosis • Followup/ Counseling
	b.	NLEP	• Diagnosis & treatment of leprosy. • Counseling and prevention of disabilities from Leprosy
	c.	NPCB	• Screening for refraction disorders and referral for Refraction study • Detection of cataract cases and referral for cataract surgery

	d).	NVBDCP	• Symptomatic treatment and referral for Dengue, Chikungunia, if so required • Elimination of vector breeding sites • Linkage with malaria testing units
	e).	NIDDCP	• Testing of household samples of common salt
	f).	IDSP	• Alertness to detect unusual health events / increase in common ailments and take appropriate remedial measures
F		**Provision of AYUSH Services as per local preference**	
G		**Convergence with other sections**	
	a).	Convergence with Water and Sanitation	
			• Promotion of Safe drinking water and basic sanitation by counseling/BCC and use of chlorine tablets. • Promotion of sanitation by promoting use of toilets and appropriate garbage disposal through Health & Sanitation Committes
	b).	Convergence with Integrated Child Development Scheme :	
			• Identification of malnourished children / micronutrient supplementation/ nutritional counseling / referral if required to attached IYCF
	c).	Convergence with School Health	
			• Investigations and management of children referred from schools
H		**Referral Services:**	
			• Appropriate and prompt referral of cases needing specialist care with duly filled referral slip

I		**Basic laboratory services to be available:**
		i. Hb%, TLC (Total Leucocyte Count) ii. Blood Sugar iii. Urine Albumin, Sugar and Microscopy iv. Urine Pregnancy Test v. Stool Microscopy vi. Sputum testing for tuberculosis (if designated as a microscopy Centre under Tuberculosis Control Program vii. Linkage for blood smear examination for malarial parasite viii. Tests specified as a part of Disease Surveillance
J.		**Health and Nutrition Day:The organization of the Health and Nutrition Day in the identified pockets as per the guidelines leading to following outcomes:**
		• Reaching all unserved pockets for preventive and promotive interventions, especially for pregnant women, children and adolescents • Preventive and promotive coverage for the National Disease Control Programs • Increased awareness about the determinants of health such as nutrition, water and sanitation etc. • Improved knowledge and access to the services offered under the various Nutritional Health Programs (ICDS)

4.3. Increased utilization of services leading to positive health outcomes:

With clear cut population assignment to the PUHCs, it shall become possible to set down precise targets. At the moment it is important to begin by monitoring the utilization trends . An increase in the utilization trend of over and above that in the same period a year ago is expected. This increase shall vary from service to service depending upon the level of previous performance, the local need for the service, the nature of bottlenecks hampering the provision of service earlier and the empowerment provided now. Some of the parameters which can be taken up for evaluating increase in utilization trends :

i). Increase in monthly / average daily OPD attendance.
ii). Increase number of children administered immunization/ increased completion of primary immunization within first year of life.
iii). Increased ANC beneficiaries / increased first trimester registrations / increased referrals for high risk pregnancy.
iv). Increased number of pregnancies concluding in Institutional deliveries.
v). Increased number of women receiving postnatal visits by ANM.
vi). Increase in number of IUCD acceptors.
vii). Increase in number of OC users.
viii). Increase in proportion of TB patients on DOTs completing their treatment.
ix). Increase in number of patients converted from anemic to non anemic state.
x). Increase in number of children identified with malnutrition with or without anemia, linked to local anganwadi and being followed up.
xi). Number of children (out of those identified with malnutrition/anemia) brought to normal weight and anemia free state.
xii). Number of patients provided nebulisation in the centre.
xiii). Number of catarct cases referred and operated with restoration of vision.
xiv). Increase in number of senior citizens accessing the services.

As far as the morbidities are concerned a decreasing trend indicates success of the interventions, especially, the preventive and IEC /BCC efforts . Some of the parameters can be :

1. Decrease in anemia in pregnancy
2. Decrease in low birth weight babies
3. Decrease in cases of measles
4. Decrease in the cases of acute diarrhoea
5. Decrease in cases of Scabies / Pyodermas
6. Decrease in number of vector borne fevers

The chronic disease trends are difficult to monitor and not in the scope of PUHC alone but the optimum management / follow up as per protocols can be ensured.

4.4 Client satisfaction.

Client satisfaction shall now form an integral part of any performance evaluation of a centre. It shall cover the access , the time spent by the patient in getting the service , the behavior / attitude of the care providers , the basic requirements like seating space , drinking water, clean toilets, the quality of care provided, the counselling and followup advice . The availability of tests and medications shall also be assessed.

To facilitate objective assessment – Client exit interviews / prescription audits shall be made a part of the PUHC assessment protocol. The required formats have been framed and are a part of the Quality Assurance Manual.

4.5 Community Involvement and Empowerment:

S No.	**Objective**	**Action**
1.	Forming the link between the centre and each household	One trained ASHA for every 2000 Population
2.	Empowering the community by participation in planning for and monitoring of the PUHC	Formation of Rogi Kalyan Samiti
3.	Empowerng the Community for local health and related activities	Formation of Health and Sanitation Committees for every 2000 population
4.	Individual EMpowerment	Display of Citizen's Charter and Grievance redressal mechanism

Once upgraded as per the standards, the PUHC is expected to deliver the above mentioned service with universal coverage and equity , in an age/ gender/ culture sensitive manner responsive to the community needs. The focus in addition to the complete coverage shall be on the quality of the services provided.

Quality Assurance (Monitoring and Evaluation) :

Effective monitoring followed by evaluation and necessary online corrections is mandatory for ensuring optimal functioning of the PUHC and delivery of quality healthcare. To facilitate a systematic upgradation of the PUHCs to the standards defined above and ensure subsequent adherence to the same, a Quality Assurance Manual has been devised, which shall form an inseperable addendum to this volume . It outlines the need , management framework for Quality Assurance and provides the necessary formats* for objectively assessing the facility and undertaking measures to ensure quality in processes , inputs and desirable outputs / outcomes.

***These formats are suggestive and can be altered and improved upon by the users.**

Annexure I

Current National Immunization Schedule including Schedule for Vitamin - A Prophylaxis

Immunization schedule

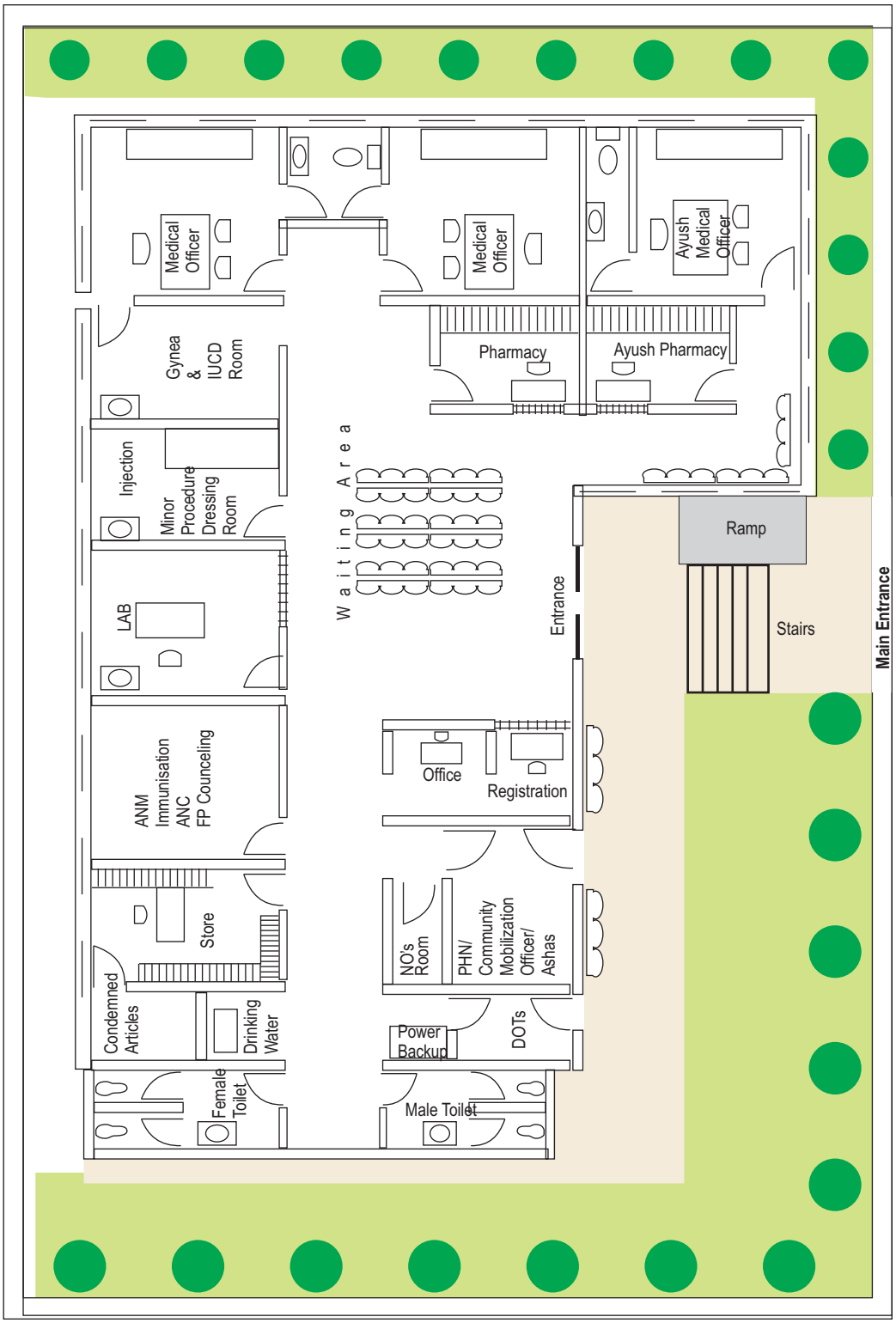
Vaccines							
	Birth	6 wks	10 wks	14wks	9 mths	15 mths	2 to 5 yrs
BCG	✓						
Oral Polio	✓	✓	✓	✓			
DPT		✓	✓	✓			
Hepatitis B	✓	✓	✓	✓			
Measles					✓		
MMR						✓	
Typhoid							✓
Booster Doses							
Oral Polio & DPT	18 mths to 24 mths						
2nd DPT Booster	5 yrs						
Tetanus Toxoid	At 10 yrs and again at 16 yrs.						
Vit A	9mths, 18mths, 24mths, 30mths, 36mths, 42mths, 48 mths, 54 mths and 60 mths.						
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.						

Immunization schedule may get modified with introduction of newer vaccines in the National / State immunization program.

Annexure II

Layout of the PUHC

(Only for reference, the actual design will vary with size and shape of the site.)



Annexure III

III.a. Furniture Items(Quantities shall change as per requirments)

S. No.	Name of Item	Quantity
1.	Steel Almirah Big	9
2.	Steel Almirah Small	4
3.	Table officer	2
4.	Office Table assistant	6
5.	Office Table Clerk	2
6.	Office Chair	24
7.	Officer Chair	3
8.	Bench Steel	4
9.	Airport Bench (3 Seats)	4
10.	Examination Table	4
11.	Gynae Examination table	2
12.	Mattress for examination table	4
13.	Foot Step	6
14.	Steel Racks with cover 6 shelve	6
15.	Steel Racks with cover 2 shelve	5
16.	Revolving Stool ss top	8
17.	Wooden stool	6
18.	Revolving stool adjustable height for dispensary / lab with cushion top	2
19.	Hydraulic Stool	2
20.	Screen Three Fold / Hanging Screens	6
21.	Notice Board	1
22.	Computer Table	1
23.	Computer Chair	1
24.	Notice Board Pannel for IEC	2
25.	Wheel Chair	1
26.	Stretcher with Trolley	1
27.	Instrument Trolley	3
28.	Dressing Trolley	1
29.	Side wooden Rack	1
30.	I.V. Stand	1

III. b. General Instruments & Euipments

S. No.	Name of Item	Quantity
1.	Nebulizer with heavy duty motor (Portable) single port	1
2.	Ambu's Bag (Adult & Child)	1
3.	Anterior Wall retractor vaginal size S/M/L	2
4.	Artery Forceps Curved 6"ss	6
5.	Artery Forceps Strainght 6"ss	6
6.	Autoclave ISI marked with 4 Dressing Drum	2
7.	B.P. Apparatus	4
8.	Bowl SS 20 cm	4
9.	Cuscos speculum Small / Medium / Large	4
10.	Digital Thermometer	6
11.	Forceps Chittel 9"ss	4
12.	Forceps Dissecting Plain 6"ss	2
13.	Forceps Dissecting Toothed 6"ss	4
14.	Forceps Sinus 6"ss	2
15.	Forceps Sponge Holding 9"	4
16.	Gynae Examination Light with ordinary bulb floor model	2
17.	Height Measuring Scale	2
18.	SS Instrument Tray with Cover 8" x 10"	4
19.	Key spanner for oxygen cylinder	2
20.	Kidney Tray SS 25 cms	4
21.	Needle Holder Straight / Curved 6"ss	2
22.	Oxygen Cylinder B Type 10 Ltr. ISI Marked with all requisite certificates.	2
23.	Oxygen Cylinder Trolley	2
24.	Oxygen Flow meter with humidifier bottle	2
25.	Posterior Wall retractor (Sims) Small / Medium / Large	4
26.	Scissors 6' SS	4
27.	Scissors Sharp Tailor Model	2
28.	Stethoscope having good conduction tube for adult & child	4
29.	Syringe Cum Needle Destroyer Manual Model	2
30.	Uterine Sound ss	4
31.	Volsellum ss	4
32.	Alis Tissue Forceps	2
33.	Adult-Infant Weighing Scales (Manual)	1
34.	Foot Operated Suction Machine	1
35.	Electrical Suction Machine	1
36.	B.P. Handle 4	2
37.	Nasal Speculum	2
38.	Percussion Hammer	4
39.	Electric Sterilizer	2
40.	Spot Light	1
41.	Weighing Scale digital (Neonatal)	1
42.	Single Panel X-ray view box	1

III.C. Common Surgical Consumables

S. No.	Name of Item	Quantity (as per requirement)
1.	Bandage all sizes	-do-
2.	Cotton	-do-
3.	Adhesive wound Dressing different Sizes	-do-
4.	Alcohol Swab	-do-
5.	Adhesive Plaster	-do-
6.	Disposable Blade	-do-
7.	Oxygen Mask Adult & Paediatrics	-do-
8.	Disposable Draw Sheet	-do-
9.	Sterile Surgical pad 10 x 10 cm	-do-
10.	Crepe Bandage 8cm / 10cm / 15cm	-do-
11.	Disposable Syringe AD 2cc, 5cc, 1cc, 10cc	-do-
12.	IV Set	-do-
13.	Scalp Vein Set 23, 24 G	-do-
14.	Lint Cloth	-do-
15.	Hypodermic Needle 22G, 23G, 26G, 24G	-do-
16.	Disposable Gloves different sizes Sterile & Non Sterile	-do-
17.	Hypo Allergic Paper Tape 1”	-do-
18.	Face Mask	-do-
19.	Poly Mask (Adult / Paeds.)	-do-
20.	Ryle’s Tube	-do-
21.	Gastric Lavage Tube	-do-
22.	Suction Catheters	-do-
23.	Mucus Extractor	-do-
24.	Rubber Sheet	-do-
25.	Wooden Tongue depresser	-do-
26.	Suture Silk 1-0	-do-
27.	Tuberculin Syringe	-do-
28.	Suture Catgut 1-0	-do-
29.	I. V. Canula 22, 24	-do-
30.	Paraffin gauze/chlorhexidine gauze	-do-
31.	First-Aid Dressing water proof	-do-

III.d.Essential Drugs

1. LOCAL ANAESTHETICS	
Lignocaine with adrenaline	Inj. 2% with 5mcg/ml adrenaline
Lignocaine	Inj. 2%
2. ANALGESICS, ANTIPYRETICS AND DRUGS FOR GOUT	
Acetyl salicylic Acid	Tab.75, 100, 150, 325mg plain/soluble
Pentazocin Lactate	Inj. 30mg/ml
Nimesulide	Tab. 100 mg.
Paracetamol	Tab. 500mg, Syr. 125mg/5ml, Inj. 150mg/ml
Ibuprofen	Tab. 200, 400 mg, Susp. 100mg/5ml
Diclofenac Sodium	Tab.50 mg, Tab.75 mg SR , Inj.25mg/ml, Gel 1% W/v 20g
3. ANTIALLERGIC AND DRUGS USED IN ANAPHYLAXIS	
Chlorpheniramine Maleate	Tab. 4mg
Pheniramine maleate	Tab. 25, 50 mg, Syr. 15mg/5ml, Inj. 22.75 mg/ml
Dexamethasone Sodium phosphate	Tab. 0.5mg, Inj. 4mg/ml
Hydrocortisone Sodium succinate	Powder for Inj. 100mg/ml
Prednisolone	Tab. 5mg; Syr. 5 mg/5ml
Epinephrine Hydrochloride	Inj. 1mg/ml
Promethazine hydrochloride	Inj. 25mg/ml in 1ml amp, Syr/elixir. 5mg/5ml
Cinnarizine	Tab. 25 mg
Cetirizine	Tab. 10 mg, Syr. 5 mg/5ml
4. ANTIDOTES AND OTHER SUBSTANCES USED IN POISONING	
Anti snake venom (Polyvalent) Inj. Lyophilized	
5. ANTI – EPILEPTIC DRUGS	
Phenytoin sodium	Tab. 50, 100 mg, Susp. 30 mg/5 ml

Phenobarbitone	Syp 20 mg/5 ml, Tab. 30, 60 mg
Carbamazepine	Tab. (uncoated) 100 mg,200 mg, Syr. 100 mg/5 ml
6. ANTI – INFECTIVE DRUGS	
INTESTINAL ANTHELMINTICS	
Mebendazole	Tab. 100 mg, Powder for Susp. 100 mg./5 ml
Albendazole	Tab. 400 mg, Susp. 200 mg/5 ml
Pyrantel pamoate	Tab. 200, 250 mg, Powder for Susp. 50 mg/ml
ANTIFILARIALS	
Diethylcarbamazine dihydrogen citrate	Tab. 50 mg
ANTIBACTERIALS	
Amoxicillin	Cap.250, 500 mg, Susp. 125 mg/5 ml
Ampicillin	Cap.250, 500 mg, Powder for Susp. 125 mg/5 ml
Cloxacillin	Cap.250, 500 mg, Powder for Susp. 125 mg/5ml
Ciprofloxacin	Tab. 250, 500mg
Norfloxacin	Tab 100mg dispersible; 200mg, 400mg Coated
Cephalexin	Cap. 125, 250, 500 mg, Syr. 125 mg/5 ml
Ofloxacin	Tab. 200 mg, 400 mg
Nalidixic acid	Tab. 500 mg, Syr.300 mg./5 ml
Erythromycin (as Stearate)	Tab.250 mg, Powder for Susp.125mg/5 ml
Roxithromycin	Tab. 50, 150mg

Sulfamethoxazole + Trimethoprim Oral	Tab.400 mg+80 mg, Tab.800 mg+160 mg, Susp.200 mg+40 mg in 5 ml
Doxycycline	Cap.100 mg
ANTIFUNGAL DRUGS	
Griseofulvin	Tab.125, 250 mg
Fluconazole	Tab/Cap. 50, 150, 200 mg, Susp. 50 mg/5 ml
ANTI PROTOZOAL DRUGS	
Chloroquine Phosphate	Tab.250 mg, Syr. 50 mg/5 ml
Sulfadoxin + Pyrimethamine	Tab.500 mg+25 mg
Tinidazole	Tab. 300, 500mg
Metronidazole	Tab.200, 400 mg, Susp. 200 mg/5 ml
Diloxanide furoate	Tab.500 mg
7. DRUGS AFFECTING BLOOD	
ANTIANAEMIC DRUGS	
Ferrous Sulphate	Tab. 200 mg (equivalent to 60 mg elemental Iron)
Ferrous fumerate Drops	5 mg/ml
Folic acid	Tab. 5 mg
Iron folic acid	
Tab (Adult)	Tab Ferrous sulphate Exsiccated IP 333- 335 mg(equivalent to 100 mg of elemental iron) + Folic Acid IP 0.5 mg;
Tab (Pediatric)	Tab. Ferrous sulphate Exsiccated IP 67 mg (equivalent to 20 mg of elemental Iron) + Folic Acid IP 0.1mg.
Iron	Syrup 200 ml bottle

DRUGS AFFECTING COAGULATION	
Tranexamic Acid	Tab. 250, 500 mg
8. CARDIOVASCULAR DRUGS	
ANTIANGINAL DRUGS	
Atenolol	Tab.50, 100 mg
Metoprolol	Tab.50, 100 mg
Isosorbide dinitrate	Tab.10 mg
Isosorbide mononitrate	Tab. 10, 20 40 mg
ANTIHYPERTENSIVE DRUGS	
Amlodipine	Tab. 5 mg
Enalapril	Tab. 2.5, 5 mg
Methyldopa	Tab. 250 mg
9. DERMATOLOGICAL DRUGS	
ANTIFUNGAL DRUGS	
Clotrimazole	Cream 1% , Powder 1%, Vaginal pessary 100 mg.
Miconazole nitrate	Oint. 2%
Benzoic Acid + Salicyclic Acid	Oint. (6%+3%)
ANTI – INFECTIVE DRUGS	
Silver sulfadiazine	Cream 1 % 20g and 100g
Framycetin	Cream 1 % 20g & 100g
Povidone iodine	Sol. 5%, Ointment 5%, Vaginal Pessary 200mg
SCABICIDES AND PEDICULOCIDES	
Permethrin	Lotion1% 60 ml; Cream 5%
ANTI – INFLAMMATORY AND ANTIPRURITIC DRUGS	
Betamethasone Valerate	Cream, Ointment 0.1%
Clobetasol	Cream 0.05% in 10 g tube
Calamine	Lotion

10. DISINFECTANTS AND ANTISEPTICS	
Chlorhexidine	Soln. 0.2%
Tincture Benzoin Co.	
Surgical Spirit	Liquid
Hydrogen Peroxide	Sol.6% w/v
Gentian violet	Crystals for sol
Potassium Permanganate	Crystals for sol.
11. DIURETICS	
Hydrochlorothiazide	Tab. 25, 50 mg
Spironolactone	Tab. 25, 100 mg
Frusemide	Tab. 40 mg
12. GASTROINTESTINAL DRUGS	
ANTACIDS AND OTHER ANTI-ULCER DRUGS	
Magnesium hydroxide (250mg) + aluminium hydroxide (250 mg) + activated dimethicone/simethicone (50 mg)	Per Tablet & 5ml Gel
Omeprazole	Cap. 20 mg
Ranitidine	Tab. 150 mg, Inj. 50 mg/2 ml
ANTIEMETIC DRUGS	
Metoclopramide	Tab. 10 mg, Inj. 5 mg/ml amp.
Domperidone	Tab. 10 mg, Susp. 1 mg/ml
ANTI-HAEMORRHOIDAL DRUGS	
Beclomethasone dipropionate + Phenylephrine + Lignocaine	Cream (0.025%, 0.1% + 2.5%)
ANTISPASMODIC DRUGS	
Dicyclomine	Tab. 10 mg, Inj. 10 mg/ml
Dicyclomine + Activated dimethicone/ simethicone	Drops 10 mg+40 mg/ml
Hyoscine butylbromide	Tab. 10 mg, Inj. 20 mg/ml
CATHARTIC DRUGS	
Bisacodyl	Tab. 5 mg
Lactulose	Syp. 667 mg/ml

DRUGS USED IN DIARRHOEA	
ORS (Low osmolarity: 245 mmol/L: Sod chloride 2.6g/L, Trisodium citrate Dehydrate 2.9g/L, Pot. Chloride 1.5g/L, Glucose anhydrous 13.5g/L))	Powder Sachet
Furazolidone	Tab. 100 mg, Powder for Susp. 25mg/5ml
13. HORMONES, OTHER ENDOCRINE DRUGS AND CONTRACEPTIVES	
PROGESTERONES	
Norethisterone	Tab.5 mg
Medroxyprogesterone acetate	Tab. 2.5, 10mg
INSULIN AND OTHER ANTIDIABETIC DRUGS	
Glibenclamide	**Tab.2.5, 5 mg**
Metformin hydrochloride	**Tab.500, 850 mg**
14. IMMUNOLOGICAL AGENTS	
There should be no batch failure rate/substandard report from the authorized testing laboratory.	
Tetanus Toxoid Inj.	
15. MUSCLE RELAXANT & ANTICHOLINESTERASE	
Methocarbamol	Tab.500 mg
16. OXYTOCICS AND ANTIOXYTOCICS	
Isoxsuprine	**Tab. 10 mg**
Methylergometrine maleate	Tab. 0.125 mg
17. PSYCOTHERAPEUTIC DRUGS	
Imipramine	Tab. 25, 75mg
Diazepam	Tab. 5mg; Inj 5mg/ml
Alprazolam	Tab.0.25mg, 0.5mg

18. DRUGS ACTING ON RESPIRATORY SYSTEM	
Etophylline+ theophylline	Tab. 100mg (77+23mg); Tab. 150, 300mg SR; Syr.(46.5+14mg/5ml), Inj.220mg/2 ml (169.4+50.6 mg)
Salbutamol	Tab. 2mg, 4mg, Syr. 2mg/5ml, Solution for Nebulizer 5 mg/ml, Inhalation aerosol 100 mcg/dose in 200 doses
Budesonide	Inhalation aerosol 100mcg/dose
ANTITUSSIVES	
Noscapine	Linctus 7mg/5 ml
Dextromethorphan	Soln.30 mg/5ml
Bromhexine hydrochloride	Syr.4mg/5 ml
Diphenhydramine	Syr. 12.5 mg/5ml
19. SOLUTION CORRECTING WATER AND ELECTROLYTE	
Dextrose	Inj. 5%,
Sodium chloride	Inj. 0.9%
20. VITAMINS AND MINERALS	
Vitamin. A	Soft gelatin Cap.25000IU, 50,000 IU, Drops VitaminA 3000 IU To 5000IU
Multivitamin	Vitamin C 40- 60mg;Vitamin D 400 IU. Vitamin B1 1-2mg; VitaminB2 1-2mg; Vitamin B3 10 -15mg; Nicotinamide 10.5 -15mg; Panthenol1.5-3mg;VitaminB6 1-3mg; VitaminE 5.25-8 mg)
Vitamin D_3	Granules 1 g sachet
Alphacalcidol	Cap.0.25 mcg
Vitamin C	Tab.100, 500 mg
Calcium carbonate	Tab. 250, 500 mg as elemental calcium
Calcium carbonate+ Vitamin D_3	Syr. 250 mg as elemental calcium+125 IU/5ml

21. DENTAL PREPARATIONS	
Tannic acid	Gum paint10%
Povidone Iodine	Mouth Wash 1%
Choline Salicylate soln + Benzalkonium	Gel (0.01% + 9% all w/v) 8.7% Soln. IP 0.01%
Chloride soln + Lignocaine HCL IP	w/w 2% w/w in flavored jelly base oral gel 30g/tube
22. OPHTHALMOLOGICAL PREPARATIONS	
ANTI INFECTIVE AGENTS	
Sulfacetamide	Eye drops 20%
Chloramphenicol	Eye applicap 1%
Ciprofloxacin	Eye drops 0.3%, Eye oint.0.3%
Gentamicin	Eye drops 0.3%
Framycetin	Eye drops 0.5%
Gentamicin with Betamethasone	Eye drops
ANTIINFLAMMATORY AGENTS	
Ketorolac	Eye drops 0.5%/5ml vial
23. ENT DRUGS	
Gentamicin	Ear drops (0.3% w/v)
Icthymol	Sol. 0.15%
Gentamicin + Betamethasone Ear drops	(0.3% w/v + 0.1%)
Boric Acid	Powder
Clotrimazole	Ear drops 1%
Xylometazoline	Nasal drops 0.1, 0.05%

Anti-leprosy, anti-tubercular, oral contraceptives and vaccines are not included in this list as they are supplied to the dispensaries under various national health schemes.

III.e. Laboratory Items

S. No.	Name of Item	Quantity (as per requirement)
1.	Acetic Acid Glacial	-do-
2.	Acetone	-do-
3.	Beaker all sizes	-do-
4.	Blood Cell Counter 6 units	-do-
5.	Blood Grouping kit Anti A, B, AB & D (Rh)	-do-
6.	Boric Powder	-do-
7.	Blood Grouping Plate	-do-
8.	Bleaching Powder / Solution	-do-
9.	Carbol Fuschin	-do-
10.	Cedar Wood Oil	-do-
11.	Centrifuge Tube	-do-
12.	Cover Slip all size	-do-
13.	Diamond Pencil for slide marking	-do-
14.	Distilled water 5 Ltr. Pack	-do-
15.	Dropper	-do-
16.	ESR Pipette Disposable	-do-
17.	ESR Stand (6 Tubes)	2
18.	EDTA Tubes (Glass)	-do-
19.	Liquid Spray cleaner	-do-
20.	Bleaching Powder	1
21.	Degradable Polybags Black for BMW	-do-
22.	Hb Pipette with rubber tube	-do-
23.	Hb tube	-do-
24.	Haemoglobinometer complete set	-do-
25.	Hydrogen peroxide for lab use	-do-
26.	Improved Neubaur's chamber	-do-
27.	Lancet Disposable Sterile	-do-

S. No.	Name of Item	Quantity (as per requirement)
28.	Lieshman stain	-do-
29.	Microscope slide (glass) deluxe	-do-
30.	Multi stick for urine	-do-
31.	N/10 HCL	-do-
32.	Pasture pipette	-do-
33.	Pipette RBC	-do-
34.	Pipette WBC	-do-
35.	Pipette Stand	-do-
36.	Platelets count fluid	-do-
37.	Pot Permagnate	-do-
38.	Pregnancy test card / strip	-do-
39.	R B C diluting fluid	-do-
40.	Slide staining tray	-do-
41.	Sod. Citrate soln.	-do-
42.	Sprit lamp / Bunsen burner	-do-
43.	Stop watch	-do-
44.	Sulpher Powder	-do-
45.	Sulphuric Acid	-do-
46.	Tepol Liquid	-do-
47.	Test Tube Holder	-do-
48.	Test Tube Size 12 x 100 mm	-do-
49.	Test Tube Size SS body	-do-
50.	Tissue paper roll	-do-
51.	TLC / DLC Counting Chamber	-do-
52.	Tourniquets(Velcro)	-do-
53.	Uristicks for Glucose and albumin	-do-
54.	WBC diluting fluid	-do-
55.	Widal testing kit	-do-

56.	Xylene	-do-
57.	Urine Sticks for Microalbumin	-do-
58.	Binocular Microscope	1
59.	Centrifuge Machine for 8 tubes	1
60.	EDTA Powder	-do-
61.	Vacutainers Plain	-do-
62.	Filter Paper	-do-

f. MISCELLANEOUS ITEMS

S. No.	Name of Item	Quantity (as per requirement)
1.	Broom Phool	-do-
2.	Broom Naryal	-do-
3.	Liquid Soap	-do-
4.	Room Freshener	-do-
5.	Floor Mops	-do-
6.	Bamboo for Floor Mops	-do-
7.	Toilet cleaner	-do-
8.	Brush for Toilet	-do-
9.	Detergent Powder	-do-
10.	Soap Cake	-do-
11.	Duster	-do-
12.	Wiper	-do-
13.	Phenyl 5 Ltr.	-do-
14.	Naphthalene Ball	-do-
15.	Dustbin Plastic –Small / Medium / Big	-do-
16.	Insecticide solution/sprey	-do-
17.	Insecticide sprey pump	-do-
18.	Liquid Sprey cleaner	-do-
19.	Bleaching Powder	-do-
20.	Degradable Polybags Black for BMW	-do-
21.	Degradable Polybags Yellow for BMW	-do-
22.	Degradable Polybags Red for BMW	-do-
23.	Chemical Treatment Bucket 20 Ltr.	-do-
24.	Foot operated dustbin ss Frame with Removable Pot made of HDPE material Black / Yellow / Red	-do-
25.	Biomedical Waste Bins	-do-
26.	Plastic Bucket-30 Ltr. with Mug	-do-

27.	Glass Tumber	-do-
28.	Water lugs with tap 20 Ltr.	-do-
29.	Cup & Plate Set	-do-
30.	Hot Case Electric	-do-
31.	Hot Plate	-do-
32.	R.O. System	-do-
33.	Water Cooler	-do-
34.	Desert Cooler	-do-
35.	Air Conditioner (window type)	(as per requirement)
36.	Invertors with Adequate Back up	-do-
37.	Domestic Refrigerators 165 Ltr	-do-
38.	Stand for Refrigerator	-do-
39.	Voltage Stablizer	-do-
40.	Computer with Broad and accessories	-do-
41.	Printer	-do-
42.	UPS for Computer	-do-
43.	Pen drive 4 GB/8GB	-do-
44.	Telephone with intercom facility	-do-
45.	Electric Tubes	-do-
46.	CFL Bulb	-do-
47.	Emergency Light	-do-
48.	Torch Medium/Large	-do-
49.	Torch Cells	-do-
50.	Extension Board.	-do-
51.	Fly Catcher	-do-
52.	Heat Convector/Room Heater	-do-
53.	Lathi for Chowkidar	-do-
54.	Umbrella	-do-

55.	Gum Boots	-do-
56.	Rain Coat	-do-
57.	Goggles for Universal Precautions	-do-
58.	Safety Razer	-do-
59.	Measuring Tape	-do-
60.	Locks with Keys Big & Small	-do-
61.	Fire Extinguishers	-do-
62.	Signages	-do-
63.	Vaccine Carrier	-do-
64.	Catculator 10 Digits	-do-
65.	Dial Thermometer	-do-
66.	Door Mat Rubber/Small/Medium/Large	-do-
67.	Suggestion Box	-do-
68.	Sealing Wax	-do-
69.	Table Glass	-do-
70.	Rat Trap	-do-
71.	Jerican White Empty 5 Ltr./10Ltr./20Ltr.	-do-
72.	Tissue Paper Roll	-do-
73.	Paper Napkins	-do-
74.	Hot Water Bottle	-do-
75.	PVC Pipe	-do-
76.	Gloves for cleaning (heavy duty Rubber)	-do-
78.	Canvas Box	-do-

g. LINEN ITEMS

S. No.	Name of Item
1.	Bed Sheet
2.	Draw Sheet
3.	Towel large medium/small
4.	Screen Cloth
5.	Pillow
6.	Pillow Cover
7.	Curtain Cloth
8.	Doctor Coat
9.	Coat for Paramedical Staff
10.	Apron
11.	Patient Blanket
12.	Blanket for Chowkidar

Quantity as per requirment

h. STATIONERY ITEMS

S. No.	Name of Item
1.	OPD Slips
2.	OPD Register
3.	Stock Register
4.	Rulled Register 2Q, 4Q
5.	Immunization Register
6.	Immunization Card
7.	Eligible Couple Register
8.	Special Drug Forms
9.	Morbidity Reporting Proforma ICD-10
10.	Reporting Proformas under various National Health Programmes
11.	Ball Pen (Blue/Red) V5
12.	Gel Pen (Blue/Red/Green)
13.	Marker Pen
14.	Permanent Marker
15.	Pencil HB
16.	High Lighter Pen
17.	Eraser / Rubber
18.	Scale (12”)
19.	Stapler Pin
20.	All Pin
21.	Board Pin 13 mm
22.	U Clip
23.	Tags (Cotton)
24.	All Pin Cushion
25.	Gum Bottle 700 ml big
26.	Stamp Pad
27.	Ink for Stamp Pad

28.	White Fluid
29.	Cello Tape Size ½ inches, 1 inches
30.	Slip Pad
31.	White envelop (4” X 6”)
32.	White envelop (4” X 9”)
33.	White envelop A-4 size
34.	Envelop (File size) Brown Plastic coated
35.	Dak Pad
36.	Paper Weight
37.	File covers
38.	File board
39.	File wrapper
40.	Photocopy paper (all size) 75 GSM & ISI
41.	Note sheet superior
42.	Carbon Paper (blue) all sizes
43.	Short hand book
44.	Attendance register
45.	Diary Register
46.	Dispatch register
47.	Cartridges for Printer

Annexure IV

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

List of Ayurvedic Medicines for PUHCs:

1. Sanjivani Vati
2. Godanti Mishran
3. AYUSH-64
4. Lakshmi Vilas Rasa (Naradeeya)
5. Khadiradi Vati
6. Shilajatwadi Louh
7. Swas Kuthara rasa
8. Nagarjunabhra rasa
9. Sarpagandha Mishran
10. Punarnnavadi Mandura
11. Karpura rasa
12. Kutajaghan Vati
13. Kamadudha rasa
14. Laghu Sutasekhar rasa
15. Arogyavardhini Vati
16. Shankha Vati
17. Lashunadi Vati
18. Kankayana Vati
19. Agnitundi Vati
20. Vidangadi louh
21. Brahmi Vati
22. Sirashooladi Vajra rasa
23. Chandrakant rasa
24. Smritisagara rasa
25. Kaishora guggulu
26. Simhanad guggulu
27. Yograj guggulu
28. Gokshuradi guggulu
29. Gandhak Rasayan
30. Rajapravartini Vati
31. Triphala guggulu
32. Saptamrit Louh
33. Kanchanara guggulu
34. Ayush Ghutti
35. Talisadi Churna
36. Panchanimba Churna
37. Avipattikara Churna
38. Hingvashtaka Churna
39. Eladi Churna
40. Swadishta Virechan Churna
41. Pushyanuga Churna
42. Dasanasamskara Churna
43. Triphala Churna
44. Balachaturbhadra Churna
45. Trikatu Churna
46. Sringyadi Churna
47. Gojihwadi kwath Churna
48. Phalatrikadi kwath Churna
49. Maharasnadi kwath Churna
50. Pashnabhedadi kwath Churna
51. Dasamoola Kwath Churna
52. Eranda paka
53. Haridrakhanda
54. Supari pak
55. Soubhagya Shunthi
56. Brahma Rasayana
57. Balarasayana
58. Chitraka Hareetaki

59. Amritarishta
60. Vasarishta
61. Arjunarishta
62. Lohasava
63. Chandanasava
64. Khadirarishta
65. Kutajarishta
66. Rohitakarishta
67. Ark ajwain
68. Abhayarishta
69. Saraswatarishta
70. Balarishta
71. Punarnnavasav
72. Lodhrasava
73. Ashokarishta
74. Ashwagandharishta
75. Kumaryasava
76. Dasamoolarishta
77. Ark Shatapushpa (Sounf)
78. Drakshasava
79. Aravindasava
80. Vishagarbha Taila
81. Pinda Taila
82. Eranda Taila
83. Kushtarakshasa Taila
84. Jatyadi Taila/Ghrita
85. Anu Taila
86. Shuddha Sphatika
87. Shuddha Tankan
88. Shankha Bhasma
89. Abhraka Bhasma
90. Shuddha Gairika
91. Jahar mohra Pishti
92. Ashwagandha Churna
93. Amrita (Giloy) Churna
94. Shatavari Churna
95. Mulethi Churna
96. Amla Churna
97. Nagkesar Churna
98. Punanrnava Churna
99. Dadimashtak Churna
100. Chandraprabha Vati.

List of Unani Medicines for PUHCs:

1. Arq-e-Ajeeb
2. Arq-e-Gulab
3. Arq-e-Kasni
4. Arq-e-Mako
5. Barshasha
6. Dawaul Kurkum Kabir
7. Dawaul Misk Motadil Sada
8. Habb-e-Aftimoon
9. Habb-e-Bawasir Damiya
10. Habb-e-Bukhar
11. Habb-e-Dabba-e-Atfal
12. Habb-e-Gule Pista
13. Habb-e-Hamal
14. Habb-e-Hilteet
15. Habb-e-Hindi Qabiz
16. Habb-e-Hindi Sual
17. Habb-e-Hindi Zeeqi
18. Habb-e-Jadwar
19. Habb-e-Jawahir
20. Habb-e-Jund
21. Habb-e-Kabid Naushadri
22. Habb-e-karanjwa
23. Habb-e-Khubsul Hadeed
24. Habb-e-Mubarak
25. Habb-e-Mudirr
26. Habb-e-Mumsik
27. Habb-e-Musaffi
28. Habb-e-Nazfuddam
29. Habb-e-Nazla
30. Habb-e-Nishat
31. Habb-e-Raal
32. Habb-e-Rasaut
33. Habb-e-Shaheeqa
34. Habb-e-Shifa
35. Habb-e-Surfa
36. Habb-e-Tabashir
37. Habb-e-Tankar
38. Habb-e-Tursh Mushtahi
39. Itrifal Shahatra
40. Itrifal Ustukhuddus
41. Itrifal Zamani
42. Jawahir Mohra
43. Jawarish Jalinoos
44. Jawarish Kamooni
45. Jawarish Mastagi
46. Jawarish Tamar Hindi
47. Khamira Gaozaban Sada
48. Khamira Marwareed
49. Kushta Marjan Sada
50. Laooq Katan
51. Laooq Khiyarshanbari
52. Laooq Sapistan
53. Majoon Arad Khurma
54. Majoon Dabeedulward
55. Majoon Falasifa
56. Majoon Jograj Gugal
57. Majoon Kundur
58. Majoon Mochras
59. Majoon Muqawwi-e-Reham
60. Majoon Nankhwah
61. Majoon Panbadana
62. Majoon Piyaz
63. Majoon Seer Alwikhani
64. Majoon Suhag Sonth

65. Majoon Suranjan
66. majoon Ushba
67. Marham Hina
68. Marham Kafoor
69. Marham Kharish
70. Marham Quba
71. Marham Ral Safaid
72. Qurs Aqaqia
73. Qurs Dawaul Shifa
74. Qurs Deedan
75. Qurs Ghafis
76. Qurs Gulnar
77. Qurs Habis
78. Qurs Kafoor
79. Qurs Mulaiyin
80. Qurs Sartan Kafoori
81. Qurs Zaranbad
82. Qurs Ziabetus Khaas
83. Qurs Ziabetus Sada
84. Qurs-e-Afsanteen
85. Qurs-e-Sartan
86. Qutoor-e-Ramad
87. Raughan Baiza-e-Murgh
88. Raughan Bars
89. Raughan Kahu
90. Raughan Kamila
91. Raughan Qaranful
92. Raughan Surkh
93. Raughan Turb
94. Roghan Luboob Saba
95. Roghan Malkangni
96. Roghan Qust
97. Safoof Amla
98. Safoof Chutki
99. Safoof Dama Haldiwala
100. Safoof Habis
101. Safoof Muqliyasa
102. Safoof Mustehkam Dandan
103. Safoof Naushadar
104. Safoof Sailan
105. Safoof Teen
106. Sharbat Anjabar
107. Sharbat Buzoori Motadil
108. Sharbat Faulad
109. Sharbat Khaksi
110. Sharbat Sadar
111. Sharbat Toot Siyah
112. Sharbat Zufa
113. Sunoon Mukhrij-e-Rutoobat
114. Tiryaq Nazla
115. Tiryaq pechish
116. Zuroor-e-Qula

List of Siddha Medicines for PUHCs:

1. Amai otu parpam -For diarrhea in children and indigestion
2. Amukkarac curanam-For general debility, insomnia, hyper acidity.
3. Anna petic centuram-For anaemia
4. Antat Tailam - For febrile convulsions
5. Atotataik kuti nir - cough and cold
6. Aya Kantac centuram- aneamia
7. Canku parpam - anti allergic
8. Canta cantirotayam - fevers and jaundice
9. Cilacattu Parpam - Urinary infection, white discharge
10. Civanar Amirtam - anti allergic, bronchial asthma
11. Comput Tinir - indigestion, loss of appetite
12. Cuvacakkutori mathirai- asthma and cough
13. Elatic curanam - allergy, fever in primary complex
14. Incic Curanam - indigestion, flatulence
15. Iraca Kanti Meluku - skin infections, venereal infections.
16. Kantaka Racayanam - skin diseases and urinary infections.
17. Kapa Curak Kutinir - fevers
18. Karappan Tailam - eczema
19. Kasturik karuppu - fever, cough, allergic bronchitis
20. Korocanai mattirai - sinus, fits.
21. Kunkiliya Vennay - external application for piles and scalds
22. Manturati Ataik Kutinir- anaemia
23. Mattan Tailam - ulcers and diabetic carbuncle
24. Mayanat Tailam - swelling, inflammation
25. Murukkan Vitai Mattirai- intestinal worms
26. Nantukkal Parpam - diuretic
27. Nellikkai Ilakam - tonic
28. Neruncik Kutinir - diuretic
29. Nilavakaic Curanam - constipation
30. Nila Vempuk Kutinir - fever
31. Omat Tinir - indigestion
32. Parankip pattaic Curanam - skin diseases

33. Pattuk karuppu - DUB, painful menstruation
34. Tayirc Cuntic Curanam- diarrhea, used as ORS
35. Terran kottai Ilakam - tonic, used in bleeding piles
36. Tiripalaic Curanam - styptic and tonic
37. Visnu Cakkaram - pleurisy

Patent & Proprietary Drug

1. 777 Oil - for Psoriasis

List of Homeopathic Medicines for PUHCs

S. No.	Name of Medicine	Potency						Mother tincture	
		6	30	200	1M	10M/50M/CM	Triturations (1X to 6X)	Intn.	Extn.
1	Abrotanum								
2	Absinthium								
3	Aconite Nap								
4	Actea Race (Cimicifuga)								
5	Actea Spicata								
6	Aesculus Hippo								
7	Aethusa Cynapium								
8	Agaricus m								
9	Allium Cepa								
10	Aloe Socotrina								
11	Alfalfa								
12	Alumina								
13	Ambra G								
14	Ammonium Carb								
15	Ammonium Mur								
16	Ammonium Phos								
17	Amyl nitrite								
18	Anacardium Ori								
19	Antim Crud								
20	Antim Tart								
21	Apis Mellifica								
22	Apocynum Cann								
23	Argentum Metallicum								
24	Argent um Nitric								
25	Arnica Mont								
26	Arsenic Alb								
27	Arsenic Iod								
28	Ars Sulph Flav								
29	Arum Triph								
30	Ashwagandah								
31	Asafoetida								
32	Aspidosperma								
33	Aurum Met								
34	Aurum Mur Nat								
35	Avena sativa								
36	Bacillinum								
37	Badiaga								
38	Baptisia Tinct								
39	Baryta Carb								
40	Baryta Mur								

41	Belladonna								
42	Bellis P								
43	Benzoic Acid								
44	Berberis Aquifolium								
45	Berberis Vulgaris								
46	Blatta Ori								
47	Borax								
48	Bovista								
49	Brahmi								
50	Bryonia Alb								
51	Bufo								
52	Cactus G								
53	Calcarea Carb								
54	Calcarea Flour								
55	Calcarea Iod								
56	Calcarea Phos								
57	Calcarea Sulph								
58	Calendula								
59	Camphora								
60	Cantharis								
61	Capsicum								
62	Carbo Animalis								
63	Carbo Veg								
64	Carcinosin								
65	Caulophyllum								
66	Causticum								
67	Cephalandra Indica								
68	Chamomilla								
69	Chelidonium								
70	Cholesternium								
71	China Off								
72	Cicuta Virosa								
73	Cina								
74	Coca								
75	Cocculus Indica								
76	Coccus Cacti								
77	Coffea Cruda								
78	Colchicum								
79	Colocynthis								
80	Conium Mac								
81	Crataegus Oxy								
82	Crocus Sativa								
83	Crotalus Hor								

84	Croton Tig								
85	Cuprum Met								
86	Cynadon Dact								
87	Damiana								
88	Digitalis								
89	Drosera								
90	Dulcamara								
91	Echinacea								
92	Equisetum								
93	Eupatorium Perf								
94	Euphrasia								
95	Ferrum Met								
96	Ferrum Phos								
97	Fluoric Acid								
98	Formica Rufa								
99	Gelsemium								
100	Ginseng								
101	Glonoine								
102	Graphites								
103	Gun powder								
104	Hamamelis								
105	Hekla Lava								
106	Helleborus								
107	Hepar Sulph								
108	Hippozaeninum								
109	Hydrastis Can								
110	Hydrocotyle								
111	Hyoscyamus								
112	Hypericum								
113	Ignatia								
114	Influzenum								
115	Iodum								
116	Ipecac								
117	Jonosia Ashoka								
118	Justicia Adh								
119	Kali Bich								
120	Kali Brom								
121	Kali Carb								
122	Kali Cyan								
123	Kali Iod								
124	Kali Mur								
125	Kali Phos								
126	Kali Sulph								
127	Kalmia Lat								
128	Kreosote								
129	Lac Can								
130	Lac Deff								

131	Lachesis								
132	Lapis Alb								
133	Ledum Pal								
134	Lillium Tig								
135	Lobelia Inflata								
136	Lycopodium								
137	Mag Carb								
138	Mag Mur								
139	Mag Phos								
140	Medorrhinum								
141	Merc Sol								
142	Mezereum								
143	Millefolium								
144	Morphinum								
145	Moschus								
146	Muriatic Acid								
147	Murex								
148	Mygale								
149	Naja								
150	Natrum Carb								
151	Natrum Mur								
152	Natrum Phos								
153	Natrum Sulph								
154	Nitric Acid								
155	Nux Vomica								
156	Ocimum Can								
157	Oleander								
158	Opium								
159	Ova tosta								
160	Passiflora								
161	Petroleum								
162	Phosphoric Acid								
163	Phosphorus								
164	Physostigma								
165	Phytolacca								
166	Plantago								
167	Platina								
168	Plumbum Met								
169	Podophyllum								
170	Prunus Spinosa								
171	Psorinum								
172	Pulsatilla								
173	Pyrogenum								
174	Rananculus B								

175	Raphanus								
176	Ratanhia								
177	Rauwolfia								
178	Rhododendron								
179	Rhus Tox								
180	Rumex C								
181	Ruta G								
182	Sabadilla								
183	Sabal Ser								
184	Sabina								
185	Sambucus N								
186	Sanguinaria C								
187	Sarsaparilla								
188	Secal Cor								
189	Selenium								
190	Sepia								
191	Silicea								
192	Spigelia								
193	Spongia T								
194	Stannum Met								
195	Staphysagria								
196	Sticta Pulmo								
197	Stramonium								
198	Strontia Carb								
199	Sulphur								
200	Sulphuric Acid								
201	Symphytum								
202	Syphilinum								
203	Syzygium Jamb								
204	Tabacum								
205	Tarentula C								
206	Tellurium								
207	Terebinthina								
208	Thlaspi BP								
209	Terminalia Arjuna								
210	Thuja								
211	Thyroidinum								
212	Tuberculinum								
213	Uranium nit								
214	Urtica Urenus								
215	Ustilago								
216	Veratrum Alb								
217	Veratrum Vir								
218	Viburnum Op								
219	Viburnum P								
220	Vipera								
221	Viscum alb								
222	Wyethia								
223	Zincum Met								
224	Zincum Phos								

List of Biochemics

S. No.	Name of Medicine	3X	6X	12X
	Biochemics			
1	Calcarea Flour			
2	Calcarea Phos			
3	Calcarea Sulph			
4	Ferrum Phos			
5	Kali Mur			
6	Kali Phos			
7	Kali Sulph			
8	Mag Phos			
9	Natrum Mur			
10	Natrum Phos			
11	Natrum Sulph			
12	Silicea			
13	Five Phos			

List of Ointments-

S. No.	Name of Medicine
1	Aesculus
2	Arnica
3	Belladonna
4	Berberis Aq
5	Calendula
6	Cantheris
7	Chrysarobinum
8	Echinacea
9	Graphites
10	Hamamalis
11	Hypericum
12	Ledum Pal
13	Rhus Tox
14	Ruta G
15	Skookum Chuck
16	Sulphur
17	Thuja
18	Urtica Urens

Eye/Ear Drops-

S. No.	Name of Items
1	Euphrasia Eye Drops
2	Mullein Oil Ear Drops
3	Cinereria Maertima Succus Eye Drops

List of Sundries-

1	Label book English printed in block letters
2	Envelops (paper) 4"x 3" white (Packing 5kg)
3	Envelops (paper) 4"x 6" white (Packing 5kg)
4	Polythene bags (Packing 2kg) (self locking transparent 4" x 3")
5	Paper cutting (white) for dispensing 3" wide stripes (Packing 5Kg)
6	Stickers plain size 4cmx2cm
7	Stopper 15 ml (Plastic) (Packing in per gross)
8	Stopper 30 ml (Plastic) (Packing in per gross)
9	Stopper 60 ml (Plastic) (Packing in per gross)
10	Glass Bottle 15 ml amber colour with dropper and Plastic caps (A quality) (Packing in per gross)
11	Glass Bottle 30 ml amber colour with dropper and Plastic caps (A quality) (Packing in per gross)
12	Glass Bottle 60 ml amber colour with dropper and Plastic caps (A quality) (Packing in per gross)
13	Glass bottle with wooden cork 1 drams (Machine made) [A quality]
14	Glass bottle with wooden cork 2 drams (Machine made) [A quality]
15	HDPE Plastic bottle ½ drams with multicolor caps (with x logo of Delhi Govt. on cap)
16	HDPE Plastic bottle 1 drams with multicolor caps (with x logo of Delhi Govt. on cap)
17	HDPE Plastic bottle 2 drams with multicolor caps (with x logo of Delhi Govt. on cap)
18	HDPE Plastic bottle 15 gm with multicolor caps (with x logo of Delhi Govt. on cap)
19	HDPE Plastic bottle30 gm with multicolor caps (with x logo of Delhi Govt. on cap)
20	Glass bottles 125 ml amber color with dropper and cap (A quality)
21	LDPE Plastic bottle 15 ml with Dropper for Mother tincture
22	LDPE Plastic bottle 30 ml with Dropper for Mother tincture
23	Globules
24	Sugar of Milk

Annexure V

JOB RESPONSIBILITIES OF MEDICAL OFFICER AND OTHER STAFF AT PUHC

Duties of a Medical Officer In charge of a Primary Urban Health Centre.

MO I/C of a PUHC is responsible for implementing all activities grouped under Health & Family Welfare delivery system in PUHC area. It is not possible to enumerate all his tasks. However, by virtue of his designation as the in charge and administrative head, it is implied that he will be solely responsible for provision of comprehensive health care including the implementation of National Programs.He will also be the Member Secretary of the Rogi Kalyan Samiti of the PUHC and will be responsible for execution of his responsibilities in that capacity.

The detailed job responsibilities of Medical Officer working in the PUHC are as :

1. Healthcare delivery:

The Medical Officer will provide comprehensive Medical Care , preventive and curative, to the beneficiaries including Family Planning services.

- The Medical Officer will organize the dispensary, outpatient department and will allot duties to the ancillary staff to ensure smooth running of the OPD.
- After examination of the patient the Medical Officer will record symptoms and findings in brief, investigations done / advised, diagnosis and treatment on the OPD Slip. As far as possible the medications should be the ones available in the PUHC.
- She will ensure that he himself along with all others involved in delivery of curative medical services are fully conversant with the standard treatment protocols appropriate to the category of staff and are using them while providing healthcare.
- She/He may refer the case to the specialist as and when required. While making the referral to the specialist or hospital the medical officer will give the history, short resume of the case, findings, provisional diagnosis and the treatment given on the OPD slip.
- She/He will supervise and regulate organization of the specialist / evening OPDs.
- She/He will ensure that during the working hours appropriate care for emergencies is promptly available in his centre including that for injuries and burns.
- She/He will ensure adequate stocks of ORS to maintain availability of ORS packets throughout the year. He/she will arrange for correction of moderate and severe dehydration through appropriate treatment (using I/V rehydration, if required).
- Monitor all cases of diarrhoea / ARI especially for children between 0-5 years. Recording and reporting of all deaths due to diarrhoea / ARI especially for children between 0-5 years.
- Spread awareness and provide chlorine tablets for rendering drinking water safe.Training of

all health personnel like ASHAs, Anganwadi Workers, Dais and other who are involved in health care regarding ORT program.

- He/she will ensure through his/her health team early detection of pneumonia cases and provide appropriate treatment. She/He will attend to all cases referred to the centre by ANM / ASHA / School teacher / AWW and provide appropriate management.
- After careful screening in all cases requiring the higher level care including dental care and nursing care, he will ensure that a complete referral slip is prepared and the patient is referred to the appropriate higher centre.
- She/He will cooperate and coordinate with the institutions providing medical care services in his area.
- He/she will ensure availability of all laboratory services mandated to be carried out at the PUHC and refer the patient to an attached centre for more sophisticated tests.
- He / she will make arrangements for providing services in areas / population pockets which are not able access the PUHC by organising health and nutrition days at a suitable venue once in a month or through fixed outreach centres.
- He/she will supervise outreach activities including the fixed outreach centres in his / her area at least once in a fortnight.

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 under National Health Mission 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.

Based on the information collected by ASHA & the ANM from their surveys, 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 Programs. The second MO / PHN will provide assistance in the formulation of local health and sanitation plan through the ANMs and coordinate with the local self help groups / health and sanitation committees in his/her PUHC area. He/she will keep close liaison with DC Office, community leaders and various social welfare agencies in his/her area and involve them to the best advantage in the promotion of health programs in the area.

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

1. Nutritional Services

- Liason closely with the anganwadis and AWWs located in the PUHC area.
- Will provide leadership & guidance for special programs such as in tackling anemia , malnutrition Identification, treatment and follow-up of nutritional disorders, especially, anemia and malnutrition by ensuring nutritional supplementation at the nearby Anganwadi and Nutritional rehabilitation at home through ASHA.
- Ensure availability of Iron / Folic acid supplement and Vitamin A.

2. Reproductive and Child Health Programme

- Antenatal care / preparation and necessary linkage for Intranatal care / Post natal care.
- Ensuring antenatal day every week with delivery of complete and quality assured antenatal care including clinical examination , investigation , supplementation.
- Identification and referral of high risk cases. Follow-up of these high risk cases through pregnancy , intranatal period and postnatal period.

Outreach Activity

- Ensure that areas where center based facilities are not accessible, outreach activities are carried out and their quality / content are maintained.
- Ensure that the essential contacts with PUHC are made for investigations, identification and management of high risk cases.

Immunization

- Ensure cent percent coverage as per the State Immunization schedule of the target population in PUHC area (Pregnant mothers & children in 0-5 year age group) through immunization sessions twice a week and conduct of outreach immunization sessions if required.
- He / She will ensure adequate supplies of vaccines and the miscellaneous items required for effective implementation of UIP.
- He/She will also ensure proper storage of vaccines and maintenance of cold chain equipment, planning and monitoring of performance and training of staff.

Family Planning Services

- He / She will be responsible for proper and successful provision of family planning services in the PUHC area, including education, motivation, delivery of services and after care.
- He/She will be responsible for giving immediate and followup attention to any complications resulting from acceptance of a family planning method.
- He/She will ensure that all logistics (equipments drugs, education material and contraceptives) required for implementation of family planning activities are available in his centre.

- He will assist the districts in organizing the vasectomy camps.

Adolescent Health

- Conduct of health talks / check up of school dropouts and chidren not going to school / adolescents identified and collected by ASHAs.
- Creating adolescent friendly environment in the PUHC to enable the adolescents to approach the MO , PHN , ANM with their problems / querries.

National Vector Borne Disease Control Programme (NVBDCP).

- Ensure facility for blood testing for fever cases.
- Will liaison with the authorities carrying out spraying activities and providing logistics like larvicides in PUHC area.
- Ensure elimination of mosquitoes breeding site in the PUHC and in the area through education / awareness generation by ASHAs, ANMs and liasioning with local self help groups.
- Ensure that all positive cases are treated adequately.
- Ensure that cases of complicated Malaria are referred.
- Ensure that all his team members are aware of Chikungunia / Dengue and trained to detect early case of Dengue Shock Syndrome, Dengue Hemorrhagic Syndrome and institute appropriate SOP at the PUHC and community level before prompt referral.
- Ensure sufficient stock of Chloroquine and 1/V fluids.
- Report all cases of suspected Dengue, Chikungunia and smear positive malaria cases promptly.
- Judicious use of all publicity material and mass media equipment received from time to time.
- He/she should ensure that all categories of staff in the center are sufficiently trained and observe the instructions laid down under NVBDCP on the treatment of smear positive cases.

Tuberculosis

- Ensure high index of suspicion in the patients visiting OPD, provide facilities for early detection of case, confirmation and prompt institution of treatment.
- He/ She will also ensure that all cases of confirmed Tuberculosis take regular and complete treatment.
- Ensure smooth functioning of DOTS centre and Microscopy centre if operating in the PUHC.

Sexually transmitted disease:

- He/she will ensure that all cases of STD are diagnosed and properly treated and their contacts are traced for early detection.

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.

Control of Communicable Diseases:

- He/she will ensure that all the steps are being taken for the control of communicable diseases and liason with the concerned authorities for the proper maintenance of sanitation in the area.
- He/she will take the necessary action in case of any outbreak of epidemic in his/her area.
- Perform duties under the IDSP.

National Program for Control of Blindness:

- He/she will make arrangements for rendering:
  - Treatment for minor ailments
  - Testing of vision
- He/she will refer cases to the appropriate institutes for specialized treatment.

III. Training

- Ensure that his health team is well versed with SOPs and follow these in Health Care delivery at the PUHC.
- The team members have defined work allocation and are adequately trained for it.
- Worker specific / relevant training are ensured with continued up gradation of skills of his / her staff with the help of State and District Level trainings.
- Organize trainings for ASHAs attached to PUHC.
- Provide hands on training to the ANMs, ASHAs .
- Provide feedback on value addition done by the different trainings provided to his staff members at the district and State level under various programs .
- Will maintain a database of the trainees / trainings already conducted for his PUHC Staff.

IV Administrative Work

- He/she will supervise the work of staff working under him/her.
- He/she will ensure general cleanliness inside and outside the premises of the PUHC and also proper maintenance of equipment in his/her centre.
- He/she will ensure maintenance of a regularly updated 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 for drugs, instruments, vaccines,ORS and contraceptive etc. sufficiently in advance and will submit them to the appropriate health authorities.

- He/she will scrutinize the programmes of his/her staff and suggest change 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 discuss steps to be taken for further improvements.
- He/she will ensure the regular supply of medicines and disbursements of Incentives to ASHAs.
- He/she will ensure the maintenance of the prescribed records at PUHC level.
- He/she will be responsible for compilation of accurate and complete reports in the prescribed formats and their timely submission to the HQ.
- He/she will keep notes of his/her visits to the area and submit every month his/her inspection report to the CDMO.
- He/she will discharge all the financial duties entrusted to him/her.
- He/she will discharge the day to day administrative duties and administrative duties pertaining to new schemes.

JOB RESPONSIBILITIES OF THE SECOND MEDICAL OFFICER :

1. CURATIVE WORK:

The Medical Officer will provide comprehensive Medical Care , preventive and curative to the beneficiaries including Family Planning services.

- After examination of the patient the Medical Officer will record symptoms and findings in brief, investigations done / advised, diagnosis and treatment on the OPD Slip. As far as possible the medications should be the ones available in the PUHC.
- He/She will ensure that he/she himself along with all others involved in delivery of curative medical services are fully conversant with the standard treatment protocols appropriate to the category of staff and are using them while providing healthcare.
- He/She may refer the case to the specialist as and when required. While making the referral to the specialist or hospital the medical officer will give the history, short resume of the case, findings, provisional diagnosis and the treatment given on the OPD form.
- He /She will provide appropriate care for emergencies including that for injuries and burns.
- He/She will correct moderate and severe dehydration through appropriate treatment (using I/V rehydration if required). He/she will ensure early detection of pneumonia cases and provide appropriate treatment.
- Monitor all cases of diarrhoea / ARI especially for children between 0-5 years.Record and report all deaths due to diarrhoea / ARI especially for children between 0-5 years
- Spread awareness and provide chlorine tablets for rendering drinking water safe.Train all health personnel like ASHAs, Anganwadi Workers, Dais and others who are involved in health care regarding ORT program.

- He/She will attend to all cases referred to the centre by ANM / ASHA / School teacher / AWW and provide appropriate management.
- After careful screening in all cases requiring the higher level care including dental care and nursing care, he will ensure that a complete referral slip is prepared and the patient is referred to the appropriate higher centre.
- He/She will cooperate and coordinate with the institutions providing medical care services in his area.
- He/She will ensure availability of laboratory services mandated to be carried out at the centre and refer the patient to an attached centre for more sophisticated tests .
- He/She will provide services in areas / population pockets, which are not able to access the PUHC by participating in health and nutrition days at the identified venue once in a month or through visits in the fixed outreach centres as per the schedule prepared by the MO I/C.

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 to be implemented in the area allotted to each health functionary. He/she will supervise their work periodically both in the clinics and in the community setting to give them the necessary guidance and direction.

Based on the information collected by ASHA & the ANM from their surveys, 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 Programs. The MO will provide assistance in the formulation of local health and sanitation plan through the ANMs and coordinate with the local self help groups / health and sanitation Committees in his/her PUHC area. He/she will keep close liaison with DC Office 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 programs in the area. He will be assisted by the Community Mobilization officer in this.

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.

1. Nutritional Services

- Liason closely with the anganwadis and AWWs located in the PUHC area.
- Will actively participate in special programs such as identification, treatment and follow up of nutritional disorders especially malnutrition and anemia by ensuring nutritional supplementation at the near by Anganwadi and Nutritional rehabilitation at home through ASHA.

2. Reproductive and Child Health Program

- Will provide Antenatal care / preparation and necessary linkage for Intranatal care / Post natal care.
- Conduct antenatal clinic every week with delivery of complete and quality assured antenatal care including clinical examination , investigation , supplementation.
- Identification and referral of high risk cases. Follow-up of these high risk cases through pregnancy, intranatal period and postnatal period.

Outreach Activity

- Provide quality assured / services through outreach activities in areas where centre based facilities are not accessible.
- Ensure that the essential contacts with PUHC are made for investigations and identification & management of high risk cases.

Immunization

- Provide cent percent coverage of the target population in PUHC area. (Pregnant mothers & 0-5 year age group) through immunization sessions twice a week and conduct of outreach immunization sessions if required.
- Ensure proper storage of vaccines and maintenance of cold chain equipment, monitoring of performance and training of staff.

Family Planning Services

- Provide family planning services in the PUHC area , including education , motivation, delivery of services and after care.
- He will be responsible for giving immediate and followup attention to any complications the acceptor develops due to acceptance of a family planning method.
- He will assist in organizing the vasectomy camps.

Adolescent Health :

- Conduct of health talks / check up of school dropouts and chidren not going to school / adolescents identified and collected by ASHAs.
- Creating adolescent friendly environment in the PUHC to enable the adolescents to approach the MO , PHN , ANM with their problems / querries.

Sexually transmitted disease:

- Diagnose and treat all cases of STD and contacts.

National Vector Borne Disease Control Program (NVBDCP).

- Ensure blood testing for fever cases.
- Ensure elimination of mosquitoes breeding site in the PUHC and in the area through education / awareness generation by ASHAs, ANMs and also liasioning with local self help groups.
- Treat all positive cases adequately.
- Refer all cases of complicated Malaria in time.
- Ensure that all his team members are aware of Chikungunia / Dengue and trained to detect early case of Dengue Shock Syndrome, Dengue Hemorrhagic Syndrome and institute appropriate SOP at the PUHC and community level with prompt referral.
- Report all cases of suspected Dengue, Chikungunia and smear positive malaria cases promptly.
- Judicious use of publicity material and mass media equipment received from district from time to time.
- He/she should ensure that all categories of staff in the center are sufficiently trained and observe the instructions laid down under NVBDCP on the treatment of smear positive cases.

•Tuberculosis

- Maintain a high index of suspicion for TB in the patients visiting OPD, provide facilities for early detection of case, confirmation and prompt institution of treatment.
- He/ She will also ensure that all cases of confirmed Tuberculosis take regular and complete treatment.
- Ensure smooth functioning of DOTS centre and Microscopy centre if operating from the PUHC.

Leprosy:

- Early detection of cases of Leprosy and confirmation of their diagnosis and treatment.
- Ensure that all cases of Leprosy take regular and complete treatment.

Control of Communicable Diseases:

- Take all necessary steps for the control of communicable diseases.
- Take the necessary action in case of any outbreak of epidemic in his/her area.
- Perform duties under the IDSP.

National Program for Control of Blindness:

- Treatment for minor ailments
- Testing of vision to screen using Snellen Chart / near reading charts.
- Refer cases to the appropriate institutes for specialized treatment.

III. Training

- Assist MO I/C in organizing/ conducting trainings.
- Organize trainings for ASHAs attached to PUHC.
- Provide hands on training to the ANMs, ASHAs.
- Provide feedback on value addition done by the different training programs provided to his staff members.

IV. Monitoring & Evaluation:

- Will be responsible for monitoring the work being done by the ANMs in the centre and the field including Outreach activity. Monitoring will be structured and as per defined formats.
- Will periodically check and initial the ANM registers – Survey registers , eligible couple registers etc.
- Will assess fortnightly the progress of work of the ANM. Submit a report to the MO I/C. Evaluate the work being done and guide her in improving her performance.
- Will visit each outreach centre at least once a week on a fixed day and while conducting the clinic, also monitor / evaluate the work being done at the centre. Provide necessary guidance for correction.
- Similarly will evaluate the performance of ASHAs in consultation with the concerned PHN and ANM. Provide all support and guidance wherever required and be an active member of the ASHA Mentor group.
- Will provide the feedback to the MO I/C on the monitoring and evaluation.

V. Administrative Work

- He/she will ensure general cleanliness inside and outside the premises of the PUHC 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 will assist the MO I/C in preparing charts to explain clearly the geographical areas, location of peripheral health units, morbidity and mortality, health statistics and other important information about PUHC area.
- He/she will attend weekly / monthly staff meetings with a view to evaluating the progress of work and suggesting steps to be taken for further improvements.
- He/she will discharge all the financial duties entrusted to him/her.
- He/she will discharge any other duty assigned to him by the MO I/C , Department or upon introduction of a new scheme.

JOB RESPONSIBILITIES OF THE PHARMACIST : STOREKEEPER

- The Storekeeper is answerable to the Medical Officer In charge. He / She is entrusted with the supervision of dispensary stores and the safety, protection from loss, damage or

deterioration of the stocks entrusted to his charge.

- He/She will arrange to keep stores in a neat and orderly manner and ensure that all containers, bottles, packages etc. are properly labeled.
- He/She will prepare and submit regular indents to the MO I/C and after getting it approved and countersigned submit it to the Central Medical Store in accordance with the delivery program issued by the store from time to time.
- He/She will ensure sufficient buffer stock . He will bring to the notice of the Medical Officer incharge when the stock requires replacement / procurement in time to allow replenishment before actual depletion occurs i.e. before the stock become ' NIL'.If required, he shall prepare supplementary indents for submission to the Central Medical Store.
- He/She will procure indents from Central Stores / any other source whenever required.
- He/She will examine, count, measure or weigh, as the case may be, the stores received and supervise its safe delivery to the dispensary stores. At the time of the receipt, he/she will check that the quantities are correct and that the stores are in good condition. He/she will immediately bring to the notice of Medical Officer incharge anything found contrary before the stocks are taken on the stock register.
- He/She will meticulously maintain the Expiry Date Register . All received stock will be entered with the batch No. / date of expiry / quantity received at the time of receiving the stock. He will plan release of stores in a such a way that the items are used well before expiry dates.
- He/She will bring to the notice of the Medical Officer incharge stocks of such preparations which are accumulating in the dispensary store beyond the need of the dispensary.
- He/She will be responsible for correct accounting of all the stocks and for maintaining stock and issue registers and inventories in respect of both the consumable , the nonconsumable items , the dead stock and liveries. He/she shall make entries in the register and file the vouchers in serial order and produce the same for checking / inspection at the time of verification of stores and get the entries in the register countersigned by the Medical Officer incharge.
- He/she shall issue to Pharmacist , lab technician , ANM etc. stores under his custody only on the authorization of the Medical Officer incharge. He/she will ensure that seal is not broken / label not defaced before issue of items.
- The StoreKeeper will be responsible for obtaining written acknowledgment from the persons to whom the stores are issued from the stores. These should be filed in serial order.
- He/She will initial all entries in the stock ledger pertaining to the receipts and issue of the store. Receipt entries will be made in red link and issue entries in blue ink.
- He/She will comply with all instructions regarding store keeping and accounting procedure issued by the controlling authority from time to time.
- On transfer or while proceeding on leave, he/she will hand over the charge of the store to his successor and furnish a handing over and taking over charge to the Medical Officer incharge in the prescribed form / register.
- He/She will assist in dispensing work whenever so required by the Medical Officer Incharge of the dispensary.

- The Pharmacist will immediately comply with the instruction and arrange for the stocks with him to be checked at any time by the Medical OfficeriIncharge or other Medical Officers and any other official deputed by the controlling authority.
- He/She will assist the Medical Officer incharge in dealing with the correspondence with the Directorates / DPMU / and other agencies. He/she will also assist Medical Officer incharge in preparing reports / statistics.
- In case of epidemics and under special circumstances , storekeeper will have to arrange for the required medicines / logistics.
- The bag and the raincoat/umberella for outdoor official duty should be kept in such a manner that these are made readily available in the dispensary for performing outdoor duty.
- Storage and prevention of losses in the stores. The articles are to be properly stored in the Store Room. The Store-keeper is also responsible for preventing damages in the Store. The store must be free from rats , termites , cockroaches .
- He/She will not allow any outsider to sit in the store unnecessarily.
- He/She will check at regular intervals the stores available at the outreach centre and help in the procurement of supplies and equipment. Check that the drugs at the outreach centre are properly stored and that the equipment is well maintained.
- Ensure that sufficient stock is there for the outreach activities / ASHA activity and to provide for referrals from the nearby schools.
- Periodically check stock registers of the outreach centre . Issue the indents required at the outreach centre and make the required entries in his stock registers.
- He/She will ensure the smooth working of the dispensary equipment like microscope , refrigerators, inverter, coolers , water cooler with aquaguard etc by maintaining AMCs and ensuring their payments in time.
- He/She will see that the articles beyond repair are condemned and disposed through the laid down procedure and functional replacements are available without any delay.
- He/She will actively participate in the camp activities by providing various logistics/ and assist the Medical officer in organizing the activity.
- He/She will carry out such other duties as may be assigned to him by the Medical Officer incharge from time to time.

JOB RESPONSIBILITIES OF THE PHARMACIST

- The Pharmacist will be personally responsible for the correct dispensing as per prescriptions issued by the Medical Officers and for the safe custody of the stores in accordance with the guidelines / instructions by Medical Officer incharge from time to time.
- The Pharmacist will at all times be courteous and helpful in dealing with the patients and under no circumstances enter into arguments, whatsoever with a beneficiary instead he will report the matter to the Medical Officer Incharge.
- He/She will be in position at the dispensary 15 minutes before the opening time to ensure cleanliness of the dispensing room, replenishment of stocks, arranging the medicines.

- He/She will be personally responsible for ensuring that the dispensing room is kept absolutely clean all the time, medicines are arranged properly and bottles are properly closed with labels intact.
- He/She will dispense medicines with great care, accuracy as per the instructions on the prescription.
- The Pharmacist will write the names of the medicines whenever necessary on the envelop / container, bottle, to avoid confusion of the doses and also will explain the doses verbally, where required.
- The Pharmacist (s) will remain on duty to clear the patient at the end of the dispensary hours and shall leave the dispensing room only after taking permission of the Medical Officer incharge.
- He/She should see that the stock registers maintained in the dispensing room are signed by the Medical Officer incharge daily.
- The Pharmacist will immediately comply with the instruction and arrange for the stocks with him to be checked at any time by the Medical Officer incharge or second Medical Officer and any other official deputed to check it.
- In the temporary absence of storekeeper, the Pharmacist shall perform the duties of the store keeper whenever required by the Medical Officer Incharge.
- The Pharmacist will wear white coat, the prescribed uniform while on duty.
- He/She will not allow any outsider in the dispensing room unnecessarily.
- When there are two pharmacists on duty in the dispensing room, the work should be shared by each and no one should sit idle in the dispensing room.
- He/She will assist in making arrangements for the outreach activities / camps.
- The Pharmacist will perform such other duties as may be assigned to him by the Medical Officer Incharge from time to time.

JOB RESPONSIBILITIES OF PUBLIC HEALTH NURSE (PHN)

Public Health Nurse will assist the medical officers in planning, implementing and evaluating the health care delivery in the centre and the catchment area of the PUHC , especially the slum population, JJ. Clusters, resettlement colonies, villages . She will act as a guide supervisor to various health functionaries while also improving their skill through hands on training. The PHN is responsible to Medical Officers and Community in general.

Role:

- Provision of healthcare delivery including implementation of the National Health Programs.
- To act as a supervisor to ANM and ensure ASHA – ANM Synergy .
- To assist the M.O. I/C in managing various activities of the health team in Health Centre, and outreach in the community.

Provision of healthcare:

•Maternal and Child Health

- Conduct of the weekly antenatal clinic , ensure early registration of all the pregnant women

by ANM's in their area , ensure complete checkup ,preparedness for the birth , completion of ANC , JSY , REFERRAL Cards wherever appropriate. Ensure delivery of home based Postnatal care. All high risk cases to be examined by the Medical Officer and necessary management and referral protocols decided. PHN to ensure followup through ANM and ASHA. Ensure that all pregnant women are screened for anemia and provided with prophylactic / therapeutic doses of iron and compliance is ensured through ANMs and ASHAs.

- Supervise the weekly Well Baby Clinics with immunization sessions . Weigh and record weight of the infant / child on the immunization card with date. Screen the infant / children for developmental mile stones and detect any deviations from the same. Demonstrate the technique of correct immunization to the ANMs. Whenever necessary, actively participate in immunization activities. Ensure the correct recording of all immunization related activities including the adverse events which are to be immediately brought to the notice of the MO.
- Ensure preparation and display of material like growth / development charts in the immunization / well baby room.
- Motivate / screen cases for use of appropriate family planning methods -- IUCD insertion and use of oral pills, permanent methods. Advise and educate regarding use of emergency contraception.
- Organize the adolescent health talks and screening clinics at the centre in the outreach with the help of ANMs and ASHAs.
- Participate in special campaigns / screening activities ie. Cancer screening week.
- Provide information on the availability of services for M.T.P. and ensure referral of suitable cases to the approved institutions.

Nutrition:

- Preparation of a plan of action for each identified anemic / malnourished baby with the concerned ANM / ASHA. Appropriate Counseling of the mothers of the identified anemic and malnourished babies and attachment of the babies to the nearest Anganwadi for SNP and the plan of action shared with the AWW. MO to provide required technical advice in management of anemia / malnutrition.
- Hold practical demonstrations on how to prepare nutritious / wholesome meals with simple, easily available and affordable foods for those visiting the centres / during outreach sessions.

Primary Medical Care

- Supervise the ANM's/ ASHAs and give hands on training for treatment of minor ailments, first aid for accidents and emergencies.
- Attend to the cases referred by ANM's/ ASHAs.

Supervision of ANMs

- **Preparation of the ANM Roster to ensure that ANMs are in the field for atleast four days in a week . By rotation they would assist in the centre based antenatal / well baby clinic.**

- **Ensure meticulous maintenance of Survey registers and Eligible couple registers by the ANMs. By making field visits guide them in preparation of the area maps .**
- Monitor the outreach activities and guide ANM in conducting them well.
- Observe the ANM while on-job and strengthen the knowledge and skills of the ANM's. Help them in developing interpersonal skills by practical demonstrations in the centre and the field.
- Help and guide the ANM's in planning and organizing her plan of activities.
- Conduct regular meeting with ANM's (weekly) in co-ordination with M.O. I/C . Assess periodically the progress of work of ANM and submit a monthly assessment report to the M.O. I/c of the health centre. Carry out supervisory home visits in the area of ANM.

Mentoring of ASHAs

- Will be the key member in the Unit (Block) level ASHA Mentor group.
- Will supervise ANM / ASHA Synergy , the support provided by the ANMs to the ASHAs , the capacity building of ASHAs , filling up of the Diaries and verification by the ANMs , financial record maintenance by the ANMs and timely disbursement of incentives to the ASHAs.
- Deliver the health talks in the Mahila Mandal meetings / adolescent health activities organized by ASHAs.

Outreach Activities

- Planning the schedule of the outreach sessions.
- Supervise the conduct of outreach activities.
- Participate in the innovative activities being carried out by NGO's in the catchment area of the PUHC.
- Encourage community involvement and participation by identifying and regular meetings with community leaders.
- Participate as an active member of the health team in health camps, well baby shows, IEC activities and special state / national campaigns and programs.

Training

- Organize and conduct trainings of ANM's , ASHAs and AWW with the help of medical officers.

IEC Activities

- Preparation of locally relevant IEC Material / Charts / monthly report analysis graphical charts with the help of ANMs and ASHAs.

  Topics like :

- MCH Care
- Family Planning
- Nutrition
- Immunization
- Personal Hygiene
- Environmental Sanitation
- Adult Education
- Status of Women
- Right Age of Marriage
- PNDT
- Drug Addiction etc

- Collection and Judicious utilization of IEC Material provided by the district . Prepare the IEC / BCC plan for the PUHC .
- Supervise distribution of IEC material by ANM's / ASHAs.Observation of National / International day & weeks
- Arrange group meetings with community leaders, teachers etc and involve them in spreading the message for Family Welfare Program.

• Supplies, Equipment and Maintenance at Health Centre / Outreach

- Ensure that the ANM maintains her equipment / records in a proper way.
- Ensure that the ANM / Immunization / IUCD insertion room is kept clean and equipment available and functional.
- Preparation of a consolidated report of work done by the ANMs at the centre and in the outreach.

Records and Reports

- Scrutinizes and validates the records / reports prepared by the ANM and guides her in their proper maintenance. She will be responsible for the completeness and accuracy of the reports generated by the ANMs
- Review reports received from ANMs, consolidates them and submits periodical report to M.O. I/C of the health centre.
- Supervise the ANM – ASHA chain.
- Ensures that the records pertaining to ASHAs are being maintained properly.
- Also ensures that the information gathered by ASHA is optimally utilized.

Any other duties / jobs assigned by M.O. I/C from time to time.

JOB RESPONSIBILITIES OF THE AUXILLARY NURSE MIDWIFE – ANM

She will carry out the following functions:

1. Maternal and Child Health

1.1 Register and provide care to pregnant women throughout the period of pregnancy. Registration of a pregnant woman for ANC should take place as soon as the pregnancy is suspected, ideally in the first trimester (before or at 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration, she should be registered and care given to her according to gestational age.

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

1.3 Ensure investigations -- urine of pregnant women for albumin and sugar. Estimation of haemoglobin level, Blood sugar, Blood Group, VDRL.

1.4. Ensure that all cases of abnormal pregnancy and cases with medical and gynaecological problems have been examined and provided a complete referral to an identified referral unit. She will further facilitate the access to this referral unit by providing the address, timings etc. If need be the ASHA of the area can accompany the woman. ANM along with ASHA will provide follow up to the patients referred to or discharged from hospital.

1.5 ANM along with ASHAs will identify the ultimate beneficiaries, complete necessary formalities before disbursement to the beneficiaries under Janani Suraksha Yojana **(JSY)**.

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

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

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

2. Family Planning:

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

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

2.3 Distribute conventional contraceptives and oral contraceptives to the couples, facilitate prospective acceptors in getting family planning services, if necessary, by accompanying them or arranging for the ASHA to accompany them to hospital.

2.4 Provide follow-up services to female family planning acceptors, identify side effects, give treatment on the spot for side effects and minor complaints and call those cases that need attention by the Medical Officer to the PUHC.

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

2.6 Build rapport with acceptors, local leaders, ASHA, Dais and others and take their help in promoting Family Welfare Program.

2.7 Participate in Mahila Mandal meetings and utilize such gatherings for educating women in Family Welfare Program.

3. Medical Termination of Pregnancy

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

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

Help in adoption of a spacing method after MTP conducted for an unwanted pregnancy.

4. Nutrition:

Have a strong liaison with the anganwadi worker of her area.

4.1 Identify cases of anemia and malnutrition among infants and young children , with the MO / PHN make a plan of action for the identified children and implement it with the help of ASHAs and AWWs . Refer the severe /complicated malnutrition cases to the linked hospital.

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

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

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

5. Universal Programme on Immunization (UIP)

5.1 Immunize pregnant women with tetanus toxoid.

5.2 Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children, Hepatitis-B , Typhoid as per immunization schedule.

5.3 Ensure injection safety.

Report all adverse events to the MO .

6. Co-ordination with local Dais

6.1 List Dais in her area and involve them in promoting Family Welfare.

7. Communicable Diseases

7.1 Inform the M.O PUHC immediately about any abnormal increase in cases of diarrhoea/ dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness, which she comes across during her home visits, take the necessary measures to prevent their spread.

7.2 If she comes across a case of fever during her home visits she will advise the patient to come to PUHC for the blood examination.

7.3 Identify cases of skin patches, especially if accompanied by loss of sensation, which she comes across during her homes visits and bring them to PUHC for examination by the MO.

7.4 Keep a followup of patients on t/t for Leprosy , Tuberculosis and ensure compliance and completion of treatment with the help of ASHAs wherever available. Motivate defaulters to take regular treatment.

7.5 Give Oral Rehydration solution to all cases of diarrhoea / dysentery / vomiting. Train ASHA in ORT as she is a depot holder for ORS.

7.6 Identify and call all cases of visual impairment including suspected cases of cataract to the PUHC. ASHA can accompany the patient for the required surgery.

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

8. Vital Events

8.1 Facilitate (By providing the address of the nearest registering office) recording of vital events including births and deaths, particularly of mothers and infants and inform the MO of the PUHC.

8.2 Maintenance of all the relevant records concerning mothers, children and eligible couples in the area.

9. Record Keeping

9.1 Registers:

a.Survey Register (ANM Specific) in which she records detailed household survey of her area and allotted families.

b.Eligible Couple Register (ANM specific) in which she records the eligible couples – both protected and unprotected couples . Accordingly she prepares her workplan and follows them up.

c. Pregnant women register (Common for the PUHC) - details of ANC, Intranatal care, outcome of pregnancy and postnatal period.

d. Detailed record of Family planning activities carried out at the centre – IUCDs inserted, OCs distributed at the centre, in the field through ASHA, other outreach, Cases referred for Tubectomy / Vasectomy and cases operated.

e. Immunisation registers with detailed record of child / vaccines given and next due.

f. Prepare and submit the prescribed weekly / monthly reports in time.

g. Fill up any format provided under the IDSP.

10. Treatment of minor ailments

10.1 Provide treatment for minor ailments ie. Paracetamol for fever, first-aid for minor accidents while on a home visit.

11 Team Activities

11.1 Organise staff meetings at Primary Urban Health Centre.

11.2 Coordinate her activities with the Health volunteers/NGOs/ ASHA and Dais.

11.3 Help in creation of and Coordinate with the local self help groups ,Health and Sanitation Committees

11.4 Dispose medical waste as per the guidelines.

11.5 Participate as an active member of the team in camps and campaigns.

Role of ANM as a facilitator of ASHA:

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

- She will hold weekly / fortnightly meeting with ASHA and discuss the activities undertaken during the week / fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activity.
- ANM will act as a resource person for the training of ASHA
- ANM will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session
- ANM will participate and guide in organizing the Health Days at Anganwadi Centres.
- She will take help of ASHA in updating eligible couple register of the locality concerned.
- She will utilize ASHA in motivating the pregnant women for coming to PUHC for initial checkups. She will also help ASHAs in bringing married couples to the PUHC for adopting family planning.
- ANM will ensure compliance in intake of full course of IFA Tablets and TT injections etc.with the help of ASHAs.
- ANMs will orient ASHA on the dose schedule and side effects of oral pills.
- ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- ANMs will inform ASHA on date, time and place for initial and periodic training schedule. She will also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.
- She will be responsible for ensuring correct filling up of diaries by the ASHAs , verification of the work done and timely disbursal of incentives .
- She will also maintain financial records of the ASHAs working in her area.

JOB RESPONSIBILITIES OF LABORATORY TECHNICIAN:

All primary urban health centres will have a laboratory technician/assistant. The laboratory technician will be under the direct supervision of the Medical Officer, PUHC. The laboratory technician will carry out the following duties:

I. General Laboratory Procedures

1. Maintain the cleanliness and safety of the laboratory.
2. Ensure that the glassware and equipment are kept clean.
3. Handle and maintain the microscope.
4. Sterilize the equipment as required.
5. Dispose off specimens and infected material in a safe manner as per the Biomedical Waste Disposal guidelines.
6. Maintain the necessary records of investigations done and submit the reports to the Medical Officer, PUHC
7. Prepare monthly reports regarding his work.
8. Indent for supplies for the laboratory though the Medical Officer, PUHC well in time and ensure the safe storage of materials received.

II. Laboratory Investigations

1. Carry out examination of urine

i) Test for glucose

ii) Test for protein (albumen)

iii) Test for bile pigments and bile salts

iv) Test for ketone bodies

v)Rapid Test for Pregnancy

vi) Microscopic examination

2. Carry out examination of stools

i) PH.

ii) Microscopic examination.

III. Carry out examination of blood

i) Collection of blood specimen .

ii) Haemoglobin estimation

iii) WBC count (total and differential).

iv) Preparation, staining and examination of thick and thin blood smears for malaria parasites .

v) Erythrocyte sedimentation rate.

vi) Blood Sugar

vii) Blood Grouping

IV. Carry out examination sputum

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

V. Carry out examination of semen

i) Microscopic examination

ii) Sperm count and motility

VI. Test samples of drinking water

i) Testing of samples for gross impurities

iii)Residual chlorine in drinking water by testing kits, if so provided.

VII. Perform any other tests as per the Integrated Disease Surveillance Project and other tests introduced as state policy from time to time. The state shall ensure capacity building for the same.

VIII. Perform any other duty as assigned by MO I/C .

JOB RESPONSIBILITIES OF DRESSER

1. The Dresser will be responsible for the overall management of the Dressing Room and do the required dressings.
2. He will render first aid in emergency case and help the Medical Officer in handling the injured.
3. He will issue the lotions and ointments to the patients under the guidance of the Pharmacist as prescribed by the Medical Officer.
4. He will keep the Dressing Room clean and tidy. All types of lotions, powders and ointments shall be properly labeled and arranged.
5. He will keep medicaments for Eye and Ear in a separate tray.
6. The lotions, paints etc. and dressing material will be kept in a separate tray.
7. He will prepare the drum with instruments and dressing material for sterilization.
8. He will take out for use from the dressing drum a small quantity of sterilized dressing at a time and keep it in a sterilized tray.
9. He will wash his hands with soap and water before dressing and use sterilized dressings provided for the purpose.
10. He will take proper care of the soiled dressings and put the same in covered waste receptacle. These soiled dressings must be disposed as per the guidelines issued for Biomedical Waste disposal.
11. In case of a female patient, he will not do the dressing except in the presence of a female relative of the patient or the female attendant of the dispensary or will call A.N.M. to do the dressing if need be.
12. He will maintain proper accounts of the medicaments, drawn from the stores.
13. He will keep the bulk containers, bottles / jars, etc. properly covered corked, stoppered and labeled.
14. He will keep dressing material i.e. cotton, linen, bandages, gauze etc. stored properly and not exposed to dust.
15. The Dresser while on duty will have on a white apron and liveries provided.
16. He will assist the Medical Officer in minor operations like removal of foreign body, repair of wounds etc. and keep sutures (needle thread) instruments etc. sterilized and ready for use.
17. He will indent the creams / lotions / ointments from the store and maintain a stock register for these.
18. He will maintain separate register for special drugs like eye, ear, ointment issued from the dressing room.
19. He will carry out any other duties as may be assigned to him by the Directorate / Medical Officer Incharge.

JOB RESPONSIBILITIES OF THE NURSING ORDERLY / PEON

The Nursing Orderly/ Peon will carry out duties in the dispensary or outside that are assigned to him by the Medical Officer Incharge.

1. When posted with a Medical Officer he will control the influx of patients to the Doctor's room.
2. He will be responsible for the proper upkeep and cleaning of doctor's consulting rooms and other rooms including all furniture, equipment therein.
3. He will arrange the doctor's tables and examination table for the patients.
4. He will be responsible for the delivery of dak or any other material to the district headquarters/ to the Central Store and such other place as may be required under instructions from Medical Officer Incharge.
5. Similarly he will collect dak any other logistics from the District / State HQ / or any other place as instructed by the MO I/C.
6. He will accompany the storekeeper and get the indents from the main store.
7. The Nursing Orderly/Peon will perform duties of watchmen/attendent at the dispensary as specified by the Medical Officer Incharge at the time of need.
8. Wherever necessary, he will arrange for procurement of water for mixtures / drinking purposes.
9. The Peon / Nursing Orderly / Messenger after performing outdoor official duty should return / deposit the raincoat / umbrella / bag to the concerned official.
10. He will participate enthusiastically and with responsibility in the conduct of various camps / all outdoor activities.
11. He will perform such other duties as may be assigned to him by the Medical Officer Incharge from time to time.

JOB RESPOSIBILITIES OF THE SWEEPER-CUM-CHOWKIDAR (Dual work of security and sanitation in shift duties)

1. The SCC on morning shift will report for duty sufficiently early to sweep and mop the dispensary floors etc. so that work can start at the scheduled hour.
2. The Sweeper-cum-Chowkidar will take the charge of the dispensary premises after the dispensary hours.
3. He will ensure that all the rooms are properly bolted and locked.
4. He will inspect the lock and seal of the medical store taking over duty and show the same to the next S.C.C/ Medical Officer Incharge / Storekeeper on relief from duty.
5. He will check that the almirahs containing stores placed outside, the rooms are properly locked and sealed. Any deficiency noticed will be brought to the notice of the Medical Officer Incharge by him immediately.
6. Before closing the rooms he will ensure that all lights, heaters, fans etc. are switched off and the water taps are closed.

7. The S.C.C. will not sleep while on duty.
8. He should arrange for procuring water needed for mixtures and drinking purposes.
9. He will daily sweep and mop the floors of the dispensary building and surroundings, clean all wash basins, latrines and urinals, spittoons etc. He will empty waste paper baskets, dustbins etc. at the provided places.
10. He will see that the biomedical waste is segregated and disposed as per the guidelines issued for disposal of biomedical waste.These activities will be performed before opening or after closing of the centre.
11. He will clean the walls / cisterns with a brush broom at least once a week.
12. He will in turn do dak work, urgent indents, telephone duties on both working and closed days besides loading and unloading store from the vans.
13. He will indent and obtain phenyl, vim in time, sweeping material like brooms, mops etc. for the performance of his duties.
14. When posted to the laboratory he will perform the cleaning duties pertaining to the laboratory and its surroundings as detailed above.
15. He will wash and clean laboratory slides, bottles etc. used for investigation purposes and correctly dispose of the specimen after the completion of their examination and when they are no longer required.
16. He will wash and clean instruments / equipments as usual. He will also wash and clean equipments like proctoscope, vaginal retractor, gloves etc. after their use.
17. He will dust and clean the shelves when he is attached with the store.
18. Under no condition, he will leave the dispensary premises without handing over the charge.
19. The S.C.C. will perform such other duties as may be assigned to him by the Medical Officer Incharge / Directorate.

JOB RESPONSIBILITIES OF THE SOCIAL MOBILIZATION OFFICER:

He/she will be under the immediate administrative control of the PUHC Medical Officer. He/she will be responsible for providing support to all health and family welfare programmes in the area .His focus work areas will be :

Communitization activities:

1. With the emphasis on Community involvement in planning , implementation and monitoring of various health interventions there has to be a strong and concerted effort to establish and maintain a continuous interaction between the community and the local health unit ie. PUHC. Many of the important interventions like setting up and registering the Rogi Kalyan Samitis / forming health and sanitation Committees for every 2000 population / putting together smaller self help groups required for initiating riskpooling activity will require dedicated effort at the grassroot level and active field presence by an individual trained in these activities. He / she will stimulate and guide this local initiative , assist them by

making them aware of the existing guidelines , available funds for various activities , accessing and using the same and record keeping.

Related to Rogi Kalyan Samitis :

- Help in Identification of the members .
- Registration of the Society
- Assist MO I/C in organizing regular meetings of RKS .
- Minutizing the proceddings and ensuring followup activities.
- Maintaining records including financial records.
- Preparing reports of RKS..
- Coordinating district / State level Trainings for RKS members.

Related to Health & Sanitation Committees/Local self help groups like Mahila Arogya Samiti (MAS)/ other Community Based Organization (CBOs)

- Help ASHA in the formation of Health and Sanitation Committees in community and plan for their capacity building.
- Hand Holding and Capacity Building training for SHG / MAS members in consultation with Medical Officer.
- Make sure the reimbursement of HSCs seed fund
- Supporting institutionalization of HSCs/MAS/CBO through training on themes- group meeting, recording of meetings, book keepings.
- Promoting community risk pooling through collection of small thrift for health exigency in HSCs /MAS/CBO.
- Facilitating linkage with bank by opening up bank account for MAS/CBO.
- Will assist in the health Insurance scheme implementation once it is taken up.

Related to Accredited Social Health Activist (ASHA)

- Facilitate selection of ASHAs.
- Assist the MO to develop the plan for ASHAs induction training and concurrent training and implement the same.
- He/ She along with the ANM , PHN will be a part of the Unit Level core mentor team for the ASHAs. Building credibility, helping her access the resistant families , enhancing her communication skills , establishing her contacts with local water , sanitation functionaries. He/she will help field workers in winning over resistant cases and drop-outs in the health and family welfare programmes.
- Map the defined and delineated catchment for each ASHA considering 400-450 households each.
- Help ANM in monitoring work of ASHAs in the community, through verification of reported beneficiaries .

Support to Outreach Activities

She/he will be responsible for planning of outreach activities in the PUHC catchments in consultation with PHNs , ANMs, ASHAs and medical officer.

The specific tasks to be accomplished are

- Facilitate preparation of monthly outreach plan for slums in consultation with concerned ASHAs and ANMs.
- Ensure the implementation of monthly outreach plan.
- Help ASHAs in mobilization of community resources and required logistics support for outreach activities- place, tables, chairs, water etc.

Reporting and Data Management & Monitoring Activities

- Help ANMs/ ASHAs in compilation of data for outreach activities and coverage of services.
- Support ASHAs to maintain registers, review registers and reporting formats and compile data accurately for assigned clusters submit to Medical Officer.
- Generating reports on the monthly activities of PUHC and help medical officers in presenting it to appropriate authority/forums.

  Will assist in monitoring the outreach activities / centres for the timeliness and completeness of services being provided. Will ensure that the outreach centre is kept clean and is properly maintained.

Mapping

- Help ANMs / ASHA and MAS in participatory geographical and social mapping the slums and their catchments, depiction of households and beneficiaries on the map.
- He/she will be responsible for preparation and display of relevant maps of the area which will be prepared with the help of the ANM and ASHA.

Coordination and Management

- Coordinate with other govt. offices, municipality, District Tuberculosis Office/DOTs centres, MDT centres, Malaria circle/beat office.
- Establishing the vital network with the area anganwadis and their functionaries , supervisors.
- Establishing contact with the school health functionaries in the area.
- Liasoning closely with the local NGOs and ensuring their participation in various activities as and when required.
- Riskpooling is a proposed activity under the urban health mission. Once operationalised it will need a strong community based working mechanism He will , with the help of ASHAs , local NGOs , existing self help groups if any help in building this mechanism .
- He / She will ensure that the benefit of various entitlement schemes being run by the Government for vulnerable segments reach them. This activity will include generation of awareness and facilitation of access to these benefits by the identified beneficiaries.

IEC & BCC activities

1. Along with the other staff he will participate in organisation of the Camps / Campaigns / outreach activities and with the help of ASHAs ensure active participation by the community.
2. He / she will organize the celebration of health days and weeks and publicity of programs at local fairs, on market days, etc.
3. He/she will assist organization of mass communication programs like film shows, exhibition, lectures and dramas, with the help of the District BCC officer.
4. He/she will maintain a list of prominent acceptors of family planning methods and opinion leaders and will try to involve them in the promotion of health and family welfare programs.
5. He/she will organize orientation training for health and family welfare workers, opinion leaders, local medical practitioners, school teachers, dais and others involved in health and family welfare work. Arrange group meetings with the leaders and involve them in spreading the message for various health programs .Organize and conduct training of women leaders with the help of the MO / ANM.
6. He/she will organize health education sessions in schools and for out-of school youth.
7. Organize and utilize Mahila Mandal, teachers and other women including ICDS personnel in the community in various National health he programs.
8. He/she will prepare a monthly report on the progress of BCC activities in the PUHC area.
9. Coordinating the campaign of IEC/BCC in the PUHC catchment.
10. Make sure that IEC and BCC activities cover the entire population through map based micro planning.

Trainings :

1. He/she will assist the Medical Officer, PUHC in conducting training of various staff and ASHA .
2. He/she will maintain a complete set of educational aids on health and family welfare for his/her own use and for training purpose.
3. Trainings of RKS / SHG functionaries .

Any other activity assigned by the MO I/C .

JOB RESPONSIBILITIES OF THE CDEO cum ASSISTANT:

The data generated at the PUHC suffers from serious flaws like lack of authenticity , incompleteness and inconsistencies. Major reason for that being lack of accurate and complete recording by the MOs on the OPD Slips and leaving the work of entering / recording the same in master register to a worker, who is not qualified to do so (in most of the cases it being the NO) and existence of long , elaborate formats.

In order to generate authentic / complete /reliable data all these problems have to be addressed. CDEO cum assistant has been proposed to take care of all data collection, compilation , generation of various kinds of reports and their onward transmission. Duties of a CDEO will be :

1. Maintenance of the OPD attendance register . Computer generation of OPD Slip and patient registration.
2. Entry of complete diagnosis and treatment prescribed in the computerised registry.
3. Generation of monthly reports – hard and soft copies in the prescribed formats provided under different programs.
4. Transmission of the reports in time to various concerned units – DPMU / SPMU / Directorates.
5. Immediate notification of notifiable diseases to the concerned departments.
6. Accurate compilation and onward transmission of the data pertaining to IDSP.
7. Collection of data pertaining to ASHA activity from the ANMs and its compilation in prescribed formats.
8. Maintaining all relevant records financial and otherwise, related to ASHAs / other community structures.
9. Assisting the MO I/C in preparing communications , orders , disseminating various guidelines for staff /community workers.
10. Any other work assigned by the MO I/C.

Annexure VI

Health and Nutrition Day

Service Package for the Health and Nutrition Day.

A. Maternal Health

i. Early registration of pregnancies. All pregnant women are to be registered.

ii. Focused ANC for all registered women. Dropout pregnant women eligible for ANC are to be tracked and services are to be provided to them.

iii. Preparation of the birth plan for institutional delivery.

iv. Referral for women with signs of complications during pregnancy and those needing emergency care.

v. Referral for safe abortion to approved MTP centres.

vi. Organizing group discussions on prevention of maternal morbidity and mortality by timely care.

vii. Counselling on:

- Education of girls.
- Age at marriage.
- Care during pregnancy.
- Danger signs during pregnancy.
- Birth preparedness.
- Importance of nutrition.
- Institutional delivery.
- Identification of referral transport.
- Availability of benefit under the JSY for those eligible.
- Post-natal care.
- Breastfeeding and complementary feeding.
- Care of a newborn.
- Contraception.

B. Child Health

i. Infants up to 1 year:

- Facilitate Registration of new births.
- Counselling for care of newborns and feeding.
- Complete routine immunization.
- Immunization for dropout children.
- First dose of Vitamin A along with measles vaccine.
- Regular Weighing.

ii. Children aged 1-3 years:

- Booster dose of DPT/OPV.
- MMR / Typhoid vaccination.
- Second to fifth dose of Vitamin A.
- Tablet IFA - (small) to children with clinical anaemia.
- Regular Weighing.
- Provision of supplementary food for grades of mild malnutrition through anganwadis and referral for cases of severe malnutrition.

iii. All children below 5 years:

Tracking and vaccination of missed children by ASHA. All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated.

iv. Case management of those suffering from diarrhoea and Acute Respiratory Infections.

- Counselling to all mothers on home management and where to go in presence of the danger signs.
- Organizing ORS depots at the session site.

v. Nutrition :

- All children are to be weighed, with the weight being plotted on the immunization card and managed appropriately in order to combat malnutrition.
- Supplementary nutrition is to be provided to underweight children through anganwadis.
- Vitamin A solution is to be administered, to children.
- Counselling on nutrition supplementation and balanced diet.
- Counselling on management of anemia and worm infestations.

C. Family Planning.

- Information on use of contraceptives.
- Distribution, provision of contraceptive counseling and provision of non-clinic contraceptives such as condoms and OCPs.
- Providing Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.

D. Reproductive Tract Infections and Sexually Transmitted Infections:

- Counselling on prevention of RTIs and STIs, including HIV/AIDS and referral suspected of cases for diagnosis and treatment.
- Counselling for perimenopausal and post-menopausal problems.
- Communication on causation, transmission and prevention of HIV/AIDS and distribution of condoms for dual protection.

- Referral for ICTC and PPTCT services to the linked institutions.

E. Sanitation

- Identification of households for the construction of sanitary latrines and facilitation of the same.
- Elimination of breeding sites for mosquitoes.
- Mobilization of community action for safe disposal of household refuse and garbage.

F. Communicable Diseases

- Group communication activities for raising awareness about signs and symptoms of leprosy, suspected cases and referrals.
- Group communication activities for elimination of breeding sites for mosquitoes, management of fever cases i.e. importance of testing of blood film for MP and presumptive treatment.
- Awareness generation about symptoms of TB (coughing for more than three weeks), importance of continued treatment, referral of symptomatics for sputum examination at the nearest health centre.
- Linking to the nearest DOTS centre.
- Reporting of unusual numbers of cases of any disease or disease outbreak in the locality.

G. Gender

- Communication activities for prevention of pre-natal sex selection, illegality of pre-natal sex selection and special alert for one daughter families.
- Communication on the Prevention of Violence against Women, Domestic Violence Act, 2006.
- Age at marriage, especially the importance of marrying the girl at right age.

H. Ayush

- Home remedies for common ailments based on certain common herbs and medicinal plants like tulsi found in the locality.
- Information related to other AYUSH components, including drugs for treating conditions like anemia.

I. Health Promotion

Chronic diseases can be prevented by providing information and counseling on:

- Tobacco chewing
- Healthy lifestyle
- Proper diet
- Physical exercise

J. Nutrition

Diseases due to nutritional deficiencies can be prevented by giving information and counseling on:

- Healthy food habits.
- Hygienic and correct cooking practices.
- Checking for anaemia, especially in adolescent girls and pregnant women; checking, advising and referring.
- Weighing of infants and children.
- Importance of iron supplements, vitamins and micronutrients.

Focus on adolescents, pregnant women and infants aged 6 months to 2 years.

K. Identification of cases that need special attention:

- Identify children with disabilities.
- Identify children with Grade III and Grade IV malnutrition for referral.
- Identify severe cases of anaemia.
- Identify pregnant women who need hospitalization.
- Identify cases of malaria, TB, leprosy.
- Identify problems of the old and the destitute.
- Pay special attention to the BPL ,SC, ST, the minorities and the weaker sections of society.

L. Collection of data:

- Compile data on the number of children with special needs, particularly girl children with disabilities.
- Report outbreaks of disease.
- Report deaths of children and women.
- Compile data pertaining to the SCs, the STs, the minorities and weaker sections of society that need services.

M. Issues to be discussed with the Community :

- Danger signs during pregnancy
- Importance of institutional delivery and where to go for delivery
- Importance of seeking post-natal care
- Counselling on ENBC (Essential New Born Care)
- Registration for the JSY
- Counselling for better nutrition
- Exclusive Breastfeeding
- Weaning and complementary feeding

- Care during diarrhoea and home management
- Care during acute respiratory infections
- Prevention of malaria, TB, and other communicable diseases
- Prevention of HIV/AIDS
- Prevention of STIs
- Importance of safe drinking water
- Personal hygiene
- Household sanitation
- Education of children
- Dangers of sex selection
- Age at marriage
- Information on RTIs, STIs, HIV and AIDS
- Disease outbreak
- Disaster management

Requirements for organizing Health and Nutrition day :

Local participants:

- ASHA
- AWW
- RWA member/ Local Prominent / Proactive resident
- Helper of AWW

Stafff to come from attached PUHC:

- Medical Officer (if available)
- Area ANMs
- Nursing Orderly
- ASHA Mentors (if available)

Instruments , Equipments and Furniture:

- Weighing scale-adult, child
- Examination table / Cot if available.
- Bed screen /curtain
- Haemoglobino meter, kits for urine examination
- Gloves
- Stethoscope and blood pressure instrument
- Measuring tape

- Foetoscope
- Vaccine carrier with ice packs

The attached PUHC will be providing these .If these items are not available, their provision could be arranged by using the untied funds of PUHC and these shall be kept for outreach activities.

Supplies:

- Supplies such as vaccines, IFA tablets, Vitamin A, condoms, OCPs, (ECPs), ORS, and Cotrimoxazole
- Anti-helminthic drug
- Paracetamol
- AD syringes in sufficient quantity
- IEC material for communication and counseling
- Container for bringing back biomedical waste for safe disposal.

Publicity for Health and Nutrition Day:

Regarding Day and time / Site and the Key services to be provided.

Key Objectives of the Communication :

To make the community, especially women from vulnerable sections and other stakeholders in the community, aware of service availability right in their area on fixed days at the site chosen for H & N Day.

Whom to involve

RWA members
SHG members
Teachers and other informal leaders
Schoolchildren
All beneficiaries
TBAs and other RMPs

Media and Methods

Wall writings in the local language (after permission)
Small Hoardings at one or two prominent places in the area.
Handbills and pamphlets
Resources for publicity activities can be accessed through the untied funds available with the HSC or PUHC.

Supervision / Monitoring / Evaluation.

In the programme meetings at the state, district and block levels, one should ensure the review of the HND and the problems encountered should be addressed promptly and effectively. Each district and block should maintain a record of the number of HNDs planned and the number actually held. The quality of the services offered and available during the HND will depend on the quality of the supervision and leadership. The PHN / LHV and the AWW Supervisor should jointly visit the pre-identified centres as per the roster and submit their joint report, which will be discussed at the monthly meeting convened by the MO in charge of the PUHC. During the supervisory visits, special attention should be given to the following elements:

1. Women and children from vulnerable communities should come forward to seek services.
2. ASHA should be available at the session site and should be engaged in the tracking of women and children, especially those from vulnerable communities, for complete coverage.
3. All resources (human resources and materials) should be in place.
4. The quality of the services available should be satisfactory.
5. Issues related to the clients' satisfaction with the services should be addressed properly and promptly.
6. BCC methods should be employed.

The holding of the HND should be discussed at the monthly meetings convened by the MOs at the PUHC level at the executive committee meetings of the Rogi Kalyan Samiti and District Health Society, of which the District CDMO is the convener. The DPMUs will monitor it and will also compile data on it.

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
HEALTH & FAMILY WELFARE DEPARTMENT
DELHI STATE HEALTH MISSION (NRHM)
9TH LEVEL, A - WING, DELHI SECRETARIAT, NEW DELHI - 02

F.No.: 101/53/07/NRHM/H&FW/2118–2129 Dated : 24/10/2007

Office Order

The Ministry of Health and Family Welfare , Govt of India has published a set of Indian Public Health Standards (IPHS) for PHCs with the following objectives in mind :

- To provide optimal basic primary healthcare to the community.
- To achieve and maintain an acceptable standard of quality of care.
- To makr the services more responsive and sensitive to the needs of the community.

It has however been seen that the three tier health infrastructure in place in other states cannot be equated to structures prevalent in Delhi. Parallel structures in the form of Primary Urban Health Centres (PUHCs) more suited to the State were proposed and accepted in principle by the State Health Society set up under Delhi State Health Mission.

Similar Public Health Standards would therefore need to be laid down for PUHCs in Delhi. A Committee has been constituted for suggesting the Public Health Standards for PUHC (Primary Urban Health Centre) in context of Delhi.

Members :

1.	Representative	**National Institute of Health and Family Welfare , Munirka.**
2.	Dr. Karuna Singh	**Director , IPPVIII , MCD.**
3.	Representative	**Communicable Diseases Wing , MCD.**
4.	Dr.Jugal Kishore	**Proff (Community Medicine) MAMC.**
5.	Representative	**Urban Health Resource Centre**
6.	Dr.Nutan Mundeja NRHM Officer	**(SW District) DHS.**
7.	Dr. Monika Rana , SPO	**Delhi State Health Mission.**

Additional member(s) who can be invited as special Invitees.

8.	Dr. Sunil Bhatnagar, ACDMO	**West District , DHS.**

Dr. Monika Rana shall be the **Convener of the Committee.**

Terms of Reference: The Committee will recommend the Public Health Standards for PUHC (Primary Urban Health Centre) in context of Delhi.

Follow up:
Once the standards have been laid down and a detailed facility survey report is available , the most suitable Primary Health Facility for every 50,000 population will be identified and upgraded to the standards laid down for a PUHC. This activity will be phased out over next two to three years.

This issues with approval of Principal Secretary (Health & Family Welfare)/~~and~~ Chairman , State Health Society , Delhi State Health Mission.

(SUYASH PRAKASH)
Addl Secretary (H&FW)
Mission Director , DSHM.

Professor K Kalaiwani represented National Institute of Health & Family Welfare
Dr. N K Yadav , Municipal Health Officer, MCD represented MCD
Dr. Siddharth Agarwal , Executive Director, UHSRC , represented UHSRC

List of Contributors

The Committee could not have formulated the Public Health standards for PUHCs without active support and contribution of the following officers:

For providing the furniture / equipment / logistics and essential drug list.

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- Dr. Adarsh Kumar, Chief Medical Officer (Mobile Health Scheme)
- Dr. N.S. Rao, Chief Medical Officer , Stores (Directorate of Health Services)
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GOI , MOHFW

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- Shri. Anuj Kumar Srivastav, (UHSRC)
- Shri Amit Paliwal.
- Mrs. Neelam Siddiqui(PHN)
- Mrs.Krishna Chaubey (PHN).

All senior and Junior staff of the SPMU who worked hard to facilitate the entire two and a half year consultative process .

Shri. Vijay Singh who designed the books and the cover.

Glossary

ANC	Ante Natal Care
ANM	Auxillary Nurse Midwife
ASHA	Accredited Social Health Activist
AW	Anganwadi
AWW	Anganwadi Worker
AYUSH	Ayurveda Unani Siddha Homeopathy
BCC	Behaviour Change Communication
BMW	Bio-Medical Waste
CBO/G	Community Based Organization/group
CDMO	Chief District Medical Officer
DPM	District Program Manager
DPMU	District Program Management Unit
DPT	Diptheria Pertussis and Tetanus Vaccine
FRU	First Referral Unit
HND	Health and Nutrition Day
HSC	Health and Sanitation Committee
ICDS	Integrated Child Development Scheme
IDSP	Integrated Disease Surveillance Project
IEC	Information, Education & Communication
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IPHS	Indian Public Health Standards
ISM	Indian System of Medicine
JSY	Janani Suraksha Yojana
LA	Lab Assistent
LT	Lab Technician
MCH	Maternal and Child Health
MMR	Measles Mumps Rubella
MO	Medical Officer
MO I/C	Medical Officer Incharge
NIDDCP	National Iodine Deficiency Disorder Control Program
NLEP	National Leprosy Elimination Program
NO	Nursing Orderly
NPCB	National Program for Control of Blindness
NVBDCP	National Vector Borne Disease Control Program
OPV	Oral Polio Vaccine
OC	Oral Contraceptive
PHC	Primary Health Centre
PHN	Public Health Nurse
PHS	Public Health Standards
PIH	Pregnancy Induced Hypertension.
PNC	Post Natal Care
PUHC	Primary Urban Health Centre
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Program
SHG	Self Help Group
SNP	Supplementary Nutrition Program
SOP	Standard Operating Procedures
STP	Standard Treatment Protocol
TBA	Traditional Birth Attendent
TT	Tetanus Toxoid
UIP	Universal Immunization Program

Delhi State Health Mission
Department of Health and Family Welfare
Government of National Capital Territory of Delhi