

Karakulam Grama Panchayat

Guideline for Managing
Primary Health Centre

Responsive Administration –
A Management Development Mechanism

Guideline for Managing
Primary Health Centre

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Karakulam Grama Panchayat

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Dear,

Novel enquiries and activities has been going on in the Karakulam-Nellanad Grama Panchayats for systemising the local self governance process, co-ordinate the functioning of the Grama Panchayats and transferred institutions, Improve the quality level of institution-service, make fruitful the institutional management and governance execution taking into consideration the will of the people and people's intervention.

As part of the Responsive Administration - A Management Development mechanism, many arrangements have already been evolved for making the local self governance meaningful and empowered. This includes the following: Comprehensive citizen charter, people-oriented institutional arrangement, Local self governance order-implementation, office panchayat-level review system, and dispute redressal system. Another achievement in this chain is the Guideline, inevitable for the local self government institution-service delivery and management. These guidelines are the result of relentless effort of governance experts, law experts, voluntary activists, people's representatives, and officials. Such Guidelines are formulated in 13 different sectors. This Guideline, approved and came into existence based on the decision of the Grama Panchayat dated 6 June 2005 (fourth decision), aimed at raising the service quality level of institutions and officials and strengthening the infrastructural facilities, is submitted before the people

09.06.2005
Karakulam

R. Sivarajan
President

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Guideline – What, Why

Panchayat Raj - Nagarpalika Act figures prominently among the crucial amendments to the Indian Constitution. It was the 73rd and 74th Amendments (1993) to the Constitution which made Local Self-Governments also part of the system of Federal national structure apart from Central and State levels. This made possible the transfer of responsibilities, resources, and employees, and also entrusted with the local self-governments the power of development and implementation. In Kerala, vast interventions were possible in the domain of local self-governance in the past one decade. Efforts were made to ensure rules, policies, orders, training, and support systems. It is indeed an achievement for Kerala that the availability of funds, transparency, evaluation, etc., was made part of the system in the State. The process of decentralisation of power was enriched, in varying degrees, by the co-operation of political parties, socio-voluntary movements, service-trade union organisations, and research centres.

The local self government institutions – panchayats / municipalities have gained so many benefits in the past one decade. The local self-governance has almost become established. It has become administratively possible to run own offices and transferred institutions separately and jointly. It made help the local bodies to implement the responsibilities and services of bureaucrats and employees. This also helped to raise the standard of quality. The gains of decentralisation of power reflected in the administration in varying levels. The current phase is one of assessing many issues including the above mentioned ones.

The concept of institution-service management is an extension of ideas evolved from various activities that were implemented under the initiative of the Karakulam Grama Panchayat with the involvement of people's participation and with the support of the Grameena Padhana Kendram (GPK) in various sectors like health, education, and social welfare with people's participation. Inter-linking of decentralisation and responsive self-governance with institution-service management enables the direct participation and intervention of people in the local self-governance which already necessitates increased responsibility and commitment to the people. Based on the Kerala Panchayati Raj Act (1994) and the Kerala Panchayati Raj (Amendment Act- 1999) many important sectors have been handed over to the local bodies. The responsibilities transferred to the Grama Panchayats are summarised here.

The Invariable Responsibilities of the Grama Panchayat

1. Regulate building construction.
2. Protect public places from encroachment



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3. Protect the traditional drinking water sources.
4. Protect ponds and other water storage systems.
5. Conserve the waterways and canals under the Grama Panchayat.
6. Collect and dispose of solid waste. Make arrangements for the removal of liquid waste.
7. Drain the water caused by heavy showers.
8. Make environment healthy and protect it.
9. Maintenance of public markets.
10. Contain / control contagious diseases.
11. Regulate the slaughter of animals, sale of meat, fish, and other food items which may easily be decayed.
12. Regulate hotels and restaurants.
13. Stop adulteration of food.
14. Protect roads and other public properties.
15. Switching on the street lights and maintain them.
16. Take immunisation measures. Implement programmes for the same suggested at the state and national levels.
17. Establish and maintain cemeteries.
18. Give licence to hazardous and unbearable trade.
19. Register both birth and death.
20. Establish and maintain bathing, washing, and transportation ghats.
21. Arrange parking areas for vehicles; build parking sheds for general public.
22. Build urinals, toilets, and bathrooms in public places.
23. Regulate the managing of festivals and fairs.
24. Issue licences to pet birds / animals, ensure controlling of stray animals.

Common Responsibilities

1. Collection of statistical data.
2. Organizing self-help and voluntary work.
3. Campaign on thrift.
4. Awareness creation about social evils.
5. Development – People’s participation.
6. Relief activities during natural calamities.
7. Conservation and awareness creation of Ecology.
8. Development of co-operative sector.
9. Social unity.
10. Make available land for development purpose.
11. Awareness creation on various laws.
12. Campaign against economic offences.
13. Poverty eradication – self-help entrepreneurship.
14. Sensitisation on civic responsibilities.

Sectoral Responsibilities

It is the task of the Panchayats to make sure that the services in accordance with the above responsibilities are being provided to the inhabitants of the respective areas [Kerala Panchayat Act 1999 166 (1) B]. S B Sen Committee (1996) on Devolution of Powers has submitted detailed and clear recommendations to the Government about the inevitable transfer of employees, institutions and infrastructure facilities necessary for executing the responsibilities transferred to them. The Sen Committee also details the transfer of funds required for the maintenance and expansion of the above mentioned responsibilities. Based on the recommendations, the Government issued orders transferring various institutions and designations to the local bodies.



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Those transferred institutions would be treated as owned by the local self governments for the concerned period. During this period they would be known under the respective local body [Kerala Panchayat Act, 1999 sec. 166 (6), 172 (5), 173 (5)]. These organisations should be run according to the policies of the State and Central governments and by following their guidelines, with their technical assistance.

It would be the responsibility of the panchayats to prepare and implement socio-economic projects related to these institutions [Kerala Panchayat Act 1999 sec 166 (2), 172 (2), 173 (2)].

The names of the transferred institutions are given below. Through various Government Orders, the responsibilities of each institution and the activities to be carried out have been transferred to the local self-governments. The government has taken a policy decision to allot 30-40 percent of the State Plan Fund to the local bodies for the development activities in connection with the transfer of the institutions.

Please see the Government Order (P) No. 189/95, Local Self-Government Department, Thiruvananthapuram, 1995 September 16. The list of institutions transferred according to the Annexure 5 of the GO are listed here.

Institutions Transferred to the Panchayat, Posts, Department (Institutions Transferred to Karakulam Grama Panchayat)

1. Krishi Bhavan – all posts – Agriculture Department
2. Veterinary Hospital – Veterinary dispensary and sub centre – all posts- Animal Husbandry Department
3. Dairy Development Office – Post of Dairy Development Officer and related posts (Service should be provided to all Grama Panchayats in a Block) – Dairy Development Department
4. Fisheries Sub Inspector Office – Sub Inspector Post – only in relevant Panchayats – Fisheries Department
5. Rural Development Extension Office – Two Village Extension Officers (VEOs) – jointly for more than panchayats in critical situations – Rural Development Department
6. Day Care Centres, *Anganwadis* – ICDS Supervisor, *Anganvadi* Worker, Helper – Social Welfare Department



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7. *Balavadi*, Feeding Centres, Seasonal Day Care Centre Dormitory – Scheduled Caste Development Co-ordinator – Scheduled Caste Development Department
8. *Balavadi*, Medical Unit, Nursery School, Midwifery centres, Ayurveda dispensary – Scheduled Caste Development Co-ordinator – Scheduled Caste Development Department
9. Primary Health Department – Government Dispensary – Sub centres – All the posts – Health Department
10. Ayurveda Dispensary – All posts – Ayurveda Department
11. Homoeo Dispensary – All posts - Homoeopathy Department
12. Government-owned Primary Schools – All posts – General Education Department
13. Rural Public Works Wing – Public Works Overseer (according to the revised order, One Assistant Engineer and Three overseers for two panchayats) – Public Works Department

Each Department should make available detailed guidelines to each local body through the transferred institutions regarding execution of entrusted schemes. The concerned local self-government would be completely accountable for the beneficiary implementation of such transferred institutions. The panchayats are empowered to decide on the places where such projects would be implemented. With the prior permission of the State Government, the panchayats are responsible for physical locationing of the transferred institutions (GO (P) No. 112 / 98 / Local Self Government Department, Thiruvananthapuram, 30-5-1998). Panchayats are empowered to carry out division of labour of the transferred employees considering them as the staff of the Panchayat Raj system. The local bodies can entrust the staff with new responsibilities or different responsibilities or combined responsibilities. While doing so the following conditions are applicable.

1. While implementing the division of labour, apart from the qualification, experience, and expertise of each employee, the service required of the employee and the inevitable service to the local body should be taken into consideration.
2. The responsibilities held by the staff at the departmental level or the duties carried out before being transferred will not be blocking the division of labour of the transferred employees by the local self-governments.
3. The local bodies can decide on the division of labour logically and do justice to it.
4. New responsibilities may be assigned taking into consideration the local inevitability.
5. The above provisions are applicable to the technical staff too. The local bodies are authorised to allot any task which comes under the control of the local body and which requires the expertise of the technical staff.
6. The panchayats are authorised to issue attendance certificates to those officials who are working for more than one panchayat for enabling them to draw salary.
7. Panchayats are entitled to recommend to the appointing authority for the transfer of an employee. If the concerned authority comes under the purview of the panchayat, then the panchayat may carry out transfer according to the relevant criteria.

8. The local self-governments will have the following powers regarding the service of the employees of the transferred institutions.
 - a. Grant leave to the staff ensuring alternative arrangements.
 - b. Give recommendation for leave if the leave records are not kept in the local body.
 - c. Demand attendance in meetings.
 - d. Ask for reports.
 - e. Fix field duties.
 - f. Approve tour programmes.
9. The local bodies can give report to the higher authority regarding the quality of service of the employees and ensure proper consideration for the same.
10. Each file concerning each institution should be kept in concerned offices and should be submitted to the local self government through either the secretary / selected authority of the institution. The file should be returned to the concerned official along with the decision for proper action.
11. Concerned officials are liable to prepare Draft resolutions, minutes, procedure, etc and get approval of the head of the local self governments. [GO (P) No. 113 / 98 / Local Self Government Department, Thiruvananthapuram, 02-6-1998].



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The institutions transferred to the local self governments should function as the local body unit in relation to the formulation of projects coming under the purview of them, observation, and maintenance. Together with activity implementation, related procedures, accounts, activity implementation reports should also be prepared and properly maintained. The files prepared thus should be submitted to the local bodies from the transferred institutions. They should be returned after marking orders / resolutions. Likewise, the minutes and draft resolution of such projects should be prepared at the concerned offices. Those files related to public works should be prepared at the level of engineer's office and be kept together with the orders.

As part of discharging of duties, the following functions are assigned to the officials mentioned in the brackets. Pension for Agricultural labourers (agricultural demonstrator), Unemployment wages (Panchayat secretary), Pension for Widows (ICDS Supervisor), NSAP (VEO), Insurance (VEO), Pension for Physically Disabled (Health Inspector), Maternity benefits (Health Inspector). [GO (P) No. 189 / 2000 / Local Self Government Department, Thiruvananthapuram, 04-7-2000].

The transferred employees would be under the complete control and supervision of the concerned local self government during that period. The local bodies can exercise the supervisory power on the transferred employees with regard to the execution of responsibilities. The transferred employees are liable to discharge the responsibilities assigned by the local bodies apart from the duties allocated by the concerned government department. The local bodies are empowered to transfer or assign service of the transferred officials to any institution or post seems inevitable. This would be according to the common rules and government orders applicable to the government staff. [For details, see Kerala Panchayat Raj (Control of Officials) rule].



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However, what is the role of such transferred institutions in the local self governance system? What all duties they have to undertake in the process of local self rule? Which department-level activities could be implemented linking with the local bodies? Which institution / employee have the responsibility to execute each task? What are the duties to be carried out as part of carrying out such assignments? What are the services available to the people as part of them? How these services are available to the people – within what time frame / criteria / priorities? The above questions should be addressed. This depends on the policy of decentralisation, legal measures and above all, the perspective of the Central-State governments. Yet, it has not been possible to work with precision, issue orders and rules and bring clarity. Moreover, there needs to be much more clarity on the control of Panchayats over the transferred employees, power to issue guidelines to them, power to evaluate their functioning, power to grant leave, etc. There has been no Guideline or directive which explains in details each of the above-said factors. It is not uncommon to surface confusion and problems in the local self governance system due to this.

What should the Panchayat committee do? What is to be done by – from the Panchayat president to the people's representatives? What are the power-obligations of the implementation officials? What are the tasks of the employees? What are the inevitable tasks and other responsibilities? What are the specific tasks and tasks jointly under other institutions? Which are the critical orders and suggestive / instructive orders? What is the mutuality of responsibilities at the department level and local body level? Who wields the controlling power and evaluation power? Explanations for many such questions and clear cut provisions have to be formed based on the practical experience at the local level.

What are the impacts?

1. The concept that the transferred institutions and related systems are owned by the local self governments is yet to be emerged. People's representatives, officials, and the people do not own this viewpoint.
2. Clarity is lacking up to what extent the local body system could intervene on the institution and the employees.
3. No idea on how the stakeholders including the beneficiaries could intervene in the institution-service system.
4. No clarity on how the officials would function in the dual system of department-local self governance.
5. The indication of local people's participation is not specific in the maintenance of quality of institution / service.
6. The inevitable responsibility, and the procedure and established system to make it available and is not pronounced.
7. The process of institution-service remains closed, unknown, and dissatisfied without transparency.
8. The rule with the local social participation is still unachieved.

9. The mutual co-ordination and integration between institution and service and the consequent increase in quality, savings in time and money remains unfulfilled.



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This Guideline aims to solve this issue. It attempts to reassure the value of decentralisation of local self governments, to make good governance a reality, to guarantee an integrated, popular, and socially committed milieu of the administrative process and the maintenance of enhanced institution-service system based thereon. This Guideline targets the comprehensive attitudinal change of people's representatives, officials, employees, beneficiaries, policymakers together with ensuring of decentralised democracy at the higher level.

Into the Guideline

The Guideline was shaped from the inevitable requirement of the civil society. Opinion formation of people's representatives, officials, voluntary activists, participatory observatory tool – transect walk, Focus Group Discussions with the concerned sections, non-structured field survey conducted in the target group, interaction with the experts, consensus of the core support group, all these had led to the formulation of the Guideline.

- Draft was prepared after collecting and compiling comments from Grama Sabha, Self-Help Groups of Kudumbashree, and the meetings at various levels including those of employees. This was presented at an experts' workshop and revised transparently and was published later.

- The Guideline is being prepared at the initiative of the Grama Panchayat and formed at the local level compensating for the deficiency of comprehensive Guideline. The Guideline is published and made executable according to the prevailing policy-law-rules. The Guideline is a document which is locally practical to the maximum, forthright, subject to reforms, executable, and integrated.

Applicable to Whom

1. People's representative - Duties, responsibilities, and procedures as part of being the administrator of local self government / transferred institution.
2. Officials – Clear and detailed practical tool of how to function within the dual control of department-local self-government.
3. Beneficiary – The opportunity to intervene as service beneficiary, observer, member of the maintenance system. Also able to effect an increase in the quality of service / institution.

Effects of the Guideline

1. Ensures the position, role, responsibilities, task execution system, monitoring system, correction mechanism of Panchayat body, Panchayat office, transferred institution, and related institutions in the local self governance.
2. By mentioning the personal responsibility, duty, mode of implementation, and observatory mechanism of the people's representative, the head of institution, and the employees, governance is made easy and established.



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3. Effective and corrective time schedule and implementation style comes into existence for each service and institution. It ensures continuity and sustainability.
4. The opportunity is attained for implementation of good governance with the local intervention, transparency, corrective measures, and evaluation.
5. The employees become the technical helper and social guideline and administrative participators instead of mere service providers.
6. Each institution becomes the secretarial wing of the local self government in the concerned sector instead of specific duty implementation wing. The environment is created for the institutions to function as the division for project formulation-implementation and dispute-complaint redressal mechanism.
7. The Guideline functions as a tool of empowerment which ensures increased role and power for those sections in the society which requires additional attention, like the aged, women, children, physically and mentally challenged sections, poor and the Dalits.
8. Based on responsible self governance, a local and practical process is being formed to increase and maintain the quality of institution-service.

How to make use of the Guideline?

Only hints can be provided here. Only by practising, observing and correcting by empirical studies the usage of this Guideline could be made self-sufficient. The procedure and the prerequisites for that should be integrated with the comprehensive citizen charter, local self government orders, etc. A few factors may be mentioned as examples.

1. This Guideline is structured in the order of local self government, constituent institution, transferred institution, executive body of people's representatives – related bodies, officials, staff, and management committee.
2. The main contents of the Guideline is the responsibilities of the local self Panchayat, constituent institution, the duties to execute them, the liability of the people's representative, executive committee, head of the institution, employees, beneficiary, and civil society to implement them, services made available by each institution as part of this, and the means to make them available, preconditions, and criteria.
3. The responsibility and task of the local self governments are given in the form of recommendations. The responsibilities to be carried out by the elected rulers and head of institutions, liable to the law, rules, and orders are listed as mandatory tasks. The personal and joint tasks of officials, employees are given separately. For each of these, the appropriate practical possibility is the most important factor.
4. Important factors to be mentioned specifically about each institution and each service are given such.
5. Another part details the implementation of such conditions, observation, assessment, course correction, and complaint redressal, provisions for expansion, development, and reform.

How the Guideline is Applicable

1. The Guideline will be applicable separately for each one who is related to the local self government.
2. The provisions of this Guideline are directive in nature for the people's representatives and elected rulers. They should be able to reflect these factors in each of their decisions.
3. The Guideline can be used by the officials as formalising order like maintenance of the institutions, co-ordination of colleagues, and personal aid in discharging duties.
4. For the employees, the Guideline will be the provisions of supervisory-observatory-maintenance applicable as long they are under the purview of the local body.
5. For the beneficiary / people factors, the Guideline will be an integrated tool for the increase in the level of quality of institution-service, and maintenance of public service.



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To sum up, the Guideline is a document which simultaneously functions as policy declaration, order of the local self government, and aid for co-ordination, and executable declaration.

Guideline and Primary Health Centre

The local self governance system has to take up various activities as the local government. It has to concurrently discharge varied responsibilities – general administration, development, duty discharge, service delivery, dispute redressal. And for this, the local self government has to depend on more than one institution and bureaucratic set-up.

Public health care, treatment facility, implementation of personal and environmental hygiene are crucial in this task. The following activities may be taken up as associated activities: Mother – baby care, aged – destitute care, relief for facing challenges in life, nutrition-food security-personality development of children

Ensuring comprehensive, scientific, and people-oriented rural health care system is one among the broad goals and invariable tasks of the panchayat. Primary Health Care Centre is one such institution transferred for the same purpose.

The Primary Health Centre has been entrusted with the task of ensuring rural health by co-ordinating health protection, disease eradication, and preventive system. The above-said responsibility should be carried out by focusing on disease prevention. This Guideline is formulated and approved by the local self government and published and issued as specified by the Kerala Panchayat Raj Act as an inspiration and help for the same.

This Guideline, applicable, acceptable, and executable to the Primary Health Centres, its head of the institution, staff, Management Committee, Executive Committees, Local Self Government Committee, and the general public, should be imbibed appropriately. Each constituent should focus on its own praxis. It should be renewed based on experiences. This should be made gradually the established institution-service implementation document.

Panchayat Health System

Kerala is a place where scientific treatment methods were in existence from older times. Allopathy and other medical sciences were entering Kerala, which was dependent on Ayurveda and indigenous medical treatment. Currently, Kerala has a strong health system which comprises Ayurveda, Allopathy, Homoeopathy, and other medical sciences.

Kerala is a model to other States of India in the Health sector. Kerala has been able to attain achievements comparable to the Developed countries. The health indicators like The Child Mortality Rate, Maternal Mortality Rate, and Life expectancy signify this. These activities were led by the Primary Health Centres.

The Kerala Panchayat Raj Act, which followed the 73rd and 74th Amendments to the Constitution of 1994, bestows powers and responsibilities with the Panchayat. The Panchayats are empowered to manage the Primary Health Centres and implement health related activities in the panchayat area. Under the Panchayat Raj system, it is the responsibility of the panchayat to ensure the health of all the people in the panchayat. The employees, the people's representatives, and the people have to put in combined effort to ensure the health of panchayat inhabitants. Many activities have to be undertaken for this.

1. Bring pure drinking water to all.
2. Implement toilet construction.
3. Ensure people's participation in containing spreading of communicable diseases.
4. Cultivate awareness about health maintenance.
5. Dispose off the waste in the panchayat area.

The Primary Health Centre is the institution of the panchayat to co-ordinate and to give leadership to the activities on the health front in the panchayat area.

The responsibility of the activities related to the health and family welfare of the people in the panchayat rests with the Primary Health Centre. The duties of the Primary Health Centres are listed below: Provide primary treatment to needy patients, carry out mother and child health activities in the panchayat, carry out activities necessary to prevent and contain the communicable diseases that may be erupted locally, implement Central projects as per the need and specifications of the locality. Moreover, it is the Primary Health Centre that co-ordinates all the health activities in the panchayat and ensures people's participation in the health activities. Primary Health Centre also leads the health activities of the *anganwadis* in the panchayat.

As the health system of the panchayat it is the Primary Health Centre which takes initiative in discussing the themes related to health in Plan formulation, and renders technical assistance in formulating the Plan.

Physical Infrastructure

Primary Health Centre comes under the control of the Panchayat according to the provisions of the Panchayat Raj Act. Hence, the panchayat will take care of the betterment of the infrastructure facilities of the Primary Health Centre.

1. Location of Primary Health Centre

The Primary Health Centre should be located in an area which is easily accessible to the people. As most of the visitors who approach the PHC for service are patients, the site of the PHC should be near to a transportable road so that patients can reach the hospital by vehicles.

2. The physical infrastructure necessary for the smooth functioning of the Primary Health Centre is given below.

2.1 Check up Room

This is the room of the Medical Officer. This room should be spacious enough. The room should be arranged in such a way that circulation of air and light is ensured. The room should be fitted with a half door for ensuring the privacy of the patient. A screen also should be installed for the privacy of the check up. The room should have wash basin and water supply. The room should have a locked almirah for keeping records. The medical officer should have a chair and a table. Chairs should be provided for the use of visitors.

2.2 Room of Health Inspector

The Health Inspector, as the official who leads the field activities in the panchayat, requires an office room. A chair and a table should be provided in the room for the use of the Health Inspector. Two chairs should be provided for the visitors. An almirah should be made available for keeping files and records.

2.3 Office Room

The Primary Health Centre should have an office room. The chairs of the clerk and peon should be arranged in this room. Two tables and chairs should be arranged for their use in the room. Almirahs for keeping office files should be arranged in this room. A computer and printer for office purposes should be installed in this room.

2.4 Injection Room

ILR should be kept in this room. The room should have facility for taking injections. Necessary privacy should be ensured by installing a screen. Facility also should be



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arranged for feeding mothers.

The table and chair of the staff nurse too have to be arranged in this room.

2.5 Pharmacy

The pharmacy should have almirahs for keeping medicines. A refrigerator should be arranged for keeping medicines refrigerated. This room should have a table and chair for the use of the pharmacist. A counter should be arranged in this room for the patients to buy medicines conveniently.

2.6 Pharmacy Store

The pharmacy should have an adjacent store room. Medicines and other things have to be kept in this room. A lockable, safe room has to be chosen for using as Pharmacy Store.

2.7 A room should be arranged for dressing the wound. Necessary privacy should be ensured for this room. A small rack should be arranged in this for keeping necessary medicines.

2.8 Seats should be arranged for Nursing assistant and attendant.

2.9 OP Counter

A counter should be arranged near to the main entrance of the Primary Health Centre for Out Patient (OP) registration. A computer should be installed for OP registration. The counter should have registration slips and a pen. The OP tickets should be provided from this counter.

2.10 Arrangements should be made for the patients to wait for the doctor. The veranda of the institution may be used for this. Bench and chair should be made available for the patients. One of this should be kept apart for the use of women and children- this should be displayed prominently. Likewise, one should be kept aside for the use of aged persons. The arrangement should be for queuing up of the patients.

2.11 Mini Conference Room

A room in the PHC should be set apart for using as conference room. Necessary number of chairs and tables should be arranged in this room. This room may be used for convening staff meeting and organising small training sessions.

2.12 Hall

The Hall is intended for holding large training sessions, meetings, and programmes at the Primary Health Centre. This room too should have required table, chairs, etc.

2.13 Toilet

The Primary Health Centre should have three toilets. One toilet should be arranged

adjacent to the room of the medical officer. A toilet should be arranged for the use of the staff. The PHC should have two toilets for the use of the visitors – one of this should be arranged for the exclusive use of women. Along with the toilet for the women, there should be a room for their privacy. Arrangements should be made to ensure that water is made available to all the toilets and wash basins.



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2.14 Electrification

Electricity should be made available in all rooms. Necessary lights and fans should be installed in all rooms. The plug points necessary for the functioning of electrical utilities should be installed in all rooms.

Current Status

The Primary Health Centre of the Karakulam Grama Panchayat is situated in Pallivila near Vattappara. The PHC is functioning in own building.

The PHC has a veranda, and separate rooms for doctor and health inspector. Separate rooms are arranged for office room, pharmacy, pharmacy store, and ILR / Injection. A bench is arranged in the veranda as a lounge for the patients. One bench is kept apart for women and aged persons with display stating such. A half door is fitted for the privacy of the check up room.

The services rendered by the PHC and attendance board of the employees are displayed in the veranda. Details regarding preventive vaccines and treatment are well displayed for the information of the visitors.

Officer room is adjacent to the doctor's room. The seats of clerk and peon are in this room. Files and registers are kept in the almirah of the office room.

ILR room is situated adjacent to the office room. The services of the staff nurse are available from this room. The medicines, which are to be kept refrigerated, are kept in this room.

Another room is the pharmacy store. The medicines are stocked in this room. Another room is the pharmacy which distributes medicines as per the prescription of the doctor. The pharmacy has been arranged in a manner convenient to the patients for buying medicines. Space has been arranged for first aid. This has been done ensuring privacy for the patients.

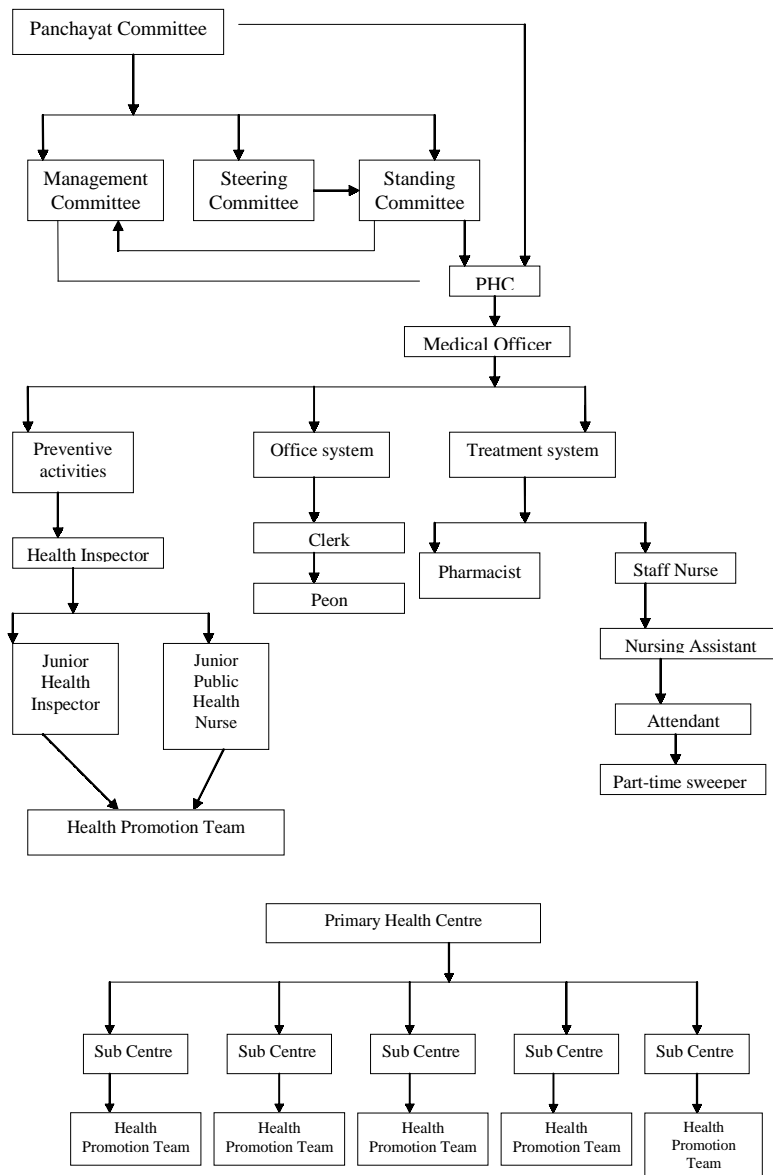
Health inspector has an office room. The map of the Karakulam panchayat is displayed in the wall of this room. The same room accommodates the Leprosy Inspector too.

The office room of the nursing assistant and attendant are adjacent to this. OP tickets are distributed through the window of this room.

A toilet has been constructed in the hospital for the use of the staff of the PHC. A toilet has been arranged outside the PHC for the use of patients and visitors. Arrangements have been made to ensure to water supply to the toilets.

A Health Training Centre is situated nearby to the Primary Health Centre. Training for Health Promotion Team in the Grama Panchayat area and other health training are provided here.

Panchayat Level Official System



The official structure of the Panchayat public health system consists of two systems –official and popular.



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1. Panchayat Committee
 - 1.1 The Panchayat Committee takes necessary decisions to implement the tasks envisioned by the Panchayati Raj in connection with public health; it also adopts measures to implement these decisions.
 - 1.2 The Standing Committee chairperson executes the responsibility of preparing and submitting required documents to the executive committee for evaluating effectively the quality and working progress of public health activities.
 - 1.3 The panchayat committee is accountable for recognising those issues which are not mentioned in the Panchayati Raj Act and affects the public health of the panchayat, and take steps accordingly.
2. Steering Committee
 - 2.1 The Steering Committees are liable to evaluate the monthly progress of decisions taken by the executive committee and implement them after the resolving the errors; they are supposed to take a monitoring role too.
 - 2.2 The Welfare Standing Committee chairperson will present the required details for making the discussions at the Steering committee effective.
3. Standing Committee.
 - 3.1 The Standing Committees are entrusted with the task of implementing the executive committee decisions with regard to the public health issues.
 - 3.2 The Standing Committee undertakes the constant evaluation of the activities of Primary Health Centre, sub centres, and health related activities of the *anganwadis*. They identify the lapses and take corrective measures.
 - 3.3 The medical officer of the PHC should participate in the meeting of the Standing Committee once in a month. The work report of the current month and work schedule of the next month should be discussed at the Standing Committee. Lapses and deficiencies should be realised through the discussion on work report and suggestions for solution should be prepared. The things to be carried out by the panchayat committee or other institutions in the implementation of future activities should be formulated through discussions. The Standing Committee chairperson will hand over the details regarding the activities to be carried out by other institutions and the panchayat to the concerned institutions through the panchayat committee.
 - 3.4 Apart from the formal meetings of the Panchayat Standing Committee, the medical officer and the chairperson should sit together and conduct an evaluation of the activities. The medical officer should present at the panchayat committee meeting the compilation of such evaluation reports.



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3.5 The Standing committee members will evaluate the functioning of the Primary Health Centre and sub centres after visiting these institutions once in two months.

4. Management Committee

Management committee is the popular arrangement in the Primary Health Centre. The target of the Management Committee is to ensure people's participation in health related activities and institutional activities. The management of the Primary Health Committee includes people's representatives, those working in connection with the institutions, voluntary health activists, and officials. Sub centre management committees also function to ensure people's activities in the functioning of the sub centre.

5

Services

The Grama Panchayat has certain tasks to maintain the welfare of the people. These services are the ones which the Panchayat Raj has to make available to the panchayat. Of this, the services related to the health sector are being implemented through the Primary Health Centre, the health wing of the panchayat. The tasks of the Panchayat related to health sector are listed below.

1. Preserve the traditional drinking water resources.
2. Collect and dispose off solid wastes.
3. Drain the water caused by flood water.
4. Protect the environment by making it healthy.
5. Maintain the public markets.
6. Contain the carriers of communicable diseases.
7. Control butchering of animals, sale of meat and fish which are easily perishable.
8. Control of hotels.
9. Prevent adulteration of food.
10. Adopt disease prevention measures.
11. Implement effectively the strategies and programmes at the state and central level for the prevention and control of disease.
12. Install and protect cemeteries.
13. Provide licence to intolerable and hazardous trades.
14. Register death and birth.
15. Arrange toilets and urinals in public places.
16. Co-ordinate the management of fairs and festivals.
17. Issue licence to domestic dogs and control stray dog menace.
18. Organise relief measures during the occurrence of natural disasters.
19. Running of Primary Health Centre.
20. Running of Mother and Baby care centres.
21. Disease prevention and rehabilitation measures.

These responsibilities may be classified into tasks related to primary health centres as listed below.

1. Disease prevention
2. Treatment
3. Hygiene – waste processing
4. Health education
5. Checking of hotels – control



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6. Sub centres – mother and baby care activities
7. Conservation of traditional drinking water resources. Checking up of draining of water caused by heavy showers.
8. Overseeing cemeteries
9. Inspection before granting licence to hazardous and intolerable trades.
10. Inspection related to the registering of birth and death.
11. Implementation of health programmes of State and Central governments.
12. Find solution to the complaints in connection with the public health.

1. Disease Prevention

Disease Prevention activities form a crucial part of the responsibilities of the Primary health centre. Data collection is essential for taking up disease prevention activities.

1.1 Data Collection

1.1.1 Data collection required for disease prevention may be carried out through the following activities

1.1.1.1 Data collected during field activity

1.1.1.2 Data collected during activity of sub centres

1.1.1.3 Data collected during visits to *anganwadis*

1.1.1.4 Data collected from other co-operatives / institutions of the panchayat

1.1.1.5 Data collected from people's representatives and voluntary activists

1.1.1.6 The data collected monthly by field staff from other hospitals, and doctors in the panchayat area. The field workers should collect this and report promptly to the Primary Health Centre.

1.2 Containing communicable diseases

1.2.1 The Health Inspector should compile those diseases reported by field workers as weekly reports.

1.2.2 The concerned JHI and JPH should prepare combined sub centre-wise seasonality calendar of communicable diseases that is probable to get spread based on reports of previous reports.

1.2.3 The Primary Health Centre should prepare an action programme on the basis of the characteristics of the disease for preventing communicable diseases according to the seasonality calendar and based on the information collection.

1.2.4 The activities based on this action plan should be held by JPHN, JHI of each area under the leadership of the health inspector of the primary health centre.

1.2.5 Reports should be submitted to the panchayat regarding the communicable diseases found in each area and the preventive measures taken. This action plan should be presented at the monthly review meeting.

1.2.6 The copies of the weekly compiled reports should be given to the field workers.

- 1.2.7 The information regarding this should be provided to anganvadi workers, teachers of panchayat schools, management committee members, health promotion team members. The HI in charge of concerned area should do this.
- 1.2.8 Special meetings should be convened as and when required by the Panchayat committee.
- 1.2.9 The Health Inspector should keep the weekly compiled reports at the Primary Health Centre.
- 1.2.10 The Medical Officer and the Health Inspector should present the compiled report and the weekly report at the District-level and Block-level meetings. They should also inform them about the details of communicable diseases, if any. Field and clinical activity should be organised on the basis of that.
- 1.2.11 The Health Promotion team should be equipped with necessary training for disease prevention based on the action plan.
- 1.2.12 The services of other Panchayat institutions should be utilised when spreading of communicable diseases occur.



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1.3 *Treatment for Illness*

The disease treatment has important place in controlling the spread of communicable diseases. Some important activities are to be carried out for treatment of diseases.

- 1.3.1 The JHI and JPHN should refer information regarding communicable or other diseases they come across during the field activity to the PHC.
- 1.3.2 Temporary clinics should be started and treatment should be provided to needy patients when communicable diseases are spreading.
- 1.3.3 The paramedical staff, anganvadi workers, helper, and other health workers should be informed of when communicable diseases are multiplying. They should be supplied with information regarding symptoms and preventive measures. The JHI of each area should take the lead in the activities.
- 1.3.4 Medicines and other arrangements should be made available and supplied to the needy.
- 1.3.5 Medical camps, special clinics, campaigns, etc should be conducted as and when required.

1.4 *Preventive vaccines/ medicines*

Various types of vaccinations and drops are available for disease prevention.

- 1.4.1 The JPHN should keep the register of pregnant women and children of concerned subs-centre area who require vaccinations/ preventive medicines updated.
- 1.4.2 Immunisation clinics should be conducted on Wednesdays at the PHC. The organisation responsibility of this rests with the Health Inspector.
- 1.4.3 One clinic should be conducted at the sub centres each month. The JPHN and JHI who are in charge of the sub centre are vested with the responsibility for the same.



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1.4.4 Information regarding when disease preventive medicines and vaccinations have to be administered and when these services are available from the primary health centres and sub centres should be displayed at these centres. This should be displayed in such a way it is easily understandable to the patients visiting the PHCs and sub centres.

1.4.5 The staff nurse at PHC and JPHN at the sub centre should ensure that the vaccines, which are being administered, were kept in the nature and method as suggested.

- 1.4.6 The hospital and sub centre should have the facility for mothers who visit them to breast feed children.
- 1.4.7 The recipient /mothers should be made aware of the complications inherent in administering vaccines.
- 1.4.8 The JPHN is liable to provide information regarding the time and date of next vaccination.
- 1.4.9 Those who do not take vaccination should be located. This should be carried out as part of the field work.
- 1.4.10 Those who do not receive vaccination should be referred to primary health centres.
- 1.4.11 Those who are reluctant to receive vaccination should be made aware of its inevitability.

1.5 Lifestyle Disease Prevention Programme

- 1.5.1 A Disease Register related to major illnesses like diabetes, cancer, CVAHT, coronary disease, bronchitis, asthma, and psychological diseases should be maintained.
- 1.5.2 Data collection should be carried out using the information from field activity and clinic. These registered should be updated monthly.
- 1.5.3 Each health incidences occurring monthly should be registered at the primary health centres. The incidence of diseases, prescribed medicines, death, and reasons behind death should be included in the register.
- 1.5.4 Disease observation: Those who have diseases entered in the register should be monitored continuously.
- 1.5.5 Self help groups of patients should be formed.
 - 1.5.5.1 The JHI of each area should take initiative in forming the self help groups.
 - 1.5.5.2 SHGs should be formed with people who are infected with similar ailments.
 - 1.5.5.3 Discussions regarding exercise and diet control should be held in these groups.
 - 1.5.5.4 The group convener should convene the meeting of SHG once in a month with the knowledge of the JHI.
 - 1.5.5.5 The JHI is entrusted with the task of providing health education at these monthly meetings.
- 1.5.6 Help should be provided to those who are addicted to smoking, drugs, and drinking.
 - 1.5.6.1 It is the responsibility of the JHI to locate those who are addicted to drinking and drugs.
 - 1.5.6.2 Those addicted to drugs should be referred to primary health centres.

- 1.5.6.3 The Medical Officer should refer them to a suitable de-addiction centre after sufficient check-up.
- 1.5.6.4 The patients who receive treatment should have to undergo continuous monitoring. The health workers should carry out this as part of the field work.



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- 1.5.7 The lifestyle reformation of those who are prone to lifestyle diseases
 - 1.5.7.1 The JHI, as part of the field work, should convince the persons infected with lifestyle diseases of the necessity to reform their lifestyles.
 - 1.5.7.2 The JHI can accept the assistance of JPHN for finding lifestyle diseases among women and children and convincing them about the need to reform the lifestyle.
 - 1.5.7.3 Necessary suggestions and training should be provided to change the lifestyle.
 - 1.5.7.4 The women diseases and health issues of women should be discussed at the women collectives formed at three or four places under a sub centre. The present Kudumbashree / self help group collectives may be utilised for this purpose.

1.6 *Medical Camp*

- 1.6.1 The medical camps should be organised when the communicable diseases are spreading and when the panchayat makes a request.
- 1.6.2 If some communicable diseases are reported in a particular area of a panchayat, medical camps should be organised in consultation with the panchayat committee.
- 1.6.3 The Medical Officer is entrusted with the task of check-up, prescribing medicines, and overall supervision of the camp while organising the camp.
- 1.6.4 Those patients who require specialised treatment should be referred either to the district hospital or to the medical college.
- 1.6.5 The pharmacist should collect necessary medicines after deliberating with the Medical officer.
- 1.6.6 The responsibility of organising the medical camp should be carried out by JHI and JPHN under the leadership of Health Inspector.

2. Treatment

Treatment is one of the principal services offered by the primary health centres. This service has various components. They are listed here.

- 2.1 Register the patients
- 2.2 Waiting by the patient
- 2.3 The process of check up
- 2.4 Entering the assumptions of check up
- 2.5 Distribution of medicines
- 2.6 Follow-up
- 2.7 Issuing certificates



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2.8 Referral service

2.1 Register the patients

This is one among the services to be made available to the patients approaching the primary health centre for medical check up and treatment.

2.1.1 The patients who visit the PHC for registering names at OP should be provided OP registration and OP ticket. Facility should be provided for

the patients to take tickets while being seated. A bench should be arranged for the visitors.

- 2.1.2 While issuing the OP ticket, the complete name of the individual, address, age, gender, ward, and phone number should also be entered promptly in the register. A separate column should be provided for entering the details of the disease.
- 2.1.3 The patient who visits the hospital should be given a hearty welcome. The official who registers patients at the OP should take care in this regard. The patients should feel a friendly atmosphere.
- 2.1.4 Pen, paper, and register book should be kept ready at the registration counter.
- 2.1.5 A patient who approaches the OP for registration should not be made to wait; instead s/he should be disposed of at the earliest. The OP ticket should be issued within a stipulated time.

2.2 Waiting for medical check up

- 2.2.1 Steps should be taken to reduce the time of waiting for the patient to meet the doctor for medical check-up. Information regarding OP registration, the time for registration should be displayed properly.
- 2.2.2 The patients who visit the institutions should be provided with sufficient seating facilities. Separate seats should be specified for women, children, aged persons.
- 2.2.3 Toilets should be arranged for the use of hospital visitors. One toilet should be kept separately for use by women. These toilets should be arranged in such a way that those who come in wheelchairs also could use it. Arrangements should be made to ensure that these toilets had sufficient supply of water; the water could be used. Adjacent to the toilets of women sufficient space should be arranged for their privacy.
- 2.2.4 Poster and other materials regarding diseases, preventive measures, and other health-related issues to be known by the people should be displayed. These should be displayed prominently so that the patients would be able to read them while waiting for check-up.
- 2.2.5 It should be specifically notified by prominently displaying that the time for getting certificates and attesting copies has been set separately after the OP time. Those who come for the service should be able to know the time in advance and get the service on time.

2.3 Disease check-up

- 2.3.1 The check-up room is one of the important things related to disease check up. (The

walls of the check-up room should be painted with appropriate colours. The construction of the room should ensure proper supply light in the room. It should have a wash basin. The room should have an adjacent toilet. The Medical officer should be provided with a table and two chairs should be placed opposite for the visitors to sit. One chair should be placed near the medical officer so that the patient can sit. The check up room should be kept clean always.)



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- 2.3.2 The check-up room should have sufficient privacy.
- 2.3.3 While the women are subjected to check-up, care should be taken to provide facility to those accompany them to be present in the room.

2.4 Registering check-up assumptions

- 2.4.1 The pharmacist should enter details of disease symptoms and disease in the columns specified in the OP register. Registers of each day should be prepared on the same day.
- 2.4.2 These should be kept in a manner so that they could be used in future when need arises.

2.5 Medicine Distribution

- 2.5.1 Medicines should be distributed from the pharmacy to those who approach the OP for treatment.
- 2.5.2 The name of the patient, name of the medicine, and the mode of consumption should be written on the envelope in which medicines are given.
- 2.5.3 The Panchayat committee will make necessary local purchase of medicines in urgent demand from the district medical store and make it available at the pharmacy. The pharmacist should get this from the district medical store and keep it.
- 2.5.4 The pharmacy should have the facility to keep the medicines.
- 2.5.5 The refrigeration facility should be available at the pharmacy for refrigerating those medicines which require the same.
- 2.5.6 The stock should be checked periodically. It should be ensured that no medicines which are past the expiry date should be present in the stock. Those medicines which have arrived first should be distributed first.
- 2.5.7 Stock position should be checked regularly. Necessary medicines should be purchased from the district medical store as and when the stock is being exhausted and depending on the climatic condition.
- 2.5.8 Those medicines which has no use and are expired should be destroyed.
- 2.5.9 The mode of consuming the medicine should be explained clearly to the patient. This information should be provided in a patient-friendly manner and in a way that can be understood by them. The information should be repeated if found necessary.



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2.5.10 Separate registers should be kept for antibiotic medicines. The pharmacist should keep this register.

2.6 Continuous Help for the Patient

2.6.1 The continuous check-up and support for the patients should be provided during field work.

2.6.2 Visit those patients who require treatment and report back to the primary health centre when gets back.

2.6.3 If diseases which are to be observed under the National health programmes are brought to the PHC, that should be subjected to continued observation.

2.6.4 If various types of communicable diseases are found, they also should be subjected to follow up observation.

2.6.5 The patients who require continued observation and assistance should be located from among those approach the hospital using the OP register and the register in which the Medical Officer enters her/his observations. After follow-up observation, the matter should be reported to the Primary Health Centre.

2.7 Issuing of Certificates

2.7.1 Medical Certificate

2.7.1.1 Those patients who require medical certificate should submit application to the Medical Officer together with details of OP registration.

2.7.1.2 Certificates have to be issued to those patients who receive treatment after registering at the OP.

2.7.1.3 The specified fees for issuing the certificate should be collected.

2.7.1.4 The time and date for issuing certificates should be decided in advance and the same should be displayed.

2.7.2 Fitness Certificate

2.7.2.1 Those who are in need of Fitness Certificate should apply to the Medical Officer.

2.7.2.2 The certificate should be issued only to those who received treatment after registering at the OP.

2.7.2.3 Prescribed fees may be collected at the time of issuing certificates.

2.7.2.5 The details regarding the time and date of issuance of the certificate should be displayed prominently.

2.7.3 Wound Certificate

2.7.3.1 The details regarding the wound and the application should be submitted to the Medical Officer.

2.7.3.2 The Medical Officer should issue the certificate after carrying out necessary tests.

2.7.3.3 The details regarding the time and date of issuance of the certificate should be displayed prominently.

2.7.4 Age certificate

- 2.7.4.1 The application should be submitted to the Medical Officer.
- 2.7.4.2 The person who requires the certificate should be present in person with any document which will help identify the person.
- 2.7.4.3 The Medical Officer should issue the certificate after carrying out sufficient examinations.
- 2.7.4.4 The details regarding the time and date of issuance of the certificate should be displayed prominently.



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2.7.5 Drunkenness Certificate

- 2.7.5.1 The person who has to undergo the check-up should be present in person.
- 2.7.5.2 The certificate will be issued after necessary examination.
- 2.7.5.3 The details regarding the time and date of issuance of the certificate should be displayed prominently.

2.7.6 Sanitation Certificate

- 2.7.6.1 Those who require the certificate should submit application to the Medical Officer.
- 2.7.6.2 The Health Inspector should conduct necessary tests.
- 2.7.6.3 The certificate should be based on the tests.
- 2.7.6.4 The certificates may be issued after collecting prescribed fees.

2.8 Referral service

- 2.8.1 Those patients who require expert treatment should be referred either to the medical college hospital or to the District Hospital.

3. Regulation of Eateries

3.1 Trading institutions

- 3.1.1 Checking should be conducted at periodical intervals.
- 3.1.2 It has to be found out whether unhealthy food items are sold or not at the shops. If yes, the health inspector should give detailed report regarding the preventive measures to the Medical Officer.
- 3.1.3 The Medical Officer should submit the same report to the Panchayat Committee.

3.2 Prevention of adulteration of food

- 3.2.1 The JHI should conduct visits to the hotels, bakeries, soft drink production centres, soda making units, and other food production units every month and submit reports to the Health Inspector. The HI should collate the monthly reports and submit to the Medical Officer for presenting at the monthly staff meeting including the Standing Committee.
- 3.2.2 The Health Inspector should conduct carry out surprise visits to the food production centres.
- 3.2.3 The Medical Officer should report food adulteration, if found, at the Panchayat



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level review meeting.

3.2.4 The Panchayat committee should refer the issue to the Food Inspector in charge of the concerned area.

3.3 Inspection of Hygiene Condition

3.3.1 The Health Inspector and the JHI are entrusted with the task of inspecting the hygiene situation in the food production centres.

3.3.2 The owners should be given advice to solve issues in case the situation may cause health issues.

3.3.3 If the instructions are not followed, a report regarding the issue may be submitted to the Panchayat.

3.3.4 The Panchayat committee will take appropriate decisions after discussions.

4. Conduct of Festivals and Fairs

4.1 The JHI should have prior information regarding festivals of each area. They should prepare an action plan for regulating health-related issues and conducting checks in food production and distribution centres.

4.2 The Health Inspector should prepare panchayat level action plan collating the various action plans prepared by the JHIs.

4.3 The Panchayat committee should be given a copy of the action plan.

4.4 The panchayat committee will discuss this and provide necessary assistance.

4.5 The JHI has to conduct inspection to ensure the hygiene of food production and distribution centres while festivals and fairs are on.

4.5.1 If hygiene is not maintained report containing action should be submitted to the Panchayat.

4.5.2 The Panchayat committee will conduct discussion on this and take appropriate decision.

4.6 The JHI is responsible for chlorinating the water sources used for the festivals and fairs.

4.7 The JHI has to ensure that the appropriate measures have been taken for waste disposal. S/He also should make sure that waste disposal does not create any public health problems.

4.7.1 If health problems are created, report should be submitted to the panchayat advising alternative measures.

4.7.2 The Panchayat committee will discuss about the report and take proper decision.

4.8 The JHI is responsible for ensuring that the toilets and urinals (built during festivals and fairs) are being cleaned properly and are not creating any kind of health problems.

4.8.1 If they are creating health problems, then s/he should try to convince the organisers about the same. Even after this if no action is no taken, then the matter may be reported to the Panchayat committee recommending follow up action.

4.8.2 The Panchayat committee will take suitable action after discussion.



5 Waste Processing

Solid wastes are of three types. According to the source of production, they may be categorised into three.

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5.1 Household waste

5.1.1 Activities should be undertaken to process the waste produced at households at the source itself.

5.1.2 Training / education related to waste processing

5.1.2.1 As the processing methods are developed, training sessions should be conducted to make them reach the people.

5.1.2.2 The JHI of each area should provide the information that the knowledge about the training, education, and technical assistance on the waste processing methods during the field activity.

5.1.2.3 The JHI should make people aware of the health problems if household wastes are not processed properly during the field activity.

5.1.2.4 The JHI is entrusted with the task of ensuring that the household wastes are processed in the nearby areas of the households.

5.2 Waste Produced in Public, Private Institutions

5.2.1 The institutions transferred to the panchayats, markets, public roads, other government institutions, marriage halls, halls, and abattoirs come under the definition of public institutions. The information regarding the place of the functioning of these institutions and their ownership should be kept at the primary health centre.

5.2.2 The Primary Health Centre should ensure that waste processing is carried out properly in these institutions. It is the responsibility of the PHCs to make sure that the process does not generate any health problems.

5.2.3 The Health Inspector of the Primary Health Centre should visit the institution quarterly and prepare a report. This should be presented at the monthly review meetings of the Panchayat committee through the Medical Officer.

5.2.4 The wastes from public roads and markets should be separated and collected. Steps should be taken to process them suitably.

5.2.5 The responsibility of collecting the waste after separating them is entrusted with the employees who are supposed to clean the public roads in the panchayats.

5.2.6 The task of providing technical assistance for properly treating the waste is assigned to the agricultural wing of the Panchayat.

5.2.7 The Health Inspector of the Primary Health Centre is expected to ensure that waste treatment does not generate any kind of health problems.

5.2.8 The Krishi Bhavan should provide the technical assistance for the treatment of the bio waste generated from marriage halls and other halls of the panchayat area. The HI of the Panchayat has the responsibility to make sure the treatment of waste



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does not create any health problems. Reports should be handed over to the Panchayat every month.

5.2.9 The Panchayat is assigned to issue licence to the slaughterhouses after inspecting the waste treatment facilities available there. The technical assistance for waste treatment should be prepared jointly by Krishi Bhavan and Veterinary Hospital. The Health Inspector of the PHC should inspect the hygiene situation prevalent there and submit a report through the Medical Officer to the Panchayat for meetings every month.

5.3 *Liquid Wastes*

- 5.3.1 The method of treating everything at the source of generation should be adopted for this kind of waste. The JHI of each area is assigned with the task of ensuring whether the liquid wastes are utilised for agricultural requirements or treated without causing health problems.
- 5.3.2 Those who send polluted water to the sewerage system should ensure that the same water is spread after filtering. The JHI is responsible for inspecting this.
- 5.3.3 The JHI should ensure that contaminated water does not stay on the public places and private lands.
 - 5.3.3.1 If contaminated water remains on public places, a report regarding this and suggestions for other follow up activities should be prepared and given to the Panchayat.
 - 5.3.3.2 If contaminated water remains in private plots, the JHI of each concerned area should make aware of the land owners about its ill effects. The JHI should encourage necessary measures required for the treatment of the waste and should take necessary steps for avoiding health problems.
- 5.3.4 All institutions, families, and residents' associations should prepare guidelines for the treatment of liquid wastes and submit to the Panchayat through the Medical Officer.
- 5.3.5 The common instructions regarding the liquid wastes may be printed and distributed. This should be prepared by the PHC and distributed by the whole of employees coming under the Panchayat.

6. Health Education

Various health programmes have to be implemented together with different health institutions transferred to the panchayat.

6.1 *Various health education programmes have to be formulated joining hands with the schools. They are listed below.*

- 6.1.1 The JHI of each area should form School Health Clubs and organise health education activities.
- 6.1.2 The JHI is responsible for organising campaigns through School Health Clubs. One male and female teacher each should be assigned with the task.
- 6.1.3 Carry out health check ups and locate visual impairedness and tuberculosis.

- 6.1.4 The height and weight of children should be measured. Dental diseases and VIRA diseases should be detected; also conduct growth test.
- 6.1.5 When the teachers point out those students who are suffering from either physical or psychological problems, the health workers who visits the school have a duty to either provide prompt advice or refer them appropriately.
- 6.1.6 The JHI should ensure that the First Aid Kit is available in the school during her / his visit to the school.



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6.2 *ICDS*

- 6.2.1 The JPHN in charge of each area should assess the nutritional standards of the children of the *anganwadis*.
- 6.2.2 The children with malnutrition should be found out and they should be referred to the primary health centre.
- 6.2.3 The *anganvadi* workers should be provided with continuous health education for carrying out first aid.
- 6.2.4 Participate in the mothers' meetings and provide health education. The JPHNs are entrusted with the task of providing the mothers with the knowledge regarding growth of children and physical and psychological growth deviations.
- 6.2.5 The Health Inspector and the Medical Officer should provide necessary trainings to the *anganvadi* workers aimed at health related human resource development. This could be done at the sector meetings of the ICDS.
- 6.2.6 The Health Inspector is liable to collect and collate MMR and report the same to the Panchayat review meeting through the Medical Officer.
- 6.2.7 Provide information regarding interacting with the senior citizens and ensuring necessary services.
- 6.2.8 The teenage club members of the *anganwadis* should be given health and family education. The field staff of the sub centres should do this.

6.3 *Health Education – Planning*

- 6.3.1 The Medical Officer should prepare this module.
- 6.3.2 The content of the health education should be decided in advance.
- 6.3.3 Seasonal ailments should be spotted and a calendar should be prepared accordingly to provide health education.
- 6.3.4 The educational tools for giving health education should be developed.
- 6.3.5 Campaign activities should be formulated for making the education sessions thus prepared to the people.
- 6.3.6 The field staff who is supposed to provide this health education programme should be empowered with sufficient knowledge.
- 6.3.7 These activities are to be monitored and evaluated.



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7 Mother and Baby Care The treatment during pregnancy and delivery time

7.1 *Pre Marital Counselling*

- 7.1.1 Those girls who are in their teens and above should be offered education regarding family life. The JPHN should provide this as part of the sub centre functioning.
- 7.1.2 Counselling from clinics should be provided to girls who are about to get married. The JPHN is entrusted with the task.
- 7.1.3 The JPHN should be able to locate during the field work those girls who are getting married. The JPHN should invite them to the clinic.
- 7.1.4 Through the health promotion team workers too, persons in need of counselling should be spotted. The health volunteer corpus is liable to make the information available to the people that this service is available at the family welfare sub centres.
- 7.1.5 The Grama Panchayat would conduct the trainings necessary for the development of human resources of the field workers for providing this service.
- 7.1.6 The JPHN should carry out follow up counselling if found necessary.

7.2 *Post-marital Counselling*

- 7.2.1 The JPHN should convene the newly married couples of each sub centre area.
- 7.2.2 The JPHN should convene the meeting quarterly and talk to them. This should become a forum for finding solutions to their problems.
- 7.2.3 This activity should be conducted as the group counselling of newly married couples.
- 7.2.4 The JPHN and JHI is responsible for providing assistance for those who is in need of solutions to individual problems.

7.3 *Pregnancy treatment*

- The information regarding obstetric management should be provided to the pregnant woman, her husband, and the family members.
- 7.3.1 The JPHN should give counselling to the pregnant women, for them to understand how to adjust with the status of pregnancy, obstetric care, and other things to be taken care of. Physical environment and other facilities should be made available for giving counselling. Necessary training should be conducted for expanding the human resource capability.
- 7.3.2 A clinic should be organised each month at the sub centre.
- 7.3.3 The information regarding the clinic should be displayed prominently.
- 7.3.4 The periodicity of the check ups should be explained.
- 7.3.5 The weight and blood pressure of the pregnant woman should be examined.
- 7.3.6 Fungus test should be carried out.
- 7.3.7 The JPHN is responsible for spotting the possible complications in advance and referring the same to the Primary Health Centre for examination.

- 7.3.8 Those pregnant women who do not undergo check ups at the right time should be located. Reminder letters may be sent about the check up time.
- 7.3.9 The JPHN should provide the pregnant women necessary treatment and assistance.



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7.4 Treatment during delivery

- 7.4.1 Deliveries should be referred to the hospital with adequate facilities.

7.5 Post Delivery Treatment

- 7.5.1 The JPHN is entrusted with the task of providing information regarding the treatment of nipples to the mothers.
- 7.5.2 Advice should be provided regarding regulation of gap between two deliveries. For this, information regarding family planning measures has to be provided.
- 7.5.3 The information regarding the vaccination for children, drops, their inevitability, and when they have to be administered should be provided to the parents. This information may be provided during the field visit and when mothers are visiting sub centres.

7.6 Child care

- 7.6.1 The parent should be equipped with the information on preventive medicines to be given to the children and the time for administering them.
- 7.6.2 The growth rate of children should be recorded.
- 7.6.3 The physical and psychological development of the children should be examined.
- 7.6.4 The information regarding the growth, development tasks, and developmental hazards should be supplied to the mothers.
- 7.6.5 Children who have special needs should be referred to a hospital which has higher facilities.
- 7.6.6 Arrangements for making available nutritious food to the children with malnutrition.

7.7 Family Maintenance

- 7.7.1 Provide counselling to each member of the family regarding the duties and responsibilities of their family.
- 7.7.2 Give counselling to the possible problems that may occur in the family. For this, the services of medical officer, paramedical staff, psychologist, social activist, and lawyers may be utilised.
- 7.7.3 Suggest solutions and treatment for the post-natal psychological issues that may occur. Extra care should be taken in safeguarding the privacy of the patient.
- 7.7.4 Find the mothers belonging to the above said groups and refer them to the clinic.
- 7.7.5 Legal services and other continued activities and services should be made available to them.



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7.8 Family Planning Methods

- 7.8.1 The JPHN is liable for keeping the register of Eligible Couple in the sub centre.
- 7.8.2 As part of the field activity, people in need of family planning methods should be found out.
- 7.8.3 The JPHN should provide counselling on choice of appropriate family planning methods at the sub centre.
- 7.8.4 The family planning methods should be provided during field visits and at the clinic and sub centre.
- 7.8.5 Observe those who adopted family planning measures through follow up visits.
- 7.8.6 Find out if there are any adverse impacts.
- 7.8.7 A record regarding them should be maintained and reports should be kept.
8. Preserve Traditional Drinking Water Resources
- 8.1 The JHI in charge of each area should locate the common drinking water resources in their respective areas.
- 8.2 A report regarding their status should be prepared.
- 8.3 The owners should be convinced about the necessity and significance of protecting privately-owned drinking water sources. The JHI should provide them with the instructions for its protection.
- 8.4 The JHI should prepare the guidelines for protecting the public-owned drinking water resources.
- 8.5 The Panchayat committee should be provided with a copy of the above mentioned report.
- 8.6 The Panchayat committee, after holding discussions, will entrust the responsibility task to either women's self-help groups, or HPT, whichever is found more suitable for the task.
- 8.7 The JHI in charge of each area should supervise the safeguarding of the drinking water resources.
- 8.8 The Panchayat should be given notices periodically for cleaning the common wells.
9. Supervision of Cemeteries and Crematoria
- 9.1 The Health Inspector should visit the cemeteries once in three months and ascertain the status of hygiene.
- 9.2 The report regarding this should be submitted to the Panchayat through the Medical Officer.
10. Inspection while giving licence to dangerous and Intolerable trades
- 10.1 The Health Inspector should inspect the status of public health as per the instruction of the Panchayat committee once the Panchayat receives the application for licence. The report should be submitted through the Medical Officer.
- 10.2 The institutions functioning like this, their work, status of ownership, number of

- staff, etc should be inspected.
- 10.3 The things to be taken care of while conducting inspection:
- 10.3.1 The status of sound pollution
- 10.3.2 The possibility of dust
- 10.3.3 Possibility of water contamination
- 10.3.4 Arrangements for waste disposal
- 10.3.5 Hygiene status
- 10.3.6 Whether separate toilets are arranged for the use of women, if the institution is employing women.
- 10.4 Submit report to the Panchayat after verifying these factors.
- 10.5 The Panchayat may take appropriate decision after studying the report.
11. Register Birth and Death
- 11.1 The JPHN in the concerned sub-centre is responsible for keeping the register.
- 11.2 The JPHN should collect information regarding birth and death as part of field activity.
- 11.3 The JHI and JPHN should prepare sub-centre wise information regarding birth and death of each area.
- 11.4 The report should contain the age, gender, cause of death, while reporting death.
- 11.5 While reporting birth, the report should contain the following details: weight of the new born, age and educational qualification of the mother, and whether the delivery involved any type of complication.
12. The implementation of national and state health programmes
- The State and Central governments are implementing various programmes for maintaining health through the Primary Health Centres. The Grama Panchayat has the responsibility of supervision and evaluation of the State and Central health programmes implemented through the Primary Health Centre as PHC come under the purview of the Grama Panchayats.
- 12.1 Reproductive Child Health Care programme*
- 12.1.1 The implementation of this programme in the sub centre is vested with the concerned JPHN.
- 12.1.2 The pregnant women should be located and they should be provided with necessary assistance and suggestions.
- 12.1.3 As part of the sub centre activity, information regarding prenatal care should be provided.
- 12.1.4 Information regarding vaccination and its time should be displayed prominently.
- 12.1.5 Each child should be provided with an immunisation card.
- 12.1.6 Find out whether there are children who are not provided vaccination on time. Report regarding this should be submitted to the Panchayat.



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- 12.1.7 Follow up steps should be taken for preventing possibility of infection.
- 12.1.8 These activities have to be carried out by the JPHN as part of field level activity.
- 12.1.9 Reminder letters should be sent to eligible students.
- 12.1.10 Necessary steps should be taken to spread birth control methods.

12.2 National TB control programme

- 12.2.1 Health classes should be conducted in various parts of the Panchayat regarding symptoms of TB and treatment for the same. The JHI has to organise the campaign activity.
- 12.2.2 Information regarding TB should be provided to self help groups and health promotion team. The JHI is responsible for the same.
- 12.2.3 The JHIs in charge of each area should provide training in those areas.
- 12.2.4 The JHI should collect the cough of those with symptoms of TB for medical examination.
- 12.2.5 If the test result is positive, they should be convinced that treatment is possible for curing of TB. Subsequently, treatment should be started.
- 12.2.6 Those cases which require expert check up should be referred to the Primary Health Centre.
- 12.2.7 Monthly reports should be prepared and sent to the Panchayat regarding the newly found TB patients. The JHI of each area is responsible for preparing this report. Preparation of Panchayat level report after collation rests with Health Inspector.

12.3 Vitamin A Prophylaxis Programme

- 12.3.1 The JPHN should ensure that children between nine months and three years of age in the sub centre area receive Vitamin A drops.
- 12.3.2 The houses of children who did not receive Vitamin A drops should be visited. This should be carried out as part of the field activity of the JPHN.
- 12.3.3 Special care should be taken in the case of colony areas. As part of field activities, it should be ensured that all children between the age of nine months and three years in that area get vitamin drops. The JHI and JPHN should carry out this.
- 12.3.4 Those children who did not get vitamin drops should be located and follow up steps should be taken.
- 12.3.5 The children who are infected with diseases owing to vitamin deficiency should be located. This should be done as part of school health programme and field visit. Children thus spotted should be referred to the primary health centre.
- 12.3.6 Health classes should be conducted for making people aware of the plus points of fruits available locally and the importance of leafy vegetables. The JPHN should conduct this as per the demand of various anganwadis and Kudumbashree units. Members of teenage club and HP should also be provided with health education.

12.4 Anaemia Prophylaxis Programme

12.4.1 Pregnant Women

- 12.4.1.1 The JPHN should keep the register of pregnant women at the sub centres.
- 12.4.1.2 Test should be conducted on the pregnant women who come for check up to ensure that they are not suffering from anaemia.
- 12.4.1.3 The women who visit the primary health centres and sub centres should be supplied with iron tablets.
- 12.4.1.4 While carrying out house visit of pregnant women, iron tablets should be distributed, if necessary.



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12.4.2 Teenage girls

- 12.4.2.1 Adolescent girls who are members of Teenage Clubs should be distributed iron tablets and they should be made aware of the necessity of the same.
- 12.4.2.2 Iron tablets should be made available at sub centres and anganwadis to make easily available them to the needy.

12.4.3 School Visit

- 12.4.3.1 While visiting the schools, boys having anaemia should be spotted.
- 12.4.3.2 They should be provided with iron tablets. They should be made aware of the importance of regular consumption of the tablets.

12.5 Diarrhoea Control Programme

- 12.5.1 Health education should be provided regarding the preventive measures that could be taken at home in case of the occurrence of diarrhoea.
- 12.5.2 Information regarding necessity of using pure drinking water, symptoms of disease, and urgent measures to be adopted.
- 12.5.3 The JHI and JPHN are responsible for providing the information regarding this to Kudumbashree units and sub centres.
- 12.5.4 The health volunteer in each Kudumbashree unit should be treated as Depot holder of ORS and necessary ORS should be made available with them. Sufficient stock should be made available from the sub centre with the depletion of stock.

12.6 National Filaria Control Programme

- 12.6.1 The JHI should locate the area which could be infected with Filaria.
- 12.6.2 Blood sample should be collected in the night for spotting the disease. The JHI should carry out this with the assistance of the Panchayat level health committee.
- 12.6.3 The blood test should be carried out in association with the Filaria control unit.
- 12.6.4 The JHI is accountable for motivating those who are found to be disease carriers to go for treatment. S/he should refer them to the primary health centre.

12.7 National Leprosy Control Programme

- 12.7.1 The JHIs, while visiting schools as part of school health programme, should locate



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skin diseases and spots.

12.7.2 The JHI should take steps to examine whether the disease is Leprosy or not and if yes, it should be referred to the primary health centre.

12.7.3 Health awareness classes should be held to identify Leprosy and convincing people that effective treatment is possible for the same.

12.8 *National Sexually Transmittable Disease Control Programme*

12.8.1 The potential sexual disease infected groups should be located.

12.8.2 The JHI and JPHN should provide individual counselling to such people.

12.8.3 The field workers are accountable for making follow up observations on patients infected with sexually transmissible disease as part of the field activity.

12.8.4 The Health Inspector should classify and collate the information entered in the register by the doctor regarding the patients visiting the OP.

12.8.5 If sexual diseases are reported in the collated reports the patients should undergo follow up observation. The JHI and JPHN should give the necessary counselling.

12.8.6 Condoms should be promoted to prevent sexual diseases. The condoms should be made sufficiently available at the sub centres and primary health centres.

12.8.7 Organising sexual disease-AIDS day observations and awareness programmes forms part of the responsibilities of the Health Inspector.

12.8.8. The report regarding the activities should be given to the Panchayat.

12.9 *National Mental Health Programme*

12.9.1 The JHI should collect and maintain information regarding those constantly affected with mental diseases in each area.

12.9.2 The JHI should provide the family members of the patient about mental disease and its treatment.

12.9.3 Awareness camps and observation days should be organised regarding suicide and depression. This should be organised under the auspices of Kudumbashree units and Health volunteer corpus. The JPHN and JHI should give leadership to classes and programmes.

12.9.4 Collective of children should be formed for solving the possible psychological problems of theirs. Kudumbashree units, self-help groups, and resident associations should be encouraged to form such collectives. The JHI should carry out this as part of the field activity.

12.10 *National Diabetes Control Programme*

12.10.1 Arrangements will be made at all JHI offices for diabetes test.

12.10.2 JHI is bound to conduct blood test twice a week at the JHI office as per the decision of the Panchayats.

13. Find solutions to public health related complaints

1.1 If complaints regarding public health are received, they should be given

- immediate consideration.
- 1.2 The Health Inspector should visit the site and prepare location map.
 - 1.3 Detailed report should be prepared after visiting the location.
 - 1.4 The Health Inspector should prepare the report and submit it to the Medical Officer. The Medical Officer, in turn, should submit the same to the Panchayat.
 - 1.5 In case of urgent matters, report should be submitted after visiting the location within a week. It should contain follow up measures too.



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Responsibilities of Employees

1. Medical Officer
 - 1.1 *Common responsibilities*
 - 1.1.1 Medical Officer will have the complete responsibility of implementation of all activities in connection with the health and family health in the institutional area.
 - 1.1.2 Apart from the supervision of all employees, the Medical Officer is bound to allocate the responsibilities of the sub staff for the smooth functioning of the institution.
 - 1.1.3 The Medical Officer in charge will be responsible for all the financial transactions.
 - 1.1.4 Task of administrative, financial, and disciplinary activities, control over the employees, and the activities in the institution. These responsibilities will be subject to service rules and government orders.
 - 1.1.5 Organise monthly staff meetings and attend the meetings at the district level and Panchayat level.
 - 1.1.6 Execute responsibilities as the head of rural health care. Other powers and responsibilities as per existing statute.
 - 1.1.7 Conduct performance audit in institutions with the help of audit team formed with the aim of carrying out audit.
 - 1.1.8 Participate in the meetings of ICDS project at the project level and sector level. Review the work by anganvadi workers related to health security. Provide continuing education to the anganvadi workers at the project level and sector level.
 - 1.1.9 Conduct organisational level induction training for employees in other sections who have completed a specific time period.

The Medical Officer of the Primary Health Centres has the following responsibilities:

1. Administrative and financial
2. Services related to treatment
3. Responsibility of field activities
4. Supervision, co-ordination and control

1.2 *Professional Responsibilities – Treatment services*

1.2.1 *Outpatient services*

Medical Officer of the Primary Health Centre has responsibilities related to treatment services. S/he is accountable for timely detection of diseases, recommending medicines, studying, curing, providing continuing treatment, and providing services at the outpatient clinics. The Medical Officer should be available during working hours.

1.3. Professional tasks related to field work

1.3.1 The Medical Officer of the Primary Health Centres is responsible for field work too. Entire charge of field work is vested with the Medical Officer. Field staff should report to the Medical Officer through the Health Inspector.



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1.3.2 The medical officer in the Primary Health Centres should regularly supervise the field staff. Each month, the Medical Officer should supervise the work of at least two JPHN, two JHI, and Health Inspector. The details of the supervision should be discussed at the monthly review meetings. The corrective measures occurred during such visits should be followed up and examined.

1.3.3 Tour Programme should be prepared in advance to conduct field inspection. A copy of the same should be supplied to the Panchayat.

1.3.4 As per the instruction of the Performance Audit, intervene in the implementation of performance audit of all employees.

1.4 Implementation of National Health Programmes

1.4.1 Reproductive Child Health Care Programme

Medical Officers of Primary Health Care are accountable for the implementation of the programme. The Medical Officer should evaluate the functional progress of the Reproductive Child Health Care Programme.

1.4.2 National Malaria Eradication Programme

1.4.2.1 The Medical Officer should participate actively in the National Malaria Eradication programme.

1.4.2.2 Medical Officer should guide the health staff and supervisors in preventive strategies, disease detection, and treatment.

1.4.2.3 Provide medical assistance in finding solution to the side effects of medicines, and other problems.

1.4.2.4 Medical Officer should examine all the Malaria patients in that area.

1.4.2.5 The Medical Officer should evaluate the functioning of the staff and supervisors as per the guidelines of the programme through supervisory visits.

1.4.3 Nation Leprosy Eradication Programme

1.4.3.1 Help in locating and handling TB patients.

1.4.3.2 Provide necessary instructions to health activists and Health Inspectors in the programme activities.

1.4.3.3 Give assistance in case of side effects of medicine or after effects of treatment in TB treatment.

1.4.3.4 Give support to health study activities and other IEC activities.

1.4.3.5 Co-ordinate the activities of the voluntary organisation and NGOs who intervene in the Leprosy eradication activities.



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1.4.4 Sexual disease/AIDS Control Programme

- 1.4.4.1 Identify sexual disease early enough and provide treatment.
- 1.4.4.2 Arrange health education and study activities for the prevention of spreading of sexual diseases and AIDS.
- 1.4.4.3 Give instructions to JHIs regarding organising health education sessions to prevent sexual diseases and HIV/AIDS.
- 1.4.4.4 Target the high risk groups and make interventions as made clear in the National HIV/AIDS control programme.

1.4.5 Renewed National TB Control Programme

- 1.4.5.1 Convince health workers and supervisors that the renewed TB control programme is being implemented through the Public health system.
- 1.4.5.2 Give support in providing medical assistance for DOTS cases. Medical assistance should be provided to the patients on time in case the medicines have side effects. In case of necessity, case should be referred to higher level hospital.
- 1.4.5.3 Encourage health workers in locating the patients, cough test, and referring patients for testing to the microscope centre.

1.4.6 National Blindness Control Programme

- 1.4.6.1 Coordinate the blindness eradication programmes in the panchayat area.
- 1.4.6.2 Find those affected with blindness and motivate them for surgery.
- 1.4.6.3 Identify eye ailments and provide treatment and refer the patients to experts if necessary.
- 1.4.6.4 Locate vision problems among children and refer them for expert treatment, and thus cure the disease.
- 1.4.6.5 Organise eye test camps in schools with the assistance of refractionist and refer those with vision disability.
- 1.4.6.6 Organise special camps for identifying cases of blindness like Cataract and encourage surgery.
- 1.4.6.7 Hold special camps for eye treatment. Carry out the follow up work for organising the patients and arrange surgery.
- 1.4.6.8 Disseminate the message of eye donation and lead those who are interested in doing so.
- 1.4.6.9 Remove the eyes of those dead persons who were willing to donate eye without delay.
- 1.4.6.10 Convince society about eye care, significance of Vitamin A supplements, food habits, and prevention of possible wounds to the eyes.

1.4.7 School Health Programme

- 1.4.7.1 Conduct medical test for school children and give necessary services.
- 1.4.7.2 Hold health education sessions in schools; organise classes in healthy lifestyle, national health programme, and other subjects related to health care.

- 1.4.7.3 Supervise the school health programmes of Health Inspector and other health workers.



1.4.8 National Mental Health Programme

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- 1.4.8.1 Provide support to the treatment of identified mental disease patients.
- 1.4.8.2 Provide referral service to psychological patients.
- 1.4.8.3 Conduct social rehabilitation for patients in the stage of acute disease.
- 1.4.8.4 Systemise the field work of health workers and functioning of voluntary health corpus to spread the message of health habits, other psycho social problems associated with the usage of liquor and drugs in all the households.
- 1.4.8.5 Re-evaluate the works at the monthly review meeting.

1.4.9 Services for Teenagers

- 1.4.9.1 Arrange sessions of health education / counselling for adolescents with the help of the field staff.
- 1.4.9.2 Arrange adolescent clinics and other services for the teenagers. (For further information, refer the guidelines of the Reproduction and child health care programme)
- 1.4.9.3 Provide health classes in the teenage clubs of anganwadis as requested by the Panchayats.

1.4.10 Service to Older persons

- 1.4.10.1 Encourage health department employees to make available services to the senior citizens.
- 1.4.10.2 Collect disease information of old persons in each area with the assistance of field workers. Interventions should be made to solve them.
- 1.4.10.3 Provide old persons with medical assistance and rehabilitation support.

1.4.11 Services for Physically Disabled

- 1.4.11.1 Arrange programmes and activities necessary for the rehabilitation of physically disabled
- 1.4.11.2 Provide medical assistance and support in case of necessity and also referral services to the physically disabled.

1.4.12 Other National Health Programmes

- 1.4.12.1 Participate in the implementation of the other national health programmes. Take measures to implement each programme as per the guidelines. Give leadership, support, and supervision to health workers, supervisors, and paramedical staff in programme activities.
- 1.4.13 Intervene actively in the organisation of national disease immunisation days (e.g., Pulse Polio), special immunisation camps, etc as per the directives of the Panchayat Committee.



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1.4.14 Health Education Activities

- 1.4.14.1 Give necessary support to District Mass Media Officer / Health Education Officer, and the IEC groups in the Health and Family Planning Education Programme.
- 1.4.14.2 Take necessary steps for the containing of communicable diseases like chickenpox, cholera, diarrhoea, typhoid, and other diseases included in the list for preventive measures.
- 1.4.14.3 Carry out investigations regarding the outbreak of communicable diseases and submit report to the Panchayat upon instruction. The Medical Officer should provide a copy of the action plan for the same to the Panchayat.
- 1.4.14.4 The action plan prepared on the basis of data collection and seasonality calendar should be reported to the Panchayat. The action plan should be presented at the monthly review meeting.
- 1.4.14.5 Reports about outbreak of communicable diseases should be reported at the district and block level meetings.
- 1.4.14.6 Give necessary instructions to Health Inspector and other health workers for providing health – family planning – nutritional education.
- 1.4.14.7 Supervise and arrange programmes in connection with public hygiene and waste disposal.
- 1.4.14.8 Find out malnutrition among children and mothers and prevent and treat the same. Provide nutritional services and nutrition education.

1.5 Other Responsibilities

- 1.5.1 Attend in the staff meeting of the Primary Health Centre and Panchayat level Review meeting.
- 1.5.2 Participate in the sectoral level and project level meetings of ICDS project. Assess the health care related activities of anganvadi workers. Conduct continuing education for anganvadi workers at sector level and project level.
- 1.5.3 Participate in the meetings of groups by MSS workers and voluntary health workers as demanded by health workers and give training and continuing education.
- 1.5.4 Provide support to the supervisors in organising and carrying out induction training for field staff at the institutional level.
- 1.5.5 Participate in in-service training, other programmes and special activities in connection with the national health programme as instructed.
- 1.5.6 Issue certificates related to social security and beneficiary schemes in response to applications within the limits of medical officer.
- 1.5.7 Issue medical certificate, fitness certificate, and physical fitness certificate after receiving specified fees within the powers of medical officer.
- 1.5.8 Issue Wound certificate, age proof certificate, and drunkenness certificate when proper documents are submitted.
- 1.5.9 Provide service at the home of the patient and give emergency treatment and advice.

- 1.5.10 S/he should be present for special duty at festivals, natural calamities, visit of VIPs, and special camps as instructed by the Panchayat Committee.
- 1.5.11 If hygiene is not properly maintained in the running of festivals and fairs, the medical officer should vet the report submitted by the Health Inspector and report it to the Panchayat.
- 1.5.12 The responsibility for supervising and implementing other health activities suggested by the Panchayat.
- 1.5.13 information related to health issues should be made available within the specified time frame when demanded by the Panchayat.
- 1.5.14 Examine patients at the clinics and other medical camps, which are organised during the outbreak of communicable diseases, and suggest necessary treatment.
- 1.5.15 Report food adulteration to the Panchayat when reported by the Health Inspector.
- 1.5.16 Give leadership to prepare necessary modules for school health programmes, training for health promotion team.
- 1.5.17 Conduct checking which is to be carried out before issuing licence to Dangerous and intolerable trades and submit the report of the health inspector after vetting to the Panchayat Committee.



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2. Responsibilities of Health Inspector

2.1 *Common tasks*

The Health Inspector is a first grade multi purpose male supervisor. As officials engaged in various crucial tasks, Health Inspectors of Primary Health Centres have varied responsibilities in today's context.

The responsibilities of Health Inspector are related to the following activities: common control of field workers, co-ordination of primary health activities of a particular area, synchronisation of activities with local self governments, retaining of public contacts, active intervention in issues related to public health, give support to the Panchayat in the day to day activities of the institution to which s/he is appointed.

2.2 *Area and Jurisdiction*

It has been fixed that for each 25 – 30,000 population, a health inspector should be there. This is a grassroots work area till 10 – 12. This will also be the work area of a mini Primary Health Centre. Each mini PHC will have a Health Inspector.

2.3 *Supervisory Tasks*

2.3.1 *Periodic supervision*

Periodic supervision is necessary to ensure the quality of the services provided by the field staff. This will help to make possible monitoring and leading their work. It would also help in taking corrective steps and continuing activities. Periodic



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supervision is significant since quality level is the fundamental principle of programmes like Reproductive child health programme and renewed tuberculosis control programme.

- 2.3.1.1 The Health Inspector should carry out at least six periodic supervisions.
- 2.3.1.2 The schedule of this programme should be prepared as part of the advanced tour programme and that should be followed.
- 2.3.1.3 The Health Inspector should prepare an advanced tour programme and submit it to the Medical Officer.
- 2.3.1.4 The Health Inspectors should submit the report of Supervisory visits to the Medical Officer.

2.3.2 *Supervision*

The work of the basic level employees could be assessed only through visits. The gap between the visits of health worker to that particular area, their punctuality, and details regarding beneficiaries should be made available to the health inspectors. Gaps in the services provided by the employees should be found out. A Health Supervisor should conduct at least five supervisory visits once a month. All these should be surprise visits. This may be disclosed only to the Medical Officer who is in charge of that particular institution. The report of such visits should be made available to the medical officer through proper channel. Follow up activities of such visits should be carried out and the report about such activities should be submitted once in two months.

The Health Inspector should report these two types of supervisions at the monthly review meetings. The follow up activities should be discussed publicly so that every one gets its advantages.

2.3.3 *Supervisory Tasks*

Apart from supervisory task, the Health Inspector should carry out the responsibility of day to day monitoring. S/he should be able to lead other staff in day to day activities, special clinic, and other sessions and should supervise them.

2.3.4 *Supervision of reports and records keeping*

Help and lead the health workers in preparing accurate reports. The records maintained by them should be examined by the health inspector.

- 2.3.5 The Health Inspectors should give training to the health workers who work under them as and when necessary. Provide training to the new employee who is either a fresh appointment or a transferred one. In the case of such health workers, periodical supervisory visits should be conducted in the initial months till they are accustomed to the area and work. The Health Inspector should keep the copies of the job related responsibilities of those employees working under them and provide

necessary information. The Health Inspector should assign the sub staff the responsibilities regarding new programmes as and when they are emerging. It is the Health Inspector who should take the initiative in discussing about job responsibilities with the sub staff at the monthly review meetings; s/he is also bound to take steps to increase the knowledge base of the employees.



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2.4 Organise meetings and attend them

2.4.1 Health Inspector is liable to arrange meetings at the Primary Health Centre and conduct them. S/he is also responsible for organising half day and full day zonal meetings at the Primary Health Centre. Medical Officer need not attend these meetings. So, the report of the above meetings should be submitted to the medical officer the very next day. The intervals of these meetings would be intimated periodically. Half day and full day zonal meetings should be held at the sub centre. The venue should be decided based on rotation and the same should be announced at the monthly review meeting.
Help organise and run monthly review meeting held at the Primary Health Centre.

2.4.2 ICDS Meeting

Health Inspector should participate in the sectoral meeting of anganvadi workers of the concerned area.

The Health Inspector should collect the monthly reports from anganvadi workers and collate them. The health inspector should conduct continuing education activity in issues of contemporary relevance. Health Inspector could arrange classes for health workers in subjects which are either related to public health or of interest to the general public.

Participation of all health staff should be ensured in such meetings; the responsibility for the same vests with the Health Inspector. Action should be taken against those who fail to attend these meetings; follow up actions should also be ensured.

2.4.3 Meetings together with Local Self Governments

Health Inspector should attend the meetings organised by local self governments as per demand. Such instructions to the Health Inspector are given through Medical Officer. After attending such meetings, reports should be submitted to the medical officer. All the instructions for the Health Inspector and vice versa are given through proper channel via the Medical Officer. Medical Officer should attend the monthly review meetings organised by the panchayat. In case of inconvenience, Health Inspector should be deputed to attend such meetings.

2.4.4 Other Official Meetings

As and when instructed, the Health Inspector should attend other meetings. Meetings



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of beneficiaries should be held in connection with health and health care. Meetings of leaders in socio political leaders in the public sphere should also be organised.

2.5 Activities related to National Health Programme

2.5.1 Reproductive Child Health Programme

2.5.1.1 Assist health staff in preparing programmes.

- 2.5.1.2 Help in organising antenatal, immunisation activities, and family planning activities.*
- 2.5.1.3 Ensure that cold chain is used for storing medicines. Give support and assistance in distributing medicines to the beneficiaries. Supervise whether cold chain is used by the health workers for all immunisation activities.*
- 2.5.1.4 Supervise whether services as part of the project is being provided or not. Ensure that follow up activities of family planning are being implemented.*
- 2.5.1.5 Provide support and supervision to the Reproductive child health care programme implemented through the sub centres.*

2.5.2 National Malaria Eradication Programme

Encourage the health workers to carry out malaria eradication activities. Supervise in the collection of blood samples. Continue visiting disease infected. Take initiative in spraying DDT in those areas where the disease is spotted and other activities. Discuss with the Medical Officer and ensure that all patients are getting treatment. Refer those who are susceptible of infection to the primary health centre. Ensure through the health workers that they receive treatment.

2.5.3 Renewed National Tuberculosis Control Programme

This programme is implemented by linking with the health services. As per the guidelines issued by this programme, the Health Inspector is responsible for monitoring the work of the employees. Evaluate keenly the health workers who distribute DOTS and other things and report to the treatment centres through the Medical Officer. Assist in locating those who faulted in treatment and bringing them back to treatment. Help in making available medical aid to those who have undergone complexities and problems.

2.5.4 Leprosy Control Programme

Supervise leprosy control programmes of health workers and assist in organising Pulse Circuit. Provide assistance to the following activities: locate the patients; make treatment available; conduct follow up activities; find out whether the medicines do have any side effects; provide health education; prepare study materials; organise disease diagnosis activities and special camps.

2.5.5 Other National Health Programmes

- 2.5.5.1 Supervise preparation of study materials, activities, and health education activities*

targeted at preventing sexually transmitted diseases. Help identify early detection of reproductive tract infection and sexual diseases. Ensure treatment for those infected with disease with the support of health workers.



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- 2.5.5.2 Arrange health education and counselling sessions with the aim of bringing down RTI / STIs and HIV / AIDS infection.
- 2.5.5.3 Supervise and assist activities aimed at detecting various types of cancers early and preventing them.
- 2.5.5.4 Arrange services for cancer patients in the acute stage and supervise it. Arrange palliative care services for those patients who are undergoing chronic pain through grassroots level staff. Collect and collate information regarding patients of a particular area and keep it in a register.
- 2.5.5.5 Provide assistance for identifying and handling lifestyle diseases like diabetics, and blood pressure.
- 2.5.5.6 Provide necessary support to the health workers in implementing national health immunisation activities.
- 2.5.5.7 Assist in implementing mental health care programme. Supervise the work by health workers in connection with this programme. Realise the significance of early diagnosing of such diseases and timely handling for preventing them. Provide support for community based rehabilitation of mental patients. Conduct activities to wipe out misconceptions of the society. Provide societal education regarding the ill effects of the usage of addictives. Arrange medical assistance for those who are recognised as addicts.
- 2.5.5.8 Provide aid and instructions to the health workers on the other national health programmes as per the guidelines published from time to time.

2.5.6 Services for senior citizens

The number of aged persons is on the rise owing to the peculiar situation in the State; they turn out to be a section requiring special care. The aged is the most deprived group with regard to health services as they are undergoing physical difficulties. Inspire health workers to make available health services to the aged at their doorsteps.

Try to understand the health care needs of the aged of a particular area and also try to intervene in the functioning of medical officers and supervisors. Implement the activities of the health workers and provide assistance, leadership, and supervision to these activities with the support of the health workers.

2.5.7 Services for the Physically Disabled

Provide leadership and support to the health workers in preparing a list of physically disabled in a particular area of service. Give them necessary assistance. Help them implement rehabilitation activities.



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2.6 Record Keeping and Reporting

2.6.1 Area map and baseline data

Keep a map of the service area. This depicts the concerned area allotted for each male and female health worker. The Health Inspector should keep the data of the specific area periodically updated.

2.6.2 Advance programme and diary

The Medical Officer should submit to the Panchayat before the first working day of every month a countersigned advance programme. This should be made approved at the monthly review meeting. This programme should be planned in such a way that it reaches all the sub centres / sections and all health workers. A diary containing details of field visits should be kept updated. Separate space should be provided in each diary to ensure that all sub centre sections are monitored alike.

2.6.3 Reports and Registers

Health Inspector should maintain the following registers.

1. Basic information regarding the area
2. Collated Register
3. Minutes of the meetings – responsibility of the Health Inspector
4. Stock Register
5. Family planning methods – failures and complexities – follow up activity register – responsibility of the Health Inspector
6. Register of malaria cases – details of follow up activities
7. List of important public health institutions of a particular area
8. Register of public health activities
9. Birth and Death registers
10. Family register
11. Registers necessary for either National Health care programmes or specific activities

The supervisors should submit the countersigned reports to the Medical Officer.

2.6.4 Other Responsibilities

2.6.4.1 School Health Programme

Organise School Health Programme with the assistance of Public Health Nurse, Junior Health Inspector, and health workers.

2.6.4.2 Public Health activities

2.6.4.2.1 Conduct checks in places where food is cooked and served. Adopt measures to rectify those mistakes identified.

2.6.4.2.2 Conduct check ups in places where hazardous trades and activities creating annoyance for the public are taking place and adopt corrective measures.

- 2.6.4.2.3 Submit reports to the local self governments through medical officers regarding giving licences to such institutions.
- 2.6.4.2.4 Visit places where fissure is existent related to public health issues like the construction of toilets, wells, drinking water sources, and chicken farms. Submit first information reports regarding such controversies to the medical officer.
- 2.6.4.2.5 Provide support to the medical officer and supervisor in preparing the technical report regarding public health care activities.
- 2.6.4.2.6 Provide leadership and advice to the people in matters related to public health care.
- 2.6.4.3 Learning Activities
Provide support to organise and implement learning activities related to health education activities in connection with the National Health Care programme.
- 2.6.4.4 Health work by voluntary organisations and NGOs
Intervene in the health activities of the concerned area. Co-ordinate the activities of various health organisations and health workers.
- 2.6.4.5 Camps and Campaigns
Participate in the camps and campaigns related to health care activities.
- 2.6.4.6 Local Self Government institutions
Work in tandem with the local self government institutions in matters of health care activities. Implement various health activities and projects of the LSGs
- 2.6.4.7 Should be available round the clock either during exigencies related to public health or when the higher authorities demand.
- 2.6.4.8 Any work related to health as instructed by the higher authorities.
- 2.6.4.9 Responsibility of organising immunisation clinics at the primary health centres.
- 2.6.4.10 The overall organising responsibility vests with the Health Inspector in the case of medical camps.
- 2.6.4.11 Conduct checks to find out whether unhealthy food is sold. If found, the matter should be reported to the panchayat through the medical officer.
- 2.6.4.12 Supervision of health activity during conduct of festivals and fairs in the panchayat area.
- 2.6.4.13 Verify the hygiene of public and private institutions, abattoirs and submit report to the panchayat.
- 2.6.4.14 Provide health education in case of necessity.
- 2.6.4.15 Should visit cemeteries and crematoria once in three months and submit report to the panchayat regarding the hygiene prevalent.
- 2.6.4.16 Conduct necessary checks as per the instruction of the panchayat before issuing licence to hazardous and unbearable trades.
- 2.6.4.17 Information regarding birth and death should be collated.
- 2.6.4.18 Prepare detailed report when receiving complaints regarding public health care, after visiting the spot.
- 2.6.4.19 Quarterly reports should be submitted to the panchayat through the medical



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officer regarding the progress of national health care programmes.

2.6.4.20 Quarterly reports should be submitted to the panchayat through medical officer about epidemics containment activities, lifestyle disease control, implementation of preventive vaccinations, usage of family planning methods, services provided to aged, children, and the teenagers.

- 2.6.5 Prepare weekly reports by collating information regarding diseases reported by field staff and those approached the hospital.
- 2.6.6 Prepare panchayat level action plan compiling the daily action plan prepared by the JPHN for disease prevention.
- 2.6.7 Ensure that activities are carried out as per the action plan prepared.
- 2.6.8 Keep the weekly reports and action plan at the primary health centres.
3. Junior Health Inspector
- 3.1 *Area, interval between visits, reporting*
- 3.1.1 Area – area and population will be clarified periodically
- 3.1.2 Visit – Visit at least 50 days per day
- 3.1.3 Reporting – To the concerned Medical Officer through the Health Inspector
- 3.2 *Upkeep of family and village records*
- 3.2.1 Family Village survey – Conduct survey in all the families in the sanctioned area and collect basic information about family - village and area. This has to be carried out collectively by JPHN and JHI.
- 3.2.2 Family Village Record – Family Records and Village Records regarding family planning, immunisation drives, main events, public hygiene, local health issues, educational activities, and services provided should be prepared together with the JPHN. These registers should be renewed and used.
- 3.3 *Implementation of National Health Care Programmes*
- 3.3.1 *National Malaria Eradication Programme*
- 3.3.1.1 Identify those infected with fever.
- 3.3.1.2 Collect thick and thin blood smears from patients
- 3.3.1.3 Give initial treatment
- 3.3.1.4 Send these smears to the laboratory weekly either by post or through person.
- 3.3.1.5 Record the result of the blood smear test
- 3.3.1.6 Hold widespread smear collection if the disease is located
- 3.3.1.7 Make arrangements for focal spraying
- 3.3.1.8 Provide arrangements and support to the patients found to be infected with malaria for radical treatment
- 3.3.1.9 Collect follow up smears
- 3.3.1.10 Provide information to the society regarding blood smear collection of fever-infected, insecticide spraying, and malaria treatment

- 3.3.1.11 Submit report in this connection to the health inspector
- 3.3.2 *Revised National Tuberculosis Control Programme*
- 3.3.2.1 Enquire about individuals who are having either chest diseases or cough lasting more than two weeks and send them to primary health centres.
- 3.3.2.2 Sensitise people regarding cough test and send those with symptoms of infection to the nearest check up centre.
- 3.3.2.3 Provide treatment assistance and under direct monitoring. Arrange those who are supposed to give the treatment.
- 3.3.2.4 Help them complete treatment till it is over.
- 3.3.2.5 Follow up the patients as per the instruction of the medical officer. Identify the faults in treatment and bring back the patients to treatment.
- 3.3.2.6 Give BCG vaccine whenever necessary.
- 3.3.2.7 Other tasks suggested as part of containing tuberculosis.
- 3.3.2.8 Provide medical education regarding identifying, preventing, and treating tuberculosis, focusing on DOTS.
- 3.3.3 *National Leprosy Control Programme*
- 3.3.3.1 Locate people with susceptible spots or non-sensitive spots and refer them either to SET Centre control unit, or medical officer or Pulse Circuit.
- 3.3.3.2 Help the patients to start, continue and finish treatment.
- 3.3.3.3 Carry out follow up for the identified disease.
- 3.3.3.4 Provide social education about leprosy, precautions, methods for identifying the disease, and treatment. Try to remove the stigma regarding the disease in the society.
- 3.3.4 *Activities of Other Health Programmes*
- 3.3.4.1 Locate the aged in an area prepare a list of those who are 65 years of age. Collect information regarding the problems faced by them and ensure services are reaching them without delay.
- 3.3.4.2 Identify those infected with Diabetics and Blood Pressure. Provide health education for preventing occurrence, identifying disease, carrying out treatment, and recognising complexities.
- 3.3.4.3 Form ward wise self help groups of patients for health education and regular exercise. Give leadership to its activities.
- 3.3.4.4 Help conduct mental health programme. Provide health education for detecting mental ailments early and ensuring treatment for the same. Provide support for following up those who have mental diseases and for social rehabilitation.
- 3.3.4.5 Give health education regarding other lifestyle diseases in Kudumbashree units and other self help groups.
- 3.3.4.6 Give health education about sexual diseases, AIDS, and HIV. Help them access counselling and medical treatment.



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- 3.3.4.7 Locate cataract and other reasons for blindness and provide medical support. Give health education about eye care, causes of blindness, and other services as part of National Blindness Control Programme.
- 3.3.4.8 Provide necessary information and support to those who are willing to donate eyes.
- 3.3.4.9 Prepare a list of all handicapped persons in a particular area. Give support to their rehabilitation.
- 3.3.4.10 Implement any other health programme as per the periodical instructions. Either deputed to the health worker or suggested as part of the implementation of programmes - mass survey in the area under the primary health centre and distribution of public preventive medicines.
- 3.4 Reproductive Child Health Care Programme*
(Main RCH programme provided through sub centre – responsibility of JPHN)
- 3.4.1 Locate pregnant women and give information to woman health worker refer them either to the nearest primary health centre or to the sub centre.
- 3.4.2 Prepare a list of eligible couples. Encourage people to adopt appropriate family planning methods.
- 3.4.3 Spread the messages of small family and family planning. Encourage couples to adopt the policy of small family.
- 3.4.4 Distribute conventional family planning methods.
- 3.4.5 Give follow up services to those who adopted family planning methods. Locate complexities and failures and give necessary services and advice.
- 3.4.6 Adopt anganwadis as depot holders and provide necessary information. Give family planning methods as and when the stock depletes.
- 3.4.7 Provide support to those who promote family planning.
- 3.4.8 Utilise the services of satisfied beneficiaries, teachers, and others to promote family planning programme.
- 3.4.9 Encourage men to adopt family planning methods.
- 3.4.10 Spot grassroots level workers supporting in intervening in the health and family planning activities and carrying out education activities.
- 3.4.11 Assist JPHNs in conducting sub centre clinics.
- 3.4.12 Generate social awareness about services to be given through sub centres as part of reproductive child health care programme; also provide all support and service for implementing them.
- 3.4.13 Ensure male participation in the Reproductive Child Health Care Programme.
- 3.4.14 Give advice to women who are either reached menopause or nearing menopause. Give information regarding common disease affecting women and encourage women to undergo periodical medical check up.
- 3.4.15 Provide counselling services to teenagers.

- 3.5 *Public Hygiene*
- 3.5.1 Provide support and assistance in implementing public hygiene programmes.
- 3.5.2 Provide social education about importance of public hygiene.
- 3.5.3 Ensure that solid waste is processed to make certain public hygiene.
- 3.5.4 If solid wastes are deposited in an unhealthy manner, report the same to the panchayat through the medical officer.
- 3.5.5 Prepare action plan for processing of solid wastes and for conducting raids in food distribution centres during the conduct of festivals and fairs and submit to the health inspector.
- 3.5.6 Provide societal education regarding the following issues:
- Give instructions for construction of solid waste disposal, sockage pits, and kitchen gardens.
 - Provide information regarding solid waste processing methods; provide assistance for constructing manure pits and compost pits. Ensure that solid waste is processed.
 - Provide information about hygiene at home, its positive aspects, construction methods of sanitary toilets, and its maintenance.
- 3.5.7 Carry out checks in food distribution centres during conduct of festivals and fairs.
- 3.5.8 Chlorinate the source of drinking water.
- 3.5.9 Ensure that waste processing is carried out properly and the toilets and urinals are maintained promptly.
- 3.5.10 Provide advice regarding construction and maintenance of wells.
- 3.5.11 Give social education about the advantages of purified drinking water.
- 3.5.12 Prepare action plan for protecting common drinking water resources. Give leadership to such activities. Chlorinate common drinking sources during periodical visits.
- 3.5.13 Give advice regarding building cow sheds without cow dung creating problems.
- 3.5.14 Verify the waste processing of other institutions under the panchayats.
- 3.6 *Containing epidemics*
- 3.6.1 Identify cholera, chickenpox, plague, polio, jaundice, measles, Diphtheria, Whooping Cough, Meningitis, and other epidemics like diarrhoea, and report the same to the primary health centres.
- 3.6.2 Adopt support measures and control methods like ORS distribution. Locate depot holders in Kudumbashree units and angavadis to make ORS available.
- 3.6.3 Give societal education about the significance of preventing and containing these ailments.
- 3.6.4 Report about the stray dogs.
- 3.6.5 Verify whether the domestic dogs are vaccinated or not during house visits. If not



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- report the same to the panchayat through the medical officer.
- 3.6.6 Collect information regarding epidemics from various places and report it to the primary health centre.
- 3.6.7 If infected are identified, refer them immediately to the primary health centre.
- 3.6.8 Prepare action plan for containing epidemics and act accordingly.
- 3.6.9 Provide information to the anganvadi worker, helper, and voluntary health activists about disease and symptoms in case of the occurrence of communicable disease.
- 3.7 Health Family Education*
- 3.7.1 Provide societal education about health, ailments, personal hygiene, public hygiene, disease control, and health enrichment during visits and special campaigns.
- 3.7.2 Give family health education through personal interview, group discussion, and other methods of education.
- 3.7.3 Provide support to film exhibition and other family planning education activities.
- 3.7.4 Give support to special educational programmes for specific purposes.
- 3.8 Nutrition Supplementary Services*
- 3.8.1 Identify malnutrition among children and refer them to nearby feeding centre or primary health centre for either giving nutrients or for treatment.
- 3.8.2 Distribute iron tablets to eligible beneficiaries.
- 3.8.3 Administer Vitamin A drops or syrup to the children.
- 3.8.4 Educate families about the nutritional food for mothers and children. Give education as suggested by the panchayat at Kudumbashree units and other male and female self help groups.
- 3.9 Disease Prevention*
- 3.9.1 Collect information necessary for disease prevention and report to the primary health centre.
- 3.9.2 Assist in administering vaccines for those diseases which could be cured by vaccination when instructed by the panchayat.
- 3.9.4 Help in sustaining the cold chain, and preservation and distribution of vaccines.
- 3.9.5 Assist in running immunisation camps and implementing school immunisation programmes.
- 3.9.6 Facilitate in implementing immunisation clinics.
- 3.9.7 Conduct societal education about the significance and procedures of immunisation. Ensure people's participation in immunisation programmes.

- 3.10 Treatment*
- 3.10.1 Enable options for treating the patients including treatment for minor disease and first aid based on the acquired training and sanction.
- 3.11 Data collection about main events*
- 3.11.1 Enquire and record birth and death. Hand over information regarding birth to female health worker and info about death to health inspector.
- 3.11.2 Provide societal education about significance of registering birth and death and its procedures.
- 3.11.3 Help the Health Inspector in preparing the report which is to be prepared for reporting birth and death to the Panchayat.
- 3.12 School Health Programme*
- 3.12.1 Assist in medical check up of school children when required by the panchayat.
- 3.12.2 Support in organising and implementing immunisation treatment in schools.
- 3.12.3 Organise school health programme for school children of the concerned area.
- 3.12.4 Conduct hygiene checks in schools and help the teachers in creating healthy environment.
- 3.13 Abortion*
- 3.13.1 Provide assistance and advice to those who are in dire need of abortion.
- 3.13.2 Provide information about availability of abortions and the problems of unsafe abortion methods.
- 3.14 Tasks Related to Public Health Care*
- 3.14.1 Conduct checks in places where dangerous and intolerable trades are carried out, where food is cooked and sold, and places which create problems to the general public. Suggest corrective measures if necessary. If action has to be taken either under Public Health Act or any other statute, the matter may be reported to the Panchayat committee through medical officer.
- 3.14.2 Assist supervisors and medical officer in preparing technical report in connection with public health activities.
- 3.14.3 Any other task assigned by the higher authorities related to public health care.
- 3.15 Staff meeting and Conference*
- 3.15.1 Attend staff meeting and conference convened at primary health centre, block panchayat office, or in the office as and when suggested or instructed.
- 3.15.2 Attend sectoral level meetings of ICDS. Give continuing education for anganvadi workers at these meetings. Collect monthly monitoring report from workers and collate it and send to primary health centre.



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3.15.3 Assist female health workers in organising meetings for MSS workers, and other voluntary organisations.

3.16 Services for the aged and mentally disabled

3.16.1 Maintain the register of the aged (those above 65 years of age) promptly and provide assistance. Identify diabetics, blood pressure and make them opt for treatment. Provide follow up services to those cases which are identified.

3.16.2 Keep the list of physically disabled of the concerned area and provide assistance in rehabilitating and giving aid.

3.16.3 Provide necessary assistance for implementing mental health programme. Give support to early detecting and making treatment available.

3.17 Services for preventing sexual diseases, and HIV/AIDS

3.17.1 Give health education for preventing spread of sexual disease and arrange study materials. Spread the message for preventing the spread of HIV / AIDS infection.

3.17.2 Intervene among the high risk group as instructed by the National HIV / AIDS control programme.

3.18 Other services not included in the National Health Programme.

Provide services as instructed for the panchayat health programme and other programmes as per guidelines.

3.19 Maintenance of Registers and Records

The JHI should maintain the below mentioned registers.

1. Public data register
 2. Family health register showing Index
 3. Social education register
- These three registers should be maintained by both male and female health workers.
4. Stock register
 5. Distribution register of family planning methods to couples
 6. Daily case register for clinics and minor disease treatment
 7. Daily details of activities, map of the area, and growth chart
 8. Field diary
 9. Suggestion book
 10. Separate registers for national health programmes like National malaria eradication programme, and national leprosy control programme should be maintained.
 11. Separate registers for other programmes or projects
 12. Should be present for the job for 24 hours if assigned by the higher authorities

- or in emergency situations.
13. Responsibility of any health related work as instructed by the authorities.
4. Junior Public Health Nurse
- 4.1 *Field Activity*
- 4.1.1 Area – area under a sub centre. In case of necessity, this may be redefined. Entire population of the particular area should be treated as beneficiaries. If a person is staying in the above mentioned land for more than six months, then s/he may be treated as permanent beneficiary. However, this definition should not become a deterrent in availing services for the people. While reporting statement, all those who were beneficiaries should be included disregarding the beneficiary status.
- 4.1.2 Visits – Houses in the sanctioned area should be visited at least once in two months.
- 4.1.3 Reporting – has to be given to the concerned Medical Officer through multi-purpose supervisors.
- 4.1.4 Supervision – It is the Health Inspectors who supervise the activities of JPHN as multi purpose health workers.
- 4.2 *Maintenance of Records and Registers*
- 4.2.1 Family Village Survey – Comprehensive survey of the houses in the identified sub centre area should be carried out. This should be updated from time to time. Male and female health workers should share the responsibility of conducting the survey (in a way two health workers could keep); this should be updated and kept as a single document at the sub centre. Those families which may turn out to be beneficiaries should register separately. Information should also be collected regarding those who migrated to the sub centre area and those who are wandering in the area, those who visit the area but are homeless. These groups should be subjected to constant monitoring. They should be treated as permanent beneficiaries if they happen to stay for six months continuously.
- 4.2.2 Family Village Record – A copy of Family Village Record should be maintained at the sub centre and the same should be used by male and female health workers for planning their work. It should be updated through collective effort.
- 4.3 *Reproductive Child Health Services (RCH)*
- Sub centres are the main institutions for making available RCH services. RCH Plan itself makes it clear that the services are to be made available through sub centres. Sub centre has been treated as an institution where the most basic level health workers – one male and one female – are functioning. The services to be provided at sub centre level and social level are listed below:
Vital Reproductive Child Health services to be carried out at the societal level



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and sub centre level:

4.3.1 Registration

4.3.1.1 Register

1. Women between the age of 15 and 45.
2. All pregnant women – from the onset of pregnancy
3. Women who reached menopause in the concerned area
4. All children and babies through home visits. Information about children

should be classified as those below one year and below five years.

5. All teenagers of the area – with male-female division

4.3.1.2 Eligible Couple Register

1. Register of eligible couple (both the health workers are supposed to do this).
2. Register of mothers and children
3. Register of those who adopt family planning methods

4.3.1.3 Carry out classification based on the number of children of eligible couple and the age of the mother.

4.3.2 Field Level Services

JPHNs should provide the following services.

- 4.3.2.1 Provide treatment to pregnant women during pregnancy.
- 4.3.2.2 Give advice to pregnant women and feeding mothers about nutritious.
- 4.3.2.3 Distribute iron tablets to eligible beneficiaries
- 4.3.2.4 Distribute either Vitamin A tablet or syrup
- 4.3.2.5 Give TT vaccination to pregnant women
- 4.3.2.6 Test albumin and sugar in urine. Verify the percentage of haemoglobin.
- 4.3.2.7 Identify the problematic cases early and refer them.
- 4.3.2.8 If need arises, conduct labour. Encourage deliveries at the hospital and refer deliveries to hospital.
- 4.3.2.9 If demand arises, supervise the delivery being done by the Dais.
- 4.3.2.10 Refer difficult deliveries to hospitals and provide follow up care.
- 4.3.2.11 Refer the new-borns with disabilities to concerned institutions and ensure follow up care for them.
- 4.3.2.12 Make at least three post-natal visits to each mother and give necessary advice.
- 4.3.2.13 Identify eligible couples and provide them with education and inspiration for family planning.
- 4.3.2.14 Help people choose family planning methods.
- 4.3.2.15 Distribute conventional family planning methods.
- 4.3.2.16 Provide follow up services to those who adopt family planning methods. Locate hindrances and failures and give services and advice.
- 4.3.2.17 Examine the growth and development of newborns and take necessary steps.

- 4.3.2.18 Give advice to women who are either on the verge of menopause or reached menopause. Make them aware of the common issues related to the situation and encourage them to undergo medical check up periodically.
- 4.3.2.19 Provide counselling services to teenagers. Examine girls for anaemia and malnutrition and if found suggest corrective methods. Give sex education and education on family life to those beneficiaries belonging to this section.



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Treatment from the clinic

The JPHN should provide the following services.

- 4.3.2.20 Make arrangements for running various reproductive child care clinics and assist the medical officer.
- 4.3.2.21 Organise clinics at the sub centre promptly for examining the pregnant women and giving preventive medicines. The pregnant women attending the clinics should be undergone regular check up, marking weight, blood pressure, urine test, quantum of haemoglobin, and pre abdominal test.
- 4.3.2.22 Teach mothers about family health, mother-baby health, family planning, nutrition, disease prevention, and personal hygiene.
- 4.3.2.23 Provide teenagers with education on family life and distribute iron tablets to them.
- 4.3.2.24 Give pre-marital counselling to girls who are about to marry.
- 4.3.2.25 Married couples should be given counselling.

4.3.3 *Service provided to Society*

The JPHN should provide the following services on a societal basis.

- 4.3.3.1 Spread the messages of small family and happy family. Encourage eligible couple to adopt small family concept.
- 4.3.3.2 Spot local workers and voluntary health workers and teach them. Make use of their services for implementing reproductive health services.
- 4.3.3.3 Distribute family planning methods and entrust depot holders for distribution. Make Kudumbashree members, health volunteers, and anganvadi workers depot holders.
- 4.3.3.4 Attend meetings of *mahila samajam* and *Kudumbashree* and utilise the situation for educating the women.
- 4.3.3.5 Provide necessary arrangements for voluntary organisations and workers to intervene in health and family planning activities.
- 4.3.3.6 Organise and conduct meetings of *Mahila Swast Sanghom* workers and voluntary health workers. Give advice and supervision for carrying out health activities.
- 4.3.3.7 Utilise interested beneficiaries and local level leaders to speed up family planning activities.



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4.3.3.8 Make available family planning methods to identify problems. Provide prompt follow up activities.

4.3.3.9 Provide necessary services for the problems arising out of pregnancy.

4.3.3.10 Participate in the training given to Dais during necessary occasions.

4.3.3.11 Give necessary training to voluntary activists, MSS workers, and anganvadi workers on necessary occasions.

4.4 *Nutrition Supplementary Services*

4.4.1 Identify malnutrition among children and refer them to nearest feeding centre or primary health centre for giving nutrition or treatment.

4.4.2 Supply iron tablets to eligible beneficiaries.

4.4.3 Give children Vitamin A drop or syrup.

4.4.4 Visit anganwadis and balavadis under ICDS programme and feeding centres under other departments and give support, supervise their activities. Locate the children with malnutrition and refer them to primary health centre.

4.4.5 Examine the nutrition level of children in anganwadis.

4.4.6 Teach families about cooking food without losing nutritional values and nutritional food.

4.4.7 Conduct nutrition education sessions for women and teenagers and help other departments in organising camps and nutrition education session.

4.5 *Disease Prevention*

4.5.1 Function at all level as a chain to provide services.

4.5.2 The JPHN who works in association with the main centre should measure the temperature level of IR. S/he also should perform duties of other activities connected with storage of medicine, and assist the HI in stock keeping and medicine distribution.

4.5.3 Transportation of ice packs and vaccines and provide necessary support for keeping and distributing vaccines.

4.5.4 Give vaccine for those diseases which could be prevented with vaccines while they are distributed with instructions.

4.5.5 Give information about when the vaccine has to be administered next.

4.5.6 Persuade those who are reticent to adopt vaccines through house visits.

4.5.7 Help in conducting school immunisation camps and other preventive treatment camps.

4.5.8 Organise disease prevention clinics at some places in the sub centre area or in the sub centre itself. This could be done at least once in a month. Panchayat committee could be reported through medical PO after fixing a *pucca* date.

4.5.9 Teach the society about the significance of immunisation, and related activities. Ensure societal participation in immunisation activities.

- 4.5.10 Organise and conduct special immunisation sessions during essential occasions. National immunisation day, pulse polio programme, have to be conducted.
- 4.5.11 Assist the Panchayat in holding Immunisation sessions for those diseases which could be prevented by other vaccines which are now not included in the government schedule. (Hepatitis-B and Meningitis are the examples)
- 4.5.12 Spread the message about the latest advancements in the immunisation front. Provide assistance to individuals or organisations which come forward to administer immunisation to those diseases that could be prevented by immunisation.



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4.6 *Implementation of Health Programmes*

- 4.6.1 Collect blood smears of those who are found to have fever during house visits and send it for testing and give treatment. The collected blood smears should be handed over to male health workers.
- 4.6.2 Enquire whether a person is infected with cough or other chest disease lasting more than two weeks. Send them to the nearest cough testing centre.
- 4.6.3 Implement tuberculosis control programme which is monitored directly. Subject patients who receive treatment for follow up monitoring. Identify those who default in treatment and bring them back to treatment.
- 4.6.4 Give health education for preventing and spotting tuberculosis by focusing on DOTS.
- 4.6.5 Persons with susceptible spots should be identified and sent to the medical officer at the SET centre. Visit the medical team during the pulse circuit.
- 4.6.6 Collect information regarding cancer or help collect data about cancer when instructions are received.
- 4.6.7 Give health education about the common types of cancer occurring among women. Provide knowledge about for detecting it early and seeking treatment.
- 4.6.8 Other health programmes and all other duties and activities as suggested by the authorities.

4.7 *Health and Family Welfare Education*

- 4.7.1 Provide information regarding health, diseases, personal hygiene, disease prevention, and health maintenance.
- 4.7.2 Give health and family welfare education about personal interview and group discussion.
- 4.7.3 Provide support to film screening and other family welfare education activities.
- 4.7.4 Give support to educational programmes held for specific requirements as demanded by the panchayat.

4.8 *Control of Epidemics*

- 4.8.1 Collect information about communicable diseases and other diseases which



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are of significance to public health and report them to the primary health centre. Prepare action plan for controlling them.

4.8.2 If such patients are located refer them to the primary health centre.

4.8.3 Provide support to programmes like Cholera control programme, chlorination, ORS distribution, DDT spray, and mass survey.

4.8.4 Share the acquired knowledge about communicable diseases with the male health workers.

4.9 Treatment

4.9.1 Provide services for treating patients including treatment for minor diseases and first aid for ailments on the basis of the training and sanction received.

4.10 Important Events

4.10.1 Enquire about births and deaths and record them too. Provide Health Inspector with details of deaths.

4.10.2 Assist the Health Inspector in providing the Registrar of Birth and Death with details of births and deaths.

4.10.3 Inform the society about the necessity for registering birth and death and the procedures for the same.

4.11 School Health Programme

4.11.1 Assist in organising and conducting health check ups among school children.

4.11.2 Assist in organising and conducting immunisation measures.

4.11.3 Organise health education sessions for schoolchildren of concerned area.

4.11.4 Provide girl students of the school family life education once in three months.

4.12 Environmental Hygiene

4.12.1 Provide assistance and support in implementing environmental hygiene programmes.

4.12.2 Give societal education regarding the significance and necessity of environmental hygiene.

4.13 Abortion

4.13.1 Provide suggestions and assistance to those who are in dire need of abortion (as per the Reproductive Child Health Care Programme and Act).

4.13.2 Give education to women about the availability of service of abortion.

4.14 Other Tasks

4.14.1 Identify those above 65 years of age of that particular area and keep a list.

4.14.2 Locate those with Diabetes and Blood Pressure. Give health education for preventing these diseases, detecting them, treating them, and identifying complexities.

4.14.3 Help in carrying out mental health programme and give health education for

- detecting them early and treating them accordingly.
- 4.14.4 Give health education for controlling lifestyle diseases.
- 4.14.5 Give health education about sexual diseases and HIV / AIDS. Help detecting these illnesses early and giving counselling and medical assistance to the infected.
- 4.14.6 Identify Cataract and other causes behind blindness and give medical assistance. Provide health education regarding eye care, causes of blindness, and other services as part of the national blindness control programme.
- 4.14.7 Prepare a list of all individuals of the concerned area with physical disability. Give essential support for their rehabilitation.
- 4.14.8 Carry out other responsibilities assigned by the authorities from time to time.
- 4.14.9 Organise sub centre wise collectives of women.



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4.15 *Staff Meetings, Conferences*

- 4.15.1 Attend staff meetings and conferences held at Primary Health Centre, Block, Panchayat office or other office or venue as and when demanded or suggested.
- 4.15.2 Attend the sectoral project level meetings of ICDS. Give continuing education for anganvadi workers at the sectoral meetings. Collect monthly monitoring report from anganvadi workers and submit them to the primary health centre through their supervisors.
- 4.15.3 Convene regular meetings of SMS and other voluntary health workers and ensure their participation in health activities.

4.16 *Registers and Records*

JPHN should maintain the following registers.

1. General information register
2. A family health survey with content and follow up register
3. Social Education Register (These registers are common to both male and female health workers)
4. Register of mother and baby
5. Adoption of family planning methods - follow up register
6. Stock register
7. Register regarding the distribution of family planning methods for each couple.
8. Daily Case Register about clinic and treatment for other minor ailments
9. Daily details of activities, map of the area, chart
10. Field Diary
11. Suggestion Book
12. Inspection Book, other registers required for special programmes
13. Should be available for 24 hours in case of emergencies if required by higher authorities.
14. Other tasks related to health as suggested by the Panchayat Committee from time to time.



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5. Staff Nurse

- 5.1 Staff nurse is accountable for providing necessary assistance to the doctor for treatment.
 - 5.2 For those patients who come for injection has to be administered injection by the staff nurse.
 - 5.3 Privacy necessary for the women should be ensured.
 - 5.4 Staff nurse should make sure that the syringe and other equipment used for injection are disinfected.
 - 5.5 Ensure that minor surgery equipment, cotton used for healing the wound etc are disinfected.
 - 5.6 Patients who come seeking for injection should be made aware of the necessity and consequences of injection.
 - 5.7 Make sure that medicines are kept properly, and if necessary refrigerated.
 - 5.8 ILR reading should be recorded.
 - 5.9 Give information to the patients about the treatment modes of wounds and diseases.
 - 5.10 Staff nurse is required to prepare and maintain an ORS corner in the hospital.
 - 5.11 Make sure that hospital wastes are kept classified.
 - 5.11.1 Papers, cotton, bandage, and other dressing waste should be kept in the white bucket.
 - 5.11.2 Plastic waste should be kept in the red bucket.
 - 5.11.3 Bottles and other glass waste should be kept in the blue bucket.
 - 5.11.4 Needles and surgery blades should be kept in the black bucket.
 - 5.11.5 Give instruction to the Nursing Assistant for the proper disposal of these wastes.
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6. Nursing Assistant
 - 6.1 Give necessary assistance to the nurse in treatment.
 - 6.2 Dress the wound with necessary medicines as per the suggestion by the doctor.
 - 6.3 As per the directives of the staff nurse, keep the hospital waste classified.
 - 6.4 De-infect the waste and dispose it.
-
7. Pharmacist
 - 7.1 Distribute medicines from the pharmacy based on the prescription of the doctor.
 - 7.2 The patients should be made aware of the mode and time of consuming the medicine in a communicable manner.
 - 7.3 Enter the name of the patient and mode of consuming the medicine on the envelope containing medicines.
 - 7.4 After verifying the stock, it should be ensured that medicines which are past expiry dates are not stocked.
 - 7.5 Medicines which are through with the expiry dates should be disposed of promptly.
 - 7.6 Prepare intent as with the depletion of stock.
 - 7.7 Prepare written minutes of staff meetings and submit to the medical officer.
 - 7.8 Bring emergency medicines and distribute them while conducting medical camps

- and special clinics.
- 7.9 The details of the illness of the patient should be entered in the specified column in the OP Register. This should be prepared on a daily basis.
- 7.10 The Pharmacist should maintain the stock of medicines and other things of National Health Programme. This should be handed over to the health inspector.
- 7.11 Separate stock register should be maintained for anti biotic medicines.
8. Attendant
- 8.1 Give necessary assistance sought by the medical officer and staff nurse in treatment.
- 8.2 Render necessary services as requested by the pharmacist in distributing and maintaining medicines.
- 8.3 Make necessary arrangements for OP registration, keep ready registers and slips.
9. Part time Sweeper
- 9.1 The interior of the hospital should be kept neat every day.
- 9.2 The surroundings of the hospital should be kept clean.
- 9.3 Waste generated in the hospital, unused medicines, and other objects should be disposed off.
- 9.4 While conducting medical camps and special clinics, the venue should be cleaned before and after the camp.
- 9.5 Take collective responsibility for readying necessary arrangements for the camps.
10. Clerk
- 10.1 The clerk is required to maintain the files and office register of the office from time to time.
- 10.2 The letters received from the department and the Panchayat should be filed and kept promptly.
- 10.3 With the sanction of the concerned Medical Officer, replies should be sent to essential letters.
- 10.4 Distribute forms for selecting beneficiaries. These forms should be collected back and submitted to the Panchayat after collation.
- 10.5 Monthly activity report should be prepared, collated, and submitted to the Panchayat through the Medical Officer.
11. Peon
- 11.1 Assist the clerk in office activities.
- 11.2 Carry out other activities assigned by the Medical Officer from time to time related to office work.



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Office Administration

Rules regarding office administration, applicable common and specific to the local self government and institutions under it, do exist.

1. Exhibit Institutional Information (Institution Board)

A wall board detailing the brief and transparent information regarding the office and the institution should be exhibited in the concerned offices.

Name of the institution
 Name of the panchayat
 (sub centres should be given its own names)
 Name of Post office
 Pin code

2. Display Details of Service (Service Board)

Details of important services, the procedures to make the services available, and the objectives of the institution should be displayed in the service board.

3. Individual Information (Maintain attendance board)

The following details should be displayed: the posts of officials, employees, casual-part-time employees, apprentices, and staff on daily wages, names of persons working in each of these posts, details of vacant posts, and attendance details of each person. The board should have the facility to record the time of arrival in the office/institution.

If either the employees or the officials leave the office during office/working hours, the same information should be entered opposite to the names of such persons. The purpose of leave should also be mentioned; for what responsibility or what implementation of duty. If the person is expected back at the office, the time for that should also be mentioned in the board. This step is not only aimed at the general public who approach the office/institution for service, but would help evaluate and monitor the promptness of service of the official/employee as well. The employee who is assigned by the head of institution should carry out the marking in the register.

Attendance Board (model)

Serial Number	Name of the employee	Official designation	Status of attendance	Information regarding leaving office for official purpose

4. Details of fees rates (Fees/rate board)

In each of the office /institution system, together with the details of services available, the fees regarding the services (wherever applicable), details of various items and exemptions may also be displayed in the Fees/Rate Board.



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5. Public/News Announcements (Notice Board)

Establish Notice boards in each office/institution for advertising time-bound public announcements regarding office/institution service. The notice boards should be installed in such a place which could be seen by the public, service beneficiaries, and stakeholders. The announcement that pasting other ads and notices in this board is illegal should be mentioned in the Board. Tearing off or defacing of the announcements made in the Board is illegal – this should be mentioned in the Board. The copy of the details of an institution in a panchayat should be given to the concerned heads of institutions. This should be handed over by the concerned institution head to other heads of institution at the monthly panchayat-level evaluation meeting. Each institutional head should hand over the copy of announcements regarding emergency services in between the evaluation meetings for other institutions to the Panchayat office. Arrangements should be made to make available this information to other offices.

6. Individual Name Boards

In each office, in the seats of the officials and employees, the names, their designation, the services being provided through them, brief description of their responsibilities should be displayed. This would help the service holders locate the specific service provider without any confusion or delay.

7. Suggestion/Complaint Box

A box should be installed for the general public and service-owners for depositing suggestions in writing, recommendations to improve the working, complaints, and grievances, in a place which could be visible to all.

In each week, the head of the institution should open the suggestion/complaint box with the key in possession of him on the day before the last working day at 2 pm. The complaints /suggestions should be recorded in the register after sorting them item-wise. The service of the office employee who is in charge of communication should be utilised.

Steps should be taken to implement those suggestions which could be fulfilled at the institutional-level should be explained at the weekly office/institutional level meeting. Those suggestions which require the approval of the panchayat/department should be sent for the same. Suggestions related to other offices/institutions should be sent to the head of institution through the panchayat secretary.

If any grievances or complaints regarding the employees or officials are submitted through the box, the same should be forwarded to the Panchayat president, after entering in the register. In cases where decision is possible at the bureaucratic level, the action taken



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and its practical status should be made available to the President together with the grievance/complaint. Information regarding other institutions should be made available to their heads through the Panchayat president.

The officials should take action in cases where solution has to be found based on the decision of the panchayat and in cases where department-level solutions which require departmental decisions.

An index consisting of the announcements regarding the action taken, the time schedule of the action should be made available to the applicant/complainant/aggrieved.

The people will utilise this arrangement when they are convinced that a system is in place which is accountable to them. As a result they will start monitoring and intervening in the affairs of the institution. This, in turn, would help increase the quality of service of the institution.

Office documents

The following documents should be kept at the office:

Institutional-level documents

1. Attendance register
2. Movement register
3. Salary register

Service-related Documents

1. Registers
2. Records
3. Lists
4. Receipts
5. Collected information
6. Reports
7. Minutes, etc

The employees who are entrusted with the specific service-duty should record documents related to each service-duty precisely, clearly, and time-bound; they should index them, keep it safely, and make available the records on demand.

The task of ensuring the above said activities and marking them after codifying and annexing signature rests with the higher officials.

The collective responsibility for monitoring of the above task, evaluation, corrective steps, and reforms rests with the head of the institution. The concerned standing committee chairpersons and presidents are entrusted with the power to ensure that such assignments are executed promptly.

Front Office Management

The head of the institution should authorise in each office specified employees entrusted

with receiving the personal/public grievances and demands, give receipts for them, classification in related fields, entry, and giving serial number. Enquiry/information communication system should be in such a way that the following activities could be carried out: Give hints regarding the time limit for making accessible the action taken/ information on action to service owners, remind the employee if necessary, ensure availability of proper information to the service owners.



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Front Office Management should be assigned to the employee just below the head of institution.

1. Receive application, complaint, and grievance.
2. Give acknowledgement receipt.
3. Classify and enter in the primary register.
4. Give number according to item-wise.
5. Hand over item-wise to the concerned official.
6. Give intimation of response according to time schedule.
7. Collect information on time-bound status from the employees.
8. Provide available information on submission of written request to the public by ensuring priority. If there is prescribed fees/rate for the same, charge it and give acknowledgement receipt to the service recipient
9. All information regarding activities of institution/service should be made available to the employee in charge of enquiry/information communication. Other staff would be liable to hand over such information. All incoming and outgoing communication regarding the institution/service should be through this system.
10. Register of applications/complaints
11. Marking with numbers.
12. Entry for acknowledgement for the receipt of the numbered document by the employee.
13. Preparation of Incoming/outgoing register.
14. Counter foil for acknowledgement receipt.
15. Documents regarding right to information.
16. Hand over copy of decision/settlement to all concerned.

All the above mentioned activities should be carried out through the Front office system. Each employee will be accountable to provide satisfactory information to the enquiries from the front office. The employee in charge of the enquiry/information communication will be duty bound to collect information and provide it to the service-holder.

In case of applications, which require the approval of the President, the head of institution should submit it for consideration in the legal format. The institution heads will be accountable for submitting those applications which require the approval of the executive committee and obtain approval.

Settlement Process

1. The assigned employee should study the subject after numbering and filing, then mark primary assumptions and submit it to the immediate superior. It should be submitted o



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higher ups with signature and ensuring supervision.

2. If the subject is simple and could be settled following normal procedures, the staff could take decision. This should be entered, signed and the file should be settled and the settlement may take directly to the enquiry wing. The file may be returned to the concerned employee.
3. In case elaborate examination, or enquiry or trial is needed the officials may be entrusted with and the file could be returned for following proper procedure.
4. The enquiry/information communication wing should provide the details in the settled file to the service-holders either in the form of order or in other forms.
5. The subjects which could be settled through the panchayat or department should be sent to them and wait for 15 days. If the reply is received within that period, it should be handed over to the service owners. If no reply is received within the stipulated period, may be treated as declared settlement and be intimated as such.
6. IT should be ensured that primary action on any file would be completed only through maximum three officials. The practice of information exchange only after the settled file returning through the same channel should be avoided and there should be a mechanism for direct intimation of the settlement. The settled files should be kept through the concerned official as a public document.
7. The information-enquiry wing should make certain that those wish to take copies or summary should get the facility.
8. Applications/grievances which are received in panchayat office/other office should be completed according to the time schedule provided earlier and hand over the settlement.
9. In the case of Annexure files too, the above mentioned procedure should be followed.

Procedures for Resolutions

The Panchayat Secretary, the institution heads who were handed over in the post of ex-officio secretary would be liable to execute various resolutions of the Panchayat Executive Committee. It is the responsibility of the officials to follow the related procedure. In case any lapse or faux pas occurs, which causes loss to the panchayat, the concerned official will be liable to take up damage responsibility.

1. As implementing officials of the panchayat, the officials should mark their opinion on anything coming for the consideration of the panchayat on related files.
2. The secretary should submit each item before the Panchayat with such clear opinions.
3. The secretary/ex-officio secretary has the duty to refer, if necessary, any resolution approved by the panchayat for the clarification of the government.
4. The panchayat secretary/ex-officio secretary may demand the reconsideration of the resolution approved by the panchayat if s/he feels that the resolution is either illegal or it breaches legally valid limits of power or there is threat to human life, health or public safety, if the resolution is implemented.
5. On the occasion of reconsideration, the panchayat secretary/ex-officio secretary should

be present in person and air/inscribe the opinion.

6. If the Panchayat revises the earlier decision, that should be informed the president and it should be referred to the government for clarification.
7. Wait for 15 days for the clarification and the received clarification should be implemented after intimating the panchayat. In case the clarification is not received within the stipulated period, treating it as declared clarification, panchayat decision should be implemented.
8. The information should be reported to the government.



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Damage Responsibility Action

If loss occurs to the panchayat due to implementation of duty without following the above mentioned procedure, the concerned official will be responsible. Its compensation may be collected to the panchayat through the revenue recovery with 12 % interest. If loss is occurred while the duty is discharged following the procedures, then the liability will be on the president. [Section 182 (4) (iii)]

If loss occurs to the panchayat due to the lapse in taking timely action, apt enquiry should be conducted and if the accountability of the respective official is convinced, the loss could be accrued to the panchayat with 12 % in the revenue recovery system. [Section 243 (3)].

Provision for Disciplinary Action

The president can conduct enquiry and take simple action against the erring official, in case the panchayat has to take disciplinary action against employee. If severe action has to be taken against the official the same could be reported to the appointing authority of the said employee with the approval of the panchayat. Concerned in-charge should take necessary steps upon the receipt of the report. The action taken should be reported to the panchayat too. [Section 179 (10)].

The law does not seem to have formulated necessary procedures for investigation/enquiry. Neither does it clarify that the Kerala Service Rule is made applicable. When the legal provisions and the rule system are in conflict, the legal system gets more validity, and thus the powers of the President become potential. Accordingly, the president is accountable to follow the enquiry procedure.

In this context, legal procedure based natural justice is applicable. While exercising discretion, this principle and procedure must be followed.

Natural Justice Principles

1. Opportunity to be heard
 - a. The notice to the concerned parties should be clear on the subject, time to be present, place, date, day, nature of explanation.
 - b. Presenting the evidence – documentary, direct.



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- c. Contradicting the evidence
 - d. Chance to represent
 - e. Answer and settlement with information and cause.
 - f. Right to appeal and opportunity for appeal.
2. Maintain personal self-control, and avoid bias, vested interest, and bad intention
- a. Personal friendship and animosity should be avoided.
 - b. Monetary interest and enmity should be avoided.
 - c. Property-related interest or hostility should be avoided.
 - d. Department-level interest should be avoided.
3. Ensure settlement, which is rational, logical, and just.

Stages of legal procedures

- a. memo (intimation)
- b. Explanation (if treated satisfactory, the settlement may be effected and the action may be concluded)
- c. Show cause notice
- d. Explanatory note (if found satisfactory, the settlement may be effected and the action may be concluded)
- e. Enquiry procedure
 - i. Enquiry while retaining
 - ii. Enquiry while suspension
 - iii. Settle the issue with warning.
 - iv. Give monetary fine and settle the issue.
- f. Subsequent action on the enquiry report
 - i. Collection of evidence through, parties, witnesses.
 - ii. Evidence collection through on the spot inspection.
 - iii. Evidence collection through examining documents.
 - iv. Direct trial and chance to be heard.
 - v. Primary settlement – with detailed information and causes.
- g. Appeal application
- h. Settlement of appeal

If there is dispute over the final settlement the affected parties may approach the judicial system for seeking solution. Constitutional redressal method may be utilised.

Formulation of Grama Panchayat Plan – Procedures for Implementation

The Medical Officer has the responsibility to function as the convenor of the working

group of Panchayat Plan formulation or the implementation official in the formulation and execution of Plan formulation of Grama Panchayat.



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Plan Formulation

1. Panchayat Executive committee assigns Medical officer as the convenor of the working group in the health sector through an executive decision.
2. The Medical Officer should prepare and present each year a review report of the last year's projects in the health sector at the meeting of the working group for Plan formulation.
3. Together with the review report, a draft of Plan suggestions for the amount set apart by the Grama Panchayat for the Health sector should also be submitted.
4. Thereafter, the responsibility of convening the working group in necessary stages should be taken up by the Medical Officer.
5. After discussing at the working group meeting, a list should be prepared and submitted to the Grama Panchayat together with the review report for the previous year. This list should contain the following – suggestions to be included in the plan document to be printed and distributed at the Grama Sabha, and the amount required for the same.

Participate in the Grama Sabha

1. The staff of the Primary Health Centre should participate as the co-ordinators of the Grama Sabhas as decided by the Grama Panchayat.
2. Apart from this, the employees should attend the Grama Sabhas and Development Seminars and participate in those groups where discussions regarding their institution are held. They should give necessary explanations as and when required.
3. The Medical Officer should effect necessary changes in the Plan suggestions taking into considerations the suggestion from the Grama Sabhas and present the same at the Development Seminar.
4. The Medical Officer is bound to prepare projects in the health sector with the approval of the Panchayat Executive Committee as per the suggestions finalised at the Development Seminar. The subordinate staff should provide necessary assistance for executing this task. The Medical Officer should utilise the expertise of the working group members in the preparation of projects.
5. The Medical Officer is liable to effect suggested alterations in the projects prepared according to the decision of the Panchayat Committee and submitted for approval of the Technical Advisory Panel.

Plan Implementation

1. The Medical Officer should function as the implementing official of the projects in the Health sector as decided by the Panchayat Executive committee.
2. The Medical Officer should give letter to the Panchayat President requesting sanction of necessary amount for the implementation once the Panchayat Executive Committee



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intimates decision on the implementation after plan approval.

3. The President should give instruction on paper to the secretary for releasing the amount.
4. The Secretary would release the legally deserving amount for plan implementation through the Treasury.
5. Implementing official should receive the amount from the treasury in person.
6. The implementing official should submit report to the secretary regarding the expenditure on the allotment by the secretary before the 5th of each month.

Give Explanation to the Audits

The Medical Officer is liable to provide documents and explanations during audit for projects when s/he was the implementing official.

The implementing official is accountable for giving prompt explanation at the Grama Sabha meetings and other social audit forums to the doubts and questions regarding the projects in which s/he was in charge. While s/he is unable to present in person subordinate staff should be assigned to be present with required information.

Annual - Monthly Planning and Evaluation

Effective planning is crucial for making the functioning of the Primary Health Centre more efficient. Next year's activities are planned after taking into consideration the requirements of the people in the panchayat area. For this, services of the management committee should be utilised.

Annual Plan should be prepared on the basis of the yearly family health survey. In the Family Health Survey, information regarding three types of diseases should be collated.

1. Communicable diseases
2. Reproductive Child Health Care Programme
3. Lifestyle diseases

Reproductive Child Health Care Programme

As part of this, the number of following groups should be collated.

1. Eligible couples
2. Target couples – (men and women between the age of 15 and 45 who do not use any kind of family planning methods)
3. Pregnant women

Data should be classified according to the age of the population. Information regarding the following sections should be available.

1. Children
2. Teenagers
3. Aged
4. Patients
5. Those who face physical and psychological challenges.

Based on this, the following details should be included in the Annual Plan.

1. The number of probable children to be born during a year – the required quantum of preventive medicines.
2. Number of pregnant women of the concerned area – number of required TT vaccines
3. Family planning methods – required number
4. Number of people with physical and mental disabilities – activities to be done for them

1. Plan about Stock

Thing to be Stocked	Target Number Basis of Sub Centre					Total
	I	II	III	IV	V	
DPT						
Polio						
Measles						
Vitamin A drops						
TI						
Condoms						
Contraceptive tablets						
NSV						
Lapro camp						

2. Health Education Activity

Epidemics occurred in Previous Year	Affected Area	Number of Infected	No. of Dead	Ward

3. Major Disease Infected

Month	Major Disease Infected
January	
February	
March	

4. Health Education

Topic for Education	Area where health education is held	Target Group	Time / Month Proposed to be Held

5. Reasons for Previous Year's Deaths; Proposed Activity

Reasons for Deaths in Previous Year	Number	Proposed Activity	Target Group	
			Women	Men

Panchayat committee will take follow up action after discussing the Annual Plan. Necessary things will be included in the Panchayat Plan. (Item 4 should be prepared based on Items 2 and 3).

Monthly Plan of the Institution should be prepared based on this Annual Plan and present at the next monthly review meeting.

2. Evaluation

The activities of the Primary Health Centre are being evaluated in two ways. Internal and External evaluation is in existence.

Prepared by Karakulam Grama Panchayat based on LSGO 01/2005.

2.1 Internal Evaluation System

For this, four types of systems are in place.

2.1.1 Get Together of Staff of the Institution

1. Entire staff of the institution should participate in the get together.
2. This get together should be carried out prior to the Panchayat-level monthly review meeting.
3. The following activities of one month from the last staff meeting should be assessed: Treatment by the Primary Health Centre, Immunisation, Implementation of Central State relations, and Field activity.
4. Complaints / suggestions related to the institution which are to be considered internally should be discussed.
5. Either the pharmacist or any staff assigned by the medical officer should prepare the minutes of staff meetings.



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2.1.2 Panchayat Level Review Meeting

1. Medical Officer should participate in the Panchayat level review meeting which is being held on every third Saturday. In case of inconvenience, official in charge of the institution should be assigned to attend the meeting. The Panchayat president should be intimated about this in writing.
2. Medical Officer should present at the review meeting the report prepared by the staff meeting consisting of only officials held at the primary health centre.
3. The report should include the following details: activity of the Primary Health Centre during the previous month. Implementation of central and state programmes, and suggestions / complaints regarding the running of the institution.
4. The reporting should also include letters and suggestions received from the Health Department related to the institution.

2.1.3 Staff Meeting consisting of Standing Committee

1. The meeting should be held monthly at each institution presided over by the standing committee chairperson.
2. Medical Officer should decide on the date of meeting and agenda in consultation with the Welfare Standing Committee chairperson.
3. All officials of the institution should attend the meeting. All Standing Committee members should attend this meeting.
4. Either the Medical Officer or the person assigned by him should present the report on the functioning of the Primary Health Centre during the previous month.
5. The report should also have complaints or suggestions about the functioning of the institution – issues to be solved, to come before the consideration of the Standing Committee, and to be considered by the Executive Committee.
6. The minutes of the meeting should be prepared by either the medical officer or an official authorised by the medical officer.
7. The detailed minutes including the procedures of the meeting should be submitted to the Grama Panchayat Secretary by the Medical Officer within five days.
8. The minutes of the Panchayat level review meeting sent to the Primary Health Centre should be read and discussed at the meeting.
9. Work report of the previous month should be presented. (Details about treatment, immunisation, field activity, implementation of Central and State programmes, progress of Panchayat health projects, suggestions / complaints received through complaint box and otherwise regarding the public health issues, action taken on them should be included in the report)
10. Functioning for the next one month should be planned. Medical Officer should present the draft document for the same.
11. Everyone should have the opportunity to participate in the discussions and air their opinions.

2.1.4 Panchayat Steering Committee

1. Reports of institutional level staff meeting and management committee will be assessed at the Steering Committee held weekly.
2. It can take appropriate decisions and the necessary issues may be left to the consideration of the Standing Committee.



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2.1.5 Standing Committee Meetings

1. First Steering committee meeting held consequent to the Office level meeting and Management committee will examine the reports handed over by the Steering Committee.
2. Medical Officer should attend the standing committee meeting as the department secretary when he receives intimation.

2.1.6 External Assessment System

2.2.1 Management Committee Meeting

1. This meeting should be presided over by the Grama Panchayat president. In the absence of the President, concerned Welfare Standing Committee chairperson or the member authorised by the President should preside in the meeting.
2. Medical Officer is liable to intimate all management committee members about the venue of meeting, date, and time. Medical Officer may utilise the services of other officials for this purpose.
3. Medical check up by primary health centre, treatment, field activity, and received complaints /suggestions should be discussed at the meeting.
4. The minutes of the management committee should be prepared and sent to the Panchayat office within five days by the medical officer.
5. (For details, see Chapter 9, People's Organisational arrangements or Karakulam Grama Panchayat LSGO 01/2005, 15 March 2005)

2.2.2 Complaint / Suggestion Box

Complaint /Suggestion Box should be treated as an external evaluation system.
(For details, see Chapter 10 Complaint Redressal Systems or LSGO 10/2005, 15 March 2005)

2.2.3 Kudumbashree, Self Help Groups, Voluntary Organisations

1. Kudumbashree system in the Panchayat, other self help group systems, and voluntary organisations will function as arrangements for constantly evaluating institutional activities.
2. Panchayat or an agency authorised by the Panchayat will provide necessary training for these groups.

2.2.4 Grama Sabhas

1. The Panchayat will prepare and present Performance Report for evaluating the institutional functioning at the Grama Sabhas held once in three months.



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2. Kudumbashree, other self help groups, and voluntary organisations will present audit reports evaluating the primary health centre at the concerned Grama Sabha.
3. Grama Sabha will function as the external evaluating mechanism to assess the institutional functioning.

1.2 External evaluation system

1.2.1 Grama Sabha

2. At the review meeting, report regarding the functioning during the previous month should be given to the Panchayat.

Points to be included:

- 2.1 Number of persons who approached Primary Health Centre for treatment, the diseases mainly identified.
- 2.2 Leave of the staff, work arrangement with regard to that, other information to be known by the Panchayat.
- 2.3 Field activity of the employees, distinctive diseases identified.
- 2.4 Birth and death

Male / Female	Area	Date

Cause of Death	Area	Male / Female	Location	Date

2.5 Immunisation vaccine / medicine

Vaccine / Medicine	Target	Receivers
BCG		
DPT		
Polio vaccine		
Measles		
Vitamin A		
TT		

2.6 Family Planning Methods

Method	Target	Receivers
Condoms		
Pills		
NSV		
IUD		

2.7 Implemented health programmes

Implemented school health programmes, distinctive diseases identified, and suggestions.

2.8 Health Education Activity

Venue / Organisation	Ward	Participants	Subject

2.9 Report of examining hotel and market should be submitted

Name of Hotel	Date	Remarks

2.10 Complaints received in the institutions and the measures taken upon them should be discussed at the staff meeting and presented at the Panchayat review meeting. Welfare Standing Committee will hold discussion on this and give necessary instructions.

People's Organisational Arrangements

The complete ownership of the transferred institution rests with the Panchayat – means the institutions of the panchayat. These institutions belong to the respective communities and the local populace too. In this context, people's participation is necessary in the running of the institution, decision taking regarding the institutions, evaluating and improving the functioning of the institution.

1. Management Committee

The functioning of the hospital will be smooth only by the active intervention and leadership of the community and people's representatives of the place where institution is located. Thus, the management committee is composed of the people, staff of the institution, and people's representatives.

1.1 Tasks of the Managing Committee

1. Plan the hospital activities according to the requirements of the local community.
2. Function as a system which provides assistance to the officials in the functioning of the hospital.
3. Develop support system for the hospital functioning by the people and people's representatives.
4. Organise popularly the organising activity for the functioning of the hospital.
5. Comprehend the opinions, complaints, and difficulties of the people related to the hospital and carry out activities to assist in finding solutions.
6. Ensure transparency in the activities of the institution.
7. Formulate a popular system to appreciate the internal evaluation and running system. Give shape to and implement novel programmes to make the institutional service more effective and innovative.

The main objective of the Management Committee is to reorganise the activities of the transferred institutions in a popular style.

The activities of the hospital for the next month are planned in this committee. It ensures the participation and support of the people in the functioning of the hospital and plans activities of the hospital at necessary stages.

The management committee should meet on the working day of the first week of every month. The medical officer is liable to convene the management committee by written intimation including agenda, with the permission of the chairperson of the Welfare Standing Committee. The members of the panel should be informed at least three days before the meeting. The agenda of the meeting should be decided by the Medical Officer in consultation with the Standing Committee Chairperson.

1.2 *Agenda*

1. Minutes of the previous month's management committee – evaluation of functioning.
2. Presentation of previous month's Working Report. (Details regarding the specific activities of the institution, Central-State projects, department projects, panchayat projects, joint projects, and day-t-day activities)
3. Complaints/suggestions received regarding the institution, the action taken on them by the hospital – those complaints which require more intervention – the arrangement to respond to the petitioner about this.
4. Activities for the next month. (Discuss the specific activities of the institution, panchayat projects, joint activities, Central-State Plan activities. Ensure popular support system.)
5. Planning of external activities, assigning individual tasks, division of labour – activities which require people's support, and opinions of the committee members.
6. Preparations with regard to usual meetings, special sessions, trainings, campaigns, and Grama Sabhas.



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1.3 *President*

1. The committees should be met with the Chairperson presiding over the session.
2. In the absence of the President, Vice-President, Standing Committee chairpersons could preside over the meeting.
3. The medical officer should present a written report detailing the previous month's working report, complaints received related to the institution, the action taken on them, and a work schedule for the next month.

1.4 *Venue of meeting*

The venue of the meeting should be the Primary Health Centre.

1.5 *Minutes*

The Health Inspector should prepare the detailed minutes narrating the complete procedures of the meeting within three days of the meeting and hand over to the medical officer. An employee assigned by the Medical Officer should deliver the minutes to the Panchayat office within five days.

1.6 *Follow-up Activities*

1. The steps to be taken based on the decision of the meeting should be initiated under the leadership of the medical officer.
2. The steps to be adopted by the panchayat committee should be informed to it through minutes. The Panchayat President/Standing Committee chairperson should report at the next meeting the follow-up steps taken on them.
3. The medical officer should prepare a report on the steps to be adopted by the managing committee regarding the services to be made available to the general



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public and present it at the next meeting.

4. The committee should implement necessary initiative and monitoring system for guaranteeing relevant mass support from the beneficiaries and local community for practical implementation.

5. The panchayat committee should function as a support system for the working of the Management Committees as and when needed.

1.7 Management Committee Structure

Primary Health Centre: [As per GO (P) No. 259/03/27.08.2003]

15 members

- | | | |
|------------------|---|------------------------------------------------------------------------------------------------------|
| Chairperson | - | President |
| Convenor | - | Medical Officer |
| Vice-Chairperson | - | Welfare Standing Committee chairperson |
| Members | - | Grama Panchayat Vice-President |
| | - | Members of the Panchayat Standing Committee |
| | - | Ward member of the locality of the institution |
| | - | Four voluntary activists – the panchayat should nominate the people's health activists (HPT members) |
| | - | Engineer (the official in charge of the engineering in the panchayat) |
| | - | Electricity Board – engineer |
| | - | Water Authority – Engineer |

Suggestions

1. One of the voluntary activists should be assigned as the unofficial co-ordinator of this committee.
2. The representatives of HPT and Kudumbashree should be included as invitees to the committee. The representatives should be nominated at the related panchayat level.
3. A 21-member health-sanitation maintenance committee too may be formed at the panchayat level comprising representatives of various health institutions. – Representatives of traders-industrialists, cultural organisations, political parties, and voluntary organisations may be included in this panel.
4. One-third of the total members of the committee should be women.
5. Those nominated to his panel should possess interest and prior experience in primary health-public health systems, should have interest and commitment in voluntary work.

5. Sub Centre Management Committee

Primary Health Centre: [As per GO (P) No. 259/03/27.08.2003]

15 members

- | | | |
|------------------|---|----------------------------------------|
| Chairperson | - | President |
| Convenor | - | Medical Officer |
| Vice-Chairperson | - | Welfare Standing Committee chairperson |
| Members | - | Grama Panchayat Vice-President |

- Members of the Panchayat Standing Committee
- Ward member of the locality of the institution
- Four voluntary activists – the panchayat should nominate the people’s health activists (HPT members)
- Engineer (the official in charge of the engineering in the panchayat)
- Electricity Board – engineer
- Water Authority – Engineer



2. Voluntary Health Force

The Voluntary Health Force has been envisioned as a group which could intervene in the health activities of the panchayat. The Voluntary Health Force has been formed with the health volunteers of the Kudumbashree units. Other voluntary activists too can become members of this force if s/he is interested in intervening in the health-related activities.

Discussions should be organised for members in various parts of the panchayat and centred on various institutions about diverse health issues and communicable diseases under the leadership of the medical officer. Voluntary Health Force members should be given training every month related to health problems, lifestyle disease, and communicable diseases. The JHI and JPHN of the sub centre area should give leadership to these trainings.

Complaint Redressal System

People's intervention is inevitable for the improvement of quality of service of the transferred institutions. People are empowered to assess the functioning of the institutions, complaint about them, and propose suggestions. An effective system should be in place for this.

1. A system should be in place by which the beneficiaries of the institution should be able to settle those complaints which arise at the institution.
- 1.1 Complaints / suggestions regarding the facilities of the institution, behaviour of the officials, and day to day functioning of the institution should be submitted to officials related to concerned activities.
 - 1.1.1 Complaints / suggestions like about the behaviour of the staff of the institution which could be urgently considered should find instant settlement.
 - 1.1.2 Complaints/ suggestions which are received orally should be entered in the complaint book.
 - 1.1.3 Complaints received and action taken should be reported at the monthly meetings of management committee and staff meeting.
 - 1.1.4 Complaints / suggestions which should come under the consideration of the Panchayat and the management committee have to be discussed at the monthly meetings.
- 1.2 If the complaint / suggestion submitted are not considered by the institution, the same may be submitted in writing directly or through the complaint box to the head of institution or the Panchayat president.
(Prepared as per Karakulam Grama Panchayat LSGO 01/2005 dated 16.03.2005)
2. Complaint Box
Complaint Box is the system for the public to submit in writing complaints regarding hospital functioning and activities of the transferred government institutions in the panchayat area and suggestions for improving activities.
 - 2.1 *Management System*
The box is installed at the veranda, visible to the public. The key of the lock of the suggestion/complaint box should be kept by the medical officer.
 - 2.2 *Opening the Complaint Box*
The Medical Officer should open the Complaint box every Friday morning and examine the available complaints.

2.3 *Sorting of Complaints*

The complaints should be classified in the following way: complaints regarding the office, complaints regarding other institutions of the panchayat, and other complaints.



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2.4 *Complaint Register*

2.4a A complaint register should be maintained for keeping the details of the complaints received.

2.4b The details of all the complaints should be entered in the register after opening the Complaint Box.

2.4c. In the Complaint Register, the following columns should be made: serial number, suggestion/name and address of the petitioner, date of complaint, nature of complaint/suggestion, and the action taken.

Serial Number	Name and Address of the petitioner	Date of Submission	Nature of suggestion / complaint	Action taken	Completion of File – Date / summary of Decision
---------------	------------------------------------	--------------------	----------------------------------	--------------	-------------------------------------------------

2.4d In the above table, first three columns should be filled in at the time of the receipt of the complaint/suggestion. In the column, Nature of suggestion/complaint, it should be entered which institution is mentioned in the complaint/suggestion; the content should also be entered.

2.4e After taking necessary steps by either the panchayat or the hospital it should be entered in the column action taken.

1.5 Activities

The Medical officer should present in the next staff meeting the complaints and suggestions regarding the hospital.

Immediate steps should be taken in case of complaints/suggestions regarding the duty lapse on the part of the employees, people's support, etc., arise.

Issues on Infrastructure and people's support should be discussed at the staff meeting and managing committee meeting in the beginning of the next month and a solution should be found.

The medical officer should present all complaints regarding the hospital as agenda at the staff meeting held in the presence of the standing committee, and the following management committee.

Those complaints which are unrelated to the hospital and those which are to be solved at the panchayat level should be handed over to the panchayat. The complaints should be sealed and put in a cover and be sent to the panchayat office once in two weeks through



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either the attendant or any other staff authorised by the medical officer.

Either the secretary or any other employee authorised by the secretary should enter in the complaint register those complaints received in the hospital through other institutions in the following order:

Action suggestion /	Serial taken complaint	Date of receipt Number	Name and Address of suggestion/ complaint	Contents of of the petitioner
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Action should be taken after examination by the standing committee. The panchayat should inform the action taken to the petitioner through post card. The same should be announced in the notice board of the panchayat.

At the monthly meeting of head of institutions, held at the end of the month, the report of the action taken on the complaints received by the panchayat from the hospital should be given in writing to the Medical Officer.

The action taken on the suggestions/complaints by the hospital should be either pasted or written in the Notice Board. On the next day of the action taken, it should be publicised in the Notice Board for the information of the general public.

Resources

Resources for the functioning of the Primary Health Centre are being made available by the Centre, State and local self governments.

1. Various Central and State projects are in existence for disease prevention and against some specific diseases. Primary Health Centre will receive resources essential for these projects as part of these projects.
2. Resources for various health projects as per the Panchayat Plan will be provided as part of those projects.
3. Health Department will supply medicines, other things, and equipment necessary for the daily functioning of the hospital. Resources can be made available as part of the Panchayat Special Plan too.
4. State Government provides salary for the employees in the hospital.
5. The one rupee charged from those patients, who belong to the above poverty line category, is the resource for the hospital.
6. The hospital also receives resources set apart by Block and District Panchayats for various health projects.
7. The share for the maintenance of the hospital is received as maintenance grant from the panchayats.

Instructions to the Employees

The staff of the Primary Health Centre has some responsibilities as an institution liable to give leadership to the disease prevention activities of the people of the Panchayat.

Special Instructions for the Staff

1. General Instructions for the employees
 - 1.1 Behave with respect to all the beneficiaries of the Primary Health Centre.
 - 1.2 No kind of gifts or money should be accepted for availing services.
 - 1.3 Follow the instructions of the local self government as the employees of the institution of the Panchayat.
 - 1.4 Attend the suggested meetings as demanded by the Panchayat.
2. Medical Officer
 - 2.1 Provide service to the patients who approach the PHC expecting service irrespective of their socio economic status.
 - 2.2 Listen carefully to the patients/visitors.
 - 2.3 Talk to the visitors and patients in a decent language that could be understood by them.
 - 2.4 Provide information regarding the disease to those patients who are eager to know it.
 - 2.5 Attend meetings suggested by the Panchayat.
3. Health Inspector, Other Field Staff
 - 3.1 Show respect to the general public while interacting with them during the field visit.
 - 3.2 Solicit necessary information by asking courteous questions.
 - 3.3 While visiting houses for gathering disease information, behave in accordance with the situation of each house.
4. Staff Nurse
 - 4.1 Make speedily available services to those who come as service beneficiaries.
 - 4.2 Give personal respect to the patient.
5. Pharmacist
 - 5.1 Tell the patient how to consume the medicine and its possible consequences.
 - 5.2 Convince the patients courteously if there is lack of medicines.

Co-ordination

Primary Health Centre is the institution which has to give leadership in the health activities of the grama panchayat. To make the functioning of this institution in its full potential, co-ordinated activity between transferred institutions to the Panchayat and other institutions functioning in the panchayat. Possibilities of co-ordination should also be considered while planning activities.

1. Panchayat and Primary Health Centre
 - 1.1 Primary Health Centre is an institution functioning under the Panchayat.
 - 1.2 Panchayat is carrying out activities related to health through the primary health centre.
 - 1.3 Panchayat will co-ordinate the functioning of other institutions for health activities.
 - 1.4 Primary Health Centre is responsible for examining the hygiene status of the waste disposal activities of the Panchayat.

2. Primary Health Centre and Veterinary Hospital

Co-ordinated activity between waste disposal, hygiene, and disease prevention is a must in the animal husbandry sector.

 - 2.1 Co-ordination is essential in rabies prevention activities. Primary Health Centre will give vaccination against rabies.
 - 2.2 Co-ordination is inevitable in the prevention activities of communicable diseases. Action Plan for preventing animal-related diseases should be prepared by veterinary hospital and primary health centre.
 - 2.3 Primary Health Centre is authorised to carry out hygiene check up in abattoirs.
 - 2.4 Institutional head of the veterinary hospital will be a member of the Panchayat level action groups for epidemics prevention activities.

3. Primary Health Centre and Krishi Bhavan
 - 3.1 Primary Health Centre and Krishi Bhavan should work jointly in developing bio methods for waste processing.
 - 3.2 Krishi Bhavan and Primary Health Centre are responsible for formulating an action plan on how to utilise waste processing for agricultural requirements.
 - 3.3 Encourage cultivation leafy vegetables, vegetables, local fruits, and cereals in the homestead for compensating malnutrition.

4. Primary Health Centre and Ayurveda Hospital

As two institutions functioning in the health sector of the Panchayat, co-ordinated



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activity is required in all sectors.

4.1 Work co-operatively in disease prevention activities.

4.2 When communicable diseases are noticed it should be intimated to each other.

4.3 Co-ordinated functioning will be required in various health awareness activities.

5. Primary Health Centres and Schools

5.1 Primary Health Centre should give leadership to health activities in schools.

5.2 Co-ordinated functioning is required for formation and functioning of health clubs in schools.

5.3 Primary Health Centre should utilise the participation of school teachers and children in epidemic prevention activities.

5.4 Co-ordinated activities with primary health centres should be prepared for waste disposal activities in schools.

5.5 Primary Health Centres are accountable for conducting health check ups, various campaigns in schools.

5.6 Primary Health Centres should conduct necessary education activities for preventing lifestyle diseases and should encourage conducting physical exercise and physical training.

6. Primary Health Centres and Anganwadis

6.1 Recording of growth of children and medical check ups are conducted by primary health centres in association with anganwadis.

6.2 Co-ordinated activity is required for carrying out vaccination for children and disease prevention activities.

6.3 Co-ordinated activity is essential for providing necessary treatment for pregnant women.

6.4 Health education necessary for teenagers in the teenage club and of the locality will be provided by the Primary Health Centre.

6.5 Representatives of Primary Health Centre should participate in the sectoral meeting of the anganvadi.

6.6 Continuing activities for anganvadi workers are being carried out by the Primary Health Centre.

6.7 Co-ordinated activity is required for reporting and registering births and deaths.

6.8 Anganwadis are the maximum micro units functioning in the health sector.

7. Primary Health Centre and Engineering

7.1 Primary Health Centre and Engineering wing should jointly prepare the draft of construction activities in the primary health centre.

7.2 Utilise the services of the engineering wing for carrying out spatial planning necessary for waste disposal.

8. Primary Health Centre and Police
- 8.1 Issue drunkenness certificate and other certificates after necessary verification when demanded by the police.
- 8.2 Primary Health Centre and Police are liable to ensure jointly that laws related waste disposal are followed.



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MONTHLY REPORT OF THE MONTH

POPULATION – 50949, DWELLING HOUSE – 12493, TOTAL HOUSES 14072,

Sl. No.	Name and Designation	Population	Blood smear taget	houses		F.P. Monthly				C.C		F.P Yearly				
				Allowed	Visited	Lapro	PPS	IUP	Oral pills	Regular	Casual	Lapro	PPS	IUP	Oral pills	
1	Ayanikkadu T-277, JHI-Gr-I															
2	Kachani T-278, JHI GrII															
3	Eanikkara T-279, JHI GrI															
4	Chekkakonam T-280, JHI, Gr II															
5	Kallayam T-281, JHI Gr II															
6	Kazhunadu T-283, JHI Gr I															
7	Chittazha T-284, JHI Gr II															
8	ChittazhaJunior Public Health Nurse															
9	KachaniJunior Public Health Nurse															
10	KallayamJunior Public Health Nurse															
11	KazhunaduJunior Public Health Nurse															
12	KarakulamJunior Public Health Nurse															
13	PHC, Karakulam															

REPORT OF ACTIVITIES FOR PREVENTION AND CONTROL OF
COMMUNICABLE DISEASES

Current	Progressive	Remarks
Total		
Number of houses visited	:	
Number of Fever cases detected	:	
Number of blood smears taken	:	
Number of samples taken and send for confirmation of Dengue/Lapto/Others (name)	:	
Number of confirmed Dengue/Lapto/Others (Specify)	:	
Number of death cases Dengue/Lapto/Others (Specify)	:	
Number of institutions visited	:	
Number of containers breeding centres of mosquitoes eliminated	:	
Number of other breeding places eliminated	:	
Number of places where fishes introduced	:	
Number of places there larvicides applied	:	
Number of houses where indoor residuel spray done	:	
Number of wells chlorinated	:	
Number of ORS packets issued	:	
Number of ORS depots newly started	:	
Number of water samples collected	:	
Number of water samples examined and found satisfactory	:	
Number of water samples examined and found unsatisfactory	:	
Number of hotels/Tea shops inspected	:	
Number of slaughter house inspected	:	
Number of ice plants inspected	:	
Number of public complaints obtained	:	
Number of public complaints solved	:	
Number of places where redent control done	:	
No. of Rats killed	:	
Number of Bit notice/pamphlets issued	:	
Number of health talk	:	
Number of health awareness campaigns	:	
No. of mike announcements	:	
No. of fever clinics	:	
No. of H.P.T. formed	:	
No. of members in H.P.T.	:	
No. of Film shows conducted	:	
No. of Medical Camps conducted and No. of patients	:	