



GOVERNMENT OF KERALA

Abstract

EUROPEAN COMMISSION SUPPORTED SECTOR INVESTMENT PROGRAMME—“DEFINE/REDEFINE THE JOB RESPONSIBILITIES OF MULTI PURPOSE HEALTH WORKERS AND MEDICAL OFFICERS IN PRIMARY HEALTH CARE INSTITUTIONS IN THE KERALA HEALTH SERVICES”—APPROVED—ORDERS ISSUED

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G. O. (P) No. 254/2003/H&FWD.

Dated, Thiruvananthapuram, 9th December, 2003.

Read:—G. O. (P) 225/83/H&FWD dated 8-8-1983.

ORDER

As envisaged in the European Commission—Sector Investment Programme Project Document and in supersession of the Government Order read above, Government are pleased to approve the “Define/Redefine the Job Responsibilities of Multi Purpose Health Workers and Medical Officers in Primary Health Care Institutions in the Kerala Health Services” appended to this order.

By order of the Governor,

E. K. BHARAT BHUSHAN,
Secretary to Government.

To

Shri S. C. Srivastava, Director (DC),

Government of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi (with covering letter).

Mr. Indrajit Pal, Programme Advisor, ECTA Office, D-127, Panch Shed Enclave, New Delhi-110 017.
(with covering letter)

The Director of Health Services/Additional Director of Health Services (FW), Thiruvananthapuram.

The Technical Secretary (SRC).

All District Medical Officers.

All Medical Officers in Public Health Centres.

Stock File/Office Copy.

JOB RESPONSIBILITIES OF
MULTI PURPOSE HEALTH WORKER (FEMALE) –

Junior Public Health Nurses (JPHNs)

The Female Health Workers or Junior Public Health Nurses (JPHNs), as they are known in Kerala, are expected to provide comprehensive primary health care to the community. The gamut of services they are expected to provide under Multi purpose Health Worker (MPW) scheme is very wide and encompasses promotive, preventive and curative services. They are neither trained nor intended to work as full time curative service providers. They are basically trained as field oriented functionaries. A JPHN can work attached to a Primary Health Care institution and be involved in field activities. They can be deployed for in-patient and out patient services only if such services are integral components of primary health care activities or those under National Health Programmes like contraception, immunization etc.

JPHNs have both institutional and field responsibilities. Their institutional responsibilities include activities in subcentres from where they operate. Their field level activities are related to specified population or geographic areas assigned from time to time. Normally they will be assigned 3,000 to 8,000 population depending on the density of population of the area and its geographic terrain. The area assigned jointly to a male and female worker constitutes a “subcentre area”. Both workers will be operating from a subcentre situated in the service delivery area.

A committee viz. “Subcentre Committee” should be constituted to help, guide and monitor the functioning of the subcentre, which the local Grama Panchayat ward members as Chair person and JPHN as convener. The members of the committee should be as per the guidelines issued from time to time. The committee should meet at least once in two months. It will support the subcentre in its smooth and effective functioning. The committee should support the subcentre in activities like CAN, selection and motivation of beneficiaries and in the implementation of health programmes and other activities. The JPHN should maintain written minutes suggested action take of the meetings of such committee.

Field Level Activities

For the ease of discharging duties, area assigned to the grass root level workers viz. the male and female workers may be divided in to 40 “**Day Blocks**”. A “Day Block” is the field area to be covered by a health worker in a day’s fieldwork. Earlier the service area of a subcentre used to be divided in 20 “day blocks”. Taking in to consideration the demographic changes that have occurred over the past two decades, the area to be covered in day’s fieldwork may be reduced to half of its previous dimension and hence the earlier 20 day blocks to be re-organized in to 40. A worker should cover 20 such day blocks in a month so that the whole area may be covered in 2 months. Field visits should be planned in such a way that her male counter part (JHI) is involved in field activities in the other half of the area. Thus if a JPHN is involved in the field activities in day blocks 1-20 during a month, the concerned JHI from the subcentre is expected to cover the day blocks from 21 to40. This should be reversed during the succeeding month so that each household in the area is visited by a health worker (either male or female) every month and each worker visits all the households in their area in two months time.

1. Field Visit

- 1-1 **Area-** Designated area under a subcentre. This may be redefined as and when necessary. The whole population under the designated area may be considered as her beneficiaries. Irrespective of the residential status whole population in the area should be provided services. Any individual who is a normal resident in the area for more than six months will be considered a “regular beneficiary” for her service provision. This definition of “regular beneficiary” need not deter her from providing services to others who don’t qualify to be “regular beneficiaries”. They should also be provided services and reported accordingly. Whoever is provided service, irrespective of their beneficiary status; should be reported and accounted for.
- 1-2 **Visit-** At least one visit, once in two months to each household in the area allotted.
- 1-3 **Reporting** – To the concerned medical officer through their Multi purpose supervisors. In the case of Block Primary Health Centres and Community Health Centres the reports should be routed through the Health Supervisors or Lady Health Supervisors.
- 1-4 **Supervision-** Being multipurpose health workers, JPHNs should be supervised by female multipurpose supervisors viz. Lady Health Inspectors and Lady Health Supervisors.

2. Maintenance of Records and Registers

2-1 Family and Village Survey.

Comprehensive survey of all households in the subcentre areas should be conducted during specified period. Such data should be updated from time to time. Periodicity of such updating will be specified from time to time by authorities. The responsibility of survey should be shared by male and female workers and a single updated database on the area should be maintained in the subcentre, which may be used by both the workers. All households that qualify to be “beneficiary households” are to be separately registered. The subcentre should also collect details about migrant or nomadic population present in the area, houseless dwellers and individuals on visit to the area. These groups should be constantly followed up. Once they exceed their stay in the area for more than six months they should also be considered regular eligible beneficiaries.

2-2 Family and Village Records

A copy of the family and village record should be maintained in the subcentre and utilized by both the male and female workers for planning activities. This may be prepared and updated through joint effort.

3. Reproductive and Child Health (RCH) Services

RCH programme envisages “client centred, quality oriented, demand driven services provided with full community participation and based on “life cycle approach”. Subcentre is the key institution in provision of such services. The programme implementation plan of RCH project clearly defines the services to be made available through the subcentres. Here also subcentre is considered as a unit having two grass root level workers- one male and one female. Essential services to be provided at the subcentre and community levels under this programme are as follows:

ESSENTIAL REPRODUCTIVE AND CHILD HEALTH SERVICES AT Community and Subcentre levels

Health Interventions	Community Level	Subcentre level
<p>Prevention and management of unwanted pregnancy</p>	<ol style="list-style-type: none"> 1. Sexuality and gender information, education and counseling. 2. Community mobilization and education for adolescents, newly married youth, men and women. 3. Community based contraceptive distribution (through Panchayats Village Health Guides, Mahila Swastiya Sangham, etc, with follow up) 4. Motivating referral for sterilization 5. Social marketing of condoms and oral pills through Community sources and G.P. (oral pills to be distributed through health personnel including GPs to women who are starting pills for the first time) 6. Free Supply of condoms at the community level, through depot holders etc. 	<ol style="list-style-type: none"> 1. Sexuality and gender information, education and counseling 2. Providing Oral Contraceptives (OCS) and condoms 3. Providing IUD after screening for contra-indications 4. Counseling and early referral for medical termination of pregnancy 5. Counseling / management /referral for side effects, methods -related problems. Change of method where indicated 6. Add other methods to expand choice 7. Providing treatment for minor ailments and referral for problems

<p>Maternity Care</p> <p>Prenatal Care</p>	<ol style="list-style-type: none"> 1. Awareness raising for Importance of appropriate care during pregnancy & identification of danger signs 2. To mobilize community support for transport, referral and blood donation 3. Counseling/ education for breast-feeding, nutrition, family planning, rest, exercise & personal hygiene etc. 4. Early detection and referral of high risk pregnancies Delivery planning <p>* The need for IEC support and establishment of first referral facilities</p>	<ol style="list-style-type: none"> 1. Awareness raising for Importance of appropriate care during pregnancy & identification of danger signs 2. To mobilize community support for transport, referral and blood donation 3. Counseling/ education for breast-feeding, nutrition, family planning, rest, exercise & personal hygiene etc. Early detection and referral of high risk pregnancies 4. Three Antenatal contacts with women either at the Subcentre or at the outreach village sites during immunization/MCH sessions. 5. Early detection of High risk factors & maternal complication and prompt referral. 6. Referral of High-risk women for Institutional Delivery. 7. Treatment of Malaria (facilities including Drugs to be made available at Sub-centres.)
--	--	---

<p>Delivery Services</p>	<ol style="list-style-type: none"> 1. Early recognition of Pregnancy and its danger signals (rupture of membranes of more than 12 hours duration. prolapse of the cord, hemorrhage) 2. Conducting clean deliveries with delivery kits by trained personnel. 3. Detection of complications referral for hospital delivery. 4. providing transport for referral. 	<ol style="list-style-type: none"> 1. Early recognition of Pregnancy and its danger signals (rupture of membranes of more than 12 hours duration. prolapse of the cord, hemorrhage) 2. Conducting clean deliveries with delivery kits by trained personnel. 3. Detection of complications referral for hospital delivery. 4. Providing transport for referral. 5. Supervising Home Delivery 6. Prophylaxis & Treatment for Infection (Except sepsis) 7. Routine Prophylaxis gonococcal eye infection.
<p>Postpartum Services</p>	<ol style="list-style-type: none"> 1. Breast- Feeding Support 2. Family Planning Counseling 3. Nutrition Counseling 4. Resuscitation for asphyxia of the New Born 5. Management of Neonatal Hypothermia 6. Early recognition of Post Partum sepsis and referral 	<ol style="list-style-type: none"> 1. Breast- Feeding Support 2. Family Planning Counseling 3. Nutrition Counseling 4. Resuscitation for asphyxia of the New Born 5. Management of Neonatal Hypothermia 6. Early recognition of Post Partum sepsis and referral 7. Referral for Complications Giving Inj. Ergometrine after delivery of placenta.

JPHNs are expected to assign more importance to services to women and children. For this purpose should provide some specific services and maintain specific records and registers.

3-1 Registration

3-1-1 Register

- (a) Women in the reproductive age group (15 to 45 years of age)
- (b) All pregnant women in her area as early as possible during pregnancy
- (c) All Post menopausal women in the area
- (d) All Infants and children through home visits and clinics. Separate list of children of age less than one year and less than 5 years may be maintained.
- (e) All adolescents, sex -wise in the area.

3-1-2 Maintain

- (a) Eligible Couple Register (Common for both the workers)
- (b) Mother and Child Register
- (c) Register of Contraceptive acceptors- by methods

3-1-3 Categorize the Eligible Couple according to the number of children and age of mothers.

3-2 Field level services

JPHN should render the following services.

- 3-2-1 Render care to pregnant women through out the period of pregnancy (vide RCH guidelines).
- 3-2-2 Give advice on nutrition to expectant and nursing mothers.
- 3-2-3 Distribute Iron and Folic acid tablets to eligible beneficiaries.
- 3-2-4 Distribute Vit.A drops or syrup.
- 3-2-5 Immunize pregnant women with Tetanus Toxoid.
- 3-2-6 Test urine for albumin and sugar and estimate Hemoglobin percentage
- 3-2-7 Identify high-risk cases and refer them early.
- 3-2-8 Attend to deliveries in the area, if so requested. Prefer institutional delivery and refer accordingly.
- 3-2-9 Supervise deliveries conducted by dais when called in.
- 3-2-10 Refer cases of difficult labour to institutions and render follow up care.
- 3-2-11 Refer newborns with abnormalities to institutions and follow them up.
- 3-2-12 Provide at least three post delivery visits to each mother and render necessary advice (vide RCH guidelines).

- 3-2-13 Contact eligible couples, educate and motivate them for accepting family welfare methods
- 3-2-14 Distribute conventional contraceptives.
- 3-2-15 Provide follow-up service to acceptors and identify complications and failures and provide service or advice.
- 3-2-16 Assess growth and development of infants and take necessary actions.
- 3-2-17 Provide advise to peri -menopausal and post menopausal women. Sensitize them regarding common malignancies among women and motivate them for periodic check up and screening for these conditions.
- 3-2-18 Provide counseling services to the adolescents. Monitor the girl children for anemia, malnutrition and take corrective steps. Arrange sessions to provide sex education and family education to this group of beneficiaries

Care at the Clinic

JPHN should render the following services.

- 3-2-19 Arrange and assist the Medical officer in various RCH clinics
- 3-2-20 Conduct Antenatal and Immunisation clinics in the subcentre on a regular basis. Routine examination, weight recording, checking the blood pressure, urine examination, haemoglobin estimation and per abdominal examination may be done in all pregnant women attending these clinics. SERUM VDRL and HBs Ag testing may be done in all pregnant women. Periodicity of such examination may be decided as per the guidelines issued in the RCH programme or as modified from time to time. Details of such examinations may always be documented. Proper entries to be made in the “Mother and Child register” and the beneficiary to be provided a copy of such examination findings and details of services provided.
- 3-2-21 Educate mothers individually and in groups regarding family health, M.C.H., family planning, nutrition, immunisation, personal hygiene etc.
- 3-2-22 Conduct adolescent counseling sessions, distribute Iron and folic acid tablets.

3-3 Care in the community

JPHN should render the following services at community level.

- 3-3-1 Spread the message of small family concept and of family welfare to the community and motivate the eligible couples to adopt the small family norm.
- 3-3-2 Identify local leaders and educate them and utilize their services for implementing RCH programme.
- 3-3-3 Distribute contraceptives and setup depot holders for contraceptive distribution.
- 3-3-4 Participate in Mahila Samajam meetings and utilize the occasion for educating women.
- 3-3-5 Render necessary assistance to voluntary workers and organizations involved in health and family welfare activities.
- 3-3-6 Organize and conduct meetings of Mahila Swasthya Sanghs (MSS) and provide guidance and supervision to these voluntary workers in health activities.
- 3-3-7 Utilize satisfied customers and village leaders for promoting family welfare methods.
- 3-3-8 Provide regular follow up services to contraceptive acceptors for early detection of complications.
- 3-3-9 Provide prompt services to any complication following contraception. Make timely referral under report to the medical officer through supervisors.
- 3-3-10 Participate in training of Dais when required.
- 3-3-11 Impart training to voluntary workers, MSS workers and Anganwadi Workers when required.

4 Nutritional Services

- 4-1 Identify cases of malnutrition among children and refer them to feeding centres or P.H. Centres for nutrient supplement or treatment.
- 4-2 Distribute iron and folic acid tablets to eligible beneficiaries.
- 4-3 Administer Vit.A drops or syrup to children.
- 4-4 Visit Balavadis, Anganwadis under the ICDS programme and other feeding centres under other departments and provide support and supervision.
- 4-5 Educate families about nutritious diets and method of preparing food without loss of nutritive value.
- 4-6 Conduct nutrition education sessions, orientation sessions to women and adolescents and help other departments in arranging camps and nutrition education sessions.

5 Immunisation

- 5-1 JPHNs should be responsible for maintenance of cold chain at all levels of service provision. They may discharge duties as per the instructions of Lady Health Inspectors and Lady Health Supervisors and other superiors in maintenance of cold chain, upkeep of vaccines and other related activities.
- 5-2 JPHN attached to the main centre should do the temperature recording of ILR and all other activities related to vaccine storage. She may help the LHI in maintaining stock and distribution of vaccines. She may also render support in maintenance and utilization of ice-packs, vaccine carries, day carriers and any other accessory for vaccine storage and distribution.
- 5-3 Administer vaccines against Vaccine Preventable Diseases (VPDs), as and when supplied with instructions.
- 5-4 Assist in organizing immunisation camps and in school immunisation.
- 5-5 Conduct immunisation clinics in the subcentre or at fixed places in subcentre area. At least monthly sessions may be arranged in such manner. It is preferred to have fixed day “out reach sessions”.
- 5-6 Educate the community about the importance and procedures of immunisation and encourage community participation in immunisation programmes.
- 5-7 Organize and conduct special immunisation sessions as and when necessary. This will include sessions like National Immunisation Days (NIDs) as in “Pulse Polio” immunisation, “Mop up rounds” etc.
- 5-8 Help to arrange immunisation sessions for other vaccine preventable diseases that are not currently included in the government immunisation schedule. Examples are vaccination against Hepatitis-B, Meningitis etc.
- 5-9 Keep abreast with the latest developments in immunisation and spread the message. Render support to individuals and organisations coming forward for immunisation against any VPDs.

6 Implementation of Health Programmes

JPHN should be responsible for the following services.

- 6-1 Take blood smear of any fever case that she comes across during house visits and give presumptive treatment. The blood smears may be handed over to the male Health worker.
- 6-2 Enquire about persons with chest symptoms, particularly cough of more than two weeks duration and direct them to the nearest sputum examination centres.
- 6-3 Administer DOTS and arrange for DOTS providers for TB patients RNTCP. Ensure follow up of patients enrolled for treatment. Help to trace defaulters of treatment and bring them back to medical treatment.
- 6-4 Provide health education about prevention, detection and treatment of Tuberculosis with emphasis on DOTS.
- 6-5 Identify persons having suspicious patches or anaesthetic patches and direct them to S.E.T. Centres, medical officers or to visiting medical team during “Pulse circuit”.
- 6-6 Assist to collect or collect cervical smears for cancer detection when instructed.
- 6-7 Sensitize females about the common forms of cancers among them and educate them on early detection and timely care seeking.
- 6-8 Any other duties or functions in respect of implementation of any other health programmes as and when instructed by authorities.

7 Health and Family Welfare Education

- 7-1 Educate community about health and diseases, personal hygiene, prevention of diseases and promotion of health.
- 7-2 Conduct health and Family Welfare education through personal interviews, group discussions.
- 7-3 Assist in conducting film shows and health and family welfare education activities.
- 7-4 Assist in special programmes of education for specified purposes.

8 Control of communicable diseases

- 8-1 Notify notifiable diseases and other diseases of public health importance.
- 8-2 Assist in carrying out control measures like anti-cholera inoculation, chlorination, distribution of ORS, DDT spraying, mass survey etc.

8-3 Exchange information about communicable diseases with the male Health Worker.

9. Proviton of Curative Services

9.1 Render services in the management of sick persons including treatment of minor ailments and render first aid to the extent to which she is trained and permitted.

10. National Disease Surveillance Programme

10.1 Assist in the implementation of National Diseases Surveillance programme as per guidelines issued.

11. Vital Events

11.1 Enquire and record births and deaths and give information about deaths to the Health Worker or Health Inspector.

11.2 Provide information about births/deliveries to the Registrar of Births and Deaths.

11.3 Educate community about the importance of registration of births and deaths, and about procedure for Registration.

12 School Health.

12.1 Assist in organizing and conducting Medical Examination of School children.

12.2 Assist in organizing and conducting School immunization sessions.

12.3 Conduct health education talks to pupils of the schools of the area.

13. Environmental Sanitation

13.1 Render help and co-operation for implementation of environmental sanitation programmes.

13.2 Educate community about the importance and significance of environmental sanitation.

14. Medical Termination of Pregnancy.

14.1 Render assistance and guidance of those requiring Medical Termination of Pregnancy (vide services under RCH programme) & Act.

14.2 Educate women on the availability of services for medical termination of pregnancy.

15. Other Responsibilities

- 15.1 Identify the elderly in the area and keep a list of all persons above 65 years of age. Collect details about the common ailments among them and provide services to the extent possible.
- 15.2 Identify cases of Hypertension and Diabetes mellitus in the community. Provide health education about prevention, detection, timely and proper management and complications of such diseases.
- 15.3 Help in the implementation of mental health programme and provide health education on early detection and treatment of such problems. Assist in follow up and community rehabilitation of the mentally ill.
- 15.4 Provide health education about other life style related diseases.
- 15.5 Provide health education about Reproductive Tract Infections, Sexually Transmitted Infections, HIV and AIDS. (Vide RCH guidelines). Help in early detection of such diseases and fetch the victims counseling and medical support.
- 15.6 Detect cases of Cataract and other causes of blindness and fetch them medical help. Provide health education regarding care of eyes, causes of blindness and other services available under the National Programme for control of blindness. Provide sufficient information and support to those willing for "Eye Donation".
- 15.7 Maintain a list of all the physically challenged persons in the area. Provide them with support on rehabilitation.
- 15.8 Any other duty assigned by authorities from time to time.

16. Staff meetings and Conferences.

- 16.1 Attend staff meetings and conferences at PHCs, Block Offices or Panchayat Offices or at any other places or occasions as and when required or instructed.
- 16.2 Attend the sectoral and project level meetings of the ICDS. Render continuing education sessions to the Anganwadi workers in the sectoral meetings. Collect and consolidate the Monthly Monitoring Reports of the Anganwadi Workers of their field area and pass it on to the primary health centre through their superiors.

16.3 Hold regular meetings of the MSS and other voluntary workers and enhance their participation in health care activities.

17. Registers and Records.

The JPHNs should maintain the following registers

1. General Information Register
2. Family Health Survey and follow up register with an index.
3. Community Education Register.

These three registers are common to both the male and female health workers

4. Mother and Child Register.
5. Contraceptive Acceptance and follow up register.
6. Stock Register.
7. Issue Register of contraceptives to individual couples.
8. Daily case register for clinics and treatment of minor ailments.
9. Daily abstract of activities, area maps, progress charts.
10. Field Diary.
11. Instruction Book.
12. Inspection Book

Any other register required by specific programmes

18. On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

19. Any Other duty assigned by authorities from time to time

2.

JOB RESPONSIBILITIES OF MULTI PURPOSE HEALTH WORKER (MALE)

Junior Health Inspectors (JHIs)

Multipurpose Health Worker- Male (Junior Health Inspector in Kerala) is one of the two staff members of a subcentre – the grass root level facility to provide comprehensive primary health care to the community. This level of institutions and these two grass root level workers are the first level of contact of community with the formal health care delivery system of the State. The gamut of services a male health worker is expected to provide under the Multi purpose Health worker scheme is very wide and encompasses promotive, preventive and curative services. They have public health responsibilities also.

Male Health Workers have both institutional and field responsibilities. Their Institutional responsibilities include activities in the subcentre from where they operate and field activities are related to specified population or geographic areas assigned from time to time. Normally they will be assigned 3,000 to 8,000 populations depending on the density of population of the area and geographic terrain of the area.

1. Area, Periodicity of visit and Reporting.

- 1-1 Area- Area and population to be covered may be specified from time to time
- 1-2 Visit- At least one visit in two months to each household in the area allotted
- 1-3 Reporting – To the concerned medical officer through his supervisors.

2. Maintenance of Family and Village records

- 2-1 Family and Village Survey—Survey all families in the allotted area and collect general information about each family, village and locality of the area. This should be completed by joint effort of both the JHI and JPHN.
- 2-2 Family and Village Records— Along with the JPHN, prepare and maintain and utilise family records and village registers containing particulars about Family Planning,

Immunisation, Vital events, Environmental Sanitation, local health problems, Educational activities, services rendered, achievement etc.

3. Implementation of National Health Programmes

3-1 National Malaria Programme

- 3-1-1 May identify Fever cases
- 3-1-2 Make thick and thin smears of blood from patients
- 3-1-3 May give presumptive treatment
- 3-1-4 Despatch blood smears to the laboratory twice a week by post or personally.
- 3-1-5 Record results of examination of blood smears.
- 3-1-6 Should collect contact smears and mass survey smears when positive case is detected.
- 3-1-7 Arrange in focal spraying.
- 3-1-8 Assist or arrange for radical treatment of diagnosed Malaria cases.
- 3-1-9 Collect follow-up smears.
- 3-1-10 Educate community on the importance of blood smear examination of fever cases, insecticidal spraying and treatment of malaria cases.

3-2 Revised National Tuberculosis Control Programme

- 3-2-1 Enquire about persons with chest symptoms particularly cough lasting for more than two weeks duration and direct them to PH centre.
- 3-2-2 Create awareness regarding the importance of sputum examination and direct the symptomatic patients to microscopy centres.
- 3-2-3 Help in the provision of Directly Observed Treatment Short Course (DOTS) and in arranging DOTS providers.
- 3-2-4 Help those under treatment to continue and complete treatment.
- 3-2-5 Follow up the cases on direction from the by the Medical Officer. Help to trace defaulters of treatment and bring them back for treatment.
- 3-2-6 Conduct BCG vaccination when required.
- 3-2-7 Any other responsibility regarding TB Control as and when instructed.
- 3-2-8 Educate public about prevention, detection and treatment of Tuberculosis with emphasis on DOTS.

3-3 National Leprosy Control Programme.

- 3-3-1 Identify persons having suspicious patches or anaesthetic patches and direct to S.E.T.Centre, Control Unit, medical officer or to “Pulse circuits”.
- 3-3-2 Help those under treatment to continue and complete treatment.
- 3-3-3 Follow up reported cases.
- 3-3-4 Educate the community about leprosy, its causation, ways of detection, treatment and try to dispel the stigma attached to the disease.

3-4 Other health programmes and activities

- 3-4-1 Identify elderly in the area and keep a list of all persons above 65 years of age. Collect details about common ailments among them and provide services to the extent possible.
- 3-4-2 Identify cases of Hypertension and Diabetes mellitus in the community. Provide health education about prevention, detection, timely and proper management and complications of such diseases.
- 3-4-3 Help in the implementation of mental health programme and provide health education on early detection and treatment of such problems. Assist in follow up and community rehabilitation of the mentally ill.
- 3-4-4 Provide health education about other life style related diseases.
- 3-4-5 Provide health education about Reproductive Tract Infections, Sexually Transmitted Infections, HIV and AIDS. (Vide RCH guidelines). Help in early detection of such diseases and fetch the victims counseling and medical support.
- 3-4-6 Detect cases of Cataract and other causes of blindness and fetch them medical help. Provide health education regarding care of eyes, causes of blindness and other services available under the National Programme for control of blindness. Provide sufficient information and support to those willing for “Eye Donation”.
- 3-4-7 Maintain a list of all the physically challenged persons in the area. Provide them with support on rehabilitation.
- 3-5 Implement any other national health programme or activities as per the instructions issued from time to time. Any other duties like mass surveying, mass vaccination etc., of the area of the PHC for which the worker is deputed or allotted in connection with the implementation of programmes.

4. Reproductive and Child Health Programme (Vide. Essential RCH services rendered through the subcentres- Job responsibilities of JPHNs)

- 4-1 Detect antenatal cases and furnish information to Lady health worker and refer them to P.H.Centre or subcentre.
- 4-2 List Eligible Couples and contact them, educate them, motivate them for accepting suitable contraceptive methods.
- 4-3 Spread the message of small family concept and of family planning to the community and motivate the eligible couples to adopt the small family norm.
- 4-4 Distribute conventional contraceptives.
- 4-5 Provide follow up service to acceptors of family planning. Identify complications and failures and provide service or necessary advice.
- 4-6 Establish Depot holders and provide necessary information and replenishment of stocks.
- 4-7 Render assistance to family planning promoters.
- 4-8 Utilize satisfied customers, village teachers and others for promoting family planning programme.
- 4-9 Identify local leaders and with their help educate and involve the community in health and family planning programmes.
- 4-10 Assist in subcentre clinics
- 4-11 Get acquainted with the services to be provided at the community and subcentre level under the RCH programme (included in the job responsibilities of the female health workers) and render all support and service in accomplishing them.
- 4-12 Ensure male participation in the RCH programme
- 4-13 Provide advise to peri -menopausal and post menopausal women. Sensitize them regarding common malignancies among women and motivate them for periodic check up and screening for these conditions.
- 4-14 Provide counseling services to the adolescents. Monitor the girl children for anemia, malnutrition and take corrective steps. Arrange sessions to provide sex education and family education to this group of beneficiaries

5. Environmental Sanitation.

- 5-1 Give advice for construction and maintenance of sanitary wells.
- 5-2 Educate community about the advantages of protected and purified water.
- 5-3 Chlorinate public water sources during routine visits.
- 5-4 Educate the community on:
 - (a) methods of disposal of liquid wastes and help in construction of soakage pits, kitchen garden etc.
 - (b) methods of disposal of solid wastes (including excreta) and help to provide manure pits, compost pits etc.
 - (c) home sanitation, advantages and uses of sanitary types of latrines and provide them information on construction and maintenance of such latrines.
- 5-5 Provide advice about cattle sheds and stables to prevent nuisance and hazards due to dung and other wastes.

6 Control of Communicable diseases

- 6-1 Identify notifiable diseases like Cholera, Chickenpox, Smallpox, Plague, Poliomyelitis, Hepatitis, Measles, Mumps, Whooping Cough, Meningitis, intermittent fever and other communicable diseases like diarrhea, gastroenteritis, etc. and notify to P.H.Centre.
- 6-2 Carry out control measures and other supports including distribution of ORS.
- 6-3 Educate community about the importance of control and preventive measures against such diseases.
- 6-4 Render assistance in the implementation of National Diseases Surveillance programme.
- 6-5 Report to the authorities about stray dogs.

7. Health and Family Education

- 7-1 Educate community about health and diseases, personal hygiene, environmental sanitation, prevention of diseases and promotion of health as and when occasions arise during routine visits or during special campaigns.
- 7-2 Conduct Health and Family Education through personal interviews, group discussions and other IEC methods.
- 7-3 Assist in arranging film shows and health education activities.
- 7-4 Conduct specific education for specific programmes

8. Nutritional Services

- 8-1 Identify cases of malnutrition among children and refer them to P.H.Centres for nutrient supplement or treatment.
- 8-2 Distribute iron and folic acid tablets to eligible beneficiaries.
- 8-3 Administer Vit.A drops or syrup to children as per instructions.
- 8-4 Educate families about nutritious diets for mothers and children.

9. Immunisation

JHI should take part in the following.

- 9-1 Help in the administration of Vaccines against Vaccine Preventable Diseases (VPDs) as and when instructed by higher authorities.
- 9-2 Help in the maintenance of “cold chain” and in proper storage and distribution of vaccines. Render support for maintenance of cold chain as per the instructions of Lady Health Inspectors and other supervisors.
- 9-3 Assist other staff in immunisation camps and in school immunisation programmes.
- 9-4 Assist in conducting immunisation clinics in the area.
- 9-5 Educate community about the importance and procedures of immunisation and encourage community participation in immunisation programmes.

10. CURATIVE SERVICES

- 10 Provide source to the of sick persons including treatment of minor ailments and rendering first aid, to the extent to which a Health Worker is trained and rendering first aid, to the extend to which a Health Worker is trained and permitted. (Supervisory Officers may provide separate guidelines to the Workers on this.)

11. Collection of details of vital events.

- 11-1 Enquire and record births and deaths and give information about births to the Female Health Worker/Lady Health Inspector and regarding death to the Health Inspector/Health Supervisor.

- 11-2 Educate the community about the importance of registration of births and deaths about procedures for registration of such events.

12 School Health

- 12-1 Assist in Medical Examination of School children when instructed.
- 12-2 Assist in organizing and conducting immunization camps in schools.
- 12-1 Conduct health education talks to pupils of schools in the area.
- 12-2 Conduct Sanitation inspection of schools and assist teachers for maintenance of healthy environment of schools.

13. Medical Termination of Pregnancy.

- 13-1 Render assistance and guidance to those requiring Medical Termination of Pregnancy.
- 13-2 Educate women on the availability of services for medical termination of pregnancy and about the of hazards of “unsafe abortion”.

14. Public Health Responsibilities

- 14-1 Conduct inspection of places where dangerous and offensive trades are occurring, including eating and drinking places, places where food items are prepared (eg. Bakery) and also places or activities causing nuisance. Suggest corrective measures if necessary. In cases where action under Public Health Act or any other statute is required, the matter shall be reported to the concerned health authority, through superiors.
- 14-2 Assist the supervisors and medical officers in preparing technical reports related to public health activities.
- 14-3 Any other duty assigned by higher authorities, related to Public Health.

15. Environmental Sanitation

- 15.1 Give help and co-operation for implementation of environmental sanitation programme.
- 15.2 Educate community about the importance and significance of environmental sanitation.

16. Staff meetings and Conferences.

Attend staff meetings and conferences at PHCs, Block Offices or Panchayat Offices or at any other places as and when required or instructed.

Attend the sectoral and project level meetings of the ICDS. Render continuing education sessions to the Anganwadi workers in the sectoral meetings. Help the female worker to collect and consolidate Monthly Monitoring Reports of the Anganwadi Workers of their field area.

Render help to female health worker in organizing and conducting meetings for MSS workers and other voluntary agencies.

17. Services to the Elderly “Challenged” and “Mentally ill”

17.1. Maintain an updated register of the elderly (above 65 years of age) and provided them services. Detect Hypertension and Diabetes among the elderly and motivate them to avail treatment. Provide follow up services for already detected cases

17.2. Provide health education to prevent life style diseases and sensitize the community about prevention of such diseases and on promotion of positive health.

17.3. Keep an updated list of the “Physically challenged” persons in the area and render support in fetching them help and rehabilitation support wherever necessary.

17.4. Render support in the implementation of Mental health programmes and help the community in early detection of mental disorders and getting treatment.

18. Services for prevention of RTI/STI and HIV/AIDS

18.1 Provide health education and arrange IEC activities to prevent the spread of RTI/STIs. Spread the message of prevention of spread of HIV/AIDS infection.

18.2 Target the “Special High risk groups” and come out with interventions as specified in the National HIV/AIDS control programme.

19. Services under other National health programmes

Provide services under other national health programmes, as per the guidelines of such programmes, as and when directed to do so.

20. Maintenance of Registers and Records.

JHI should maintain the following registers.

1. General Information Register
2. Family Health Survey and follow up register with an index.
3. Community Education Register.

These three registers are common to both male and female workers.

4. Stock Register.
5. Issue Register of contraceptives to individual couples.
6. Daily case register for clinics and treatment of minor ailments.
7. Daily abstract of activities, area maps, progress charts.
8. Field Diary.
9. Instruction Book.
10. Individual Registers for National health programmes like National Ant malaria programme, National Leprosy Eradication programme etc.
11. Registers of any other health activities or programmes as and when required.

21. On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

22. Any other duties or responsibilities assigned by authorities.

3.

JOB RESPONSIBILITIES OF LADY HEALTH INSPECTORS (LHIS)

I. General

Lady Health Inspectors (LHIs) are the first level of multipurpose female supervisory personnel. These officials assume great importance in current context where she may be the only female supervisor in a mini Primary Health Centre.

Lady Health Inspectors' job functions are mainly related to Supervision, General administration of field staff under them, Co-ordination of primary health care activities in their service area, coordination of activities with the Local Self Government Institutions, maintaining public relations and supporting their superiors in day today activities of institutions to which they are posted.

II. Area and Jurisdiction

There should be one Lady Health Inspector (LHI) for every 25-30,000 population. This corresponds to the service areas of about 5-6 grass root level workers. This would also be the area and population covered by a mini Primary Health Centre. Each mini Primary Health Centres may have a Lady Health Inspector. Lady Health Inspectors need be present in block Primary Health Centres only if the centres are directly providing services to any field areas. In some block Primary Health Centres whole field area had been transferred to mini Primary Health Centres and such block Primary Health Centres need not have Lady Health Inspectors. Health Supervisor and Lady Health Supervisor, who are the designated supervisors for whole block areas, may accomplish the overall supervisory work in those centres.

A Mini primary health centre catering to a population of 25000 to 40000 may ideally have a Health Inspector and a Lady Health inspector and a total of about 10 to 16 grass root level workers.

III Supervisory Responsibilities:

III.1. Concurrent supervision of Health Workers.

Concurrent supervision is crucial in assuring quality of services. It gives opportunity to observe workers in their duty and chances to guide, correct and follow them up. The basic

philosophy of National Health Programmes like Reproductive and Child Health (RCH) and Revised National Tuberculosis Control Programmes (RNTCP) is quality oriented services. In this context , concurrent supervision assumes very great significance.

A Lady Health Inspector should **make not less than six concurrent supervisions in a calendar month**. Schedule of concurrent supervision should be clearly made out in advance tour programmes and may be strictly adhered to. These supervisory sessions may be changed only under extreme emergency situations and that also with the concurrence and ratification of superiors. Lady Health Inspectors, through their immediate superiors, should submit reports of these supervisory visits to the medial officers in charge. They in turn may consolidate all such visits and send their reports to the District Medical Officer of Health.

III.2 Consecutive Supervision of grass root level workers.

Only consecutive supervisory visits can assess the quantum of work done by grass root level workers. They will also provide necessary information about the periodicity of visit of the health worker to the area, their punctuality and the profile of beneficiaries who are being served by the workers. It would also provide information about the lapses and gaps in service provision and would provide opportunities to fill those gaps and rectify lapses.

A Lady Health Inspector **should make at least 5 consecutive supervisory visits every month**. All these supervisory visits should be of “Surprise” nature and need be disclosed only to the Medical Officer in charge of the institution. The detailed reports of such visits should be furnished to the medial officer in charge through proper channel. These visits are to be followed up and reports of such follow-ups should also be furnished at least every two months till all the corrective steps mentioned by the LHI had been fully implemented.

The LHIs should report on concurrent and consecutive supervision of the health workers in monthly review meeting of the Primary Health Centre. Reports should be furnished in formats for conducting supervision of subcentres. Follow up action should be discussed in general so that all workers can derive benefit.

III.3. Routine supervisory responsibilities

The Lady Health Inspector in addition to the mandatory concurrent and consecutive supervisory responsibilities should also discharge routine supervisory responsibilities. They

should guide and supervise the health workers in their routine activities, special clinics and outreach sessions. They may also help workers in organizing and conducting immunization clinics, antenatal clinics, contraceptive camps, school health programmes, adolescent counseling sessions, STI/RTI counseling sessions, National Immunization Days (NIDs) and such similar activities.

III 4. Supervision/Reporting and record keeping

They should help and guide the health workers to prepare proper reports and scrutinize the records maintained by them. Provide guidance to them in proper record keeping and maintenance of registers.

III. 5 Training and guidance of health workers

Lady Health Inspectors may impart training as and when necessary to the health workers under them. Workers joining the service or transferred in to an institution should be provided training by the LHI to “induct” them to work and to the new worksite. Imparting such induction training to the health workers may be jointly organized by the Health Inspector and Lady Health Inspector with help and guidance from all their superiors. The LHIs should keep copies of the “Job responsibilities of all cadres under their control” and should provide them with sufficient information on their job responsibilities. Whenever new programme get added, Lady health inspector and the health inspector should provide guidelines to health workers under them. LHIs and HIs should take initiatives to discuss the job responsibilities of subordinates frequently in monthly review meetings so that all workers get chance to update their knowledge.

IV. Organizing and conducting meetings

IV. 1 Meetings in primary health centres

Lady Health Inspectors along with Health Inspectors may be jointly responsible in organizing and conducting meetings at the Primary Health Centre.

IV.1.1 Half day and full day zonal meetings

They should be responsible for organizing and conducting Half Day Zonal and Full Day Zonal meetings. In mini Primary Health Centres LHIs and HIs may take responsibility by turn in

organizing these meetings. Medical officers need not participate in these meetings and reports of such meetings should be furnished to the medical officer on the succeeding day of meeting. The periodicity of such meetings should be informed from time to time. Both Half Day Zonal and Full Day Zonal meetings may be conducted in the periphery in Subcentres, the location being fixed on a rotational basis and announced during the monthly review meeting at the Primary Health Centre.

They should also help to organize and conduct the monthly review meeting at the Primary Health Centre level.

IV. 2 ICDS meetings

LHIs along with HIs and health workers should attend sectoral meetings of Anganwadi workers in their area. Service area of a LHI would almost correspond to a sector of ICDS project and a LHI need attend only one such sectoral meeting. In rare instances the service area of LHI may be in more than one sector of an ICDS project. In such cases the project officers should be consulted and sectoral meetings arranged in such a manner that the LHI can attend all of them. An alternate strategy in such areas should be that either Health Inspector or Lady Health Inspector should attend each meeting and take turns subsequently so that both the officials get chance to interact with the Anganwadi Workers (AWW) of both the sectors. This is possible only when both HI and LHI are available in a centre. In ICDS sectoral meetings LHIs with the help of HIs may collect and consolidate all “Monthly Monitoring Reports (MMRs)” of the Anganwadi workers (AWWs). With the help of health workers and HIs, they may arrange “continuing education sessions” for the AWWs on topics of current interest. Lady Health Inspectors and Health Inspectors may jointly ensure attendance of all health workers in the area for such meetings. They may initiate necessary actions against defaulters and follow up such actions.

IV.3 Meetings with the Local Self Government Institutions (LSGIs)

LHIs are to attend meetings organized by LSGIs, if they are directed to do so. Such directions to the LHIs should be routed through their superiors and medical officers. They should report to their medical officers through proper channel on all such meetings. All communications to and from the Lady Health Inspectors involving the LSGIs may be routed through proper channel through the medical officers in charge only.

IV.4 Other official meetings

LHIs should attend any other meetings as and when directed to do so. They should organize beneficiary meetings, meetings of community leaders and opinion leaders in matters related to health and health care activities. They should supervise meetings of MSS workers and other voluntary agencies organised by health workers.

V Activities related to National health Programmes

V.1 Reproductive and Child health Programme

V.1.1 Help health workers in arranging all the programme activities.

V.1.2 Render help in conducting antenatal, immunization and contraception camps

V.1.3 Lady Health inspector should be responsible for all “Cold Chain” related activities in mini Primary Health Centres and should help the LHS in such activities in higher level institutions. They should maintain stock of vaccines, ice packs, vaccine carriers, day carriers and other ancillary equipment related to cold chain. They should avail the services of JPHNs or any other functionaries in the institutions, for maintaining cold chain, under orders of the medical officer in charge.

V.1.4 Supervise contraceptive service provision and ensure proper follow up of contraceptive acceptance. Contraception failure or complication may be followed up meticulously under report to the medical officer and utmost quality of care ensured.

Keep abreast with the services to be provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker- JPHN) and provide support and supervision.

Lady Health Inspectors are to refer to “ Reproductive and Child Health Programme Module for Health Assistants (Female) - LHV – Integrated Skill development training” published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, Thiruvananthapuram.

V.2 National Antimalaria programme

Encourage the health workers (both male and female) in Antimalaria activities. Supervise active and passive blood smear collection. Follow up positive cases and enhance other Antimalaria activities like contact smear collection, DDT spraying and other activities. Organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected. In the wake of slightest suspicion of any complications cases may be referred and transferred to primary health centres. Depending on the gravity of the situation arrange for medical consultation and help to the patient.

Keep track of the positive malaria cases (through the health workers) and ensure treatment compliance.

V.3 Revised National Tuberculosis Control Programme (RNTCP)

RNTCP is fully integrated with the general health services and is being implemented through it. LHIs along with HIs may ensure compliance of their workers with the guidelines issued under this programme. DOTS provision by health workers and other “providers” is should be closely monitored and reported to the treatment centres through the medical officers. They should help in tracing and bringing back to treatment all “defaulters” and should also render support in fetching medical help to patients who develop complications or adverse reactions.

Lady Health Inspectors should take active role in IEC activities of the programme and also impart health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

V. 4 National Leprosy Eradication programme

Supervise the health workers in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs. Help the workers in case detection, bringing them for treatment, follows up and combating adverse drug reaction and other reactions in Leprosy. Provide health education, supervise IEC activities and organize mass camps, special camps etc. for case detection.

V. 5 National Programme for control of Blindness

Help and supervise the workers in their programme activities. Help in organizing cataract detection and cataract surgery camps, health education and sensitization camps, school camps and camps organized by voluntary organizations and NGOs towards blindness control activities.

V.6. Other National Health Programmes

- V.6.1 Supervise health education and IEC activities aimed at prevention of sexually transmitted infections. Help in early detection of sexually transmitted infections and Reproductive tract infections, with the help of health workers ensure treatment of victims.
- V.6.2 Arrange counseling sessions and health education sessions with the aim of bringing down the prevalence of RTI/STIs and HIV/AIDS infection and disease.
- V.6.3 Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in fetching treatment to cancer victims.
- V.6.4 Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain relief and palliative care services through grass root level health workers. Collect, consolidate and maintain a register of such patients in the service area.
- V.6.5. Render support in detection and management of life style diseases like Hypertension and Diabetes Mellitus. Encourage health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, food habits and avoidance of smoking and alcohol.
- V.6.6 Support the health workers in the implementation of National Disease Surveillance activities.
- V.6.7 Provide support in implementing mental health programmes. Support the community rehabilitation of the mentally ill. Spread the message of the importance of prevention, early detection and proper treatment of mental disorders. Sensitize the community about the problems related to “Substance Abuse” and arrange help for the treatment and rehabilitation of substance abuse victims.

V.6.8 Render help and guidance to the health workers in other national health programmes as per the guidelines issued on each from time to time.

V.7 Services to the elderly

As a result of the demographic transition occurring in the state, elderly people are emerging as a major chunk of population and need special attention. Because of their physical incapability they may find it difficult to access health care facilities. Health workers should be motivated to render services at the doorsteps of the elderly. Try to understand the disease profile among the elderly in the service area and devise interventions to address them with the help of superiors and the medical officers. Implement them with the help of health workers and provide help, guidance and supervision in these activities.

V.8. Services to the Physically challenged

Render support and guidance to the health workers in keeping a list of all the challenged individuals in the service area provide them necessary support. Help in their rehabilitative measures.

VI. Record keeping and reporting

VI. 1. Area map and baseline details

Keep an updated map of the area being served. This may show, in detail, the area assigned to individual health workers (both male and females) in addition to the usual landmarks. Lady Health Inspectors should have the demographic details of their service area.

VI.2. Advance Programme and Diary

Submit advance programme duly countersigned by the immediate superior to the medical officer before the first working day of every month. Get it approved in the monthly review meeting. The programme should be planned in such a way that all the Subcentres/sections are covered and all health workers are being supervised.

Maintain an updated diary containing all the details of field visit. Separate sections should be allotted in the diary for each Subcentre area so that all the areas are evenly covered. Priority visits and 'surprise supervisory visits' may be made as separate entries in the diary

VI.3 Reports and Registers

HI should maintain the following registers

1. Base line details about the area – common to both HI and LHI
2. Consolidation register
3. Minutes of meetings – joint responsibility of HIs and LHIs
4. Stock register
5. Contraception failure and complications – follow up register- joint responsibility of Health Inspectors and Lady Health Inspectors.
6. Birth and death Registers
7. Family Registers
8. Consolidate immunization Registers
9. Consolidation Registers of MSS activities in the area
10. Consolidation Register of ICDS activities in the area including details of consolidated monthly monitoring reports of AWWs and Sectoral meetings
11. Registers of special activities like National Immunization Days (NIDs-Eg. Pulse Polio Immunization)
12. Other registers as required for national health programmes and special activities

They should furnish periodic reports duly countersigned by the superiors to the medical officer in charge. Furnish reports of RCH and RNTC Programmes in prescribed formats. In the case of other activities reports may be furnished as directed from time to time.

VII Other responsibilities

VII.1. School health activities

Organize School Health programmes with the help of Health Inspector and the health workers

VII.2. IEC activities

Assist the Health Inspectors in organizing and conducting various IEC activities related to national health programmes and health education activities.

VII.3 Health activities by voluntary agencies, non-governmental organizations (NGOs) etc.

Co-ordinate the activities of various agencies involved in health care activities in the area and co-ordinate the activities of health workers with these agencies.

VII.4 Camps and campaigns

Participate in various camps and campaigns in relation to the health care activities

VII. 6 Local Self Government Institutions

Work with the LSGIs in matters related to health care activities and involve in the planning and implementation of various health activities, projects and programmes of the LSGIs.

VII.7 On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities.

VII.8 Any other duties ordered by higher authorities.

4.

JOB RESPONSIBILITIES OF HEALTH INSPECTORS (HIS)

I. General

Health Inspectors (HIs) are the first level of multipurpose male supervisory personnel. These officials assume great importance in current context where he may be the only male supervisor in a mini Primary Health Centre.

Health Inspectors' job functions are mainly related to Supervision, General administration of the field staff under them, Co-ordination of primary health care activities in their service area, coordination of activities with the Local Self Government Institutions, maintaining public relations, actively involving in public health related activities and supporting their superiors in day today activities of the institutions in which they are posted.

II. Area and Jurisdiction:

There is one Health Inspector (HI) for every 25-30,000 population. This corresponds to the service areas of about 10-12 grass root level workers. This would also be the area and population covered by a mini Primary Health Centre. Mini Primary Health Centres may have a Health Inspector each. Health Inspectors need be present in block Primary Health Centres only if the centres are directly providing services to any field areas. In some block Primary Health Centres whole field area had been transferred to mini Primary Health Centres and such block Primary Health Centres need not have Health Inspectors. Health Supervisor and Lady Health Supervisor, who are the designated supervisors for whole block areas, could accomplish the overall supervisory work in those centres. A Mini primary health centre catering to a population of 25000 to 40000 may ideally have a Health Inspector and a Lady Health inspector and a total of about 10 to 16 grass root level workers.

III Supervisory Responsibilities:

III.1. Concurrent supervision

Concurrent supervision is crucial in assuring quality of services provided by workers. It gives opportunity to observe workers in their duty and chances to guide, correct and follow them up. Since the basic philosophy of many national health programmes like Reproductive and Child Health (RCH) and Revised National Tuberculosis Control Programmes (RNTCP) is quality oriented services, concurrent supervision assumes very great importance.

Health Inspector should make not less than six concurrent supervisions every month. Schedule of concurrent supervision should be clearly made out in advance for programmes and should be strictly adhered to. These supervisory sessions can be changed only under emergency situations and that also with the concurrence and ratification of superiors. Health Inspectors, through their immediate superiors, should submit the reports of these supervisory visits to the medical officers in charge. They in turn would consolidate all such visits and send their reports to the District Medical Officer of Health, reports may be finished in prescribed format.

III.2 Consecutive Supervision

Only consecutive supervisory visits can assess the quantum of work done by grass root level workers. They will also provide necessary information about the periodicity of visit of the health worker to the area, their punctuality and the profile of beneficiaries who are being served by the workers. It would also provide information about the lapses and gaps in service provision by employees and would provide opportunities to fill those gaps and rectify lapses.

A Health Inspector should make at least 5 consecutive supervisory visits every month. All these supervisory visits should be of “Surprise visit” nature and need be disclosed only to the Medical Officer in charge of the institution. The detailed reports of such visits should be furnished to the medical officer in charge through proper channel. These visits are to be followed up and reports of such follow-up are also to be furnished at least every two months.

The HIs may report on concurrent and consecutive supervision of the workers in monthly review meetings. The follow up action should be discussed in general so that all workers can derive benefit.

III.3. Routine supervisory responsibilities

The Health Inspector in addition to the mandatory concurrent and consecutive supervisory responsibilities also discharge routine supervisory responsibilities. They should guide

and supervise health workers in their routine activities, special clinics and outreach sessions. They help workers in organizing and conducting immunization clinics, antenatal clinics, contraceptive camps, school health programmes, adolescent counseling sessions, STI/RTI counseling sessions, National Immunization Days (NIDs) and similar activities.

III 4. Supervision of reporting and record keeping

Help and guide the health workers to prepare proper reports and scrutinize the records maintained by them. Provide guidance to them in proper record keeping and maintenance of registers.

III. 5 Training and guidance

Health Inspectors should impart training as and when necessary to the health workers under them. New worker joining the service or transferred in to an institution should be provided training by the HI to “induct” them to the work and the new worksite. Such health workers are to be subjected to more numbers of concurrent supervisory visits during the initial months till they get used to the area and also with their job responsibilities. HIs should keep with them copies of “Job responsibilities” of all cadres under their control and should provide them with sufficient information on their job responsibilities. Whenever new programmes are added, detailed guidelines about them should be provided by HIs to their subordinates. HIs may take initiative to discuss the job responsibilities of subordinates frequently in monthly review meetings so that all the workers get chance to update their knowledge. In all these matters Health Inspectors and Lady health Inspectors may be jointly held responsible.

IV. Organizing and conducting meetings

IV. 1 Meetings in primary health centres

Health Inspectors along with the Lady Health Inspectors should jointly organize and conduct various meetings at the Primary Health Centre. They should be responsible for organizing and conducting Half Day Zonal and Full Day Zonal meetings. In these two types of meetings at the mini Primary Health Centre level LHIs and HIs may take up responsibilities in turn during every month. In these meetings medical officer need not participate and hence the

reports of these meetings should be furnished to the medical officer on the succeeding day of such meetings. The periodicity of such meetings will be informed from time to time. Both the Half Day Zonal and Full Day Zonal meetings should be conducted in periphery in Subcentres, the location being fixed on rotational basis and announced during the monthly review meeting at the Primary Health Centre.

They should also help to organize and conduct the monthly review meeting at the Primary Health Centre level.

IV. 2 ICDS meetings

HIs along with LHIs and health workers should attend sectoral meetings of the Anganwadi workers in their service area. Usually the service area of an HI would almost correspond to a sector of ICDS project and an HI need attend only one such sectoral meeting. In rare instances the service area of HI may be in more than one sector of an ICDS project. In such cases the project officers may be consulted and the sectoral meetings arranged in such a manner that the HI can attend all of them. An alternate strategy in such areas should be that either Health Inspector or Lady Health Inspector should attend each meeting and take turns subsequently so that both the officials get chance to interact with the Anganwadi Workers (AWW) of both the sectors. In ICDS sectoral meetings HIs should help LHIs to collect and consolidate all “monthly monitoring reports” from the Anganwadi workers (AWWs). They should also help LHIs to arrange “continuing education sessions” for the AWWs on topics of current interest. Health Inspectors or the health workers can also conduct classes on subjects of public health interest or of concern to the primary health care field.

Health Inspectors and Lady Health Inspectors should jointly ensure attendance of all health workers such meetings. They should initiate necessary actions against defaulters and should follow up such actions.

IV.3 Meetings with the Local Self Government Institutions (LSGIs)

HIs should attend meetings organized by the LSGIs, if they are directed to do so. Such directions to the HIs are to be routed through their superiors and medical officers. They should report back to their medical officers through proper channel on all such meetings. All

communications to and from the Health Inspectors involving to the LSGIs should be routed through proper channel through the medical officers in charge.

IV.4 Other official meetings

HIs should attend any other meetings as and when directed to do so. They should organize beneficiary meetings, meetings of the community leaders and opinion leaders for matters related to health and health care activities.

V Activities related to National health Programmes

V.1 Reproductive and Child health Programme

- V1.1 Help the health workers in arranging all the programme activities.
- V1.2 Render help in conducting antenatal, immunization and contraception camps
- V1.3 Render help and support to the LHI in maintaining “Cold chain” in vaccine storage, distribution and administration to the beneficiaries. Supervise the health workers in maintenance of cold chain in all immunization activities.
- V1.4 Supervise the service provision under the programme and ensure proper follow up of contraceptive acceptance.
- V1.5 Contraception failure or complication may be followed up meticulously under report to the medical officer and utmost quality of care ensured.
- V1.6 Keep abreast of the services to be provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker- PJHN) and provide support and supervision.

Health Inspectors may refer to “ Reproductive and Child Health Programme Module for Health Assistants (Male) – Integrated Skill development training” published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, Thiruvananthapuram.

V.2 National Antimalaria programme

Encourage the health workers (both male and female) in antimalaria activities. Supervise active and passive blood smear collection. Follow up positive cases and enhance other antimalaria activities like contact smear collection, DDT spraying and other activities. Organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected. Provide radical treatment to all positive cases in consultation with the medical officers and follow them up. In the wake of slightest suspicion of any complications cases are to be referred and transferred to primary health centres. Depending on the gravity of the situation arrange for medical consultation and help to the patient. Keep track of the positive malaria cases (through the health workers) and ensure treatment compliance.

V.3 Revised National Tuberculosis Control Programme

RNTCP is fully integrated with the general health services and is being implanted through it. HIs along with LHIs may ensure compliance of their workers with the guidelines issued under this programme. DOTS provision by health workers and other “providers” may be closely monitored and reported to the treatment centres through the medical officers. They may help in tracing and bringing back to treatment all the defaulters and may also render support in providing medical help for patients developing complications or adverse reactions.

Health Inspectors may take active role in the IEC activities of the programme and in imparting health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

V. 4 National Leprosy Eradication programme

Supervise the health workers in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs. Help the workers in case detection, bringing them for treatment, follow up and combating adverse drug reaction and other reactions in Leprosy. Provide health education, supervise IEC activities and organize mass camps, special camps etc. for case detection.

V. 5 National Programme for control of Blindness

Help and supervise the workers in their programme activities. Help in organizing cataract detection and cataract surgery camps, health education and sensitization camps, school camps and camps organized by voluntary organizations and NGOs towards blindness control activities. Educate the public about “eye donation” and provide guidance and support to the willing persons for “eye donation”.

V.6. Other national health programmes

- V.6.1 Supervise health education and IEC activities aimed at prevention of sexually transmitted infections. Help in early detection of Sexually transmitted infections and Reproductive tract infections. With the help of health workers ensure treatment of victims.
- V.6.2 Arrange counseling and health education sessions with the aim of bringing down the prevalence of RTI/STIs and HIV/AIDs infection and disease.
- V.6.3 Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in providing treatment to cancer victims.
- V.6.4 Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain relief and palliative care services through grass root level health workers. Collect, consolidate and maintain a register of such patients in the service area.
- V.6.5 Render support in detection and management of life style diseases like hypertension and Diabetes mellitus. Encourage the health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, importance of food habits and avoidance of smoking and alcohol.
- V.6.6 Support the health workers in the implementation of National Disease Surveillance activities.
- V.6.7 Provide support in implementing Mental health programmes. Supervise the health workers in their activities related to the programme. Impress upon them the importance of prevention, early detection and timely management of such diseases. Help in the community based management and rehabilitation of the mentally ill. Sensitize the

community about the diseases to dispel attached stigma. Educate the community about the harms of “Substance Abuse” and arrange medical help to the victims of substance abuse.

V.6.8 Render help and guidance to the health workers in other national health programmes as per the guidelines issued from them from time to time.

V.7 Services to the elderly

Considering the demographic transition occurring in the state, elderly people who are emerging as a major chunk of population need special attention. Because of their physical incapability this group of beneficiaries very often find it difficult to access the health care facilities. The health workers should be motivated to render services at their doorsteps.

Try to understand the disease profile among the elderly in the service area and device interventions to address them with the help of superiors and the medical officers. Implement them with the help of health workers and provide help, guidance and supervision in these activities.

V.8. Services to the Physically challenged

Render support and guidance to the health workers in keeping a list of all the challenged individuals in the service area. Provide them necessary support. Help in their rehabilitative measures.

VI. Record keeping and reporting

VI. 1. Area map and baseline details

Keep an updated map of the area being served. This may show in detail the area assigned to individual health workers (both male and females) in addition to the usual landmarks. Health Inspectors should have up to date the demographic details of their service area.

VI.2. Advance Programme and Diary

Submit advance programme duly countersigned by the immediate superior to the medical officer before the first working day of every month. Get it approved in the monthly review meeting. The programme may be planned in such a way that all the Subcentres/sections are covered and all health workers are being supervised.

Maintain an updated diary containing all the details of field visit. Separate sections should be allotted in the diary for each Subcentre section that all the areas are evenly covered. Priority visits and ‘surprise supervisory visits’ are to be made as separate entries in the diary.

VI.3 Reports and Registers

HI should maintain the following registers

- i. Base line details about the area – common to both HI and LHI
- ii. Consolidation register
- iii. Minutes of meetings – joint responsibility of HIs and LHIs
- iv. Stock register
- v. Contraception failure and complications – follow up register- joint responsibility of Health Inspectors and Lady Health Inspectors.
- vi. Register of Malaria cases with details of follow up
- vii. List of institutions of public health importance in the area
- viii. Register of public health activities
- ix. Birth and death Registers
- x. Family Registers
- xi. Other registers as required for national health programmes and special activities

They should furnish periodic reports duly countersigned by the superiors to the medical officer in charge. Help the Lady Health Inspector in furnishing reports of RCH and RNTC Programmes in prescribed formats. In the case of other activities reports are to be furnished as directed from time to time.

VII Other responsibilities

VII.1. School health

Organize School Health programmes with the help of Lady Health Inspector and the health workers

VII.2. Public health Activities

- VII.2.1 Conduct inspection of places of public health like eating and drinking places, places where food items are being prepared for sale and implement corrective and remedial measures for any defects detected.
- VII.2.3 Conduct inspections of places of dangerous offensive trades and also places or activities causing public nuisance and implement corrective and remedial measures.
- VII.2.2 Advise the LSGIs through the Medical Officers regarding issuing licenses to establishments mentioned in VII 2.1 and VII.2.2.
- VII.2.3. Visit areas of disputes regarding public health like construction of latrines, wells and drinking water sources, poultry farms etc. under intimation to the medical officers and furnish first impression report to the medical officer based on which such disputes can be settled.
- VII.2.4. Render support to the Supervisors and Medical Officers in preparing technical reports related to public health activities.

VII. 2.5 Give advice and guidance to the public in public health activities

VII.3 IEC activities

Assist in organizing and conducting various IEC activities related to national health programmes and health education activities.

VII.4 Health activities by voluntary agencies, non-governmental organizations (NGOs) etc.

Co-ordinate the activities of various agencies involved in health care activities in the area as well as co-ordinate the activities of the health workers with these agencies. .

VII.5 Camps and campaigns

Participate in various camps and campaigns organized in relation to health care activities

VII. 6 Local Self Government Institutions

Work with the LSGIs in matters related to health care activities and involve in the planning and implementation of various health activities, projects and programmes of the LSGIs.

VII.9 On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities.

VII.8 Any other duties ordered by higher authorities.

5.

JOB RESPONSIBILITIES OF LADY HEALTH SUPERVISORS (LHSS)

Lady Health Supervisors (LHS) belong to the second level of supervisory officials in Block Primary Health Centres and Community Health Centres (CHCs). They cater to a population of about 1,00,000 to 1,50,000 and may have about 40 to 60 grass root level workers and their first level supervisors under them.

The officials operate from block primary health centres or CHCs and have jurisdiction over the mini primary health centres and their field staff placed under the block Primary Health Centre / CHCs. Their job responsibilities are related to supervision of lower levels of employees and helping the medical officers in the smooth running of primary health care institutions. They also play key roles in the public health related activities of the area.

I. Jurisdiction

Jurisdiction of a Lady Health Supervisor is the whole area of Primary Health Centre/CHC to which they are attached. The field staffs in the mini Primary Health Centres under the concerned block Primary Health Centre / CHC also come under the control of Lady Health Supervisor.

II Administrative responsibilities

- II.1 Lady Health Supervisor and Health Supervisor occupy the highest level among the cadres of field staff in the primary health care institutions. Since the posts of Block Extension Educators are nonexistent in Kerala, the Health Supervisors and Lady Health Supervisors have responsibilities in IEC activities also.
- II.2 Assist the Medical Officer in organizing and implementing various health and family welfare programmes including mass camps and mass campaigns.
- II.3 Collect reports from all Health Inspectors /Lady Health Inspectors as the case may be.
- II. 4 Lady Health Supervisor and Health Supervisor may jointly consolidate reports with the help of computer clerk.
- II.5 Maintain a consolidation Register and record all information regarding activities.
- II.6 Reporting to the charge Medical Officer.
All reports from the field staff in block Primary Health Centres and Community Health Centres to the medical officer are to be routed through the LHS/HS. Reports from mini Primary Health Centres also may be consolidated by the LHS/HS.
- II.7 She should keep with her copies of the job responsibilities of all categories of employees in Primary Health Care Institutions.
- II. 8 LHS and HS may jointly arrange INDUCTION Training Session to all fresh recruits.

III Supervisory Responsibilities

Lady Health Supervisor is expected to play a crucial role in the supervision of all levels of field staff in primary health care institutions. She should supervise the first level of supervisors viz. the Lady Health Inspectors as well as the grass root level female health workers under her control.

- III. 1 Approving and forwarding the advance programme of all health workers.
HS/LHS should approve and forward the tour programme of HI/LHI. The advance tour programmes of all the health workers (JPHNs and JHIs) may be countersigned by the LHIs/HIs and submitted to the LHS/HS for scrutiny. Only after such scrutiny the advance programme of health workers may be finalized. In mini Primary Health Centres the HI/LHI may approve the advance programme of the health workers, to be subsequently scrutinized and approved by the LHS/HS.

III.2 Concurrent Supervision

LHSs should conduct at least 6 concurrent supervisory sessions every month.

Categories of field staff viz. JPHNs and LHIs may be subjected to concurrent supervisions. To cover all the institutions and staff under her, the visits may be planned in such a way that all cadres and all employees are being supervised by rotation on an evenly fashion. The schedule of such visits may be approved in the monthly conferences. She may make at least two concurrent supervisory sessions without prior notice (surprise sessions) every month.

The reports of all such supervisory visits may be forwarded within two working days of completing such sessions to the medical officer. The medical officer may consolidate all such reports and forward them to the District Medical Officers of Health.

III.3 Consecutive supervision

Lady Health Supervisors should conduct at least three consecutive supervisory sessions on her subordinates every month. All these visits may be of surprise nature and reports are to be forwarded to the medical officers within two days of such visit.

III.4 Routine Supervisory responsibilities

Should give necessary guidance and assistance to Health Workers and their first level supervisors for arranging group talks or discussions for health and family welfare education, school health education and in all their routine activities.

III.5 Organize special strategies for education purpose in respect of specific and special programmes.

III Responsibilities under National Health Programmes

III.1 Reproductive and Child health Programme

III.1.1 Help the health workers and their supervisors in arranging all the programme activities.

III.1.2 Lady Health Supervisor may be responsible for the maintenance of cold chain and proper upkeep an delivery of all vaccines. She may supervise the upkeep of cold chain and assign clear-cut responsibilities to her subordinates to ensure that cold chain is being maintained in tact.

III.1.3. Render help in conducting antenatal, immunization and contraception camps

III.1.4 Supervise service provision under the programme and ensure proper follow up of contraceptive acceptance. Contraception failure/ complications are to be followed up meticulously under report to the medical officer and utmost quality of care ensured.

III.1.5 Keep abreast of the services to be provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker- JPHN) and provide support and supervision.

Lady Health Supervisors should refer to “ Reproductive and Child Health Programme Module for Health Supervisor (Female) – Integrated Skill development training” published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, Thiruvananthapuram.

III.1.6 Lady Health Supervisor should consolidate the reports, with the help of Health Supervisors, of all activities related to the programme and submit to the medical officers in charge.

III.2. National Antimalaria programme

III.2.1 Encourage health workers in antimalaria activities. Supervise active and passive blood smear collection.

III.2.2 Follow up positive cases and enhance other antimalaria activities like contact smear collection, DDT spraying and other activities.

III.2.3. Help the Health Supervisor to organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected.

III.2.4 Cases of complication should be referred and transferred to primary health centres. Depending on the gravity of the situation may arrange for medical consultation and help To the patient.

III.2.5 Keep track of the positive malaria cases (through the health workers) and ensure treatment compliance.

III.3 Revised National Tuberculosis Control Programme

- III.3.1 RNTCP is fully integrated with the general health services and is being implemented through it. Lady Health Supervisors may supervise the JPHNs and LHIs in their programme activities.
- III.3.2 They should ensure compliance of the staff under them with the guidelines issued under this programme.
- III.3.3 Reports from the first level supervisors on DOTS provision by health workers and other “providers” may be closely monitored and reported to the medical officers.
- III.3.4 They should help in tracing and bringing back to treatment all the defaulters and may render support in fetching medical help for patients developing complications or adverse reactions.
- III.3.5 Lady Health Supervisors should take active role in the IEC activities of the programme and also in imparting health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

III. 4 National Leprosy Eradication programme

- III.4.1 Supervise the health workers and their supervisors in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs.
- III.4.2 Help the workers and their supervisors in case detection treatment, follow up and combating adverse drug reaction and other reactions in Leprosy.
- III.4.3 Jointly with the Health Supervisor provide health education, arrange IEC activities and organize mass camps, special camps etc. for case detection.

III. 5 National Programme for control of Blindness

- III.5.1 Help and supervise the workers and their supervisors in their programme activities.
- III.5.2 Jointly with the Health Supervisor, she may organize cataract detection and cataract surgery camps, health education and sensitization camps, school camps.
- III.5.3 Render support and supervision for camps and activities organized by voluntary organizations and NGOs for control of blindness .
- III.5.4 Spread, through the health workers, the message of injury prevention to eyes. Sensitize the community about early detection of visual problems and timely correction.

- III.5.5 Sensitize the community about the importance of “Eye donation” and motivate and render support in eye donation activities.
- III.5.6 Organize eye camps in schools. Help to detect visual problems in school children and in correction.

III.6. Other national health programmes

- III.6.1 Jointly with the Health Supervisors she should arrange health education and IEC activities aimed at prevention of sexually transmitted infections. Help in early detection of Sexually transmitted diseases and Reproductive tract infections. With the help of health workers ensure treatment of victims.
- III.6.2 Arrange counseling sessions and health education sessions with the aim of bringing down the prevalence of RTI/STIs and HIV/AIDS infection and disease.
- III.6.3 Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in fetching treatment to cancer victims.
- III.6.4 Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain and palliative care services through grass root level health workers. Jointly with the Health Supervisor collect, consolidate and maintain a register of such patients in the service area.
- III.6.5 Jointly with the Health Supervisors, she should organize programmes for detection and management of life style diseases like Hypertension and Diabetes mellitus. Encourage the health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, importance of food habits and avoidance of smoking and alcohol.
- III.6.6 Support and supervise the health workers in the implementation of National Disease Surveillance activities.
- III.6.7 Provide support in implementing Mental health programmes. Supervise the health workers in their activities related to the programme. Impress upon them the importance of prevention, early detection and timely management of such diseases. Help in the community based management and rehabilitation of the mentally ill. Sensitize the community about the diseases to dispel attached stigma. Educate the community about

the harms of “Substance Abuse” and fetch medical help to the victims of substance abuse.

- III.6.8 Render help and guidance to the health workers in other national health programmes as per the guidelines issued from them from time to time.

IV Services to the elderly

In the wake of the demographic transition occurring in the state, elderly people are emerging as a major chunk of population and they need special attention. Because of their physical incapability they often find it difficult to access the health care facilities.

- IV.1 Motivate the health workers to render services at the doorsteps of this vulnerable section of the community.
- IV.2 Jointly with the Health Supervisor, she should collect a clear profile of the disease pattern of elderly in the area and devise interventions to address them with the help of all the staff in Primary Health Centre/CHC .
- IV.3 Provide help, guidance and supervision to health workers in all their services to the elderly.

V. Services to the Physically challenged

- V.1. Jointly with the Health Supervisor maintain an updated list of all the physically challenged individuals in the service area
- V.2 Jointly with the Health Supervisor she should organize programmes and activities aimed at the well being of physically challenged and guide and supervise the health workers in their activities in this direction.
- V.3 Arrange programmes and activities aimed at the rehabilitation of the physically challenged.

VI. Health Education and IEC activities

- VI.1 Render necessary assistance to District Mass Media Wings and the IEC team for various education programmes in Health and Family Welfare.
- VI.2 Maintain good public relationship, with the staff and with the public and act as a Liaison Officer among the staff.

VI.3. Render necessary assistance to other staff to maintain good public relationship with the people.

VI. Administrative Responsibilities in the institution

VI.1 Render necessary administrative assistance to the Medical Officers.

VI.2 Assist the Medical Officer in preparing technical reports and reports related to various national health programmes and activities.

VI.3 Help the medical officer and the Health Supervisor to investigate outbreaks of communicable diseases.

VI.4 Jointly with the Health Supervisor she should prepare indent for (through the medical officer) procure and supply in time Registers and Materials required by the Health workers and their supervisors and maintain a stock register for such items.

VI.5 Jointly with the Health Supervisor arrange the monthly staff conferences at Primary Health Centre/CHC and render all help to the medical officer in conducting the conference. Minutes of such meetings, prepared by the computer-clerk should be scrutinized jointly by the LHS and the Health Supervisor. LHS/ HS may present the minutes of such meetings in subsequent sessions for approval. She should attend any other meetings arranged in PHC/CHC, at the District Offices, arranged by LSGIs etc. As and when instructed she should also attend training session as per instructions.

VII. Registers and Records

VII.1 Common to Health Supervisor and Lady Health Supervisor

1. General Information Register
2. Community Education Register
3. Stock Register
4. Field Diaries
5. Area maps, Charts etc.

VII.2 Specific to Lady Health Supervisor

6. Separate consolidation Register for recording details of Immunization , school health and Special MCH Programme.
7. Stock and Issue Register of Vacancies and Sub-centre medicines.
8. Any other register of specific programmes or activities as and required.

VIII. On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

VIV. Any other duties assigned routinely or specially.

6.

Job Responsibilities of Health Supervisors (HSs)

Health Supervisors (HS) are the second level supervisory officials in Block Primary Health Centres and Community Health Centres (CHCs). They cater to a population of about 1,00,000 to 1,50,000 and may have about 40 to 60 grass root level workers and their first level supervisors under them.

The officials operate from block primary health centres or CHCs and have jurisdiction over the mini primary health centres and their field staff placed under the block Primary Health Centre or CHCs. Their job responsibilities are related to supervision of lower levels of employees and helping the medical officers in the smooth running of primary health care institutions. They also play key roles in the public health related activities of the area.

I. Jurisdiction

Jurisdiction of a Health Supervisor is the whole area of Primary Health Centre/CHC to which they are attached. The field staffs in the mini Primary Health Centres under the concerned block Primary Health Centre or CHC also come under the control of Health Supervisor.

II Administrative responsibilities

- II.1 Health Supervisor occupy the highest level among the cadres of field staff in the primary health care institutions. Since the posts of Block Extension Educators are nonexistent in Kerala, the Health Supervisors have responsibilities in IEC activities in the Primary Health Centres/CHCs they are attached to.
- II.2 Assist the Medical Officer in organizing and implementing various health and family welfare programmes including mass camps and mass campaigns.
- II.3 Collect reports from all Health Inspectors /Lady Health Inspectors as the case may be.

- II. 4 Health Supervisor and Lady Health Supervisor should jointly consolidate reports with the help of computer clerk.
- II.5 Maintain a consolidation Register and record all information regarding activities.
- II.6 Reporting to the charge Medical Officer.
All reports from the field staff in block Primary Health Centres and Community Health Centres should be routed through the HS/ LHS to the medical officer. Reports from mini Primary Health Centres may be consolidated by the HS/LHS.
- II. 7 HS should keep copies of the job responsibilities of all categories of staff in Primary Health Care institutions.
- II. 8 HS and LHS may jointly arrange INDUCTION training for fresh recruiters.
- II. 9 HS should attend all meetings arranged by PRIs, District Medical Officer of Health & Other departments as and when directed to do.
- II. 10 HS should co-ordinate the activities in the area with all other government departments. However, all communication to other departments of Government may be forwarded through the medical officer only.

III Supervisory Responsibilities

Health Supervisor should play crucial role in the supervision of all levels of field staff in primary health care institutions. They may supervise the first level of supervisors viz. the Health Inspectors and the Lady Health Inspectors as well as the grass root level male and female health workers under their control.

III. 1 Approving and forwarding the advance programme of all health workers

HS/LHS should approve and forward the tour programme of HI/LHI. The advance tour programmes of all the health workers (JPHNs and JHIs) may be countersigned by the LHIs/HIs and submitted to the HS/LHS for scrutiny. Only after such scrutiny the advance programme of health workers may be finalized. In mini Primary Health Centres the HI/LHI approve the advance programme of the health workers, to be subsequently scrutinized and approved by the HS/LHS.

III.2 Concurrent Supervision

HSs should conduct at least 6 concurrent supervisory sessions every month. Categories of field staff viz. JHIs, and HIs should be subjected to concurrent supervisions. To cover all the institutions and staff under them, the visits may be planned in such a way that all cadres and all employees are being supervised by rotation on an evenly fashion. The schedule of such visits may be approved in the monthly conference of the institution and known to all the staff. They should also make at least two concurrent supervisory sessions without prior notice (surprise sessions) every month. The reports of all such supervisory visits should be forwarded within two working days of conduction such sessions to the medical officer. The medical officer should consolidate all such reports and forward them to the District Medical Officers of Health. They should use prescribes format for Supervisor visits.

III.3 Consecutive supervision

Health Supervisors should conduct at least three consecutive supervisory sessions every month on their subordinates. All these visits should be of surprise nature and reports are to be forwarded to the medical officers within two days of such visit.

III.4 Routine Supervisory responsibilities

Give necessary guidance and assistance to Health Workers and their first level supervisors for arranging group talks or discussions for health and family welfare education, school health education and in all their routine activities.

III.5 Organize special strategies for education purpose in respect of specific and special programmes.

III Responsibilities under National Health Programmes

III.1 Reproductive and Child health Programme

III.1.1 Help the health workers and their supervisors in arranging all the programme activities.

III.1.2 Help the Lady Health Supervisor in the maintenance of cold chain and proper upkeep and delivery of all vaccines.

III.1.3. Render help in conducting antenatal, immunization and contraception camps

III.1.4 Supervise service provision under the programme and ensure proper follow up of contraceptive acceptance. Contraception failure/ complications are may to be

followed up meticulously under report to the medical officer and utmost quality of care ensured.

- III.1.5 Keep abreast of the services to be provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker- JPHN) and provide support and supervision.

Health Supervisors may refer to “ Reproductive and Child Health Programme Module for Health Supervisor (Male) – Integrated Skill development training” published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, Thiruvananthapuram.

- III.1.6 Help the Lady Health Supervisor to consolidate the reports of all activities related to RCH programme.

III.2. National Antimalaria programme

- III.2.1 Encourage health workers (both male and female) in antimalaria activities. Should supervise active and passive blood smear collection.
- III.2.2 Follow up positive cases and enhance other antimalaria activities like contact smear collection, DDT spraying and other activities.
- III.2.3. Organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected.
- III.2.4 Cases of complication should be referred and transferred to primary health centres. Depending on the gravity of the situation arrange for medical consultation and help to the patient.
- III.2.5 Keep track of the positive malaria cases (through the health workers) and ensure treatment compliance.

III.3 Revised National Tuberculosis Control Programme

- III.3.1 RNTCP is fully integrated with the general health services and is being implemented through it. Health Supervisors should supervise the HIs and JHIs in their programme activities.

- III.3.2 They should ensure compliance of the staff under them with the guidelines issued under this programme.
- III.3.3 Reports from the first level supervisors on DOTS provision by health workers and other “providers” may be closely monitored and reported to the medical officers.
- III.3.4 They should help in tracing and bringing back to treatment all the defaulters and may render support in providing medical help for patients developing complications or adverse reactions.
- III.3.5 Health Supervisors should take active role in the IEC activities of the programme and also in imparting health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

III. 4 National Leprosy Eradication programme

- III.4.1 Supervise the health workers and their supervisors in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs.
- III.4.2 Help the workers and their supervisors in case detection, treatment, follow up and combating adverse drug reaction and other reactions in Leprosy.
- III.4.3 Jointly with the Lady Health Supervisor provide health education, arrange IEC activities and organize mass camps, special camps etc. for case detection.

III. 5 National Programme for control of Blindness

- III.5.1 Help and supervise the workers and their supervisors in their programme activities.
- III.5.2 Jointly with the Lady Health Supervisor, HS should organize cataract detection and cataract surgery camps, health education and sensitization camps, and school camps.
- III.5.3 Render support and supervision for camps and activities organized by voluntary organizations and NGOs for control of blindness.
- III.5.4 Spread, through the health workers, the message of injury prevention to eyes. Sensitize the community about early detection of visual problems and timely correction.
- III.5.5 Sensitize the community about the importance of “Eye donation” and motivate and render support in eye donation activities.

III.5.6 Organize eye camps in schools. Help to detect visual problems in school children and in correction.

III.6. Other National Health programmes

III.6.1 Jointly with the Lady Health Supervisors arrange health education and IEC activities aimed at prevention of sexually transmitted infections and Reproductive Tract Infections. With the help of health workers ensure treatment of victims.

III.6.2 Arrange counseling sessions and health education sessions with the aim of bringing down the prevalence of RTI/STIs and HIV/AIDS infection and disease.

III.6.3 Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in fetching treatment to cancer victims.

III.6.4 Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain and palliative care services through grass root level health workers. Jointly with the Lady Health Supervisor collect, consolidate and maintain a register of such patients in the service area.

III.6.5 Jointly with the Lady Health Supervisors, organize programmes for detection and management of life style diseases like Hypertension and Diabetes mellitus. Encourage the health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, importance of food habits and avoidance of smoking and alcohol.

III.6.6 Support and supervise the health workers in the implementation of National Disease Surveillance activities.

III.6.7 Provide support in implementing Mental health programmes. Supervise the health workers in their activities related to the programme. Impress upon them the importance of prevention, early detection and timely management of such diseases. Help in the community based management and rehabilitation of the mentally ill. Sensitize the community about the diseases to dispel attached stigma. Educate the community about the harms of “Substance Abuse” and provide medical help to the victims of substance abuse.

III.6.8 Render help and guidance to the health workers in other national health programmes as per the guidelines issued from them from time to time.

IV. Services to the elderly

In wake of the demographic transition occurring in the State elderly people are emerging as a major chunk of population. They need special attention. Because of their physical incapability this group of beneficiaries very often find it difficult to access the health care facilities.

IV.1 Motivate the health workers to render services at the doorsteps of this vulnerable section of the community.

IV.2 Jointly with the Lady Health Supervisor, Health Supervisor should collect a clear profile of the disease pattern of elderly in the area and devise interventions to address them with the help of all the staff in Primary Health Centre/CHC .

IV.3 Provide help, guidance and supervision to health workers in all their services to the elderly.

V. Services to the “Physically challenged”

V.1. Jointly with the lady Health Supervisor maintain an updated list of all the physically challenged individuals in the service area

V.2 Jointly with the Lady Health Supervisor and HS should organize programmes and activities aimed at the well being of physically challenged and guide and supervise the health workers in their activities in this direction.

V.3 Arrange programmes and activities aimed at the rehabilitation of the physically challenged.

VI. Health Education and IEC activities

VI.1 Render necessary assistance to District Mass Media Wing and the IEC team for various education programmes in Health and Family Welfare.

VI.2 Maintain good public relationship, with the staff and with the public and act as a Liaison Officer among the staff.

VI.3. Render necessary assistance to other staff to maintain good public relationship with the people.

VII. Administrative Responsibilities in the institution

- VI.1 Render necessary administrative assistance to the Medical Officers.
- VI.2 Assist the Medical Officer in preparing technical reports and reports related to various national health programmes and activities.
- VI.3 Assist the Medical Officer in preparing technical reports related to implementing the provisions of Public Health Act.
- VI.4 Investigate outbreaks of communicable diseases and furnish the report to the concerned Medical Officer, when there is need for special investigation.
- VI.5 Jointly with the Lady Health Supervisor prepare indent for (through the medical officer) , procure and supply in time Registers and Materials required by the Health workers and their supervisors and maintain a stock register for such items.
- VI.6 Jointly with the Lady Health Supervisor arrange the monthly staff conferences at Primary Health Centre/CHC and render all help to the medical officer in conducting the conference. Minutes of such meetings, prepared by the computer-clerk may be scrutinized jointly by the LHS and the Health Supervisor. LHS/ HS can present the minutes of such meetings in subsequent sessions for approval.

VII. Registers and Records

- A Common to Health Supervisor and Lady Health Supervisor
 - 1.General Information Register
 - 2. Community Education Register
 - 3. Stock Register
 - 4. Field Diaries
 - 5. Area maps, Charts etc.
- B Specific to Health Supervisor
 - a. Consolidation Register of activities of all workers (Male &Female) and Health Inspectors (Male &Female) and Register for Communicable Diseases.
 - b. Register for recording the various educational activities in the PHC area.
 - c. Minutes for staff meetings.
 - d. Stock & Issue Register of Education Materials.

- e. Any other registers for programmes or activities, as may be instructor from time to time.

IX. On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

X. Any other duties assigned routinely or specially.

7.

Job Responsibilities of Medical Officers in primary health care institutions

In Kerala, the primary health care institutions fall mainly under three categories. They are:

1. Mini Primary Health Centres
2. Block Primary Health Centres and
3. Community Health Centres

In addition to the above, some of the First Referral Units (FRUs) and their Post Partum Units (PP Units) also have field staff under the supervision of Medical Officers.

Medical Officers working in the above institutions differ from their counterparts in secondary and tertiary level curative institutions in that they have field responsibilities in addition to curative services.

Thus Medical Officers working in primary health care institutions have different job responsibilities from their counterparts in secondary and tertiary level curative institutions. In all these institutions Medical Officers are holding the administrative responsibility and job responsibilities of the medical officer in charge would vary from those of other Medical Officers. Thus the “Medical Officers in charge” are to be considered as a separate entity for

describing the job functions. In addition to all the responsibilities that any Medical Officer in primary health care institutions would have, the Medical Officers in charge have some specific responsibilities by virtue of his being the administrative head of the institution.

Generally, mini Primary Health Centres have only one Medical Officer who may also hold charge of the institution. In cases where there is more than one Medical Officer in a mini Primary Health Centre, the senior among them may be in charge of the institution.

In block Primary Health Centres and Community Health Centres, where there are more than one Doctor, the senior most among them may be in charge of the institution. A junior may hold charge of an institution in the presence of a senior, only under specific orders from authorities. Charge Medical Officer can directly report to the District Medical Officer of Health in matters of administration such as transfer leave sanction etc., and to the concerned Deputy District Medical Officer of Health or District Medical Officer of Health as the case may be in matters relating to finance, professional matters, supervision, co-ordination and control. He can collect and forward, with his comments and recommendations, all reports, submissions and communications from other Medical Officers to District Medical Officer of Health or Deputy District Medical Officer of Health as the case may be.

I Medical Officer in charge

- I.1 The Medical Officer in charge should have overall charge and is responsible for implementing all activities grouped under health and family welfare in the institution area.
- 1.2 They should have overall supervisory responsibility of all the staff and should assign responsibilities to functionaries under them for proper functioning of the institution.
- I.3 M.O in charge should be responsible for organizing dispensary, out patient clinic and assigning responsibilities and duties to the auxiliary staff. He should organize the laboratory in the institution and within the scope of such laboratory would help in diagnosis in doubtful cases.

- I.4 M.O in charge should be responsible for the overall supervision of other Medical Officers and all the field staff in their field activities.
- I.5 M.O in charge should be responsible for all financial transactions in the institution subject to the provisions under delegation of financial powers.
- I.6 M.O in charge should have administrative, financial and disciplinary functions as per delegation of powers and can exercise overall control over the staff and activities in the institution. These responsibilities would be guided by the service rules and orders of the government.
- I.7 Conduct monthly staff meeting at the institution and attend all the meetings at the district level
- I.8 Exercise powers and render duties as “village health authority” and other powers and duties as per any statute existing.
- I.9 Conduct concurrent and consecutive supervision of all Medical Officers under him including Medical Officers in mini Primary Health Centres.
- I.10 Organize and conduct “Performance Audit” of institutions (Subcentres and Mini Primary Health Centres) with the help of audit team constituted for this purpose. (Instructions on this regard may be issued separately.)
- I.11 Attend sectoral and project level meetings of ICDS projects. Review the health care related works of AWWs. Render continuing education sessions to AWWs in sectoral and Project level meetings
- I.12 Organize and conduct induction training for field staff or other categories of employees at the institution level with in reasonable period of their joining service.

Over and above the responsibilities mentioned above M.O in charge would have responsibilities common to all Medical Officers, unless specified otherwise. M.O in charge should have to undertake and implement any other tasks or programmes the authorities may assign from time to time.

II Responsibilities common to all Medical Officers

Medical Officers in Primary Health Care institutions have the following responsibilities:

- (i) Administrative and Financial
- (ii) Professional – Provision of curative services
- (iii) Professional – Field Responsibilities
- (iv) Supervision, Co-ordination and control.

I Administrative and financial responsibilities

I.1 Medical Officers who are not in charge may have administrative and financial functions as per delegation of powers made by authority.

I.2 Reporting

Medical Officers other than charge Medical Officer are to report to charge Medical Officer in all matters. All communications to higher levels are to be routed through the medical officer in charge only.

II. Professional responsibilities – Provision of curative services.

III.1 Out patient services

All Medical Officers in primary health care institutions have responsibilities related to provision of curative services. They are to be available for routine out patient services in the institution during prescribed time for out patient clinics to screen, example diagnose, prescribe, investigate, treat and follow-up sick individuals, examine.

III.2 In patient services

In patient services are usually provided in institutions having two or more Medical Officers. Since there is no “unit system” in these institutions all the Medical Officers may have responsibility in service provision to the in-patients. After the routine out-patient hours all calls from the inpatients should be attended by the Medical Officer “On call duty”. Medical officer in charge is in overall charge of inpatients. If there are at least two more Medical Officers available for taking call duty, the charge medical officer may be exempted from “call duty”. Medical Officers should attend call duty on rotational basis and such duty assignment should be made by medical officer in charge and approved in the monthly conference of the institution. The name of Medical Officer on “ call duty” should be

displayed for the knowledge of staff and public. The Medical officer on call duty should attend all calls from the in-patients. Such calls should be made by the staff on duty in the institution. Calls can be sent by any mode i.e. over telephone, through a staff member or a messenger. In the latter cases calls may be sent in writing under the signature of the staff on duty sending the call.

III.4 Medico legal cases and emergencies

All Medical Officers including the medical officer in charge are to attend medico legal cases and emergencies. All Medical Officers have equal responsibility in attending such cases during routine working hours. After routine OPD hours, staff on duty should report such cases to the Medical Officer on “call duty”. However, the medical officer in charge should ensure that such cases are not denied services. Duty staff in the institution should send “call” to the duty doctor on such emergencies and medico legal cases as and when such cases report to the institution.

IV. Professional responsibilities related to the field activities.

- IV .1. All Medical Officers in primary health care institutions should have field responsibilities. Medical officer in charge would be in overall charge of all the field activities. All field staff would be reporting to the officer in charge through proper channel.
- IV 2. 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.
- IV.3 Block Primary Health Centres and CHCs should have only one panchayat area under their direct service provision. They may also have varying numbers of mini Primary Health Centres under them. In such cases Medical Officers in the block Primary Health Centres may be assigned field responsibilities over mini Primary Health Centre areas. For this purpose the whole field area under any bock 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 or 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 mini Primary Health Centres from the block Primary Health Centre/CHC for field activities, Doctors, Medical Officers can easily proceed to the mini Primary Health Centres for such field activities.

IV.4 Concurrent Supervision

All Medical Officers in primary health care institutions should engage in concurrent supervision of their field staff. Each Medical Officer should perform concurrent supervision of at least two JPHNs, two JHIs and two supervisors (LHI, HI, HS, LHS as the case may be) during any calendar month and should report to the medical officer in charge. Details of such concurrent supervision should be discussed in monthly review meetings. Compliance with remedial/corrective measures proposed during such visits should be followed up meticulously.

IV.5 Consecutive Supervision

All the Medical Officers in primary health care institutions should do consecutive supervision of their field staff. Each Medical Officer should perform consecutive supervision of at least one JPHN, one JHI and one supervisor (LHI, HI, HS, LHS as the case may be) during any calendar month and should report to the medical officer in charge. Details of such consecutive supervision should be discussed in monthly review meetings and subsequently followed up.

IV.6 All Medical Officers may be involved in “performance audit” of staff as per the guidelines of “Performance Audit” to be issued separately.

IV. 7 Implementation of National Health programmes

IV.7.1 Reproductive and child health programme

All Medical Officers in primary health care institutions have responsibilities under this programme. All field activities should be consolidated and reported through the medical officers in charge. Individual job responsibilities of medical officers could be understood from the programme implementation plan and Medical Officers can use the publication

“Reproductive and Child health Programme- Module for Primary Health Centre medical Officers- integrated skill development training” published by the National Institute of health and Family Welfare, New Delhi as a reference material. The publication is available for reference with district training officials and at the State Institute of Health and Family Welfare, Thiruvananthapuram.

IV.7.2. National Antimalaria programme

- 7.2.1 All Medical Officer should actively involve in both active and passive surveillance.
- 7.2.2 They should guide health workers and their supervisors in preventive strategies, case detection and treatment.
- 7.2.3 They should guide them on correct dosage in radical treatment and may render medical support in cases of adverse drug reactions and other complications.
- 7.2.4 All cases of Malaria in the area should have to be investigated by one of the Medical Officers to the satisfaction of medical officer in charge, who should be ultimately responsible for such activities.
- 7.2.5 Medical officer in charge or one of the Medical Officers delegated should be responsible for coordinating the work with the Laboratory technician, supervising him and for sending sufficient number of slides for cross checking as laid down in the programme plan.
- 7.2.6 Medical Officers during their supervisory visits should ensure compliance of workers and their supervisors with guidelines of the programme.

IV.7.3 National Leprosy Eradication Programme

- 7.3.1. Help in detection and management of cases of Leprosy.
- 7.3.2 Give guidance to health workers and their supervisors on programme activities.
- 7.3.3 Render support in treating reactions of Leprosy and adverse drug reactions.
- 7.3.4 Render support in health education activities and IEC activities.
- 7.3.5 Coordinate of NGOs and voluntary agencies involved in leprosy Elimination activities

IV.7.4. STD/AIDS Control programme

- 7.4.1 Help in early detection of STI/RTI cases and provide treatment (guidelines issued under “Syndromic management of RTI/STIs may be followed)

- 7.4.2 Provide health education and arrange IEC activities to prevent spread of RTI/STIs.
- 7.4.3. Arrange health education sessions aimed at prevention of RTI/STI infections and HIV/AIDS.
- 7.4.4 Target the “Special High risk groups” and come out with interventions as specified in the National HIV/AIDS control programme.

IV.7.5. Revised National Tuberculosis Control programme

- 7.5.1 Impress upon the health workers and their supervisors that RNTCP is a programme implemented through general health services. Enlighten them on the importance of case detection and prompt treatment with DOTS.
- 7.5.2 One of the Medical Officer should be assigned the specific responsibility of coordinating all the programme activities in the centre.
- 7.5.3. Render support in medical management (DOTS) of cases. Fetch timely medical support for patients who develop adverse drug reactions. Manage them at the institution and refer them if necessary to higher centres.
- 7.5.4 Encourage health workers on case detection, sputum examination and referral of patients to microscopy centres.

IV.7.6 National programme for control of blindness

- 7.6.1 Coordinate blindness control activities in the assigned area.
- 7.6.2 Help in detection of cataract cases and promote them for surgery.
- 7.6.3 Detect and treat ailments of the eye and refer to specialists as and when necessary
- 7.6.4 Detect cases of visual defects in children and refer them for expert treatment and correction of visual impairment.
- 7.6.7 Organize eye check up camps in schools with the help of refractionists and refer children with visual problems for specialist care.
- 7.6.8 Help to organize and conduct special camps for detection of cases of blindness, especially due to cataract and motivate them for surgery.
- 7.6.9 Arrange special camps for surgery of cataract cases and render all support in mobilizing patients, conducting surgeries and following them up.
- 7.6.10 Spread the message of “eye donation” and render support and guidance to individuals willing to donate their eyes.

- 7.6.11 Arrange for removal of eyes from willing individuals without delay.
- 7.6.12 Enlighten the community about eye care, importance of Vit.A supplementation, dietary habits and prevention of injuries to eyes.

IV.7.7. School Health Programme

- 7.8.1 Conduct medical examination of school children and provide services accordingly
- 7.8.2 Arrange health education sessions in schools and spread the message of healthy lifestyles, national health programmes and topics of importance from health care point of view.
- 7.8.3 Supervise health workers and supervisors in their school health activities

IV.7.9. National Mental Health Programme

- 7.9.1 Render support to detect cases of mental illnesses and provide medical treatment.
- 7.9.2 Provide referral support to patients with mental illnesses
- 7.9.3 Encourage community based management and rehabilitation of chronically mentally ill.
- 7.9.4 Detect and arrange for treatment of diseases related to mental stress
- 7.9.5 Spread the message of healthy lifestyles, avoidance of habit forming substances, problems of “substance abuse” and other psychosocial problems. Render support in early detection of such problems and management.

IV.7.10 Services to Adolescents

- 7.10.1 Arrange health education/counseling sessions for adolescents with the help of field staff.
- 7.10.2 Arrange Adolescent Clinics and provide special services to the adolescents (Refer programme guidelines of Reproductive and Child Health Programme for information)

IV.7.11. Services to the “Elderly”

- 7.11.1 Motivate the health workers to render services at the doorsteps of the elderly .
- 7.11.2 With the help of field staff, collect a clear profile of the disease pattern of elderly in the area and devise interventions to address them.

7.11.3 Provide medical help and rehabilitative support to elderly.

IV.7.12. Services to the “Physically challenged”

7.12.1 Arrange programmes and activities aimed at the rehabilitation of the physically challenged.

7.12.2 Render medical help, support and suitable referral services to physically challenged as and when required.

IV.7.13. Other national health programmes

7.13.1 Actively participate in implementation of other national health programmes. Take steps to implement the programmes as per individual programme implementation guidelines. Provide guidance, support and supervision to health workers, supervisors and other paramedical staff in their programme activities.

7.13.2 Actively involve in organisation of special programmes like National Immunization Days (NIDs: Eg. Pulse Polio), Special immunization camps and similar activities

IV.7.14 Health Education and IEC activities

7.14.1 Render necessary assistance to District Mass Media Officers/Health Education Officers and the IEC team for various education programmes in Health and Family Welfare.

7.14.2 Take necessary steps for control of communicable diseases such as chicken pox, Cholera gastroenteritis, dysentery, typhoid, UIP target diseases etc.

7.14.3 Conduct out break investigations, as and when directed and report to the medical officer in charge. Help the medical officer in charge in preparing technical reports, containment and preventive measures and other activities in times of outbreaks/epidemics of communicable diseases

7.14.4 Give necessary directions and guidance to all subordinates especially Health Supervisors and Lady health supervisors for Health, Family Welfare and Nutrition Education.

7.14.5 Arrange, supervise and co-ordinate programmes for Environmental Sanitation.

7.14.6 Detect, treat and prevent malnutrition especially among children and mothers and render necessary nutrition services and conduct nutrition education.

V Other Responsibilities

- V.1. Attend conferences at various levels when required including monthly staff meeting at PHC.
- V.2. Attend sectoral and project level meetings of ICDS projects. Review the health care related works of AWWs. Render continuing education sessions to AWWs in sectoral and Project level meetings
- V.3. Attend meetings of MSS workers, voluntary health workers and meetings of similar groups on request from the organizing health worker and provide training and education sessions
- V.4. Render support to the supervisors in organizing and conducting “induction training” of field staff at the institution level.
- V.5. Attend in-service trainings and other trainings related to national health programmes or special activities as and when directed to do so.
- V.6. Issue certificates, in the capacity of medical officer, to beneficiaries of various social security and benefit schemes as and when requested.
- V.7. Issue medical certificates and fitness certificates and certificates of Physical fitness (to join employment etc), in the capacity of medical officer and may charge the prescribed fee.
- V.8. Attend to emergency cases at the residence of the patients and give necessary emergency treatment and advice.
- V.9. Attend special duties related to fairs and festivals, natural calamities, visits by VIPs, special campaigns and camps as and when directed by authority.
- V.10. Any other duties which a Medical Officer of a PHC is expected to perform in view of his position and any other duties which will be assigned as and when required.**