# Indian Public Health Standards (IPHS)

# for

# Primary Health Centres


सत्यमेव जयते

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

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# Contents



Annexure

# Foreword

As early as 1951, the Primary Health Centres (PHCs) were established as an integral part of community development program. Since then lot of changes have taken place. Currently the PHC covers a population of 20,000-30,000 (depending upon the geographical location) and is occupying a place between a sub centre at the most peripheral level and community health centres at block level. Currently 22,669 PHCs are functioning in the country. However, the functional level of most of these PHCs is far from satisfactory. There is a felt need for quality management and quality assurance procedure in health care delivery system so as to make the same more effective, affordable and accountable.

The National Rural Health Mission (NRHM) launched by the Hon'ble Prime Minister of India on 12 April 2005, aims to restructure the delivery mechanism for health towards providing universal access to equitable, affordable and quality health care that is accountable and responsive to the people's needs, reducing child and maternal deaths as well as stabilizing population and ensuring gender and demographic balance. In the implementation framework of NRHM, it is envisaged that the public health institutions including Primary Health Centres (PHC) would be upgraded from its present level to a level of a set of standards called "Indian Public Health Standards".

Although there has been some guidelines for the PHCs in piece meal, no concerted effort has been made to prepare comprehensive standards for the PHCs. Therefore an effort has been made to prepare Indian Public Health Standards for Primary Health Centre. Similarly IPHS for Sub-centres and Community Health Centres has also been prepared.

The IPHS for PHCs has been worked out by constituting an Expert Group comprising of various stakeholders under the chairmanship of Director General of Health Services, Ministry of Health & Family Welfare, Government of India. The IPHS for Primary Health Centres has been prepared, keeping in view the minimum resources available and mentions the minimum functional level of PHCs in terms of space, manpower,

instruments and equipments, drugs and other basic health care services at PHCs. Constitution of Rogi Kalyan Samiti / Management Committee with involvement of PRI, citizens' charter are some of the innovative approaches incorporated. The facility survey format has also been included in order to identify the gaps and monitoring the level of standards achieved by the PHCs from time to time.

No doubt, setting standards is a dynamic process and this document provides at this stage the standards for a minimum functional grade for a PHC. It is hoped that this document will be useful to all the stakeholders. Any comment for further improvement is most welcome.

I would like to acknowledge the efforts put by the Directorate General of Health Services and the Infrastructure Division of the Ministry in preparing the guidelines.

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05 February 2007
New Delhi

# Preface

Standards are a means of describing a level of quality that health care organizations are expected to meet or aspire to. Although efforts have been made by Bureau of Indian Standards (BIS) to prescribe standards for hospitals with various bed strengths, no comprehensive set of standards have been in place for a vast network of public health institutions such as Sub-centres, Primary Health Centres and Community Health Centres in the country. For the first time under National Rural Health Mission (NRHM), an effort has been made to prepare Indian Public Health Standards (IPHS) for these peripheral institutions in the rural areas of the country.

A PHC serves as a first port of call to a qualified doctor in the public health sector in rural areas providing a range of curative, promotive and preventive health care. While it serves as a referral unit for 6 Sub-centres, cases are referred out from the PHCs to the Community Health Centres and other higher order of secondary level health care delivery system. A PHC, providing 24-hour services and with appropriate linkage, plays an important role in improving institutional delivery thereby helping to reduce maternal mortality and infant mortality.

The IPHS for Primary Health Centres has been prepared in consultation with the Expert Group constituted for this purpose taking into consideration the minimum functional level needed for providing a set of assured services. Several innovative approaches have been incorporated in the management process to ensure community/PRI involvement and accountability.

Setting standards is a dynamic process and this document is not an end in itself. Further revision of the standards will occur as and when the Primary Health Centres will achieve a minimum functional grade. The contribution of the Expert Group members, and the efforts made by the Infrastructure Division of the Ministry

of Health & Family Welfare in bringing out the first document of IPHS for PHC is well appreciated. It is hoped that this document will be of immense help to the state governments and other stakeholders in bringing up Primary Health Centres to the level of Indian Public Health Standards.

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05 February 2007
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# Acknowledgements

Publication of guidelines for Indian Public Health Standards (IPHS) for Primary Health Centres (PHCs) fulfills a long standing need in the efforts of the Ministry of Health and Family Welfare towards strengthening of Primary Health Care services in the rural areas of the country. This document is a concerted effort made possible by the advise, assistance and cooperation of many individuals, institutions, government and non-government organizations.

I gratefully acknowledge the valuable contribution of all the members of the Expert Group constituted to formulate Indian Public Health Standards (IPHS) for Sub-centres and Primary Health Centres. I am thankful to them individually and collectively.

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I would specially like to thank Dr. S. P. Agarwal, former DGHS and Dr. Shivlal, Additional DG and Director NICD, for their valuable contribution and guidance in formulating the IPHS for PHCs. The help and encouragement provided by Smt. S. Jalaja, Additional Secretary and Shri Amarjeet Sinha, Joint Secretary, MOH&FW is also gratefully acknowledged.

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# Executive Summary

Primary Health Centres are the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-centres for curative, preventive and promotive health care. A typical Primary Health Centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 4-6 indoor/observation beds. It acts as a referral unit for 6 sub-centres and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level.

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

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

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

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

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

## Service Delivery

- All "Assured Services" as envisaged in the PHC should be available, which includes routine, preventive, promotive, curative and emergency care in addition to all the national health programmes.

- Appropriate guidelines for each National Programme for management of routine and emergency cases are being provided to the PHC.
- All the support services to fulfil the above objectives will be strengthened at the PHC level.

## Minimum Requirement for Delivery of the Above-mentioned Services

The following requirements are being projected based on the basis of 40 patients per doctor per day, the expected number of beneficiaries for maternal and child health care and family planning and about 60% utilization of the available indoor/observation beds (6 beds). It would be a dynamic process in the sense that if the utilization goes up, the standards would be further upgraded. As regards, manpower, one more Medical Officer (may be from AYUSH or a lady doctor) and two more staff nurses are added to the existing total staff strength of 15 in the PHC to make it 24x7 services delivery centre.

## Facilities

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

# Indian Public Health Standards for Primary Health Centres

## 1. Introduction

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

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

The 6th Five year Plan (1983-88) proposed reorganization of PHCs on the basis of one PHC for every 30,000 rural population in the plains and one PHC for every 20,000 population in hilly, tribal and desert areas for more effective coverage. Since then, 22,669 PHCs have been established in the country (as of March 2005).

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

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

Standards are a means of describing the level of quality that health care organizations are expected to meet or aspire to. Key aim of these standards is to underpin the delivery of quality services which are fair and responsive to client's needs, which should be provided equitably and which deliver improvements in the health and wellbeing of the population. Standards are the main driver for continuous improvements in quality. The performance of health care delivery organizations can be assessed against the set standards. The National Rural Health Mission (NRHM) has provided the opportunity to set Indian Public Health Standards (IPHS) for Health Centres functioning in rural areas.

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

The nomenclature of a PHC varies from State to State that include a Block level PHCs (located at block HQ and covering about 100,000 population and with varying number of indoor beds) and additional-PHCs/New PHCs covering a population of 20,000-30,000 etc. **The standards prescribed in this document are for a PHC covering 20,000 to 30,000 populations with 6 beds,** as all the block level PHCs are ultimately going to be upgraded as Community Health Centres with 30 beds for providing specialized services.

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

## 2. Objectives of Indian Public Health Standards (IPHS) for Primary Health Centres:

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

The objectives of IPHS for PHCs are:

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

ii. To achieve and maintain an acceptable standard of quality of care.

iii. To make the services more responsive and sensitive to the needs of the community.

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

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

### 3.1. Medical care:

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

sufficient doctors (keeping in view one weekly off for each doctor and a minimum percentage of them on leave) to attend to 8-hourly shift duties to make 24-hour emergency services available.

- Referral services
- In-patient services (6 beds)

3.2. Maternal and Child Health Care including family planning:

a) Antenatal care:

i) Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration she should be registered and care given to her according to gestational age.

ii) Minimum 3 antenatal checkups and provision of complete package of services. First visit as soon as pregnancy is suspected/ between 4th and 6th month (before 26 weeks), second visit at 8th month (around 32 weeks) and third visit at 9th month (around 36 weeks). Associated services like providing iron and folic acid tablets, injection Tetanus Toxoid etc (as per the "guidelines for ante-natal care and skilled attendance at birth by ANMs and LHVs)

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

iv) Nutrition and health counseling

v) Identification of high-risk pregnancies/ appropriate management

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

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

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

i) Promotion of institutional deliveries

ii) Conducting of normal deliveries

iii) Assisted vaginal deliveries including forceps / vacuum delivery whenever required

iv) Manual removal of placenta

v) Appropriate and prompt referral for cases needing specialist care.

vi) Management of Pregnancy Induced hypertension including referral

vii) Pre-referral management (Obstetric first-aid) in Obstetric emergencies that need expert assistance (Training of staff for emergency management to be ensured)

vii) There should be sufficient number of staff nurses (keeping in view one weekly off for each staff nurse and a minimum percentage of them on leave) to attend to 8-hourly shift duties to make 24-hour delivery services available.

c) Postnatal Care:

a) A minimum of 2 postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-centre staff.

b) Initiation of early breast-feeding within half-hour of birth

c) Education on nutrition, hygiene, contraception, **essential new born care**

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

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

d) New Born care:

i) Facilities and care for neonatal resuscitation

ii) Management of neonatal hypothermia / jaundice

e) Care of the child:

i) Emergency care of sick children including Integrated Management of Neonatal and Childhood Illness (IMNCI)

ii) Care of routine childhood illness

iii) Essential Newborn Care

iv) Promotion of exclusive breast-feeding for 6 months.

v) Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI. (Current Immunization Schedule at **Annexure-1).**

vi) Vitamin A prophylaxis to the children as per guidelines.

vii) Prevention and control of childhood diseases, infections, etc.

f) Family Planning:

i. Education, Motivation and counseling to adopt appropriate Family planning methods.

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

iii. Permanent methods like

Tubal ligation and vasectomy / NSV.

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

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

vi. Counseling and appropriate referral for couples having infertility.

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

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

a) Health education for prevention of RTI/ STIs

b) Treatment of RTI/ STIs

3.5. Nutrition Services (coordinated with ICDS)

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

b) Diagnosis and management of anaemia, and vitamin A deficiency.

c) Coordination with ICDS.

3.6. School Health:

Regular check ups, appropriate treatment including deworming, referral and follow-ups.

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

3.8. Promotion of Safe Drinking Water and Basic Sanitation

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

3.10. Disease Surveillance and Control of Epidemics:

a) Alertness to detect unusual health events and take appropriate remedial measures

b) Disinfection of water sources

c) Testing of water quality using $H_2S$- Strip Test (Bacteriological)

d) Promotion of sanitation including use of toilets and appropriate garbage disposal.

e) Weekly collection of information on disease surveillance (by ANM manually).

3.11. Collection and reporting of vital events

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

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

**Revised National Tuberculosis Control Programme (RNTCP):** All PHCs to function as DOTS Centres to deliver treatment as per RNTCP treatment

guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines.

**Integrated Disease Surveillance Project (IDSP):**

a) PHC will collect and analyse data from sub-centre and will report information to district surveillance unit.

b) Appropriate preparedness and first level action in out-break situations.

c) Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid (Rapid Diagnostic test-Typhi Dot) and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

**National Programme for Control of Blindness (NPCB):**

(a) Basic services: Diagnosis and treatment of common eye diseases

(b) Refraction Services

(c) Detection of cataract cases and referral for cataract surgery

National Vector Borne Disease Control Programme (NVBDCP):

(a) Diagnosis of Malaria cases, microscopic confirmation and treatment

(b) Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case management as per the protocols

(c) Complete treatment to Kala-Azar cases in Kala-Azar endemic areas as per national Policy

(d) Complete treatment of microfilaria positive cases with DEC and participation and arrangement of Mass Drug Administration (MDA) along with management of side reactions, if any. Morbidity management of Lymphoedema cases.

National AIDS Control Programme:

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

(b) Organizing School Health Education Programme

(c) Screening of persons practicing high-risk behaviour with one rapid test to be conducted at the PHC level and development of referral linkages with the nearest VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states.

(d) Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital for PPTCT services in the six high HIV prevalence states (Tamil Nadu, Andhra

Pradesh, Maharashtra, Karnataka, Manipur and Nagaland) of India.

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

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

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

(h) Pre and post-test counseling of AIDS patients by PHC staff in high prevalence states.

### 3.14. Referral Services:

Appropriate and prompt referral of cases needing specialist care including:

a) Stabilisation of patient

b) Appropriate support for patient during transport

c) Providing transport facilities either by PHC vehicle or other available referral transport. The funds should be made available for referral transport as per the provision under NRHM/RCH-II program.

### 3.15. Training:

(i) Health workers and traditional birth attendants

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

iii) Training of ASHAs

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

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

vi) Training under Integrated Management of Neonatal and Childhood Illness (IMNCI)

vii) Training of pharmacist on AYUSH component with standard modules.

viii) Training of AYUSH doctor in imparting health services related to National Health and Family Welfare programme.

### 3.16. Basic Laboratory Services: Essential Laboratory services including:

i. Routine urine, stool and blood tests.

ii. Bleeding time, clotting time.

iii. Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc.

iv. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP).

v. Blood smear examination for malarial parasite.

vi. Rapid tests for pregnancy / malaria.

vii. RPR test for Syphilis/YAWS surveillance.

viii. Rapid diagnostic tests for Typhoid (Typhi Dot).

ix. Rapid test kit for fecal contamination of water.

x. Estimation of chlorine level of water using ortho-toludine reagent

### Monitoring and Supervision:

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

(ii) Monitoring of all National Health Programmes

(iii) Monitoring activities of ASHAs

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

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

### Functional linkages with Sub-centres

- There shall be a monthly review meeting at PHC chaired by MO in-charge, PHC, and attended by all the ANMs, ASHAs$ and Anganwadi Workers.
- Supervisory visits to Sub-centres.
- Organizing health day at Anganwadi Centres.

3.19. Specific duties of ASHA include informing PHC about the births and deaths in her village and any unusual health problem/disease outbreaks in the community and arranging escort/ accompany pregnant women & children requiring treatment/ admission to the nearest pre-identified health facility including PHC.

### 3.20. Mainstreaming of AYUSH

- The AYUSH doctor at PHC shall attend patients for system-specific AYUSH based preventive, promotive and curative health care and take up public health education activities including awareness generation about the uses of medicinal plants and local health practices.
- Locally available medicinal herbs/plants should be grown around the PHC.
- The signboard of the PHC should mention AYUSH facilities.

### 3.21. Rehabilitation

Disability prevention, early detection, intervention and referral

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

### 3.23. Selected Surgical Procedures

The vasectomy, tubectomy (including laparoscopic tubectomy), MTP, hydrocelectomy and cataract surgeries as a camp/fixed day approach have to be carried out in a PHC having facilities of O.T.

During all these surgical procedures, universal precautions will be adopted to ensure infection prevention. These universal precautions are mentioned at **Annexure 5.**

3.23. Record of Vital Events and Reporting:

a) Recording and reporting of Vital statistics including births and deaths.

b) Maintenance of all the relevant records concerning services provided in PHC

## 4. Essential Infrastructure

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

### 4.1 PHC Building

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

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

4.1.2 It should be well planned with the entire necessary infrastructure, including slope for wheelchair. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. meters depending on whether an OT facility is opted for.

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

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

4.1.5 Waiting area:

a) This should have adequate space and seating arrangements for waiting clients / patients

b) The walls should carry posters imparting health education.

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

d) Toilets with adequate water supply separate for males and females should be available.

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

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

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

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

4.1.7 Outpatient Department:

a) The outpatient room should have separate areas for consultation and examination.

b) The area for examination should have sufficient privacy.

c) Toilets, both for male and female be provided for the relatives of the patients. The construction and maintenance of the same be done by Rogi Kalyan Samiti/Hospital Management Committee.

4.1.8Wards 5.5x3.5 m each:

a) There should be 4-6 beds in a primary health centre. Separate wards/areas should be earmarked for males and females with the necessary furniture.

b) There should be facilities for drinking water and separate and clean toilets for men and women.

c) The ward should be easily accessible from the OPD so as to obviate the need for a separate nursing staff in the ward and OPD during OPD hours.

d) Nursing station should be located in such a way that health staff can be easily accessible to OT and labour room after regular clinic timings.

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

f) Cooking should not be allowed inside the wards for admitted patients

g) A suitable arrangement with a local agency like a local women's group for provision of nutritious and hygienic food at reasonable rates may be made wherever feasible and possible.

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

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

a. It should have a changing room, sterilization area operating area and washing area.

b. Separate facilities for storing of sterile and unsterile equipments / instruments should be available in the OT.

c. The Plan of an ideal OT has been annexed showing the layout.

d. It would be ideal to have a patient preparation area and Post-OP area. However, in view of the existing situation, the OT should be well connected to the wards.

e. The OT should be well-equipped with all the necessary accessories and equipment

f. Surgeries like laparoscopy / cataract / Tubectomy / Vasectomy should be able to be carried out in these OTs.

4.1.10 Labour Room (3800 x 4200mm):

a) There should be separate areas for septic and aseptic deliveries.

b) The LR should be well-lit and ventilated with an attached toilet and drinking water facilities. Plan has been annexed.

c) Dirty linen, baby wash, toilet, Sterilization

4.1.11 Minor OT/Dressing Room/ Injection Room/ Emergency:

a) This should be located close to the OPD to cater to patients for minor surgeries and emergencies after OPD hours.

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

4.1.12 Laboratory (3800x2700mm):

a) Sufficient space with workbenches and separate area for collection and screening should be available.

b) Should have marble/stone table top for platform and wash basins

4.1.13 **General store:**

a) Separate area for storage of sterile and common linen and other materials/ drugs/ consumable etc. should be provided with adequate storage space.

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

c) Sufficient space with the storage cabins for AYUSH drugs be provided.

4.1.14 Dispensing cum store area: 3000x3000mm

4.1.15 Infrastructure for AYUSH doctor: Based on the specialty being practiced, appropriate arrangements should be made for the provision of a doctor's room and a dispensing room cum drug storage. For drug dispensing, the present pharmacist may be trained or Rogi Kalyan Samiti (RKS) may provide an AYUSH pharmacist.

4.1.16 Immunization/FP/counseling area: 3000x 4000mm

4.1.17 Separate area for baby resuscitation be provided.

4.1.18 Office room 3500x 3000mm

4.1.19 Dirty utility room for dirty linen and used items

4.1.20 Boundary wall with gate

4.1.21 **Residential Accommodation:**

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

4.1.22 Lecture hall/Auditorium- For training purposes, a Lecture hall or a small Auditorium for 30 persons should be available. Public address system and a black board should also be made available.

4.1.23 Other amenities:

a. Electricity with adequate capacity generator back-up

b. Adequate water supply- In absence of piped water, tube-well should be provided by DHS/ Panchayat.

c. **Telephone:** at least one direct line

d. Wherever possible garden should be developed preferably with the involvement of community.

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

## 4.2. Equipment and Furniture:

a. The necessary equipment to deliver the assured services of the PHC should be available in

adequate quantity and also be functional.

b. Equipment maintenance should be given special attention.

c. Periodic stock taking of equipment and preventive/ round the year maintenance will ensure proper functioning equipment. Back up should be made available wherever possible. A list of suggested equipments and furniture including reagents and diagnostic kits is given in **Annexure 3**

## 5. Manpower

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

| Staff | Existing | Recommended |
|---|---|---|
| Medical Officer | 1 | 3 (At least 1 female) |
| AYUSH practitioner | Nil | 1 (AYUSH or any ISM system prevalent locally) |
| Account Manager | Nil | 1 |
| Pharmacist | 1 | 2 |
| Nurse-midwife (Staff) (Nurse) | 1 | 5 |
| Health workers (F) | 1 | 1 |
| Health Educator | 1 | 1 |
| Health Asstt (Male & Female) | 2 | 2 |
| Clerks | 2 | 2 |
| Laboratory Technician | 1 | 2 |
| Driver | 1 | Optional/vehicles may be out-sourced. |
| Class IV | 4 | 4 |
| **Total** | **15** | **24/25** |

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

## 6. Drugs

a) All the drugs available in the Sub-centre should also be available in the PHC.

b) In addition, all the drugs required for the National health programmes and emergency management should be available in adequate quantities so as to ensure completion of treatment by all patients.

c) Adequate quantities of all drugs should be maintained through periodic stock-checking, appropriate record maintenance and inventory methods. Facilities for local purchase of drugs in times of epidemics / outbreaks / emergencies should be made available

d) Drugs required for the AYUSH doctor should be available in addition to all other facilities. The list of suggested drugs including AYUSH drugs is given in **Annexure 4**.

## 7. The Transport Facilities

The PHC should have an ambulance for transport of patients. This may be outsourced.

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

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

## 8. Laundry and Dietary facilities for indoor patients

These facilities can be outsourced.

## 9. Waste Management at PHC level

"Guidelines for Health Care Workers for Waste Management and Infection Control in Primary Health Centres" to be followed are being formulated.

## 10. Quality Assurance

Periodic skill development training of the staff of the PHC in the various jobs/ responsibilities assigned to them can ensure quality. Standard Treatment Protocol for all national programmes and locally common disease should be made available at all PHCs. Regular monitoring is another important means. A few aspects that need definite attention are:

i) Interaction and Information Exchange with the client/ patient:

- Courtesy should be extended to patients / clients by all the health providers including the support staff
- All relevant information should be provided as regards the condition / illness of the client/ patient.

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

iii) Cleanliness should be maintained at all points.

## 11. Monitoring

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

**Internal Mechanism:** Record maintenance, checking and supportive supervision

**External Mechanism:** Monitoring through the PRI / Village Health Committee / Rogi Kalyan Samiti (as per guidelines of GOI/State Government). A checklist for the same is given in **Annexure 6**. A format for conducting facility survey for the PHCs on Indian Public Health Standards to have baseline information on the gaps and subsequently to monitor the availability of facilities as per IPHS guidelines is given at **Annexure 9**.

## 12. Accountability

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

## Annexure-1

| Vaccine | When to give | Dose | Route | Site |
|---|---|---|---|---|
| **For Pregnant Women** | | | | |
| TT-1 | Early in pregnancy | 0.5 ml | Intra-muscular | Upper Arm |
| TT-2 | 4 weeks after TT-1* | 0.5 ml | Intra-muscular | Upper Arm |
| TT-Booster | If pregnancy occur within three years of last TT vaccinations* | 0.5 ml | Intra-muscular | Upper Arm |
| **For Infants** | | | | |
| BCG | At birth (for institutional deliveries) or along with DPT-1 | 0.1 ml (0.05 ml for infant up to 1 month) | Intra-dermal | Left Upper Arm |
| OPV – o | At birth if delivery is in institution | 2 drops | Oral | Oral |
| OPV 1,2&3 | At 6 weeks, 10 weeks & 14 weeks | 2 drops | Oral | Oral |
| DPT 1, 2&3 | At 6 weeks, 10 weeks & 14 weeks | 0.5 ml | Intra-muscular | Outer Mid-thigh (Antero-lateral side of mid thigh) |
| Hep B1, 2&3 | At 6 weeks, 10 weeks & 14 weeks** | 0.5 ml | Intra-muscular | Outer Mid-thigh (Antero-lateral side of mid-thigh) |
| Measles | 9-12 months | 0.5 ml | Sub-cutaneous | Right upper Arm |
| Vitamin-A (1st dose) | At 9 months with measles | 1 ml (1 lakh IU) | Oral | Oral |

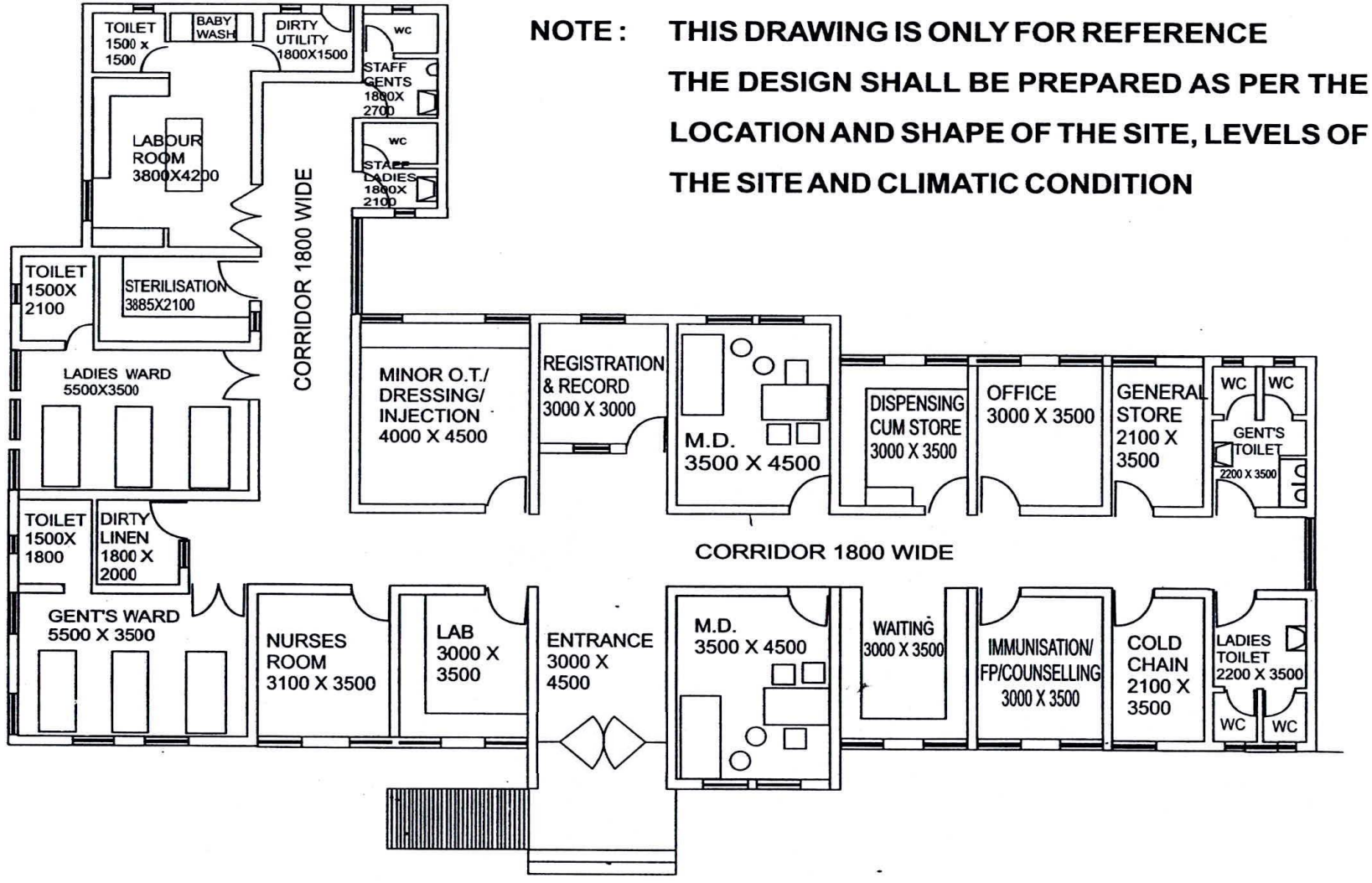
| Vaccine | When to give | Dose | Route | Site |
|---|---|---|---|---|
| | | **For Children** | | |
| DPT booster | 16-24 months | 0.5 ml | Intra-muscular | Outer Mid-thigh (Antero-lateral side of mid-thigh) |
| OPV Booster | 16-24 months | 2 drops | Oral | Oral |
| Vitamin A ($2^{nd}$ to $5^{th}$ | 16 months with DPT/OPV booster. 24 months, 30 months & 36 months. | 2 ml (2 lakh IU) | Oral dose) | Oral |
| DT Booster | 5 years | 0.5 ml | Intra-muscular | Upper Arm |
| TT | 10 years & 16 years | 0.5 ml | Intra-muscular | Upper Arm |

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

** For institutional deliveries, give at birth, 6 weeks and 14 weeks.

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

**NOTE : THIS DRAWING IS ONLY FOR REFERENCE**
**THE DESIGN SHALL BE PREPARED AS PER THE LOCATION AND SHAPE OF THE SITE, LEVELS OF THE SITE AND CLIMATIC CONDITION**



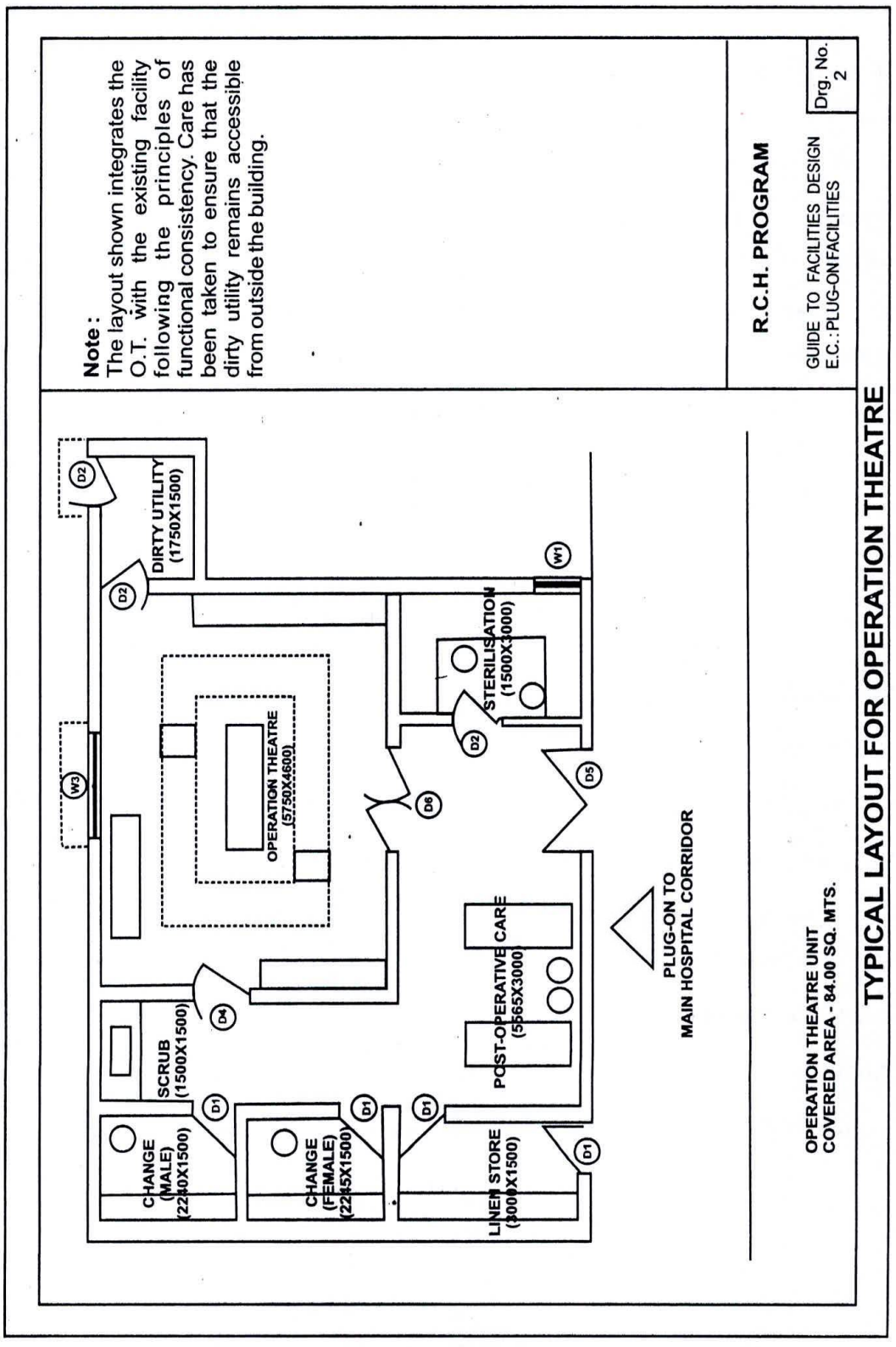

PRIMARY HEALTH CENTER
TYPICAL PLAN
PLINTH AREA 385.00 S.M.

**Layout of PHC**

***Annexure-2***

## Annexure-2A

# Layout of Operation Theatre (OPTIONAL)



## Annexure-3

# List of Suggested Equipments and Furniture including Reagents and Diagnostic Kits

- Normal Delivery Kit
- Equipment for assisted vacuum delivery
- Equipment for assisted forceps delivery
- Standard Surgical Set (for minor procedures like episiotomies stitching)
- Equipment for Manual Vacuum Aspiration
- Equipment for New Born Care and Neonatal Resuscitation
- IUD insertion kit
- Equipment / reagents for essential laboratory investigations
- Refrigerator (165 litres)
- ILR and Deep Freezer
- Ice box
- Computer with accessories including internet facility
- Baby warmer/incubator.
- Binocular microscope
- Equipments for Eye care and vision testing: Tonometers (Schiotz), direct opthalmoscope, illuminated vision testing drum, trial lens sets with trial frames, snellen and near vision charts, Battery operated torch
- Equipments under various National Programmes
- Radiant warmer for new borne baby
- Baby scale
- Table lamp with 200 watt bulb for new borne baby
- Phototherapy unit
- Self inflating bag and mask-neonatal size
- Laryngoscope and Endotracheal intubation tubes (neonatal)
- Mucus extractor with suction tube and a foot operated suction machine
- Feeding tubes for baby
- Sponge holding forceps - 2
- Volsellum uterine forceps - 2
- Tenaculum uterine forceps – 2
- MVA syringe and cannulae of sizes 4-8 (2 sets; one for back up in case of technical problems)
- Kidney tray for emptying contents of MVA syringe
- Torch without batteries – 2
- Battery dry cells 1.5 volt (large size) – 4
- Bowl for antiseptic solution for soaking cotton swabs

- Tray containing chlorine solution for keeping soiled instruments
- Residual chlorine in drinking water testing kits
- $H_2S$ Strip test bottles

## Requirements for a fully equipped and operational labour room

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

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

PRIVACY of a woman in labour should be ensured as a quality assurance issue.

## List of equipment for Pap smear

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

## Requirements of the laboratory

### Reagents

1. For Cyan meth - haemoglobin method for Hb estimation
2. Uristix for urine albumin and sugar analysis
3. ABO & Rh antibodies
4. KOH solution for Whiff test
5. Gram's iodine
6. Crystal Violet stain
7. Acetone-Ethanol decolourising solution.
8. Safranine stain
9. PH test strips
10. RPR test kits for syphilis
11. Rapid diagnostic test kits for Typhoid (Typhi dot)
12. $H_2S$ Strip test kits for fecal contamination of drinking water
13. Test kits for estimation of residual chlorine in drinking water using orthotoludine reagent.

### Glassware and other equipment

1. Calorimeter for Hb estimation
2. Test tubes
3. Pipettes
4. Glass rods
5. Glass slides
6. Cover slips
7. Light Microscope
8. Differential blood cell counter

## List of Furniture (including surgical) at PHC

| | |
|---|---|
| Examination table | 4 |
| Writing tables with table sheets | 6 |
| Plastic chairs (for in-patients' attendants) | 6 |
| Armless chairs | 11 |
| Full size steel almirah | 5 |
| Labour table | 1 |
| OT table | 1 |
| Arm board for adult and child | 4 |
| Wheel chair | 2 |
| Stretcher on trolley | 2 |
| Instrument trolley | 2 |
| Wooden screen | 1 |
| Foot step | 5 |
| Coat rack | 2 |
| Bed side table | 6 |
| Bed stead iron (for in-patients) | 6 |
| Baby cot | 2 |
| Stool | 7 |
| Medicine chest | 1 |
| Lamp | 3 |
| Shadowless lamp light (for OT and Labour room) | 2 |
| Side Wooden racks | 4 |
| Fans | 6 |
| Tube light | 8 |
| Basin | 2 |
| Basin stand | 2 |
| Buckets | 4 |

| | |
|---|---|
| Mugs | 4 |
| LPG stove | 1 |
| LPG cylinder | 2 |
| Sauce pan with lid | 2 |
| Water receptacle | 2 |
| Rubber/plastic shutting | 2 meters |
| Drum with tap for storing water | 2 |
| I V stand | 4 |
| Mattress for beds | 12 |
| Foam Mattress for OT table | 2 |
| Foam Mattress for labour table | 2 |
| Macintosh for labour and OT table | 4 metres |
| Kelly's pad for labour and OT table | 2 sets |
| Bed sheets | 15 |
| Pillows with covers | 15 |
| Blankets | 12 |
| Baby blankets | 4 |
| Towels | 12 |
| Curtains with rods | 20 metres |
| Dustbin | 4 |
| Black Board/overhead projector | 1 |
| Public Address System | 1 |
| Blood Pressure Apparatus | 1 |
| Stethoscope | 3 |
| Tongue depressor | 10 |
| Torch | 2 |
| Thermometer | 4 |

## Annexure-4

# DRUGS FOR PHCs including AYUSH drugs

| | |
|---|---|
| Oxygen | Inhalation |
| Lignocaine Hydrochloride | Topical Forms 2-5% |
| Diazepam | Tablets 5 mg |
| | Injection 5 mg / ml |
| Acetyl Salicylic Acid | Tablets 300mg & 50 mg |
| Ibuprofen | Tablets 400 mg |
| Paracetamol | Injection 150 mg / ml |
| | Syrup 125 mg / 5ml |
| Adrenaline | Injection |
| Chlorpheniramine Maleate | Tablets 4 mg |
| Dexchlorpheniramine Maleate | Syrup 0.5 mg / 5 ml |
| Dexamethasone | Tablets 0.5 mg |
| Pheniramine Maleate | Injection 22.75 mg / ml |
| Promethazine | Tablets 10 mg, 25 mg |
| | Syrup 5 mg / 5 ml |
| | Capsules 250 mg, 500 mg |
| Ampicillin | Capsules 250 mg., 500 mg |
| | Powder for suspension 125 mg / 5 ml |
| | Injection 500 mg |
| Benzathine Benzylpenicillin | Injection 6 lacs, 12 lacs, 24 lacs units |
| Benzylpenicillin | Injection 5 lacs, 10 lacs units |
| Cloxacillin | Capsules 250 mg, 500 mg |
| | Liquid 125 mg / 5 ml |
| Procaine Benzylpenicillin | Injection Crystalline penicillin (1 lac units) |
| | + Procaine penicillin (3 lacs units) |

| | |
|---|---|
| Cephalexin | Syrup 125 mg/5 ml<br>Capsules 250 mg., 500 mg* |
| Ciprofloxacin | Injection 200 mg / 100 ml |
| Hydrochloride | Tablets 250 mg., 500 mg |
| Co-Trimoxazole | Tablets 40 + 200 mg, 80 + 400 mg |
| (Trimethoprim + Sulphamethoxazole) | Suspension 40 + 200 mg / 5 ml |
| Doxycycline | Capsules 100 mg |
| Erythromycin Estolate | Syrup 125 mg / 5 ml |
| | Tablets 250 mg, 500 mg |
| Gentamicin | Injection 10 mg / ml, 40 mg / ml |
| Metronidaozle | Tablets 200 mg, 400 mg<br>Injection 500 mg / 100 ml |
| Activated Charcoal Powder | |
| Atropine Sulphate | Injection 0.6 mg / ml |
| Antisnake Venom | Ampoule |
| (Lyophilyzed Polyvalent Serum) | |
| Carbamazepine | Tablets 100 mg, 200 mg |
| | Syrup 20 mg / ml |
| Phenytoin Sodium | Capsules or Tablets 50 mg, 100 mg |
| | Syrup 25 mg / ml |
| Mebendazole | Tablets 100 mg |
| | Suspension 100 mg/ 5 ml |
| Albendazole | Tablets 400mg |
| Diethylcarbamazine Citrate | Tablets 150 mg |
| Amoxicillin | Powder for suspension 125 mg / 5 ml |
| | Capsules 250 mg, 500 mg |
| Acetyl Salicylic Acid | Tablets 75 mg,100mg,350mg. |
| Glyceryl Trinitrate | Sublingual Tablets 0.5 mg.<br>Injection 5 mg/ml |

| | |
|---|---|
| Isosorbide 5 Mononitrate | Tablets 10 mg. |
| Propranolol | Tablets 10mg,40mg |
| | Injection 1mg/ml. |
| Amlodipine | Tablets 2.5 mg, 5 mg, 10 mg |
| Atenolol | Tablets 50 mg,100 mg |
| Enalapril Maleate | Tablets 2.5 mg, 5 mg, 10 mg |
| Injection 1.25 mg / ml | |
| Methyldopa | Tablets 250 mg |
| Benzoic Acid + Salicylic Acid | Ointment or Cream 6% + 3% |
| Miconazole | Ointment or Cream 2% |
| Framycetin Sulphate | Cream 0.5% |
| Methylrosanilinium Chloride (Gentian Violet) | Aqueous solution 0.5% |
| Neomycin + Bacitracin | Ointment 5 mg + 500 IU |
| Povidone Iodine | Solution and Ointment 5% |
| Silver Nitrate | Lotion 10% |
| Nalidixic Acid | Tablets 250 mg, 500 mg |
| Nitrofurantoin | Tablets 100 mg |
| Norfloxacin | Tablets 400 mg |
| Tettracycline | Tablets or Capsules 250 mg |
| Clotrimazole | Pessaries 100 mg, 200 mg, Gel 2% |
| Griseofulvin | Capsules or Tablets 125 mg, 250 mg |
| Nystatin | Tablets 500,000 IU |
| | Pessaries 100,000 IU |
| Metronidazole | Tablets 200 mg, 400 mg |
| | Syrup |
| Tinidazole | Tablets 500 mg |
| Dextran | Injection6% |

| | |
|---|---|
| Silver Sulphadiazine | Cream 1% |
| Betamethasone | Cream / Ointment 0.05% |
| Dipropionate Calamine | Lotion |
| Zinc Oxide | Dusting Powder |
| Glycerin | Solution |
| Benzyl Benzoate | Lotion 25% |
| Benzoin Compound | Tincture |
| Cetrimide | Solution 20% (conc.for dilution) |
| Chlorhexidine | Solution 5% (conc. for dilution) |
| Ethyl Alcohol 70% | Solution |
| Gentian Violet | Paint 0.5%, 1% |
| Hydrogen Peroxide | Solution 6% |
| Bleaching Powder | Powder |
| Formaldehyde IP | Solution |
| Potassium Permanganate | Crystals for solution |
| Furosemide | Injection, 10 mg/ ml, |
| | Tablets 40 mg |
| Aluminium Hydroxide + Magnesium | Suspension |
| Hydroxide | Tablet |
| Omeprazole | Capsules 10 mg, 20 mg, 40 mg |
| Ranitidine Hydrocholoride | Tablets 150 mg, 300 mg |
| | Injection 25 mg / ml |
| Domperidone | Tablets 10 mg |
| | Syrup 1 mg / ml |
| Metoclopramide | Tablets 10 mg |
| | Syrup 5 mg / ml |
| | Injection 5 mg / ml |

| | |
|---|---|
| Dicyclomine Hydrochloride | Tablets 10 mg, |
| | Injection 10 mg / ml |
| Hyoscine Butyl Bromide | Tablets or 10 mg |
| | Injection 20 mg / ml |
| Bisacodyl | Tablets/ suppository 5 mg |
| Isphaghula | Granules |
| Oral Rehydration Salts | Powder for solution As per IP |
| Oral Contraceptive pills | |
| Emergency Contraceptive pills | |
| Condoms (Nirodh) | |
| Copper T (380 A) | |
| Prednisolone | Tablets 5 mg, 10 mg |
| Glibenclamide | Tablets 2.5 mg, 5 mg |
| Insulin Injection (Soluble) | Injection 40 IU / ml |
| Metformin | Tablets 500 mg |
| Rabies Vaccine | Injection |
| Tetanus Toxoid | Injection |
| Chloramphenicol Eye drops | Drops/Ointment 0.4%, 1% |
| Ciprofloxacin Hydrochloride Eye drops | Drops/Ointment 0.3% |
| Gentamicin Eye / Ear | Drops 0.3% |
| Miconazole | Cream 2% |
| Sulphacetamide Sodium Eye drops | Drops 10%, 20%, 30% |
| Tetracycline Hydrochloride Eye oint | Ointment 1% |
| Prednisolone Sodium Phosphate | Eye Drops 1% |
| Xylometazoline Nasal drops | Drops 0.05%, 0.1% |
| Diazepam | Tablets 2 mg, 5 mg, 10 mg |
| Aminophylline | Injection 25 mg / ml |

| | |
|---|---|
| Beclomethasone Dipropionate | Inhaler 50 mg, 250 mg/dose |
| Salbutamol Sulphate | Tablets 2 mg, 4 mg |
| | Syrup 2 mg / 5 ml |
| | Inhaler 100 mg / dose |
| Dextromethorphan | Tablets 30 mg |
| Oral Rehydration Salts | Powder for Solution as per IP |
| Dextrose | IV infusion 5% isotonic 500 ml bottle |
| Dextrose with Sodium Chloride | IV infusion 5% + 0.9% 500 ml bottle |
| Normal Saline | IV infusion 0.9% 500 ml bottle |
| Potassium Chloride | Syrup 1.5 gm/5 ml, 200 ml |
| Ringer Lactate | IV infusion 500 ml |
| Sodium Bicarbonate | Injection |
| Water for Injection | Injection 2 ml, 5 ml, 10 ml |
| Ascorbic Acid | Tablets 100 mg, 500 mg |
| Calcium salts | Tablets 250 mg, 500 mg |
| Multivitamins | Tablets (As per Schedule V) |

## Drugs under RCH for Primary Health Centre

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

| S. No. | Product | Strength | Formulation Unit | Annual Quantity Per Centre |
|---|---|---|---|---|
| 1. | Diazepam Inj. IP | 5 mg per ml | Inj. 2 ml Ampoule | 50 Ampoules |
| 2. | Lignocaine Hydrochloride Inj. BP | 2% per vial | Inj. 30 ml vial | 10 vials |
| 3. | Pethidine Hydrochloride Inj. IP | 50 mg per ml | Inj. 1 ml Ampoule | 10 ampoules |
| 4. | Pentazocine Lactate Inj. IP | 30 mg per ml | Inj. 1 ml Ampoule | 50 Ampoules |
| 5. | Dexamethasone Sodium Phosphate inj. IP | 4 mg per ml | Inj. 2 ml ampoule | 100 ampoules |
| 6. | Promethazine Hydrochloride Inj. IP | 25 mg per ml | Inj. 2 ml asmpoule | 50 Ampoules |
| 7. | Methyl Ergometrine Maleate Inj. IP | 0.2 mg per ml | Inj. 1 ml Ampoule | 150 ampoules |
| 8. | Ethophylline BP plus Anhydrous Theophylline IP combination | 169.4 mg50.6 mg per 2 ml | Inj. 2 ml ampoule | 100 ampoules |
| 9. | Aminophylline Inj. BP | 25 mg per ml | Inj. 10 ml Ampoule | 50 Ampoules |
| 10. | Adrenaline Bitartrate Inj. IP | 1 mg per ml (1:1000 dilution) | Inj. 1 ml Ampoule | 50 Ampoules |
| 11. | Compound Sodium Lactate Inj. IP | | 500 ml plastic pouch | 200 Pouches |
| 12. | Methyl Ergometrine tab IP | 0.125 mg per tablet | Tablet | 500 tablets |
| 13. | Diazepam tab. IP | 5 mg per tablet | Tablet | 250 tablets |
| 14. | Paracetamol tab. IP | 500 mg per tablet | Tablet | 1000 tablets |
| 15. | Cotrimoxazole combination of | Per tablet | Tablet | 2000 tablets |
| | - Trimethoprim IP | 80 mg | | |
| | - Sulphamethoxazole IP | 400 mg | | |

| S. No. | Product | Strength | Formulation Unit | Annual Quantity Per Centre |
|---|---|---|---|---|
| 16. | Amoxycillin Trihydrate IP | 250 mg per capsule | Capsule | 2500 capsules |
| 17. | Doxycycline hydrochloride | 100 mg per capsule | Capsule | 500 capsules |
| 18. | Tinidazole IP | 500 mg per tablet | Tablet | 1000 tablets |
| 19. | Salbutamol tab. IP | 2 mg per tablet | Tablet | 1000 tablets |
| 20. | Phenoxy Methyl Penicillin Potassium IP (Penicillin V) | 125 mg per tablet | Tablet | 2000 tablets |
| 21. | Hemostatic capsule Branded item – Gyne CVP | As per Gyne-CVP | Capsule | 1000 capsules |
| 22. | Vit. K3 (Menadione Inj.) IP | Inj. 10 mg per ml | Inj. 1 ml ampoule | 200 ampoules |
| 23. | Atropine sulphate inj. IP | Inj. 0.6 mg per ml | Inj. 1 ml Ampoule | 50 Ampoules |
| 24. | Nalidixic Acid tablet IP | 500 mg per tablet. | Tablet | 1000 Ampoules |
| 25. | Oxytocin | 5 I.U. per ml | Inj. 1 ml Ampoule | 100 Ampoules |
| 26. | Phenytoin | 50 mg per ml | Inj. 2 ml Ampoule | 25 Ampoules |
| 27. | Chlorpromazine | 25 mg per ml | Inj. 2 ml Ampoule | 50 Ampoules |
| 28. | Cephalexin Cap. IP | 250 mg per capsule | Capsule | 1000 Capsules |
| 29. | Ritodrine Hydrocloride USP | 10 mg per ml | Inj. 5 ml Ampoule | 50 Ampoules |
| 30. | Dextrose Inj. IP I.V. Solution | 5% | Inj. 500 ml plastic pouch | 50 plastic pouches |
| 31. | Sodium Chloride Inj. IP I.V. solution | 0.9% w/v | Inj. 500 ml plastic pouch | 100 plastic pouches |

## List of RTI/STI Drugs under RCH Programme

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

### Drugs and Consumables for MVA:

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

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

### List of Ayurvedic Medicines for PHCs:

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. 54.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. Kushtaraksha 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 PHCs:

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 PHCs:

| | | | |
|---|---|---|---|
| 1. | Amai otu parpam | - | For diarrhoea 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 PHCs:

| S.No | Name of Medicine | Potency |
|---|---|---|
| 1 | Abrotanum | 30 |
| 2 | Abrotanum | 200 |
| 3 | Absinthium | Q |
| 4 | Aconite Nap. | 6 |
| 5 | Aconite Nap. | 30 |
| 6 | Aconite Nap. | 200 |
| 7 | Aconite Nap. | 1M |
| 8 | Actea Racemosa | 30 |
| 9 | Actea Racemosa | 200 |
| 10 | Aesculus Hip | 30 |
| 11 | Aesculus Hip | 200 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 12 | Aesculus Hip | 1M |
| 13 | Agaricus musca. | 30 |
| 14 | Agaricus musca | 200 |
| 15 | Allium cepa | 6 |
| 16 | Allium cepa | 30 |
| 17 | Allium cepa | 200 |
| 18 | Aloe soc. | 6 |
| 19 | Aloe soc. | 30 |
| 20 | Aloe soc. | 200 |
| 21 | Alumina | 30 |
| 22 | Alumina | 200 |
| 23 | Ammon Carb | 30 |
| 24 | Ammon Carb | 200 |
| 25 | Ammon Mur | 30 |
| 26 | Ammon Mur | 200 |
| 27 | Ammon Phos | 30 |
| 28 | Ammon phos | 200 |
| 29 | Anacardium Ori. | 30 |
| 30 | Anacardium Ori. | 200 |
| 31 | Anacardium Ori. | !M |
| 32 | Angustura vera | Q |
| 33 | Anthracinum | 200 |
| 34 | Anthracinum | 1M |
| 35 | Antim Crud | 30 |
| 36 | Antim Crud | 200 |
| 37 | Antim Crud | !M |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 38 | Name of Medicine | Potency |
| 39 | Antimonium Tart | 3X |
| 40 | Antimonium Tart | 6 |
| 41 | Antimonium Tart | 30 |
| 42 | Antimonium Tart | 200 |
| 43 | Apis mel | 30 |
| 44 | Apis mel | 200 |
| 45 | Apocynum Can | Q |
| 46 | Apocynum Can | 30 |
| 47 | Arg. Met | 30 |
| 48 | Arg Met. | 200 |
| 49 | Arg. Nit. | 30 |
| 50 | Arg. Nit. | 200 |
| 51 | Arnica Mont. | Q |
| 52 | Arnica Mont | 30 |
| 53 | Arnica Mont | 200 |
| 54 | Arnica Mont | !M |
| 55 | Arsenicum Alb. | 6 |
| 56 | Arsenicum Alb. | 30 |
| 57 | Arsenicum Alb. | 200 |
| 58 | Arsenicum Alb. | 1M |
| 59 | Aurum Met. | 30 |
| 60 | Aurum Met. | 200 |
| 61 | Bacillinum | 200 |
| 62 | Bacillinum | 1M |
| 63 | Badiaga | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 64 | Badiaga | 200 |
| 65 | Baptisia Tinct. | Q |
| 66 | Baptisia Tinct | 30 |
| 67 | Baryta Carb. | 30 |
| 68 | Baryta Carb. | 200 |
| 69 | Baryta Carb. | 1M |
| 70 | Baryta Mur. | 3X |
| 71 | Belladonna | 30 |
| 72 | Belladonna | 200 |
| 73 | Belladonna | 1M |
| 74 | Bellis Perennis | Q |
| 75 | Bellis Perennis | 30 |
| 76 | Benzoic Acid | 30 |
| 77 | Benzoic Acid | 200 |
| 78 | Berberis Vulgaris | Q |
| 79 | Berberis Vulgaris | 30 |
| 80 | Berberis Vulgaris | 200 |
| 81 | Blatta Orientalis | Q |
| 82 | Blatta Orientalis | 30 |
| 83 | Blumea Odorata | Q |
| 84 | Borax | 30 |
| 85 | Bovista | 30 |
| 86 | Bromium | 30 |
| 87 | Bryonia Alba | 3X |
| 88 | Bryonia Alba | 6 |
| 89 | Bryonia Alba | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 90 | Bryonia Alba | 200 |
| 91 | Bryonia Alba | 1M |
| 92 | Bufo rana | 30 |
| 93 | Carbo veg | 30 |
| 94 | Carbo veg | 200 |
| 95 | Cactus G. | Q |
| 96 | Cactus G. | 30 |
| 97 | Calcarea Carb | 30 |
| 98 | Calcarea Carb | 200 |
| 99 | Calcarea Carb | 1M |
| 100 | Calcarea Fluor | 30 |
| 101 | Calcarea Fluor | 200 |
| 102 | Calcarea Fluor | 1M |
| 103 | Calcarea Phos | 30 |
| 104 | Calcarea Phos | 200 |
| 105 | Calcarea Phos | 1M |
| 106 | Calendula Off. | Q |
| 107 | Calendula Off | 30 |
| 108 | Calendula Off | 200 |
| 109 | Camphora | 6 |
| 110 | Camphora | 200 |
| 111 | Cannabis Indica | 6 |
| 112 | Cannabis Indica | 30 |
| 113 | Cantharis | Q |
| 114 | Cantharis | 30 |
| 115 | Cantharis | 200 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 116 | Capsicum | 30 |
| 117 | Capsicum | 200 |
| 118 | Carbo Animalis | 30 |
| 119 | Carbo Animalis | 200 |
| 120 | Carbolic Acid | 30 |
| 121 | Carbolic Acid | 200 |
| 122 | Carduus Mar | Q |
| 123 | Carduus Mar | 6 |
| 124 | Carduus Mar | 30 |
| 125 | Carcinosinum | 200 |
| 126 | Carcinosinum | !M |
| 127 | Cassia sophera | Q |
| 128 | Caulophyllum | 30 |
| 129 | Caulophyllum | 200 |
| 130 | Causticum | 30 |
| 131 | Causticum | 200 |
| 132 | Causticum | !M |
| 133 | Cedron | 30 |
| 134 | Cedron | 200 |
| 135 | Cephalendra Indica | Q |
| 136 | Chamomilla | 6 |
| 137 | Chamomilla | 30 |
| 138 | Chamomilla | 200 |
| 139 | Chamomilla | !M |
| 140 | Chelidonium | Q |
| 141 | Chelidonium | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 142 | Chin Off. | Q |
| 143 | Chin Off | 6 |
| 144 | Chin Off | 30 |
| 145 | Chin Off | 200 |
| 146 | Chininum Ars | 3X |
| 147 | Chininum Sulph | 6 |
| 148 | Cicuta Virosa | 30 |
| 149 | Cicuta Virosa | 200 |
| 150 | Cina | Q |
| 151 | Cina | 3X |
| 152 | Cina | 6 |
| 153 | Cina | 30 |
| 154 | Cina | 200 |
| 155 | Coca | 200 |
| 156 | Cocculus Indicus | 6 |
| 157 | Cocculus Indicus | 30 |
| 158 | Coffea Cruda | 30 |
| 159 | Coffea Cruda | 200 |
| 160 | Colchicum | 30 |
| 161 | Colchicum | 200 |
| 162 | Colocynthis | 6 |
| 163 | Colocynthis | 30 |
| 164 | Colocynthis | 200 |
| 165 | Crataegus Oxy | Q |
| 166 | Crataegus Oxy | 3X |
| 167 | Crataegus Oxy | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 168 | Crataegus Oxy | 200 |
| 169 | Crotalus Horridus | 200 |
| 170 | Croton Tig. | 6 |
| 171 | Croton Tig. | 30 |
| 172 | Condurango | 30 |
| 173 | Condurango | 200 |
| 174 | Cuprum met. | 30 |
| 175 | Cuprum met. | 200 |
| 176 | Cynodon Dactylon | Q |
| 177 | Cynodon Dactylon | 3X |
| 178 | Cynodon Dactylon | 30 |
| 179 | Digitalis | Q |
| 180 | Digitalis | 30 |
| 181 | Digitalis | 200 |
| 182 | Dioscorea | 30 |
| 183 | Dioscorea | 200 |
| 184 | Diphtherinum | 200 |
| 185 | Drosera | 30 |
| 186 | Drosera | 200 |
| 187 | Dulcamara | 30 |
| 188 | Dulcamara | 200 |
| 189 | Echinacea | Q |
| 190 | Echinacea | 30 |
| 191 | Equisetum | 30 |
| 192 | Equisetum | 200 |
| 193 | Eupatorium Perf. | 3X |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 194 | Eupatorium Perf. | 30 |
| 195 | Eupatorium Perf. | 200 |
| 196 | Euphrasia | Q |
| 197 | Euphrasia | 30 |
| 198 | Euphrasia | 200 |
| 199 | Ferrum Met. | 200 |
| 200 | Flouric Acid | 200 |
| 201 | Formica Rufa | 6 |
| 202 | Formica Rufa | 30 |
| 203 | Gelsimium | 3X |
| 204 | Gelsimium | 6 |
| 205 | Gelsimium | 30 |
| 206 | Gelsimium | 200 |
| 207 | Gelsimium | 1M |
| 208 | Gentiana Chirata | 6 |
| 209 | Glonoine | 30 |
| 210 | Glonoine | 200 |
| 211 | Graphites | 30 |
| 212 | Graphites | 200 |
| 213 | Graphites | 1M |
| 214 | Guaiacum | 6 |
| 215 | Guaiacum | 200 |
| 216 | Hamamelis Vir | Q |
| 217 | Hamamelis Vir | 6 |
| 218 | Hamamelis Vir | 200 |
| 219 | Helleborus | 6 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 220 | Helleborus | 30 |
| 221 | Hepar Sulph | 6 |
| 222 | Hepar Sulph | 30 |
| 223 | Hepar Sulph | 200 |
| 224 | Hepar Sulph | 1M |
| 225 | Hippozaenium | 6 |
| 226 | Hydrastis | Q |
| 227 | Hydrocotyle As. | Q |
| 228 | Hydrocotyle As. | 3X |
| 229 | Hyocyamus | 200 |
| 230 | Hypericum | Q |
| 231 | Hypericum | 30 |
| 232 | Hypericum | 200 |
| 233 | Hypericum | 1m |
| 234 | Ignatia | 30 |
| 235 | Ignatia | 200 |
| 236 | Ignatia | 1m |
| 237 | Iodium | 30 |
| 238 | Iodium | 200 |
| 239 | Iodium | 1m |
| 240 | Ipecacuanha | Q |
| 241 | Ipecacuanha | 3X |
| 242 | Ipecacuanha | 6 |
| 243 | Ipecacuanha | 30 |
| 244 | Ipecacuanha | 200 |
| 245 | Iris Tenax | 6 |
| 246 | Iris Veriscolor | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 247 | Iris Veriscolor | 200 |
| 248 | Jonosia Ashoka | Q |
| 249 | Justicia Adhatoda | Q |
| 250 | Kali Bromatum | 3X |
| 251 | Kali Carb | 30 |
| 252 | Kali Carb | 200 |
| 253 | Kali Carb | 1M |
| 254 | Kali Cyanatum | 30 |
| 255 | Kali Cyanatum | 200 |
| 256 | Kali Iod | 30 |
| 257 | Kali Iopd | 200 |
| 258 | Kali Mur | 30 |
| 259 | Kali Mur | 200 |
| 260 | Kali Sulph | 30 |
| 261 | Kalmia Latifolium | 30 |
| 262 | Kalmia Latifolium | 200 |
| 263 | Kalmia Latifolium | 1M |
| 264 | Kreosotum | Q |
| 265 | Kreosotum | 30 |
| 266 | Kreosotum | 200 |
| 267 | Lac Defloratum | 30 |
| 268 | Lac Defloratum | 200 |
| 269 | Lac Defloratum | 1M |
| 270 | Lac Can | 30 |
| 271 | Lac Can | 200 |
| 272 | Lachesis | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 273 | Lachesis | 200 |
| 274 | Lachesis | 1M |
| 275 | Lapis Albus | 3X |
| 276 | Lapis Albus | 30 |
| 277 | Ledum Pal | 30 |
| 278 | Ledum Pal | 200 |
| 279 | Ledum Pal | 1M |
| 280 | Lillium Tig. | 30 |
| 281 | Lillium Tig. | 200 |
| 282 | Lillium Tig. | 1M |
| 283 | Lobella inflata | Q |
| 284 | Lobella inflata | 30 |
| 285 | Lycopodium | 30 |
| 286 | Lycopodium | 200 |
| 287 | Lycopodium | 1M |
| 288 | Lyssin | 200 |
| 289 | Lyssin | 1M |
| 290 | Mag.Carb | 30 |
| 291 | Mag.Carb | 200 |
| 292 | Mag Phos | 30 |
| 293 | Mag Phos | 200 |
| 294 | Mag Phos | 1M |
| 295 | Medorrhinum | 200 |
| 296 | Medorrhinum | 1M |
| 297 | Merc Cor | 6 |
| 298 | Merc Cor | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 299 | Merc Cor | 200 |
| 300 | Merc Sol | 6 |
| 301 | Merc Sol | 30 |
| 302 | Merc Sol | 200 |
| 303 | Merc Sol | 1m |
| 304 | Mezerium | 30. |
| 305 | Mezerium | 200 |
| 306 | Millefolium | Q |
| 307 | Millefolium | 30 |
| 308 | Muriatic Acid | 30 |
| 309 | Muriatic Acid | 200 |
| 310 | Murex | 30 |
| 311 | Murex | 200 |
| 312 | Mygale | 30 |
| 313 | Naja Tri | 30 |
| 314 | Naja Tri | 200 |
| 315 | Natrum Ars | 30 |
| 316 | Natrum Ars | 200 |
| 317 | Natrum Carb | 30 |
| 318 | Natrum Carb | 200 |
| 319 | Natrum Carb | 1M |
| 320 | Natrum Mur | 6 |
| 321 | Natrum Mur | 30 |
| 322 | Natrum Mur | 200. |
| 323 | Natrum Mur | 1M |
| 324 | Natrum Phos | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 325 | Natrum Sulph | 30 |
| 326 | Natrum Sulph | 200 |
| 327 | Natrum Sulph | 1M |
| 328 | Nitric Acid | 30 |
| 329 | Nitric Acid | 200 |
| 330 | Nitric Acid | 1M |
| 331 | Nux Vomica | 6 |
| 332 | Nux Vomica | 30 |
| 333 | Nux Vomica | 200 |
| 334 | Nux Vomica | 1M |
| 335 | Nyctenthus Arbor | Q |
| 336 | Ocimum Sanctum | Q |
| 337 | Oleander | 6 |
| 338 | Petroleum | 30 |
| 339 | Petroleum | 200 |
| 340 | Petroleum | 1M |
| 341 | Phosphoric Acid | Q |
| 342 | Phosphoric Acid | 30 |
| 343 | Phosphoric Acid | 200 |
| 344 | Phosphoric Acid | 1M |
| 345 | Phosphorus | 30 |
| 346 | Phosphorus | 200 |
| 347 | Phosphorus | 1M |
| 348 | Physostigma | 30 |
| 349 | Physostigma | 200 |
| 350 | Plantago Major | Q |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 351 | Plantago Major | 6 |
| 352 | Plantago Major | 30 |
| 353 | Platina | 200 |
| 354 | Platina | 1M |
| 355 | Plumbum Met | 200 |
| 356 | Plumbum Met | 1M |
| 357 | Podophyllum | 6 |
| 358 | Podophyllum | 30 |
| 359 | Podophyllum | 200 |
| 360 | Prunus Spinosa | 6 |
| 361 | Psorinum | 200 |
| 362 | Psorinum | 1M |
| 363 | Pulsatilla | 30 |
| 364 | Pulsatilla | 200 |
| 365 | Pulsatilla | 1M |
| 366 | Pyrogenium | 200 |
| 367 | Pyrogenium | 1M |
| 368 | Ranunculus bulbosus | 30 |
| 369 | Ranunculus bulbosus | 200 |
| 370 | Ranunculus repens | 6 |
| 371 | Ranunculus repens | 30 |
| 372 | Ratanhia | 6 |
| 373 | Ratanhia | 30 |
| 374 | Rauwolfia serpentina | Q |
| 375 | Rauwolfia serpentina | 6 |
| 376 | Rauwolfia serpentina | 30 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 377 | Rhododendron | 30 |
| 378 | Rhododendron | 200 |
| 379 | Rhus tox | 3X |
| 380 | Rhus tox | 6 |
| 381 | Rhus tox | 30 |
| 382 | Rhus tox | 200 |
| 383 | Rhus tox | 1M |
| 384 | Robinia | 6 |
| 385 | Robinia | 30 |
| 386 | Rumex crispus | 6 |
| 387 | Rumex crispus | 30 |
| 388 | Ruta gr | 30 |
| 389 | Ruta gr | 200 |
| 390 | Sabal serreulata | Q |
| 391 | Sabal serreulata | 6 |
| 392 | Sabina | 3X |
| 393 | Sabina | 6 |
| 394 | Sabina | 30 |
| 395 | Sang.can | 30 |
| 396 | Sang.can | 200 |
| 397 | Sarsaprilla | 6 |
| 398 | Sarsaprilla | 30 |
| 399 | Secalecor | 30 |
| 400 | Secalecor | 200 |
| 401 | Selenium | 30 |
| 402 | Selenium | 200 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 403 | Senecio aureus | 6 |
| 404 | Sepia | 30 |
| 405 | Sepia | 200 |
| 406 | Sepia | 1M |
| 407 | Silicea | 30 |
| 408 | Silicea | 200 |
| 409 | Silicea | 1M |
| 410 | Spigellia | 30 |
| 411 | Spongia tosta | 6 |
| 412 | Spongia tosta | 30 |
| 413 | Spongia tosta | 200 |
| 414 | Stannum | 30 |
| 415 | Stannum | 200 |
| 416 | Staphisagria | 30 |
| 417 | Staphisagria | 200 |
| 418 | Staphisagria | 1M |
| 419 | Sticta pulmonaria | 6 |
| 420 | Sticta pulmonaria | 30 |
| 421 | Stramonium | 30 |
| 422 | Stramonium | 200 |
| 423 | Sulphur | 30 |
| 424 | Sulphur | 200 |
| 425 | Sulphur | 1M |
| 426 | Sulphuric acid | 6 |
| 427 | Sulphuric acid | 30 |
| 428 | Syphilinum | 200 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 429 | Syphilinum | 1M |
| 430 | Tabacum | 30 |
| 431 | Tabacum | 200 |
| 432 | Tarentula cubensis | 6 |
| 433 | Tarentula cubensis | 30 |
| 434 | Tellurium | 6 |
| 435 | Tellurium | 30 |
| 436 | Terebinthina | 6 |
| 437 | Terebinthina | 30 |
| 438 | Terminalia arjuna | Q |
| 439 | Terminalia arjuna | 3X |
| 440 | Terminalia arjuna | 6 |
| 441 | Thuja occidentalis | Q |
| 442 | Thuja occidentalis | 30 |
| 443 | Thuja occidentalis | 200 |
| 444 | Thuja occidentalis | 1M |
| 445 | Thyroidinum | 200 |
| 446 | Thyroidinum | 1M |
| 447 | Tuberculinum bov | 200 |
| 448 | Uran.Nit | 3X |
| 449 | Urtica urens | Q |
| 450 | Urtica urens | 6 |
| 451 | Ustilago | 6 |
| 452 | Verat alb | 6 |
| 453 | Viburnan opulus | 6 |
| 454 | Viburnan opulus | 30 |
| 455 | Viburnan opulus | 200 |
| 456 | Vipera tor | 200 |

| S.No | Name of Medicine | Potency |
|---|---|---|
| 457 | Vipera tor | 1M |
| 458 | Verat viride | 30 |
| 459 | Verat viride | 200 |
| 460 | Viscum album | 6 |
| 461 | Wyethia | 6 |
| 462 | Wyethia | 30 |
| 463 | Wyethia | 200 |
| 464 | Zinc met | 200 |
| 465 | Zinc met | 1M |
| 466 | Zink phos | 200 |
| 467 | Zink phos | 1M |
| 468 | Globules | 20 no. |
| 469 | Sugar of milk | |
| 470 | Glass Piles | 5 ml |
| 471 | Glass Piles | 10 ml |
| 472 | Butter Paper | |
| 473 | Blank Sticker | 1/2*3/2 inch |
| | Ointments | |
| 474 | Aesculus Hip | |
| 475 | Arnica | |
| 476 | Calendula | |
| 477 | Cantharis | |
| 478 | Hamamelis Vir | |
| 479 | Rhus tox | |
| 480 | Twelve Biochemic Medicines | 6x & 12x |
| 481 | Cineraria Eye Drop | |
| 482 | Euphrasia Eye Drop | |
| 483 | Mullein Oil (Ear Drop) | |

## Annexure-5

# Universal Precautions

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

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

### Sterilisation of instruments

Instruments and gloves must be autoclaved

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

### Sterilisation of Copper T insertion instruments

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

### Sterilisation and maintenance of MVA equipment

The four basic steps are:

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

The person responsible for cleaning must wear utility gloves.

## Annexure-6

# Check List for Monitoring by External Mechanism

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

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

- How many of them are from SC, ST, and other backward classes?
- How many of them are women?
- How many of them are children?

### Availability of Medicines in the PHC

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

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

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

Are the drugs for Tuberculosis regularly available in the PHC?

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

- Yes, all the medicines are given free of charge
- Some medicines are given free of charge while others have to be brought from medical store
- Most of the medicines have to be bought from medical store
- No information
- Which medicines have to be bought from the medical store? (If possible give the doctor's prescription along with the checklist.)

### Availability of curative services

- Is surgery for cataract done in the PHC? Yes/No/No information
- Is the primary management of wounds done at the PHC? (stiches, dressing, etc.)
- Is the primary management of fracture done at the PHC?
- Are minor surgeries like draining of abscess etc done at the PHC?
- Is the primary management of cases of poisoning done at the PHC?
- Is the primary management of burns done at PHC?

### Availability of Reproductive and Child Health Services

- Are Ante-natal clinics organized by the PHC regularly?
- Is the facility for normal delivery available in the PHC for 24 hours?
- Is the facility for tubectomy and vasectomy available at the PHC?

- Is the facility for internal examination for gynaecological conditions available at the PHC?
- Is the treatment for gynaecological disorders like leucorrhea, menstrual disorders available at the PHC?
  - Yes, treatment is available
  - No, women are referred to other health facilities
  - Women do not disclose their illness
  - No idea

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

  Is the facility for Medical Termination of Pregnancy (MTP) (abortion) available at the PHC?

  Is there any pre-condition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's consent for MTP?
  - No precondition
  - Precondition only for some women
  - Precondition for all women
  - No idea

  Do women have to pay for Medical Termination of Pregnancy?

  Is treatment for anaemia given to both pregnant as well as non-pregnant women?
  - All women given treatment for anaemia
  - Only pregnant women given treatment for anaemia
  - No women given treatment for anaemia

  Are the low birth weight babies managed at the PHC?

  Is the PHC providing 24-hours service for conducting deliveries?

If so,

How many deliveries conducting in the past quarter?

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

Is there a fixed immunization day?

Are BCG and Measles vaccine given regularly at the PHC?

Is the treatment of children with pneumonia available at the PHC?

Is the management of children suffering from diarrhoea with severe dehydration done at the PHC?

## Availability of laboratory services at the PHC

Is blood examination for anaemia done at the PHC?

Is detection of malaria parasite by blood smear examination done at the PHC?

Is sputum examination done to diagnose tuberculosis at the PHC?

Is urine examination for pregnant women done at the PHC?

## General questions about the functioning of the PHC

Was there an outbreak of any of the following diseases in the PHC area in the last three years?

- Malaria
- Measles
- Gastroenteritis (diarrhoea and vomiting)
- Jaundice
- Fever with loss of consciousness / convulsions

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

What steps did the PHC staff take?

How is the behaviour of PHC staff with the patient?

- Courteous
- Casual / indifferent
- Insulting / derogatory

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

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

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

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

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

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

Is the PHC providing in patient care?

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

If the PHC is not well equipped to provide the services needed, are patient transported immediately without delay, with all the relevant papers, to a site where the desired service is available?

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

**Annexure-7**

# Job Responsibilities of Medical Officer and Other Staff at PHC

## DUTIES OF MEDICAL OFFICER, PRIMARY HEALTH CENTRE

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

### I. Curative Work

1. The Medical Officer will organize the dispensary, outpatient department and will allot duties to the ancillary staff to ensure smooth running of the OPD.
2. He/she will make suitable arrangements for the distribution of work in the treatment of emergency cases which come outside the normal OPD hours.
3. He/she will organize laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of doubtful cases.
4. He/she will make arrangements for rendering services for the treatment of minor ailments at community level and at the PHC through the Health Assistants, Health Workers and others.
5. He/she will attend to cases referred to him/her by Health Assistants, Health Workers, ASHA / Voluntary Health Workers where applicable, Dais or by the School Teachers.
6. He/she will screen cases needing specialized medical attention including dental care and nursing care and refer them to referral institutions.
7. He/she will provide guidance to the Health Assistants, Health Workers, Health Guides and School Teachers in the treatment of minor ailments.
8. He/she will cooperate and or coordinate with other institutions providing medical care services in his/her area.
9. He/she will visit each Sub-centre in his/her area at least once in a fortnight on a fixed day not only to check the work of the staff but also to provide curative services.
10. Organize and participate in the "health day" at Anganwadi Centre once in a month.

## II. Preventive and Promotive Work

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

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

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

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

### 1. Reproductive and Child Health Programme

**MCH Services**

Prophylaxis Schemes

Immunization Programme

Oral Rehydration Therapy in Diarrhoeal Diseases

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

**Family Planning**

- He/she will provide leadership and guidance for special programmes such as in nutrition, prophylaxis against nutritional anemia amongst mothers and children (1-5 years) Prophylaxis against blindness and Vitamin A deficiency amongst children (1-5 years).
- He/she will provide basic MCH services.
- He/she will plan and implement UIP in line with the latest policy and ensure maximum possible coverage of the largest population in the PHC.
- He/she will ensure adequate supplies of vaccine and miscellaneous items required from time to time for the effective implementation of UIP.
- He/she will ensure proper storage of vaccine and maintenance and cold chain equipment.
- He/she will ensure through his/her health team early detection of diarrhoea and dehydration.

- He/she will arrange for correction of moderate and severe dehydration through appropriate treatment.
- He/she will ensure through his/her health team early detection of pneumonia cases and provide appropriate treatment.
- He/she will supervise the work of Health supervisors and Health workers in treatment of mild and moderate ARI.
- He/she will visit schools in the PHC area at regular intervals and arrange for medical check ups immunization and treatment with proper follow up of those students found to have defects.
- He/she will be responsible for proper and successful implementation of Family Planning Programme in PHC area, including education, motivation, delivery of services and after care.
- He/she will be squarely responsible for giving immediate and sustained attention to any complications the acceptor develops due to acceptance of Family Planning methods.
- He/she will extend motivational advice to all eligible patients he/she sees in the OPD.
- He/she will get himself trained in tubectomy, wherever possible and organize tubectomy camps.
- He/she will organize and conduct vasectomy camps.
- He/she will seek help of other agencies such as District Bureau, Mobile Van and other association/ voluntary organizations for tubectomy / IUD camps and MTP services.
- The following duties are common to all the activities coming under package of services for MCH:

  a) He/she will provide leadership to his/her team in the implementation of Family Welfare Programme in the PHC catchments area.

  b) He/she will ensure adequate supplies of equipment, drugs, educational material and contraceptives required for the services programmes.

- He/she will provide MCH services such as ante-natal, intra-natal and post-natal care of mothers and infants and child care through clinics at the PHC and Sub centres.
- He/she will actively involve his health team in the effective implementation of the Nutrition Programmes and administration of Vitamin 'A' an Iron & Folic Acid Tablets and will coordinate with ICDS.
- Adequate stocks of ORS to ensure availability of ORS packets throughout the year.
- Monitor all cases of diarrhea especially for children between 0-5 years.
- Recording and reporting of all details due to diarrhea especially for children between 0-5 years.

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

## 2. Universal Immunization Programme (UIP)

- He/she will plan and implement UIP in line with the latest policy and ensure cent percent coverage of the target population in the PHC (i.e. pregnant mothers and new born infants).
- He/she will ensure adequate supplies of vaccines miscellaneous items required from time to time for the effective implementation of UIP.
- He/she will ensure proper storage of vaccine and maintenance of cold chain equipment, planning and monitoring of performance and training of staff.

## 3. National Vector Borne Disease Control Programme (NVBDCP)

### Malaria

- He/she will be responsible for all NVBDCP operations in his/her PHC area and will be responsible for all administrative and technical matters.
- He/she should be completely acquainted with all problems and difficulties regarding surveillance and spray operations in his/her PHC area and be responsible for immediate among whenever the necessity arises.
- The Medical Officer will guide the Health Workers and Health Assistants on all treatment schedules, especially radical treatment with primaquine. As far as possible he/she should investigate all malaria cases in the area less than API 2 regarding their nature and origin, and institute necessary measures in this connection. He/she should ensure that prompt remedial measures are carried out by the Health Assistance, about positive cases detected in areas with API less than two. He/she should give specific instructions to them in this respect, while sending the result of blood slides found positive.
- He/she will check the microscopic work of the Laboratory Technician and dispatch prescribed per-centage of such slides to the Zonal Organization/Regional Office for Health and Family Welfare (Government of India) and State headquarters for cross checking as laid down from time to time.
- He/she should, during his/her monthly meetings, ensure proper accounts of slides and anti malaria drugs issued to the Health Workers and Health Assistant Male.
- The publicity material and mass media equipment received from time to time will be properly distributed or affixed as per the instructions from the district organization.
- He/she should consult the booklet on Management and treatment of

Cerebral malaria and treat cerebral malaria cases as and when required.

- He/she should ensure that all categories of staff in the periphery administering radical treatment to the positive cases should observe the instructions laid down under NVBDCP on the subject and in case toxic effects are observed in a patient who is receiving primaquine the drug is stopped by the peripheral worker and such cases are brought to his/her notice for follow up action/advice if any.

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

Kala Azar.

- He/she will be responsible for all anti Kala Azar operations in his/her area and will be responsible for all administrative and technical matters.
- He/she should be completely acquainted with all problems and difficult regarding surveillance, diagnosis and treatment and spray operations in his/her PHC areas and be responsible for immediate action whenever the necessity arises.
- He/she will guide the health workers and health assistants on all treatment schedules, criteria for suspecting a case to be of Kala Azar control activities, complete treatment and to approach from immediate medical care.
- He/she will check the Microscopic/ Aldehyde test conducted by the Laboratory Technicians.
- He/she will organize and supervise the Kala Azar search operations in his/her area.
- He should, during his monthly meetings ensure proper accounts of drugs, Chemicals, Glassware etc.
- He/she will be responsible for all Health Education activities in his/her area.
- He/she will be overall responsible for all Kala Azar control activities in his/her areas including spray operations. For the purpose he/she may identify one Medical Officer who can be made solely responsible for Kala Azar control.
- He/she will be responsible for regular reporting to the District Malaria Officer/Civil Surgeon, Monitoring, Record Maintenance of adequate provisions of Drugs, Chemicals, etc.

Japanese Encephalitis (JE):

- He/she will be responsible for all anti Japanese Emphalitis operations in his /her area and will be responsible for all administrative and technical matters.
- He/she should be completely acquainted with all problems and difficulties regarding surveillance, diagnosis, treatment and spray operations in his/her PHC areas and be responsible for immediate action whenever the necessity arises.

- He/she will guide the Health Workers and Health Assistants on all treatment schedules, criteria for suspecting a case to be of J.E. and the approaches for motivation of the people for accepting J.E. control activities and to approach for immediate medical care to prevent death.
- He/she will arrange to collect and transport sera sample to the identified virology lab orders.
- He/she will be responsible for all health education activities in his/her area.
- He/she will be overall responsible for all J.E. control activities in his/her areas including spray operations for the purpose, he/she may identify one Medical Officer who can be made solely responsible for J.E. control.
- He/she will be responsible for regular reporting to the District Malaria Officer, Civil Surgeon, Monitoring, Record Maintenance of adequate provisions for drugs etc.

Filariasis

- He/she should be completely acquainted with all problems and difficulties regarding microfilaria survey (night blood survey), line-listing of Lymphodema & Hydrocele cases in all the villages, diagnosis and home based morbidity management, Mass Drug Administration and serious adverse experiences of DEC.
- Heshe will be responsible for ensuring all behaviour change communication activities for increasing the compliance during MDA.
- He or she will be responsible for assessment of coverage in his area and moping up operation.
- He/she will ensure that rapid response team are well prepared to meet the exigencies during MDA.
- He/she will be responsible for regular and prompt reporting of data pertaining to ELF.

4. Control of Communicable Diseases:

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

5. Leprosy:

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

6. Tuberculosis:

- He/she will provide facilities for early detection of cases of Tuberculosis,

confirmation of their diagnosis and treatment.

- He/she will ensure that all cases of Tuberculosis take regular and complete treatment.
- Ensure functioning of Microscopic Centre (if the PHC is designated so) and provision of DOTS.

### 7. Sexually Transmitted Diseases (STD):

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

### 8. School Health:

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

### 9. National Programme for Prevention of Visual Impairment and Control of Blindness:

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

### III. Training

- He/she will organize training programmes including continuing education for the staff of PHC and ASHA under the guidance of the district health authorities and Health & Family Welfare Training centres.
- He/she will organize training programs for ASHA.
- He/she will also make arrangements/ provide guidance to the health assistant female and health worker female in organizing training programmes for indigenous dais practicing in the area and ASHAs where applicable.

### IV Administrative Work

- He/she will supervise the work of staff working under him/her.
- He/her will ensure general cleanliness inside and outside the premises of the PHC and also proper maintenance of equipment under his/her charge.
- He/she will ensure to keep up to date inventory and stock register of all the stores and equipment supplied to him/ her and will be responsible for its correct accounting.
- He/she will get indents prepared timely for drugs, instruments, vaccines, ORS and contraceptive etc. sufficiently in advance and will submit them to the appropriate health authorities.

- He/she will check the proper maintenance of the transport given in his/her charge.
- He/she will scrutinize the programmes of his/her staff and suggest changes if necessary to suit the priority of work.
- He/she will get prepared and display charts in his/her own room to explain clearly the geographical areas, location of peripheral health units, morbidity and mortality, health statistics and other important information about his/her area.
- He/she will hold monthly staff meetings with his/her own staff with a view to evaluating the progress of work and suggesting steps to be taken for further improvements.
- He/she will ensure the regular supply of medicines and disbursements of honorarium to health guides.
- He/she will ensure the maintenance of the prescribed records at PHC level.
- He/she will receive reports from the periphery, get them compiled and submit them regularly to the district health authorities.
- He/she will keep notes of his/her visits to the area and submit every month his/her tour report to the CMO.
- He/she will discharge all the financial duties entrusted to him/her.
- He/she will discharge the day to day administrative duties and administrative duties pertaining new schemes.

## JOB RESPONSIBILITIES OF HEALTH EDUCATOR

### Working Relationship

The Health Educator will function under the technical supervision and guidance of the Block Extension Educator. However, he/she will be under the immediate administrative control of the PHC Medical Officer. He/she will be responsible for providing support to all health and family welfare programmes in the block.

### Duties and Functions

1) He/she will have with him/her all information relevant to development activities in the block, particularly concerning health and family welfare, and will utilize the same for programme planning.

2) He/she will develop his/her work plan in consultation with the medical officer of his/her PHC and the concerned Block Extension Educator.

3) He/she will collect analyses and interpret the data in respect of extension education work in his/her PHC area.

4) He/she will be responsible or regular maintenance of records of educational activities, tour programmes, daily dairies and other registers, and will ensure preparation and display of relevant maps and charts in the PHC.

5) He/she will assist the Medical Officer, PHC in conducting training of health

workers under the MPW and ASHA and other schemes under NRHM.

6) He/she will organize the celebration of health days and weeks and publicity programmes at local fairs, on market days, etc.

7) He/she will organize orientation training for health and family welfare workers, opinion leaders, local medical practitioners, school teachers, dais and other involved in health and family welfare work.

8) He/she will assist the organizing mass communication programmes like film shows, exhibition, lecturers and dramas, with the help of the DEMO and Dy. DEMO.

9) He/she will supervise the work of field workers in the area of education and motivation.

10) He/she will supply education material on health and family welfare to health workers in the block.

11) While on tour he/she will verify entries in the eligible couple register for every village and do random checking of family welfare acceptors.

12) While on tour he/she will check the available stock of conventional contraceptive with the depot holders and the kits with MPHWs and ASHAs.

13) He/she will help field workers in winning over resistant cases and drop-outs in the health and family welfare programmes.

14) He/she will maintain a complete set of educational aids on health and family welfare for his/her own use and for training purpose.

15) He/she will organize population education and health education sessions in schools and for out-of school youth.

16) He/she will maintain a list of prominent acceptors of family planning methods and opinion leaders village wise and will try to involve them in the promotion of health and family welfare programmes.

17) He/she will prepare a monthly report on the progress of educational activities in the block and send it to the higher authority.

## JOB RESPONSIBILITIES OF HEALTH ASSISTANT FEMALE (LHV – Lady Health Visitor) (Female Supervisor)

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

### 1. Supervision and guidance:

- Supervise and guide the Health Worker (Female), Dais and guide ASHA in the delivery of health care service to the community.
- Strengthen the knowledge and skills of the health worker (female).
- Helps the Health Worker (Female) in improving her skills in working in the community.

- Help and guide the Health Worker (Female) in planning and organizing her programmes of activities.
- Visit each sub-centre at least once a week on a fixed day to observe and guide the Health Worker (Female) in her day to day activities.
- Assess fort nightly the progress of work of the Health Worker (Female) and submit with respect to their duties under various National Health Programmes.
- Carry out supervisory home visits in the area of the Health Worker (Female) with respect to their duties under various national health programmes.
- Supervise referral; of all pregnant women for RPR testing at PHC.

2. Team Work:

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

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

- In collaboration with the health assistant (male), check at regular intervals the stores available at the sub-centre and help in the procurement of supplies and equipment.
- Check that the drugs at the sub-centre are properly stored and that the equipment is well maintained.
- Ensure that the health worker (female) maintains her general kit and midwifery kit and Dai kit in the proper way.
- Ensure that the sub-centre is kept clean and is properly maintained.

4. Records and Reports:

- Scrutinize the maintenance of records by the Health Worker (Female) and guide her in their proper maintenance.
- Review reports received from the Health Workers (Female), consolidate them and submit monthly reports to the medical officer of the primary health centre.

Where Kala-Azar is endemic, additional duties are:

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

Where Lymphatic Filariasis is endemic, her specific duties are as follows:

- She will supervise the wok of health worker (female) and volunteers during concurrent visit and will check whether the worker is performing here duties.
- She should check minimum of 10% of the house in a village to verify that the health worker (female) really visited those houses and carried her job properly.
- She will be responsible along with Health Assistant (male) for ensuring compliance of drug more than 80% during MDA.
- She will also undertake health education activities particularly though interpersonal communication, arrange group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

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

- She will supervise the work of health worker (female) during concurrent visit and will check whether the worker is performing her duties.
- She should check along with minimum of 10% of the house in a village to verify that the health worker (female) really visited those houses and carried her job properly. Her job of identifying suspected JE cases and ensuring complete treatment has been done properly.

- She will carry with her the proper record forms, diary and guidelines for identifying suspected JE cases.
- She will be responsible for ensuring complete treatment of JE patients in her area.
- She will be responsible along with health assistant (male) for ensuring complete coverage during the spray activities and search operation.
- She will also undertake health education activities particularly through interpersonal communication, arranging group meetings with leaders and organizing and conduction training of community leaders with the assistance of health team.

5. Training:

- Organize and conduct training for dais/ASHA with the assistance of the health worker (female).
- Assist the medical officer of the primary health centre in conducting training programme for various categories of health personnel.

6. Maternal and Child Health:

- Conduct weekly MCH clinics at each Sub-centre with the assistance of the health worker (female) and dais
- Respond to calls from the health worker (female), the health worker (male), voluntary health workers (ASHAs) and the trained dais and render the necessary help.
- Conduct deliveries when required at PHC level and provide domiciliary and midwifery services.

7. Family Planning and Medical Termination of Pregnancy:

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

8. Nutrition:

- Ensure that all cases of malnutrition among infants and young children (0-5years) are given the necessary treatment and advice and refer serious

cases to the community health centre.

- Ensure that iron and folic acid tablets as well as vitamin A solution are distributed to the beneficiaries as prescribed.
- Educate the expectant mother regarding breast feeding.

9. Universal Immunization Programme:

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

10. Acute Respiratory Infection:

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

11. School Health:

- Help medical officers in school health services.

12. Primary Medical Care:

- Ensure treatment for minor ailments, provide ORS & first aid for accidents and emergencies and refer cases beyond her competence to the Medical Officer, in-charge of primary health centre or nearest hospital / CHC or Block PHC.

13. Health Education:

- Carry out educational activities for MCH, Family Planning, Nutrition and Immunization, Control of blindness, Dental care and other National Health Programmes like leprosy and Tuberculosis with the assistance of the Health Worker (Female).
- Arrange group meetings with the leaders and involve them in spreading the message for various health programmes.
- Organize and conduct training of women leaders with the assistance of the Health Worker (Female).
- Organize and utilize Mahila Mandal, Teachers and other women in the Community in the family welfare programmes, including ICDS personnel.

## JOB RESPONSIBILITIES OF HEALTH ASSISTANT MALE

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

**The Health Assistant (Male) will carry out the following duties:**

1. Supervision and guidance:

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

2. Team Work:

- Help the health workers to work as part of the health team.
- Coordinate his activities with those of the Health Assistant (Female) and other health personnel including dais and voluntary health workers (ASHAs).
- Coordinate the health activities in his area with the activities of workers of other departments and agencies and attend meeting at PHC level.
- Conduct staff meetings fort nightly with the health workers in coordination with the Health Assistant (Female) at one of the Sub-centres by rotation.
- Attend staff meetings at the Primary Health Centre
- Assist the medical officer of the Primary Health Centre in the organization of the different health services.
- Participate as a member of the health team in mass camps and campaigns in health programmes.
- Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel.

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

- In collaboration with the Health Assistant (Female), check at regular intervals the stores available at the Sub-centre and ensure timely placement of indent for and procure the

supplies and equipment in good time.

- Check that the drugs at the Sub-centre are properly stored and that the equipment is well maintained
- Ensure that the Health Worker (Male) maintains his general kit in proper way.

4. Records and Reports:

- Scrutinize the maintenance of records by the Health Worker (Male) and guide him in their proper maintenance.
- Review records received from the Health Worker (Male), consolidate them and submit reports to the medical officer of the primary health centre.

5. Malaria:

- He will supervise the work of Health Worker (Male) during concurrent visits and will check whether the worker is performing his duty as laid down in the schedule.
- He should check minimum of 10% of the houses in a village to verify the work of the Health Worker (Male).
- He will carry with him a kit for collection of blood smears during his visit to the field and collect thick and thin smears from any fever case he comes across and he will administer presumptive treatment of prescribed dosage of Anti-malarial drugs.
- He will be responsible for prompt radical treatment to positive cases of Malaria in his area. He will plan, execute and supervise the administration of radical treatment in consultation with PHC medical officer.
- Supervise the spraying of insecticides during local spraying along with the Health Worker (Male).

Where Kala-Azar is endemic additional duties are:

- He will supervise the work of Health Worker (Male) during concurrent visit and will check whether the worker is performing his duties.
- He should check minimum of 10% of the house in a village to verify that the Health Worker (Male) really visited those houses and carried his job properly. His job of identifying suspected Kala-Azar cases and ensuring complete treatment has been done properly.
- He will carry with him the proper record forms, diary and guidelines for identifying suspected Kala-Azar cases.
- He will be responsible for ensuring complete coverage treatment of Kala-Azar patients in his area.
- He will be responsible for ensuring complete coverage during the spray activities and search operation.

- He will also undertake health education activities particularly through interpersonal communication, arranging group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

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

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

Where Lymphatic Filariasis is endemic her specific duties are as follows:

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

6. Communicable Diseases

- Be alert to the sudden outbreak of epidemics of diseases, such as diarrhea/dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough, tetanus, poliomyelitis, tetanus neonatarum, acute eye infections and take all possible remedial measures.

- Take the necessary control measures when any noticeable disease is reported to him.

7. Leprosy:

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

8. Tuberculosis:

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

9. Environmental Sanitation:

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

10. Universal Immunization Programme

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

11. Family Planning

- Personally motivate resistant case for family planning.
- Guide the Health Worker (Male) in establishing (male) depot holders with the assistance of the Health Workers (Male) and supervise the functioning.
- Assist M.O. PHC in organization of family planning camps and drives.
- Provide information on the availability of services for medical termination of pregnancy and refer suitable cases to the approved institutions.
- Ensure follow up of all cases of vasectomy, tubectomy, IUD and other family planning acceptors.

## JOB RESPONSIBILITIES OF LABORTORY TECHNICIAN

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

### I. General Laboratory Procedures

1. 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 of specimens and infected material in a safe manner
6. Maintain the necessary records of investigations done and submit the reports to the Medical Officer, PHC
7. Prepare monthly reports regarding his work
8. Indent for supplies for the laboratory though the Medical Officer, PHC and ensure the safe storage of materials received

### II. Laboratory Investigations

1. Carry out examination of urine
   - i) Specific gravity and PH
   - ii) Test for glucose
   - iii) Test for protein (albumen)
   - iv) Microscopic examination
   - v) Rapid test for pregnancy
2. Carry out examination of stools
   - i) Microscopic examination of stools

### III. Carry out examination of blood

- i) Collection of blood specimen by finger prick technique
- ii) Hemoglobin estimation
- iii) RBC count
- iv) WBC count (total and differential)
- v) Preparation, staining and examination of thick and thin blood smears for malaria parasites and for microfilaria
- vi) Erythrocyte sedimentation rate
- vii) RPR test for Syphilis
- viii) Rapid diagnostic test for Typhoid (Typhi Dot)

### IV. Carry out examination sputum

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

V. Carry out examination of semen

i) Microscopic examination

ii) Sperm count and motility

VI. Prepare throat swabs

i) Collection of throat swab and examination for diphtheria

VII. Test samples of drinking water

i) Testing of samples for gross impurities

ii) Rapid tests for detecting fecal contamination by $H_2S$ strip test

iii) Residual chlorine in drinking water by testing kits.

VIII. Under NVBDCP, in endemic areas, he will also

i) Conduct Aldehyde test, maintain all records of sera samples drawn, aldehyde test conducted, positive etc. He will also assist in Kala-Azar search operations

ii) Collect sera samples from suspected encephalitis cases and maintain all records of sera samples drawn and their results.

## Annexure-8

# Charter of Patients' Rights for Primary Health Centres

1. Preamble

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

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

2. Objectives

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

3. Commitments of the Charter

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

4. Grievance redressal

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

5. Responsibilities of the users

- users of PHC would attempt to understand the commitments made in the charter
- users would not insist on service above the standard set in the charter because it could negatively affect the provision of the minimum acceptable level of service to another user.

- instruction of the PHC personnel would be followed sincerely, and
- in case of grievances, the redressal mechanism machinery would be addressed by users without delay.

6. Performance audit and review of the charter

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

## Annexure-9

# Performa for Facility Survey for PHC on IPHS

### Identification

Name of the State: _____

District: _____

Tehsil/Taluk/Block _____

Location Name of PHC: _____

Is the PHC providing 24 hours and 7 days delivery facilities

Date of Data Collection

Day Month Year

Name and Signature of the Person Collecting Data

### I. Services

| S.No. | Particulars |
|---|---|
| 1.1. | **Population covered (in numbers)** |
| 1.2. | **Assured Services available (Yes/No)** |
| | a. OPD Services |
| | b. Emergency services (24 Hours) |
| | c. Referral Services |
| | d. In-patient Services |
| 1.3. | |
| | a. Number of beds available |
| | b. Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%) |

**1.4. Average daily OPD Attendence**

a. Males

b. Females

**1.5. Treatment of specific cases (Yes / No)**

a. Is surgery for cataract done in the PHC?

b. Is the primary management of wounds done at the PHC?

c. Is the primary management of fracture done at the PHC?

d. Are minor surgeries like draining of abscess etc done at the PHC?

e. Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC?

f. Is the primary management of burns done at PHC?

**1.6. MCH Care including Family Planning**

**1.6.1. Service availability (Yes / No)**

a. Ante-natal care

b. Intranatal care (24 - hour delivery services both normal and assisted)

c. Post-natal care

d. New born Care

e. Child care including immunization

f. Family Planning

g. MTP

h. Management of RTI / STI

i. Facilities under Janani Suraksha Yojana

**1.6.2. Availability of specific services (Yes / No)**

a. Are antenatal clinics organized by the PHC regularly?

b. Is the facility for normal delivery available in the PHC for 24 hours?

c. Is the facility for tubectomy and vasectomy available at the PHC?

d. Is the facility for internal examination for gynaecological conditions available at the PHC?

e. Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC?

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

g. Is the facility for MTP (abortion) available at the PHC?

h. Is there any precondition for doing MTP such as enforced use of contraceptives after

MTP or asking for husband's consent for MTP?

i. Do women have to pay for MTP?

j. Is treatment for anemia given to both pregnant as well as non-pregnant women?

k. Are the low birth weight babies managed at the PHC?

l. Is there a fixed immunization day?

m. Is BCG and Measles vaccine given regularly in the PHC?

n. How is the vaccine received at PHC and distributed to Sub Centres?

o. Is the treatment of children with pneumonia available at the PHC?

p. Is the management of children suffering from diarrhea with severe dehydration done at the PHC?

**1.7. Other fuctions and services performed (Yes / No)**

a. Nutrition services

b. School Health programmes

c. Promotion of safe water supply and basic sanitation

d. Prevention and control of locally endemic diseases

e. Disease surveillance and control of epidemics

f. Collection and reporting of vital statistics

g. Education about health / behaviour change communication

h. National Health Programmes including HIV/AIDS control programes

i. AYUSH services as per local preference

j. Rehabilitation services (please specify)

**1.8. Monitoring and Supervision activities (Yes / No)**

a. Monitoring and supervision of activities of sub-centres through regular meetings / periodic visits, etc.

b. Monitoring of National Health Programmes

c. Monitoring activities of ASHAs

d. Visits of Medical Officer to all sub-centres at least once in a month

e. Visits of Health Assistants (Male) and LHV to sub-centres once a week

## Manpower

| S. No. | Personnel | Existing pattern | Recommended | Current Availability at PHC (Indicate Numbers) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|---|
| 2.1. | Medical Officer | 1 | 2 (one may be from AYUSH and one other Medical Officer preferrably a Lady Doctor) | | |
| 2.2. | Pharmacist | 1 | 1 | | |
| 2.3. | Nurse - Midwife (Staff Nurse) | 1 | 3 (for 24 hour PHCs; 2 may be contractual) | | |
| 2.4. | Health Worker (Female) | 1 | 1 | | |
| 2.5. | Health Educator | 1 | 1 | | |
| 2.6. | Health Assistant (One male and One female | 2 | 2 | | |
| 2.7. | Clerks | 2 | 2 | | |
| 2.8. | Laboratory Technician | 1 | 1 | | |
| 2.9. | Driver | 1 | Optional; vehicles may be out-sourced | | |
| 2.10. | Class IV | 4 | 4 | | |
| | **Total** | **15** | **17/18** | | |

## III. Training of personnel during previous (full) year

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

## IV. Essential Laboratory Services

| S. No. | Current Availability at PHC | Remarks / Suggestions / Identified Gaps |
|---|---|---|
| 4.1. | Routine urine, stool and blood tests | |
| 4.2. | Blood grouping | |
| 4.3. | Bleeding time, clotting time | |
| 3.4. | Diagnosis of RTI/STDs with wet mounting, grams stain, etc. | |
| 4.5. | Sputum testing for TB | |
| 4.6. | Blood smear examination for malaria parasite | |
| 4.7. | Rapid tests for pregnancy | |
| 4.8. | RPR test for Syphills / YAWS surveillance | |
| 4.9. | Rapid tests for HIV | |
| 4.10. | Others (specify) | |

## V. Physical Infrastructure (As per specifications)

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| 5.1. | **Where is this PHC located?** | | | |
| a. | Within Village Locality | | | |
| b. | Far from village locality | | | |
| c. | If far from locality specify in km | | | |
| 5.2. | **Building** | | | |
| a. | Is a designated government building available for the PHC? (Yes / No) | | | |
| b. | If there is no designated government building, then | | | |
| | where does the PHC located | | | |
| | Rented premises | | | |
| | Other government building | | | |
| | Any other specify | | | |
| c. | Area of the building (Total area in Sq. mts.) | | | |
| d. | What is the present stage of construction of the building | | | |
| | Construction complete | | | |
| | Construction incomplete | | | |
| e. | Compound Wall / Fencing (1-All around; 2-Partial; 3-None) | | | |
| f. | Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster) | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| g. | Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or no proper flooring) | | | |
| h. | Whether the cleanliness is Good / Fair / Poor?(Observe) | | | |
| | OPD | | | |
| | Rooms | | | |
| | Wards | | | |
| | Toilets | | | |
| | Premises (compound) | | | |
| l. | Are any of the following close to the PHC? (Observe) (Yes/No) | | | |
| i. | Garbage dump | | | |
| ii. | Cattle shed | | | |
| iii. | Stagnant pool | | | |
| iv. | Pollution from industry | | | |
| j. | Is boundary wall with gate existing? (Yes / No) | | | |
| **5.3.** | **Location** | | | |
| a. | Whether located at an easily accessible area? (Yes/No) | | | |
| b. | Distance of PHC (in Kms.) from the farthest village in coverage area | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| c. | Travel time (in minutes) to reach the PHC from farthest village in coverage area | | | |
| d. | Distance of PHC (in Kms.) from the CHC | | | |
| e. | Distance of PHC (in Kms.) from District Hospital | | | |
| **5.4.** | **Prominent display boards regarding service availability in local language (Yes/No)** | | | |
| **5.5.** | **Registration counters (Yes/No)** | | | |
| **5.6.** | | | | |
| a. | Pharmacy for drug dispensing and drug storage (Yes/No) | | | |
| b. | Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination (Yes / No) | | | |
| **5.7.** | **Separate public utilities for males and females (Yes/No)** | | | |
| **5.8.** | **Suggestion / complaint box (Yes/No)** | | | |
| **5.9.** | **OPD rooms / cubicles (Yes/No) (Give numbers)** | | | |
| **5.10** | **Adequate no. of windows in the room for light and air in each room (Yes/No)** | | | |
| **5.11.** | **Family Welfare Clinic (Yes/No)** | | | |
| **5.12.** | **Waiting room for patients (Yes/No)** | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| 5.13. | Emergency Room / Casualty (Yes/No) | | | |
| 5.14. | Separate wards for males and females (Yes/No) | | | |
| 5.15 | No. of beds : Male | | | |
| 5.16 | No. of beds : Female | | | |
| 5.17. | Operation Theatre (if exists) | | | |
| a. | Operation Theatre available (Yes/No) | | | |
| b. | If operation theatre is present, are surgeries carried out in the operation theatre? | | | |
| | Yes | | | |
| | No | | | |
| | Sometimes | | | |
| c. | If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same? | | | |
| | Non-availability of doctors /staff Lack of equipment / poor physical state of the operation theatre | | | |
| | No power supply in the operation theatre | | | |
| | Any other reason (specify) | | | |
| d. | Operation Theatre used for obstetric / gynaecological purpose (Yes / No) | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| e. | Has OT enough space (Yes/No) | | | |
| **5.18.** | **Labour room** | | | |
| a. | Labour room available? (Yes/ No) | | | |
| b. | If labour room is present, arc deliveries carried out in the labour room? | | | |
| | Yes | | | |
| | No | | | |
| | Sometimes | | | |
| c. | If labour room is present. but deliveries are not being conducted there, then what are the reasons for the same? | | | |
| | Non-availability of doctors / staff Poor condition of the labour room No power supply in the labour room Any other reason (specify) | | | |
| d. | Is separate areas for septic and aseptic deliveries available? (Yes / No) | | | |
| **5.19.** | **Laboratory:** | | | |
| a. | Laboratory (Yes/No) | | | |
| b. | Are adequate equipment and chemicals available? (Yes/No) | | | |
| c. | Is laboratory maintained in orderly manner? (Yes / No) | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| **5.20.** | **Ancillary Rooms - Nurses rest room (Yes/No)** | | | |
| **5.21.** | **Water supply** | | | |
| a. | Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify) | | | |
| b. | Whether overhead tank and pump exist (Yes / No) | | | |
| c. | If overhead tank exist, whether its capacity sufficient? (Yes/No) | | | |
| d. | If pump exist, whether it is in working condition? (Yes / No) | | | |
| **5.22** | **Sewerage** | | | |
| | Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage) | | | |
| **5.23.** | **Waste disposal** | | | |
| | How the waste material is being disposed (please specify)? | | | |
| **5.24.** | **Electricity** | | | |
| a. | Is there electric line in all parts of the PHC? (1- In all parts; 2- In some parts; 3- None) | | | |
| b. | Regular Power Supply (1- Continuous Power Supply; 2- Occasional power failure; 3- Power cuts in summer only; 4- Regular power cuts; 5- No power supply | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| c. | Stand by facility (generator) available in working condition (Yes / No) | | | |
| **5.25.** | **Laundry facilities:** | | | |
| a. | Laundry facility available (Yes/No) | | | |
| b. | If no, is it outsourced? | | | |
| **5.26.** | **Communication facilities** | | | |
| a. | Telephone (Yes/No) | | | |
| b. | Personal Computer (Yes/No) | | | |
| c. | NIC Terminal (Yes/No) | | | |
| d. | E.Mail (Yes / No) | | | |
| e. | Is PHC accesible by | | | |
| | i. Rail (Yes / No) | | | |
| | ii. All whether road (Yes / No) | | | |
| | iii. Others (Specify) | | | |
| **5.27.** | **Vehicles** | | | |
| | Vehicle (jeep/other vehicle) available? (Yes / No) | | | |
| **5.28.** | **Office room (Yes/No)** | | | |
| **5.29.** | **Store room (Yes/No)** | | | |
| **5.30.** | **Kitchen (Yes / No)** | | | |
| **5.31.** | **Diet:** | | | |
| | a. Diet provided by hospital (Yes/No) | | | |
| | b. If no, how diet is provided to the indoor patients? | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| 5.32. | **Residential facility for the staff with all amenities**<br>Medical Officer<br>Pharmacist<br>Nurses<br>Other staff | | | |
| 5.33. | **Behavioral Aspects (Yes / No)** | | | |
| a. | How is the behaviour of the PHC staff with the patient<br>Courteous<br>Casual/indifferent<br>Insulting / derogatory | | | |
| b. | Any fee for service is charged from the users? (Yes / No). If yes, specify. | | | |
| c. | Is there corruption in terms of charging extra money for any of the service provided? (Yes / No) | | | |
| d. | Is a receipt always given for the money charged at the PHC? (Yes / No) | | | |
| e. | Is there any incidence of any sexual advances. oral or physical abuse, sexual harassment by the doctors or any other paramedical? (Yes / No) | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| f. | Are woman patients interviewed in an environment that ensures privacy and dignity? (Yes / No) | | | |
| g. | Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy? (Yes / No) | | | |
| h. | Do patients with chronic illnesses receive adequate care and drugs for the entire duration? (Yes / No) | | | |
| i. | If the health centre is unequipped to provide the services how and where the patient is referred and how patients transported? | | | |
| j. | Is there a publicly displayed mechanism; whereby a complaint/grievance can be registered? (Yes / No) | | | |
| k. | Is there an outbreak of any of the following diseases in the PHC area in the last three years?<br>Malaria<br>Measles<br>Gastroenteritis<br>Jaundice | | | |
| l. | If yes, did the PHC staff responded immediately to stop the further spread of the epidment | | | |

| S. No. | | Current Availability at PHC | If available, area in Sq. mts.) | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|---|
| m. | Does the doctor do private practice during or after the duty hours? (Yes/ No) | | | |
| n. | Are there instances where patients from particular social background dalits, minorities, villagers) have faced derogatory or discriminatory behavior or service of poorer quality? (Yes / No) | | | |
| o. | Have patients with specific health problems (HIV/AIDS, leprosy suffered discrimination in any form? (Yes / No) | | | |

## VI. Equipment (As per list)

| Equipment | Available | Functional | Remarks / Suggestions / Identified Gaps |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## VII. Drugs (As per essential drug list)

| Drug | Available | Remarks / Suggestions / Identified Gaps |
|---|---|---|
| | | |
| | | |
| | | |

| S. No. | Item | Current Availability at PHC | If available, numbers | Remarks / Suggestions/ Identified Gaps |
|---|---|---|---|---|
| 8.1. | Examination Table | | | |
| 8.2. | Delivery Table | | | |
| 8.3. | Footstep | | | |
| 8.4. | Bed Side Screen | | | |
| 8.5. | Stool for patients | | | |
| 8.6. | Arm board for adult & child | | | |
| 8.7. | Saline stand | | | |
| 8.8. | Wheel chair | | | |
| 8.9. | Stretcher on trolley | | | |
| 8.10. | Oxygen trolley | | | |
| 8.11. | Height measuring stand | | | |
| 8.12. | Iron bed | | | |
| 8.13. | Bed side locker | | | |
| 8.14. | Dressing trolley | | | |
| 8.15. | Mayo trolley | | | |
| 8.16. | Instrument cabinet | | | |
| 8.17. | Instrument trolley | | | |
| 8.18. | Bucket | | | |
| 8.19. | Attendant stool | | | |
| 8.20. | Instrument tray | | | |
| 8.21. | Chair | | | |
| 8.22. | Wooden table | | | |
| 8.23. | Almirah | | | |
| 8.24. | Swab rack | | | |
| 8.25. | Mattress | | | |
| 8.26. | Pilow | | | |

| S. No. | Item | Current Availability at PHC | If available, numbers | Remarks / Suggestions/ Identified Gaps |
|---|---|---|---|---|
| 8.27. | Waiting bench for patients/ attendants | | | |
| 8.28. | Medicine cabinet | | | |
| 8.29. | Side rail | | | |
| 8.30. | Rack | | | |
| 8.31. | Bed side attendant chair | | | |
| 8.32. | Others | | | |

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

**Order No. P.17018/12/2005-RHS**

## Government of India
## Ministry of Health & Family Welfare
## (RHS Section)

An Expert Group to finalise the guidelines of Indian Public Health Standards (IPHS) for Primary Health Centres (PHCs) and Sub-centres has been constituted under the Chairmanship of Dr. S P Agarwal, DGHS. The constitution of the Expert Group is as follows:

| | | |
|---|---|---|
| 1. | Dr. S. P. Agarwal, DGHS | Chairman |
| 2. | Dr. Shivlal | Addl. DG & Director (NICD) |
| 3. | Dr. C. S. Pandav | Prof. and Head, Community Medicine (AIIMS) |
| 4. | Dr. S. Murugun | Director, Public Health, Tamil Nadu |
| 5. | Dr. K. N. Patel | Addl. Director of Health, Gujarat |
| 6. | Dr. Lal Bihari Prasad | Dir. General of Health Services, UP |
| 7. | Dr. Dhruba Hojai | Dir. Of Health Services, Assam |
| 8. | Dr. B. C. Dash | Dir. State Institute of Health & Family Welfare, Orissa |
| 9. | Dr. Dileep Mavlankar | Prof., Indian Institute of Management, Ahmedabad |
| 10. | Dr. V. K. Sudarshan | Foundation for Revitalization local health tradition, Bangalore |
| 11. | Dr. Tasleem | Manager Economics, HSCC, Noida |
| 12. | Mr. J. P. Mishra | European Commission |
| 13. | Dr. V. K. Manchanda | Deputy Commissioner (MCH) |
| 14. | Mr. T. Dilip Kumar | Adviser, Nursing |
| 15. | Dr. Mohanan Nair | Min. of Health & Family Welfare, Kerala |

| | | |
|---|---|---|
| 16. | Dr. N. K. Sethi | Director, NIHFW |
| 17. | Dr. M. P. Singh | CMO, Ghaziabad |
| 18. | Dr. S. K. Satpathy, DC (ID/AP) | Member Secretary |

The Terms of Reference (TOR) for the Expert Group is to finalise the guidelines of Indian Public Health Standards (IPHS) for Primary Health Centres (PHCs) and Sub-centres.

The Expert Group will submit the guidelines by 29th October, 2005.

*Sd/*
**Sushama Rath**
Under Secretary to the Government of India

To All the members

Copy to: Director (AS)/DC (ID)/Director (ID)/Director (P/EAG)

# List of Abbreviations

| | | |
|---|---|---|
| AIIMS | : | All India Institute of Medical Sciences |
| ANC | : | Ante Natal Check-up |
| ANM | : | Auxiliary Nurse Midwife |
| ARI | : | Acute Respiratory Infections |
| ASHA | : | Accredited Social Health Activist |
| AYUSH | : | Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy |
| AWW | : | Anganwadi Worker |
| BCC | : | Behaviour Change Communication |
| BCG | : | Bacille Calmette Guerians Vaccine |
| BIS | : | Bureau of Indian Standards |
| CBHI | : | Community Based Health Insurance Schemes / Central Bureau of Health Intelligence |
| CHC | : | Community Health Centre |
| CMO | : | Chief Medical Officer |
| DDK | : | Disposable Delivery Kit |
| DEC | : | Di Ethyle Carbamazine |
| DEMO | : | District Extension and Media Officer |
| DGHS | : | Director General of Health Services |
| DOT | : | Direct Observed Treatment |
| DPT | : | Diphtheria, Pertussis and Tetanus Vaccine |
| DT | : | Diphtheria and Tetanus Toxoid Vaccine |
| Dy. DEMO | : | Deputy District Extension and Media Officer |
| EAG | : | Empowered Action Group |
| FRU | : | First Referral Unit |

| | | |
|---|---|---|
| HSCC | : | Hospital Services Consultancy Corporation |
| IDSP | : | Integrated Disease Surveillance Project |
| ID/AP | : | Infrastructure Division / Area Projects |
| IEC | : | Information, Education and Communication |
| IFA | : | Iron and Folic Acid |
| IPHS | : | Indian Public Health Standard |
| IUD | : | Intra-Urine Device |
| JSY | : | Janani Suraksha Yojana (JSY) |
| LHV | : | Lady Health Visitor |
| MCH | : | Maternal and Child Health |
| MO | : | Medical Officer |
| MTP | : | Medical Termination of Pregnancies |
| NVBDCP | : | National Vector Borne Disease Control Programme |
| NACP | : | National AIDS Control Programme |
| NBCP | : | National Blindness Control Programme |
| NICD | : | National Institute of Communicable Diseases |
| NIHFW | : | National Institute of Health & Family Welfare |
| NLEP | : | National Leprosy Eradication Programme |
| NMEP | : | National Malaria Eradication Programme |
| NPCB | : | National Programme for Control of Blindness |
| NRHM | : | National Rural Health Mission |
| OPV | : | Oral Polio Vaccine |
| ORS | : | Oral Rehydration Solution |
| PHC | : | Primary Health Centre |
| PPTCT | : | Prevention of Parents to Child Transmission |
| PRI | : | Panchayati Raj Institution |

| | | |
|---|---|---|
| RBC | : | Red Blood Corpuscle |
| RCH | : | Reproductive and Child Health |
| RHS | : | Rural Health Services |
| RKS | : | Rogi Kalyan Samiti |
| RNTCP | : | Revised National Tuberculosis Control Programme |
| RTI | : | Reproductive Tract Infections |
| STI | : | Sexually Transmitted Infections |
| TOR | : | Terms of Reference |
| VHC | : | Village Health Committee |
| WBC | : | White Blood Corpuscle |

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