

CIRCULAR

Sub:- HSD - Strengthening of field activities - Duties and responsibilities
to the field staff - Instructions issued :-
Ref:-

In order to prevent and control communicable diseases, stringent field activities are needed. There is a need to supervise and monitor the field activities strictly. Hence the following guidelines are issued for strict compliance.

The Public Health Activities are being carried out in Kerala by the Multipurpose workers and Medical Officers of the Primary Health Care Institutions in Kerala Health Services based on the Government Order G.O (P) No.254/2003/H&FWD dated 09/12/2003 named " Define / Redefine the job responsibilities of Multipurpose Health Workers and Medical Officers in Primary Health Care Institutions in the Kerala Health Services ".

The grass route level multipurpose workers viz Junior Health Inspectors (JHIs) and Junior Public Health Nurses (JPHNs) are expected to visit at least once in two months each household in the area allotted to them and record their activities in the field diary and in the registers required to be maintained by them. For this purpose, the area assigned to JHI and JPHN may be divided into 40 " Day Blocks ". A " Day Block " is the field area to be covered by a health worker in a day's field work. A worker should cover 20 such day blocks in a month so that the whole area may be covered in 2 months. If a JPHN is involved in the field activities in Day Blocks 1-20 during a month, the concerned JHI from the sub centre is expected to cover the Day Blocks 21 to 40. This should be reversed during the succeeding months so that each household in the area is visited by the health worker (JHI or JPHN) every month and each worker visits all the households in their area in two months time. Before the start of a calendar month they should chart their plan of visits in an advance Tour Programme report and give to their supervisors namely Health Inspector (HI) and Public Health Nurse (PHN) respectively who should countersign it, get the signature of the Charge Medical Officer of the PHC and submit to their immediate supervisor in the CHC, keeping an office copy. Their time of work will be from 9 AM to 1 PM and from 2 PM to 4 PM. The registers required to be maintained by the field workers include General Information Register, Family Health Survey and follow up register with an index, Community Education Register, (these three are common to both male and female workers), stock Register, Communicable Disease Register, Death Register, Issue Register of contraceptives to individual couples, daily abstract of activities, area maps, progress charts, Field Diary, Instruction Book, Individual Registers for National Health Programmes like National and Malaria Programme, National Leprosy Eradication Programme etc. and Registers of any other

health activities or programmes as and when required. They should give reports to the concerned Medical Officer through HI and PHN.

The activities of the multipurpose workers are supervised by their immediate supervisors namely Health Inspectors and Public Health Nurses who are expected to make at least six concurrent supervisions and five consecutive supervisions every month. The concurrent supervision involves the supervisor accompanying the field workers in their house visits and observing their work to guide, correct and follow them up. The consecutive supervisions are surprise visits designed to assess the quantum of work done by grass root level workers. This provides information about the periodicity of visit of the health worker to the area, their punctuality, lapses in services etc. The HI and PHN are expected to record their visits in field diary and submit reports of the supervisory visits to the Medical Officer in charge get his approval and forward a copy of Health Supervisor (HS) and Public Health Nursing Supervisor (PHNS), keeping an office copy.

These supervisors in turn are supervised by the Health Supervisor and the Public Health Nursing Supervisor attached to the Block PHCs who are required to do at least six concurrent and three consecutive supervision of all categories of field workers under their control every month. The supervisors are expected to record their visits in field diary and submit reports of the supervisory visits to the Medical Officer in charge of the Block PHC, get his approval and forward a copy to the District Medical Officer, keeping an office copy. They should also give a consolidated report of the supervisory visits done by HI and LHI to the Block Medical Officer get his approval and forward the same to the DMOH, keeping an office copy.

All the Medical Officers of the PHCs and Block PHCs including those who are not the MO in Charge are also required to do concurrent and consecutive supervision of field workers under their control. Each Medical Officer should perform concurrent supervision of at least two JPHNs, two JHIs and two supervisors (PHN, HI, HS, PHNS as the case may be) and consecutive supervision of at least one JPHN, one JHI and one supervisor during any calendar month and should report to the Medical Officer in Charge. The Medical Officer in Charge of the PHC should give report of the supervision done by him to the Medical Officer in Charge of the Block PHC. Details of such supervisions should be discussed in monthly review meetings. Compliance with remedial/corrective measures proposed during such visits should be followed up meticulously. Whole area under a mini Primary Health Centre would usually be under the single Medical Officer available. If there is more than one Medical Officer, the area will be assigned in such a way that all of them are having equal areas to serve. Block Primary Health Centres and CHCs usually have only one panchayath area under their direct service provision, but they may also have varying numbers of mini Primary Health Centres under them. So the whole field area under any block Primary Health Centre or CHC may be considered as a single unit and may be divided and assigned to all Medical Officers in block Primary Health Centre of CHC. These Medical Officers should be directed to coordinate the field activities in the field area of the mini Primary Health Centre with the help and support of the Medical Officer of the institution and should be held as the " responsible officer at the head quarters " for such mini Primary Health

Centre areas. Since vehicles are being provided to the min Primary Health Centres from the block Primary Health Centre / CHC for field activities, Medical Officers can easily proceed to the mini Primary Health Centres for such field activities. The Block Medical Officer should evaluate the reports of these supervisory visits and given a consolidated report to the DMO(H) along with his own reports of supervisory visits. All categories of field staff including Supervisors and Medical Officers should give their advance tour programme to the concerned charge Medical Officer with a copy of their supervisors in the case of HI and PHN.

At the DMO(H) level, the Technical Assistants and all Programme Officers should also conduct periodic supervise visits and see that the field activities and supervision are going on smoothly. The report of their supervisory visits should be submitted to the DMO(H). A copy of the consolidated report of these visits should be send to the Director of Health Services along with the comments of the DMO(H).

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Director of Health Services

To
All District Medical Officers and all Programme Officers

Copy to:-

1. The Principal Secretary,
Health and Family Welfare Department (With C/L)
2. Additional Director of Health Services,
Public Health / Family Welfare

// Forwarded //



Superintendent