

*HUMAN RESOURCES*  
*FOR*  
*HEALTH*

**Model Job Descriptions**

Human Resources Division  
National Health Systems Resource Centre  
National Rural Health Mission  
Ministry of Health and Family welfare  
Government of India

The Chief Medical & Health Officer (CM &HO) in his capacity as the head of the district health administration will be responsible to achieve the health goals in the district through appropriate planning, effective implementation and monitoring of all preventive and curative health care activities in the district. S/he will be responsible for co-ordination with all the government departments, PRIs, NGOs, social & community leaders.

### **1. National Programmes**

Ensure effective implementation and achievement of the targets under the following national programmes through supportive supervision - RCH, Integrated Disease Surveillance Programme, Revised National Tuberculosis Control Programme, National Leprosy Eradication Programme, National Programme for Control of Blindness, National AIDS Control Programme, National Programme on IDD, National Cancer Control Programme, National Mental Health Programme, National Vector Borne Disease Control Programme, School Health programme etc.

### **2. Acts & Rules**

Facilitate, co-ordinate, supervise, monitor and implement the provisions of all the health sector Acts and the Rules there in including Mental Health Act 1987, Persons with Disabilities Act 1995, Pre Natal Diagnostic Techniques Act, 1994, MTP Act 1971, Prevention of Food Adulteration Act 1954, Drugs & Cosmetics Act 1956, Human Organ Transplant Act 1994, Bio Medical Waste (Handling and Management) Rules, 1998 and all other health related legislations envisaging role of CM&HO

### **3. Disease Surveillance**

- Prepare an annual data base for emerging pattern of diseases through collection of data (C to E) and plan appropriate interventions for effective prevention and control of diseases.
- Introduce and implement systems to identify early warning symptoms of seasonal diseases and take effective steps for prevention and control.
- Ensure surveillance and effective measures for the prevention and control of vaccine preventable disease.
- Identify the causes of maternal & child morbidity and mortality and take measures for their reduction.

### **4. Community Participation**

- To take necessary steps to involve community, NGOs, PRIs, social and religious leaders, other government departments and public representatives in planning and implementation of Health and FW Programme.
- Ensure effective coordination with Panchayat Raj Institutions as laid down in government instructions from time to time and also ensure effective implementation of Govt. orders.
- Take steps to involve private sector in health and family welfare programmes.

### **5. I.E.C. Activities**

Effectively assess and organize the IEC activities relating to Health & FW in the district through: District IEC Bureau, PRI's, ICDS & other Government Departments, NGO's etc.

### **6. Coordination**

- i. Act as member Secretary of district level co-ordination committee/district health society.
- ii. As district advisor ICDS, implement the health components of ICDS programme.
- iii. Convene regularly the meetings of the District Health society and other committees at district level and ensure implementation and follow up of the decisions of these committees.

- iv. Maintain close co-ordination with district collector, Panchayat Raj Institutions, Education, Welfare & Public Relation / Information Departments for active co-operation in health care programmes.

## **7. Projects**

Ensure effective and timely implementation of the on-going projects and achievements of physical and financial targets through respective officers.

## **8. Monitoring**

Supervise through quarterly monitoring of Sub District Hospitals, CHCs & FRUs and ensure submission of quarterly reports to the regional and State level officers.

## **9. Administrative Functions**

- i. Postings and transfers including redistribution of medical, nursing and paramedical personnel in the district.
- ii. Ensure availability of all health workers and furnish monthly reports to the regional and State level authorities.
- iii. Carry out routine and surprise inspections of all the subordinate offices and take follow up actions.
- iv. Ensure that the problems and grievances of the staff are solved promptly.
- v. Timely actions for RTI, court cases and expeditious implementation of orders of the courts.
- vi. Identify low performing institutions and remedial actions for optimum performance including due actions against non-performers.
- vii. Ensure timely and adequate supply of drugs etc., including equipments to all the health institutions as well as adequate buffers in district stores for all emergencies particularly during epidemics, floods etc.
- viii. Issue requisite NOCs to industries in conformation of health standards under various Acts.
- ix. Facilitate the strengthening of PRI in context of health and family planning programmes.

## **10. Accounts**

- i. Ensure appropriate utilisation of funds as per the guidelines and GFR provisions.
- ii. Furnish accounts for all the funds received in the district including district Health Society and committees for the health facilities as well as Village Health Sanitation Committees.
- iii. Ensure auditing procedures are completed well in advance and audit reports are furnished to all the concerned authorities.
- iv. Dispose all of obsolete / condemned items and vehicles as per the Government orders in-force.
- v. Monitor and guide the activities of SHC/ PHC/ CHC committees, patient welfares societies of hospitals, village health & sanitation committees.
- vi. Maintain coordination of primary and secondary level health care facilities t.

The CM&HO would be visionary, planner, trainer, leader and implementer for the district.

## 2. Deputy Chief Medical & Health Officer

The Dy. CM & HO Zone/Sub Division will be the head of the sub division for Health and FW administration. She will be responsible to achieve the Health and FW goals in the sub-division through planning, effective implementation and monitoring of various programmes. S/he will be responsible for coordinating various government departments, PRIs, NGOs, social and guidance of District CM& HO and directly report to CM& HO. The Dy. CM&HO located at district headquarter will be responsible for planning, and coordination in the entire district under the overall supervision and control of CM&HOs. In his sub-division she/he will be responsible for the implementation of all national programmes including Schools health programme. For other sub-divisions she /he will assist the CM& HO in planning, coordinating, monitoring and providing logistics, IEC for family welfare programme. In the above context broad job responsibilities of Dy. CM & HO zone/ sub-division would be as under:

### 1. National Programmes

Ensure effective implementation and achievement of the targets under the following national programmes through supportive supervision - RCH, Integrated Disease Surveillance Programme, Revised National Tuberculosis Control Programme, National Leprosy Eradication Programme, National Programme for Control of Blindness, National AIDS Control Programme, National Programme on IDD, National Cancer Control Programme, National Mental Health Programme, National Vector Borne Disease Control Programme, School Health programme etc.

### 2. Acts & Rules

Facilitate, co-ordinate, supervise, monitor and implement the provisions of all the health sector Acts and the Rules there in including Mental Health Act 1987, Persons with Disabilities Act 1995, Pre Natal Diagnostic Techniques Act, 1994, MTP Act 1971, Prevention of Food Adulteration Act 1954, Drugs & Cosmetics Act 1956, Human Organ Transplant Act 1994, Bio Medical Waste (Handling and Management) Rules, 1998 and all other health related legislations envisaging the role of district health administration.

### 3. Disease Surveillance

- Prepare an annual data base for emerging pattern of diseases through collection of data (C to E) and plan appropriate interventions for effective prevention and control of diseases.
- Introduce and implement systems to identify early warning symptoms of seasonal diseases and take effective steps for prevention and control.
- Close surveillance of vaccine preventable disease and take effective steps for control/ prevention as the situation warrants

### 4. Community Participation

- To take necessary steps to involve community, NGOs, PRIs, social and religious leaders, other government departments and public representatives in planning and implementation of Health and FW Programme.
- Ensure effective coordination with Panchayat Raj Institutions as laid down in government instructions from time to time and also ensure effective implementation of Govt. orders.
- Take steps to involve private sector in health and family welfare programmes.

### 5. I.E.C. Activities.

Effectively asses and organize the IEC activities relating to Health & FW in the district through: District IEC Bureau, PRI's, Other Government Departments, ICDS, NGO's etc.

### 6. Coordination

- i. As Project Advisor ICDS, implement the Health Components of ICDS Programme.
- ii. Ensure effective co-ordination with the Panchayat Raj Institutions as laid down in Government instructions from time to time and also ensure effective implementation of Government orders in this regard..
- iii. To maintain close co-ordination with SDM and other block level functionaries of ICDS, Women & Child, ESI, Municipalities, Panchayat Raj Institution, Education & Public Relation Department to seek their active co-operation in Health and FW Programme.
- iv. Conduct regular review meetings with the in-charge and other staff of all health institutions in the district.
- v. Collect, analyze and collate all the reports and ensure onward transmission to CM& HO.

## **7. Projects**

Implement, supervise and monitor all ongoing project related activities in the district.

## **8. Monitoring**

Supervise through quarterly monitoring of Sub District Hospitals, CHCs & FRUs and ensure submission of quarterly reports to the CM&HO for onward transmission to the regional and State level officers.

## **8 Monitoring**

- i. Monthly monitoring of the functions of sub-district hospitals, CHC's and FRUs and take steps that these institutions function as per the objectives.
- ii. Ensure that all hospitals, CHCs and PHCs are functioning as per the norms / standards of health care delivery as laid down by the state Government and Government of India.
- iii. Monitor and guide the activities of medical relief societies of hospitals and CHCs for utilization of funds.

## **9. Administrative Functions**

- i. Carry out inspection of all health facilities in the district for monitoring and follow up actions.
- ii. Assist the CM&HO for availability of all health workers and furnish monthly reports to the regional and State level authorities.
- iii. Take all feasible measures for redressal of managerial issues and staff grievances.
- iv. Entire performance by field staff and take due disciplinary action against non-gazetted cadres.
- v. Ensure implementation of programme as well timely furnishing of reports to CMHO.
- vi. Identify low performing institutions and take remedial actions for optimum performance.
- vii. Ensure adequate drugs and other supplies at health facilities to avoid stock outs and surplus stocks including items for epidemics, emergencies etc.
- viii. Identify training needs and implement training programmes.
- ix. Facilitate the strengthening of PRI in context of health and family planning programmes.
- x. Monitor the activities of committees of all health facilities and ensure proper utilization of funds.
- xi. Ensure liaison of primary and secondary level facilities for implementation of all health programmes.
- xii. Prompt and timely action on public grievances /complaints.
- xiii. Timely actions for RTI, court cases and expeditious implementation of orders of the courts.

## **10. Accounts**

- i. Ensure appropriate utilisation of funds as per the guidelines.
- ii. Furnish accounts for all the funds received in the district including district Health Society and committees for the health facilities as well as Village Health Sanitation Committees.
- iii. Ensure auditing procedures are completed well in advance and audit reports are furnished to all the concerned authorities.
- iv. Dispose all of obsolete / condemned items and vehicles as per the Government orders in-force.
- v. Monitor and guide the activities of SHC/ PHC/ CHC committees, RKS of hospitals, VHSC.
- vi. Maintain coordination of primary and secondary level health care facilities t.

### 3. DISTRICT IMMUNISATION OFFICER

The ultimate target is ensuring that every child is immunized with all recommended antigens (by ensuring that every infant has contact with immunization services at least four times)

**Micro-planning:** Develop program plans as per guidelines from State and situational analysis results.

Organize detailed micro-planning for immunization activities annually at district level, with inputs from both private and public health centres. Together with health facilities determine coverage targets.

**Vaccine Requirements:** Compile and review estimates for vaccine requirements of the district

**Distribution:** Work out details on vaccine and ice pack distribution in the district, including dates, persons responsible, and back-up plans.

**Cold Chain and Immunization Equipment:** Ensure proper maintenance, repair and if needed replacement.

**Staffing & Training :** Advise state level on staffing needs. Ensure staff training & reorientation on a regular basis.

**IEC:** Carry out advocacy and IEC aimed at promoting immunizations and immunizing every eligible child.

**Supervision:** Carry out supportive supervisory visits and immunization out-reach sessions regularly and report

**Recording and Reporting:** Keep record of immunization by health facility in approved forms/software (RIMS) and transmit the same to GoI and State.

**Data Analysis and Surveillance:** Analyze data from health institutions to guide them. Provide technical information and feed-back to the health institutions / health workers on immunization-related activities.

**Outbreak Investigations:** Carry out outbreaks of vaccine-preventable diseases, AEFI as per guidelines

**Supplemental Immunization Activities:** Coordinate and implement supplemental activities as directed.

**Involvement of partners:** Develop inter-sectoral collaboration at the district level.

#### Financial management

- Ensure timely release of funds to the PHC.
- Maintain records of payment to PHC for alternate vaccine delivery, payment to social mobilisers etc.
- Keep record of all funds received and expenditure incurred with vouchers under various heads.
- Monitor timely dispersal of funds at grass root level.
- Send the statement of expenditure and utilization certificate to the State.

### 4. Additional District Immunisation Officer

#### Planning

- Guide MO to analyze their data, identify bottlenecks/constraints and prepare PHC micro-plans
- Assist DIO to prepare District micro plan based upon PHC micro plan
- Prioritize health facilities or areas (e.g. hard to reach) for additional support.
- Regular review and update of micro plans
- Ensure that all health facilities display map of areas with population covered, session plan and work-plan
- Plan for monitoring, supervision and IEC

#### Supervision, Monitoring, and Surveillance

- Establish a system to aggregate and review PHC monthly reports and prioritize for support.
- Ensure reporting of VPD and AEFI cases in the monthly reports.
- Conduct Supportive Supervision at PHC, SC & Outreach sites
- Give update on the progress of the activity during monthly meeting in district HQ
- Ensure use of simple monitoring tools e.g. coverage monitoring chart, supervision checklist, tracking bags etc.
- Prepare a supervisory schedule for visits and regular meetings for follow up with each health facility.
- Provide on job training and solve issues on spot as often as possible
- Maintain supervisory log book at District, PHC and sub-centers
- Assist DIO to Conduct monthly review meeting of PHC MOs
- Organize inter-sectoral coordination meetings at District to coordinate ICDS, PRI administration and NGOs

**Financial management:** Assist DIO in all aspects of financial management.

**General**

The MO i/c is responsible for implementation of all the health care activities within the catchment area of health centre. S/he is responsible for proper functioning of the PHC. He may assign duties to other staff of the health facility as deemed essential for implementation of health programmes.

On assumption of charges as i/c MO of PHC, s/he will acquaint with the geographical & epidemiological, socio-cultural influencers, community organizations (PRI etc), NGOs, ICDS etc, as well as work performance capabilities, motivational forces and constraints for health care delivery. The MO i/c will develop good networking of health facilities as well as intersectoral coordination with ICDS, Education, PWD, Local Administration etc. S/he will act with a sense of ownership of the community. Broadly the responsibilities are -

**1. Curative Work**

The MO i/c will prioritise and utilise all available resources for health care delivery in such a way that:-

- i. OPD services are regularly and routinely available and ensure delegation to other suitable staff during her/ his absence
- ii. Effective and smooth functioning of the health centre.
- iii. Emergency services are available round the clock and to refer patients to appropriate health institutions after due first aid for specialized treatment.
- iv. Laboratory services are available routinely and also for emergency cases.
- v. Maternal and Child health services including immunization are available adequately at health centre including SHC.
- vi. The cases referred from SHCs are attended to with clear note of care rendered and to be rendered at the SHC.
- vii. Render supportive supervision to all the other staff of the health centre.
- viii. Regularly Visit each of the SHCs on the scheduled days and time as displayed at the SHCs.
- ix. Coordinate with other health institutions to provide the requisite medical care for all the needy.

**2 Implementation of Health Care Programmes****I) RCH including immunization**

- i. Provide leadership for conducive work environment, community involvement for planning and implementation of health plans.
- ii. Ensure early registration of pregnancy and ANC including referrals for complicated pregnancies.
- iii. Ensure proper record of personal health data including lab. investigations, TT vaccination, prophylaxis against anemia to all pregnant and lactating women.
- iv. Ensure safe delivery practice at the health centres.
- v. Promote institutional deliveries.
- vi. Ensure postnatal care including home visits (0 / 1, 4,7 and 40<sup>th</sup> day) and appropriate preventive and curative care as well as early initiation of breast feeding practices and family planning.
- vii. Ensure Full immunization of all the children including supply & storage of vaccines, cold chain maintenance, fixed day immunisations, NIDs,
- viii. Ensure safe new born care - cleaning of airways, prevention of hypothermia. Kangaroo care; not giving bath immediately after birth (prevention of bath for at least 7days; but keeping child clean by mopping. Initiation of breast feeding within ½ hr of birth, recording of birth weight.
- ix. He will ensure early detection of diarrhea and dehydration and use of more fluid and / or ORS in the community through his team and will arrange for correction of moderate and severe dehydration through appropriate treatment.
- x. He will ensure early detection of Pneumonia and its treatment as per protocol at SCs and will provide for early treatment to all patients coming to him directly or referred.

- xi. He will be responsible for proper and successful implementation of Family Planning Programme in PHC area, including assessment of unmet need and providing services based on unmet needs. He will be counsel all eligible couples and patients he sees in the OPD and ensure quality services.
- xii. He will be squarely responsible for giving immediate and sustained attention to any complications the FP acceptors develop due to acceptance of Family Planning methods. He will organize *out reach camps* for RCH and FW services. He will refer clients requiring MTP to CHC/ DH.
- xiii. He will get himself trained in tubectomy, (minilap) and vasectomy both NSV and conventional; whenever possible. He will organize IUD insertion / tubectomy and vasectomy (NSV as well as conventional) camps in his area with the help of Dy. CMHO and /or NGOs and ensure that acceptors for permanent methods are having not more than 2 children. He will provide supportive supervision and leadership to all his health workers in this regard.
- xiv. He will make community aware of RTI / STI and HIV / AIDS and the methods of their prevention, importance of early diagnosis and treatment including importance of contact tracing.
- xv. He will arrange for Family Life Education to all adolescents (boys and girls in school or out of school). NGO partnership can be sought for this.
- xvi. He will ensure adequate and timely supplies of equipment, drugs, educational material and contraceptive required at all level (PHC and SCs) for the services / program.
- xvii. He will ensure proper record keeping, timely reporting and use of data for planning it services at all level under his supervision and control.
- xviii. He will assess training needs of staff and arrange through Dy. CMHO for specific training needs.

## **II) National Anti Malaria Program and Vector Control**

- a) He will be responsible for all NMCP operation in his area.
- b) He will maintain liaison with Dy. CHMO for spray operations in his area. He will verify the authenticity and adequacy of spray operations even if done on contract.
- c) He should be completely acquainted with all problems and difficulties regarding surveillance in his PHC area and be responsible for immediate action whenever the necessity arises.
- d) The Medical Officer will guide the Health Workers on all treatment schedules, especially radical treatment with Primaquine. As far as possible he should investigate all malaria cases in the area less than API 5 regarding their nature and origin and institute necessary measure in this connection. He should ensure that the prompt remedial measures are carried out by Health Workers about positive cases detected in areas with API less than 5. He should give specific instructions to them in this respect, while sending the result of blood slides found positive.
- e) He will check the microscopic work of the Laboratory Technician and dispatch prescribed percentage of such slides to the Zonal Organization / Regional Office for Health and Family Welfare (Government of India) and State – Headquarters for cross checking.
- f) He should during his monthly meetings, ensure proper account of slides and anti- malarial drugs issued to the Health Workers.
- g) The publicity material and mass media equipment received from time to time will be properly distributed or affixed as per the instruction from the district organization.
- h) He should consult the Booklet on ‘Management and Treatment of Cerebral Malaria’ and treat cerebral malaria cases when required.
- i) He should ensure that all categories of staff in the periphery are administering radical treatment to the positive cases. He should observe the instructions laid down under NMCP on the subject and in case toxic effects are observed in a patient who is receiving Primaquine the drug is stopped by the peripheral workers and such cases are brought to his notice for follow up action / advice, if any.

## **III) Leprosy**

- a) He will provide voluntary reporting for leprosy through IEC & counseling.
- b) He will provide facilities for early detection of cases of Leprosy and confirmation of their diagnosis and treatment.



- c) He will ensure that all cases of Leprosy take regular and complete MDT treatment.

#### **IV) Tuberculosis**

- a) He is responsible for case – finding, categorization and treatment of TB
- b) Patients to achieve the objectives of the NTCP / RNTCP and the laid down performance indicators.
- c) History taking and examination of patients. If TB is suspected, ensure sputum smear examination.
- d) Diagnosis of TB patients, classification and prescription of adequate and correct treatment regimen. Careful history taking is required, particularly to determine if patients have been treated previously for tuberculosis.
- e) Discuss with new patients the most convenient location for Directly Observed Treatment (DOT), to ensure regularity and completion of treatment, and educate them about the importance of completing therapy.
- f) Monitoring of progress, management of complications and discharge from treatment, according to guidelines.
- g) Ensuring correct registration of patient data in the Treatment Card and that the patient undergoes the necessary bacteriology examination at the stipulated period and continues regular medication until cured.
- h) Evaluate patients with drug reactions, treatment failure and cases not converting sputum negative status in the initial intensive phase of treatment. Personal attention should be paid to all patients who refuse to take drugs in the prescribed manner to ensure an operationally viable procedure convenient to the patients and the staff.
- i) Ensuring that sufficient stock of drugs and other logistics is available and regular supply is maintained.
- j) Supervising the paramedical health supervisor.
- k) Identifying and assigning responsibility for DOTS, reviewing it on a quarterly basis and discussing problems with the MPWs during routine / regular meetings.
- l) Ensuring that all the peripheral health functionaries understand and carry out their job responsibilities.

#### **V) National Program for Prevention of Visual Impairment and Control of Blindness.**

- a) He will extend support to mobile eye care units for cataract operations and correction of vision.
- b) He will ensure initiation of breast feeding within ½ hr of delivery, exclusive breast feeding for six months and complementary feeding with right quantity of foods at six months of age.
- c) He will ensure Vit. A supplementation with measles vaccine at 9 month (1 lakh units) and ensure complete 5 of Vit-A doses supplementation till three years of life.
- d) He will refer cases to the appropriate institute for specialized eye treatment.

#### **VI) Diarrhea Disease Control Program**

- a) Continuation of food during diarrhea.
- b) Proper management of the case of diarrhea and referral of complicated cases to appropriate hospitals with maintenance of hydration.
- c) Ensure availability of ORS packets throughout the year at ORS depots in the villages.
- d) Monitor all cases of diarrhea especially for children between 0-5 years.
- e) Recording and reporting of all deaths due to diarrhea especially for children between 0-5 years.
- f) Organize wells to be chlorinated and coordination with Sewage agency for sanitation.
- g) Training of all health personnel like Anganwadi Worker, Dais and other who are involved in health care regarding ORT Program.
- h) Control of Communicable Diseases.
- i) He will ensure that all the steps are being taken for the control of communicable diseases and for the proper maintenance of sanitation in the village.
- j) He will scrutinize report weekly and monthly to identify any out of proportion occurrence and take immediate action for containment.
- k) He will take the necessary action in case of any outbreak of epidemic in his area.
- l) He will ensure ongoing disease surveillance activities in his area.

#### **vii) School Health**

- a) He will develop regular fixed schedule for school health checkups. Teachers with the help of Health Workers (ANM, LHV, or BHS) will conduct a pre check up to find out cases to be seen by MOIC PHC. He will examine such cases on his visit to SC, which is duly informed to ANM, so those children can be brought to him.
- b) He will visit school in the PHC area at regular intervals and arrange for medical checkups, immunization and treatment with proper follow up of those students found to have defects.

- c) He will visit schools in PHC area at regular interval and arrange for checkups, immunization and treatment with proper follow up and referral as and when needed.

**vii) Training**

- a) He will organize training programs including continuing education under the guidance of the district health authorities and Health & FW Training Centers as per the district training plan.
- b) He will also make arrangements / provide assistance to the Health Assistant Female and Health Worker Female in organizing training programs for indigenous Dais practicing in the area.
- c) He will ensure at least one-hour deliberation on topics of seasonal health relevance.

**viii) Administrative Works**

- a) Ensure that all HWFs have village route maps of their area and keep a copy of the same.
- b) Responsible for general cleanliness of inside and outside the premises of PHC; maintenance electricity, water, building & equipment maintenance.
- c) Organize to display his visit to each sub centre and availability hours on this visit. (Day 7 Date of visit sub center wise) Displayed on PHC board and community places.
- d) Allocate responsibilities according to capacity of staff.
- e) Provide supportive supervision to all his staff (fortnightly visits to SHCs & monthly meeting)
- f) He will hold monthly staff meetings with his own staff and AWW to evaluate their work, suggest actions/ steps to be taken to correct or guide for further improvement. He will scrutinize each workers program of activities to chalk out his next month's tour program in perfect harmony with each worker and his own tour programme.
- g) Furnish tour programme to Dy. CMHO and get it noted by each worker in monthly meetings.
- h) Ensure timely collection of reports, maintenance of PHC records, compile and send to Dy. CMHO.
- i) He will critically analyze report of each sub centre and provide them feedback (appreciate if good-correct in case of short comings)
- j) He will send his tour report and appraisal of his health staff timely to Dy. CMHO.

## 5. Staff Nurse

The staff nurse is the second in the nursing hierarchy in the ward, who works under the instructions of the ward – in – chief. S/he will comply all relevant orders given by superiors for providing nursing care and to achieve health goals. The duties and responsibilities are broadly as detailed below –

### Administrative

- a) Help the ward in charge to carry out her work.
- b) Work in place of the Ward In-charge in his/her absence.
- c) Maintain general cleanliness of the ward and the sanitary annex.
- d) Write the diet register and supervise distribution of diet. See that special diets are served and eaten by the patient.
- e) Maintain poison/ scheduled drugs register.
- f) Supervise medicine given by students or to do herself in case there are no students.
- g) Supervise nursing care being given by nursing student.
- h) Maintain emergency trays and other trays, sterilizer, instruments in working condition by getting indents from sister or getting repairs in case of breakdown.
- i) Maintain good interpersonal relation with all other staff .
- j) Maintain all procedure trays in readiness.
- k) Ensure that serious patients going for investigations i.e. Sonography, ECG,X-Ray, and referral are accompanied by the ward boy or sweeper.
- l) Information of MLC cases to Medical Jurist and unit Head
- m) Maintaining BPL patient's records & DOT patient's record.
- n) Co-operates in activities related to National Health Program.
- o) Completes discharge or death ticket of patients before sending it to record room.
- p) Ensure safe disposal of biomedical waste.

### Nursing care

- a. Take over from previous duty Nurse all new and serious patients, instruments, supplies, etc
- b. Make beds of serious patients and help students make beds, supplying necessary items
- c. Administer Injections/ tablets or liquid medicines requiring care in giving e.g. oily medicines. .
- d. Prepare patients for operations and see that he/she is sent to the operation theatre with all necessary papers and medications.
- e. Get patients cloths and bed linen changed as and when necessary.
- f. Take rounds with the Doctors when called to list new orders and see they are carried out.
- g. See all the investigation specimens are sent to the proper laboratory with forms.
- h. Insist that the unit doctors prepare and sign the forms. Filling up the forms is not the duty of the staff nurse.
- i. Keep I/V or blood transfusion tray ready and help the doctor with the procedure.
- j. Observe all patients conditions and report changes to the ward in-charge and/ or the doctor.
- k. Carry out nursing procedure for all serious patients. Help newly posted students to carry out their nursing procedures.
- l. Check on every new admission , before admitting the patients all his papers must be in order. This is especially when a patient is transferred to your ward from another department.
- m. Read case papers properly and carry out orders and see that they are carried out.
- n. Give expert bedside nursing care to serious patients.
- o. Maintain case papers, investigation reports, etc in the proper file or board. See that all reports get attached to the correct case paper temperature charts, in take output charts or any special chart maintained. Case papers should not be allowed to be handled by anyone except the doctor in-charge of the patient. This is especially for medico legal cases.
- p. Write day and night orders and maintain ward students.

- q. Talk to pre operative patients to reduce their tension and give them confidence.
- r. Listen to patients problems and help to solve them through various means.
- s. See that discharged patients goes home with proper understanding of the follow procedures and details of the diet, medication, exercise etc.
- t. Inform doctor in case of a patient dying during your duty time. All concerned records: reports must be completed and handed over to the nest shift staff nurse.
- u. Ensure universal safety precautions.
- v. In special areas carry out duties which required expertise -

a) Labour room	Difficult and abnormal deliveries,
b) Operation Theatre	Care of instrument and gloves. See to sterilization.
c) Mental Hospital	Prepare Patient for ECT and assisting doctor with it. Care of mentally retarded
d) ICU	Total patient care, helping with ECG or any other investigation procedure.
PHC/CHC	He/ she will carry out field works as and when assigned by the In charge in addition to medical care

### 3. Teaching and training

- a) Instruct students in their work, and orient newly posted students.
- b) Carry out health teaching for individual and group of patients.
- c) Instruct students specially the newly appointed ones in the correct ways of handling bed pans, urinals, sputum cups, kidney trays, soiled dressings, bandages, binders, linens etc.
- d) Provide for and demonstrate methods of disinfection and cleaning.
- e) Co –operates in service training of health personnel on various health programs including RCH.

## 6. Block Health Supervisor (BHS/BEE)

The Block Health Supervisor will function under the technical supervision and guidance of Education and Publicity Officer (EPO). However, he would be under the immediate control of the BDO of Panchayat Samitis / Deputy CMHO Sub-Division/ MO i/c CHC. He will assist MOs i/c for providing support in implementation of Health & Family Welfare Programmes in health facilities of the Block. The primary responsibilities include preparation of work plans in consultation with MOs i/c and promotion of community participation for ensuring self-reliance in the community.

### Duties & Functions

#### 1. Maintenance of Data

- a) Collect all relevant information from health department as well as women & child development, rural development, education etc of the block through effective networking and furnish the data for planning and delivery of health care service.
- b) Attend the monthly meetings of all the health centres in the block and render supportive supervision including health workers training for data collection, reports preparation and data usage in planning, forecasting and disease control. Help all health facilities in Panchayat Samiti Block in proper maintenance of record and reporting by visiting at least twice a month.
- c) Ensure maintenance of records for births, deaths, infant mortality; maternal mortality; eligible couples for family planning, immunization etc in all the health facilities of the block.

#### 2. Training

- a) Assist the MO i/c in training of Health Workers for health care programmes.
- b) Coordinate with local voluntary groups and organize orientation trainings for health workers, PRI members, Anganwadi workers, self help groups, women groups, medical practitioners, teachers etc.
- c) Maintain complete set of educational aids for trainings.

#### 3. Inter-sectoral Coordination

- a) Function as the resource person for all the committees in the block (VHSCs, SHCs, PHCs / CHCs).
- b) Liaison with media units of other departments and voluntary organizations and organize mass communication programs like, film shows, exhibitions, lectures, dramas, street plays etc.
- c) Prepare IEC plan for health centres, obtain approvals of PRIs and submit to Dy. CM& HO.

#### 3. Information Education & Communication (IEC)

- a) Undertake IEC programs in all the areas of the health centre in the block and ensure effective health awareness in the population.
- b) Ensure supply and appropriate utilization of IEC material.
- c) Specifically target the immunisation drop-outs and family planning non-acceptor and motivate.
- d) Attend all the meetings of the Panchayat Samitis and share information on community's health needs and the role PRI members.

#### 4. Monitoring & Supervision

Visit all the health facilities bi-monthly at least, render supportive supervision by identification of the lacunae and remedial measures for effective implementation all preventive health care activities including IEC.

## 7. District Cold chain / Vaccine Logistics Manager

- a. Support the DIO to implement the UIP, focusing on improved management of the cold chain management, vaccine management, injection safety and improved delivery of vaccines.
- b. Provide technical and training assistance to PHC vaccine and Cold chain logistic manager so as to facilitate good clearance, eliminate overstocking and stock outs of vaccine and related supplies
- c. Assist PHC to maintain high standards of injection safety ;
- d. Assist DIO in maintaining accurate stock records and periodic review of supply requisitions;
- e. Assist DIO in preparing annual vaccine forecasts to State ;
- f. Assist in drafting of Monthly and annual progress report.
- g. Provide technical guidance on cold chain training management and periodical evaluation of cold chain status for the purposes of cold chain rehabilitation and replacement
- h. Assist DIO in development of cold chain replacement plan in the District
- i. Undertake regular field visits to monitor Cold Chain and logistic components of health programme at all levels, and assist DIO to conduct periodic programme reviews and undertake action on operational procedures specifically in areas of cold chain and logistics for implementation and management of UIP.

## 8. Refrigerator Mechanic

It is proposed that all district cold chain stores should have one cold chain technicians to maintain the cold chain equipments. The technician is responsible to maintain cold chain equipments and he will be responsible for the major and minor repairs. The technician should have ITI in refrigeration and air conditioning and 5 years experience of repairs of CFC-free refrigerators and air conditioner.

## 9. Computer Assistant at District Level

### Qualifications:

- The Candidate must be a Graduate in Commerce/Science/Arts with Diploma in Computer Application from a Recognized institution.
- He/She must be below 35years of age with at least 2 years of post qualification experience.
- The Candidate must be a permanent resident of the district applied for.

### Job Responsibilities:

- Computer Assistant shall undertake data entry of immunization report, vaccine and logistics support etc.
- He/She shall compile the information on a monthly basis & forward the data to the state.
- He/She shall be responsible for operation & up keep of routine Immunization Monitoring Software.
- He/She shall under take data entry of NRHM reports & activities.
- He/She shall under take visit to the field for training of field functionaries, collection of data & validation.

## 10. Helper – Cold Chain

- Cleaning cold chain and immunization room
- Ice packs - filling, arranging in DF, for conditioning, packing vaccine carrier on session days, returning vaccines and ice packs from carriers when they return from field.
- Equipment – cleaning & defrosting ILR & DF, cleaning & preventive maintenance of cold boxes & vaccine carriers
- Other immunization related work as specified by Medical Officer or Vaccine and Cold Chain Logistic Manager (Immunization)

## 11. Health Assistant (Female)

The Health Supervisor Female will carry out the following duties:

### 1 Supervision and Guidance

- Supervise and guide the Health Worker Female, Dias / MSS Depot Holders in delivery of health care services to the community.
- Strengthen the knowledge and clinical skills of the Health Workers Female.
- Help the Health Worker Female in improving her skills of working in the community.
- Help and guide the Health Worker Female in planning and organizing her program of act conduct EC survey, assess community need and prepare sub centre plan.
- When posted at PHCs she will help MOI/c, PHC in organizing MCH Clinics and any other act she will be responsible to supervise field work of ANM, help implementation of National Programmes.
- Visit each Sub centre at least once in two week on a fixed day to observe and guide the Worker Female in her day to day activities. A tentative tour programme has to be approved Incharge PHC, after completion of journey; she will submit the tour dairy.
- Assess fortnightly the progress of work of the Health Workers Female and submit an assessment report to the Medical Officer of the Primary Health Centre.
- Carry out Supervisory home visits in the area of the Health Workers Female with respect to duties under various National Health Programmes.
- Attend monthly meetings of the Panchayats and help the Panchayat to review work of MPW and Female.
- She will supervise Anti Malaria activities, water sampling and purification at SC level

### 2 Team Work

- Help the help workers to work as part of the health team
- Coordinate her activities with those of the Health Assistant male and other health per including Dias and other voluntary workers.
- Coordinate the health activities in her area with the activities of workers of other departments e.g. ICDS, Ayurved Education, PRIs, Revenue Department.
- Conduct regular staff meetings with Health Workers in coordination with Assistant Male at SHC.
- Attend staff meeting at the Primary Health Centre.
- Assist the Medical officer of the PHC in implementation of nation health programmes.
- Practice as a member of the health team in mass camps and campaigns in health programmes.
- Help Health Workers in identification of unreached area and plan outreach activities.
- Help the M.O. in organizing the school health programme.

### 3 Supplies, Equipment and Maintenance of Subcentre.

- In collaboration with the Health Assistant Male, check at regular intervals the stores available at the sub-centre and help in the procurement of supplies and equipment.
- Check that the drugs at the sub-centre are properly stored and that the equipment is well maintained.
- She will ensure that all the medicines and used before their expiry.
- Ensure that the Health Workers Female maintains her general kit, midwifery kit and Dai kit in proper way.
- Ensure that the sub-centre is kept clean and its properly maintained.

### 4. Records and Reports

- Scrutinize maintenance of records by Health worker Female and guide her in their proper maintenance.
- Maintain the prescribed records and prepare the necessary reports.
- Review reports received from the Health Workers Female, consolidate them and submit monthly reports to the Medical Officer of the Primary Health Centre.
- Provide feedback to health Worker Female on performance of Sub-centre.
- She will review registration of births & deaths done by the health workers.
- She will review each maternal and infant death in her area.
- She will conduct preliminary investigations of all cases and death due to VDP.

### 5. Training

- Organize and conduct training for Dais with the assistance of the Health Worker Female.
- Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel and NGOs.
- She will support and guide the ANMS / MPW (Female) for the skills of IUD insertion to untrained ANMS/ MPW female required in delivering RCH services.

## **6 Reproductive and Child Health**

- Conduct weekly or biweekly RCH clinic at each Subcentre with assistant of the health worker (female) and Dais as per the visit schedule.
- Respond to calls from the Health Worker Female / Male, Jan Mangal, NGOs, MSS, AWW and trained Dais and rendered the necessary help.
- Conduct deliveries when required at PHC level and provide domiciliary midwifery services.
- Initiate steps to promote institutional delivery.
- Identify and refer risk cases to FRU after counseling.
- Help in organizing transport services for high risk cases refer to FRU.
- To educate about adolescent health, sex education and give knowledge of reproductive organs and hazards of pregnancy in early age group.
- Preventive methods of early pregnancy, RTI & STI.
- Supervise the work of ANM in context of ARI / Diarrhea.

## **7 Family Planning and Medical Termination of Pregnancy**

- She will ensure through spot checking that Health Worker Female maintain up-to-date eligible couples registers all the time.
- Conduct fortnightly family planning clinics (along with the RCH Clinics) at each Sub-centre with the assistance of the Health Worker Female.
- Personally motivate non- acceptors for family planning. She will help Health Worker Female in counseling couples with expressed unmet needs, who have not accepted contraceptive services.
- Provide information on the availability of services for medical termination of pregnancy and for sterilization.
- Counsel and refer cases of unwanted pregnancy and seeking MTP services to PHC or designated MTP centre.
- Guide the Health Worker Female in establishing Female Depot holders for the distribution of conventional contraceptives and trained the depot holders with the assistance of the Health Workers Female.
- Provide IUD services, its follow up on consistence basis.
- Assist M.O., PHC in organization of Family Planning Camps and drive.
- Identify cases of RTI / STI and refer them to PHC for management.
- To give knowledge about PNDDT act to health workers and community.

## **8 Nutrition**

- Ensure that all cases of malnutrition among infants and young children (zero to five years) are given the necessary treatment, advice and refer serious cases to the Primary Health Centre.
- Ensure that Iron –Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.
- Educate the expectant mother's regarding breast-feeding.
- On Health day they should help ANM to check the health status of children and advice accordingly.
- Advice the parents for deworming the children of malnourished and anemic.

## **9 Immunization Programmes**

- Supervise the immunization of all pregnant women and children (zero to five years).
- She will also guide the Health Worker Female to procure supplies, organize immunization camps, and provide guidance for maintaining cold chain, storage of vaccine, immunization and Health education.
- She will supervise PPI / AFP surveillance activities in her area.

## **10 Primary Medical Care**

Ensure treatment for minor ailments, provide ORS & first aids for Accidents and emergencies and refer cases beyond her competence to the PHC or nearest hospital as and where required.



## 11 Health Education

- Carry out educational activities for RCH, control of blindness, dental care, and initiation of early breast-feeding and other National Health Programmes like leprosy and tuberculosis with the assistance of the Health worker Female.
- Arrange group meetings with formal and non-formal leaders and involve them in spreading the message for various health programmes.
- Organise and conduct training of women leaders and women members of PRIs with the assistance of the Health Worker Female.
- She will organize health education on the on the platform of MSS, Mahila Mandal, Women elected representatives of PRIs, teachers and other women in the community for family welfare programme with the help of ANM & AWW.
- Organize IEC activities for adolescent girls and create awareness about family life.
- To educate the workers for water sampling / chlorination.

## 12. Health Assistant (Male)

Under the Multipurpose Workers Scheme a Health Assistant male is expected to cover a population of 30,000 (20,000 in tribal and hilly areas) in which there are six sub-centres each with one Health Worker male.

The Health Assistant Male will carry out the following functions:

### 1 Supervision and Guidance

- Supervise and guide the Health Worker male in the delivery of health care services to the community.
- Strengthen the knowledge and clinical skills of the Health Workers male.
- Help the Health Worker male in improving his skills of working in the community.
- Help and guide the Health Worker male in planning and organizing his program of activities.
- Visit each Health Worker Male at least once in two weeks on a fixed day to observe and guide him in his day to day activities. A tentative tour programme has to be approved by MO In-charge, after completion of journey he will submit tour dairy to MO In-charge.
- Assess monthly progress of work of the Health Workers male and submit an assessment report to the Medical Officer of the Primary Health Centre with 25% physical verification of work done.
- Carry out Supervisory home visits in the area of the Health Workers male
- Attend monthly meetings of the Panchayats and help the Panchayat to review work of MPW and Female.

### 2 Team Work

Help the help workers to work as part of the Health team.

- Coordinate his activities with those of the Health Assistant Female and other health personnel including Jan Mangal volunteers Dais. MSS, AWW and Depot holders.
- Coordinate the health activities in his area with the activities of workers of other departments and agencies.
- Conduct staff meetings fortnightly with the Health Workers in coordination with the Health Assistant Female at one of the Sub Centres by rotation.
- Attend staff meeting at the Primary Health Centre.
- Assist the Medical officer of the Primary Health Centre in the Organization of the different health services / camps, FW, RCH, Health Mela and campaigns in health programmes.
- Assist the Medical officer of the Primary Health Centre in conducting training programmes for various categories of health personal.
- Participate in CNA in preparation of Sub centre and PHC annual action plan.

### Supplies & Equipment

- In collaboration with the Health Assistant Female, check at regular intervals the stores available at the sub centre and ensure timely and logistic placement of indent and procure the supplies and equipment well in time.
- Check that the drugs at the sub centre are properly stored and timely costumed (before expiry); that the equipment are well maintained and routinely used.
- Ensure that the Health Workers male maintains his kit in the proper way.

## **Records and Reports**

- Scrutinize maintenance of records by the Health worker male and guide him in their proper maintenance.
- Review records received from the Health Workers male, consolidate them and submit reports to the Medical Officer of the Primary Health Centre.

## **Malaria**

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

## **Communicable Diseases**

- Be alert to the sudden outbreak of epidemics of diseases such as Diarrhea / dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough or tetanus, poliomyelitis, tetanus neonatorum, acute eye infections and take all possible remedial measures and immediate information to M.O. In-charge PHC.
- Take the necessary control measures when any notifiable disease is reported to him.

## **Leprosy**

- In case suspected of having leprosy he will take skin smears and send them for examination. He will intimate M.O. In-charge.
- Ensure that all cases of leprosy take regular and complete MDT treatment and inform the Medical Officer, PHC about any defaulters to treatment

## **Tuberculosis**

- Check whether all cases under treatment for tuberculosis are taking regular treatment motivate defaulter to take regular and complete DOTS treatment and bring them to the notice of the Medical Officer, PHC.
- This category of staff is responsible for the immediate supervision of the MPWs. Their job description therefore, includes supervisory activities in addition to their role in service delivery.
  - a. Ensure initial visit to the home of the patient prior to starting treatment and follow up visits for retrieval of defaulters.
  - b. Instruct and demonstrate to those with chest symptoms, the method of brimming out sputum.
  - c. Discuss with new patient to find out the most convenient location for DOTS, and continuously educate them on the completing treatment.
  - d. Maintain the treatment cards, ensure that follow up smear examinations are carried out as per guidelines.
  - e. Instruct patients on the importance of regular treatment, follow up sputum examination and follow up visits.
  - f. Ensure that contacts are suitably examined and children under 2 years of age who are in contact should be given additional BCG vaccination to be verified from TB specialist.
  - g. Coordinate with the laboratory to ensure that sputum is received, examined and reported in time.
  - h. Provide patient data to the senior treatment supervisor.
  - i. Provide appropriate display health education materials and conduct group health education activities.
  - j. Guidelines of RNTCP for DOTS are followed and ensure that the prescribed doses of DOTS are taken by the patient at CHC/ PHC under supervision.

## **Environmental Sanitation**

Help the community in preservation of safe environment and construction of Safe water sources, Soakage pits, Kitchen gardens, Manure pits, Compost pits and Sanitary Latrines  
Supervise the Chlorination / sampling of water sources including wells.

## **Immunization Programme**

- a. Conduct and supervise immunization of all children and pregnant women with the help of the health workers (Female)
- b. Provide immunization for all school children and adolescents through NGO participation, if required.

### **Family Planning**

- a. Personally motivate non- acceptors for family planning methods.
- b. Guide the Health Worker male in establishing male Depot holders and supervise the functioning of depot holders.
- c. Assist M.O., PHC in organization of Family Planning Camps and drive.
- d. Provide information on the availability of services for safe medical termination of pregnancy and refer suitable cases to the approved institutions.
- e. Ensure follow up of all cases of vasectomy, tubectomy, IUD and other family planning acceptors on consistence basis.
- f. Promote male participation in the program and counsel couples about NSV.
- g. Identify and refer man suffering from RTI / STI to PHC and do follow up of all RTI / STI cases on treatment.

### **Nutrition**

- 1) Ensure that all cases of malnutrition among infants and young children (zero to five years) are given the necessary treatment, advice and refer serious cases to the Primary Health Centre. Establish linkage with ICDS program.
- 2) Ensure that Iron –Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.
- 3) Advice the parents for deworm the child if suffering with malnourished and anemia.

### **Control of Blindness**

All cases of blindness including suspected cases of cataract will be referred to concerned specialist. He will also keep records of such cases.

### **Vital Events**

1. Collect and compile the monthly report of birth and death occurring in his area and submit them to the medical officer primary health centre.
2. Educate the community regarding the need for registration of vital events. (Birth & Deaths)

### **Primary Medical Care.**

1.Ensure that treatment for minor ailments is provided first aid for Accidents and refer cases beyond his competence to the Primary Health centre or nearest hospital.

- 1) Attend the cases referred by the health workers and refer cases beyond his competence to the Primary Health centre or nearest hospital.

### **Health Education**

1. Carry out educational activities for control of communicable diseases, environmental sanitation, RCH, Family Planning, nutrition, immunization, HIV / AIDS, personal hygienic and other National Health Programmes
2. Arrange group meetings with leaders and involve them in spreading the message for various health programmes.
3. Organise and conduct training of community leaders with the assistance of the Health team.

### **School Health**

1. Impart knowledge about adolescent health.
2. Assist medical officers in school health programmes.

Note: In PHCs where there is no HA (Male), these functions will be carried out by LHV(HA) Female

## **15. Health Worker (Female)**

Health worker Female is responsible for population covered by a sub centre (5000 for plane and 3000 for remote and hilly area.).She will stay at sub centre head quarter constantly. If MPW (M) is not posted at the centre, MPW (F) in addition to the duties assigned below:

## **Reproductive and Child Health Services**

1. Register hundred percent pregnant women in first trimester and provide care to all pregnant women throughout the period of pregnancy.
2. Test urine of pregnant women for albumen and sugar, estimate hemoglobin level, measure BP and weight.
3. Refer cases of abnormal pregnancy and cases with medical and gynecological problems to the Health Assistant Female / Primary Health Centre / FRU. She will help in arranging transport for referral of emergency obstetric care.
4. Conduct about 50% of total deliveries in her area and should promote for maximum institutional deliveries.
5. Supervise deliveries conducted by Dais and assist them when ever called in.
6. Refer cases of difficult labour and new burns with danger sign help them to get institutional care and provide follow up to the patient referred to or discharged from hospital.
7. Make at least four post-natal visits (on 0/1<sup>st</sup>, 2<sup>nd</sup>, 7<sup>th</sup> & 40<sup>th</sup> days) for each delivery conducted in her area and render advice regarding care of mother and child, feeding of the new born.
8. Promote initiation of breast feeding (preferably within half an hour) exclusive breast feeding up to 6 months and complementary feeding after 6 months, continuation of breast feeding as long as possible.
9. Assist medical officer and health assistant Female in conducting antenatal and post natal check up at the sub centre during RCH Clinics.
10. She will utilize the information from the eligible couple and child register from the family planning program
11. She will be squarely responsible for maintaining eligible couple registers and updating it from time to time.
12. Spread the message of family planning for the couples and motivate them for family planning individually and in groups.
13. Identify couples with unmet needs.
14. Contact all couples with unmet needs and provide them contraceptive of their choice provide follow up services to female family planning acceptors, identify side effects, give treatment on the spot for side effect and minor complaints and refer those cases that need attention by the physician to PHC Hospital.
15. Establish female depot holder, help the health assistant female in training them and provide a continuous supply of conventional contraceptives to the depot holder.
16. Provide IUD insertion and follow up services.
17. Build report with acceptors, village leaders, Jan Mangal Couples, Dais, MSS and utilize them for promoting Family Welfare Programme.
18. Participate in Mahila Mandal and MSS meetings and utilize such gathering for educating women in family welfare programme and RCH.
19. Identify the women requiring help for medical termination of pregnancy and refer them nearest approved institution.
20. Educate community of the consequences of septic abortion and inform them about availability of services for safe medical termination of pregnancy.

## **Nutrition**

1. Conduct Health Days at Anganwadi Centers at least once a month
2. Identify cases of malnutrition among infants and young children (0-5 years) give the necessary treatment and advice and refer serious cases to the primary health centre advice to parents for deworming the child if malnourished and anemic.
3. Distribute Iron and Folic Acid tablets as prescribed to pregnant and nursing mothers, infants and young children (zero to five years) and family planning acceptors.
4. Administer Vitamin A solution as prescribed to children from 9 month to 3 years.
5. Educate community about nutritious diet for mother and children.

## **Immunization Programme**

1. Follow the directions given in Manual of Health Worker Female under National Immunization Programme.
2. Immunize pregnant women with tetanus Toxoid.
3. Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine all infants and children, as per schedule and maintain the records.
4. She should track the dropout by card tracing and vaccinate them per complete coverage.

### **Diarrhoea Control Programme**

1. Educate mother regarding home management of diarrhea with ORT.
2. Timely procure and provide ORS.
3. Monitor the cases of Diarrhoea, if any increase in number, report to Medical officer.
4. Record deaths due to Diarrhoea and give monthly report.
5. Arrange for referral of severe cases of dehydration to concerned Institute.
6. Advise mothers to continue breast feeding / feeding during Diarrhoea.

### **Respiratory Infection**

1. Ensure early diagnosis of Pneumonia cases.
2. Provide suitable treatment to mild / moderate cases of ARI.
3. Ensure early referral in doubtful / severe cases.

### **Primary Medical Care**

Provide treatment for minor ailments, provide first aid for accidents and emergencies and refer cases beyond her competence to the Primary Health Centre or nearest hospital.

### **School Health**

Help the medical Officer in School Health Services. Participate in school health program as per the activities given from time to time.

### **Training**

1. List Dais in her area and involve them in promoting Family Welfare.
2. Help the Health Assistant Female in conducting training Programme for Dais

### **Communicable Disease**

- Notify the M.O. PHC immediately about any abnormal increase in cases of Diarrhoea, dysentery, AFP, Neonatal tetanus, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness which she come across during her home visits, take necessary measures to prevent their spread, and inform the Health Worker Male to enable him to take further action.
- If she comes across a case fever during her home visits she will take blood smears, administer presumptive treatment for malaria and inform Health Worker for further action.
- Identify cases of skin patches, especially if accompanied by loss of sensation, which she come across during her home visits and bring them to the notice of Health Worker Male / Supervisor.
- Assist the Health Worker Male in maintaining record of cases in her area, which are under treatment for tuberculosis and leprosy and check whether they are taking regular treatment and bring these cases to the notice of the Health Worker Male or Health Assistance Male.
- Identify and refer all cases of blindness including suspected cases to M.O. PHC.

**Events** Record births and deaths occurring in her area in the birth and deaths register and report them to the Supervisor. Health Worker Male and to Panchayat.

### **Record Keeping**

- Register (a) pregnant women in her area (b) infants 0 to one year age and (c) women 15- 44 years.
- Maintain the prenatal and maternity records and child care records.
- Update EC register every year and prepare service delivery register with the help of Health Worker Male.
- Maintain the records as regards contraceptive distribution, IUD insertion, couples sterilized, and clinics held at the sub centre and supplies received and issued and to see for the out dated medicine.
- Prepare and submit the prescribed monthly reports in time to the Health Assistant Female.
- Review performance with the help of supervisor and take corrective measures.

### **Team Activities**

- Attend and participate in staff meetings at Primary Health Centre / Community Development Block or both. She will also attend meeting at Panchayat.
- Coordinate her activities with the Health Worker Male and other health Workers including AWW, JM Couple, Health Guides and Dais.

- Meet the health assistant female every two week and seek her advice and guidance whenever necessary.
- Maintain the cleanliness of the sub centre.
- Participate as a member of the team in camps and campaigns.
- Identify unreached and underserved areas and prepare a plan of outreach activities.
- Work as a team with Anganwadi Worker in ICDS block / VHG / TBA
- Conduct Health Day once a month at AWC

**Sub-centre Planning**

- Conduct CAN and prepare SC plan with the help of HW (M) and supervisor.
- Maintain a proper record of supplies received, Stored and maintain well.

When posted at PHCs she will help organize MCH clinics including immunization, any other activity directed by MOI/c PHC and for implementation of National Health Programs. Her other field activities will be similar as that at sub-centre.

## 16. Health Worker (Male)

This would be applicable if MPW (M) and MPW (F) are posted at the Sub Centre. If MPW (M) is not posted at the sub – centre their duties will be carried out by MPW (F) along with other duties assigned to her. These duties to different national health programmes are:

### Malaria

1. From each family he shall enquire about
  - Presence of any fever cases.
  - Whether there was any fever case in the family in between his fortnightly visits.
  - Whether any guest had come to the family and had fever,
  - Whether any family member who had fever in between his fortnightly visit had left the village.
2. He shall collect thick and thin blood smears on one glass slide from cases having fever or giving history of fever and enter details in MF-2 and put appropriate serial number on the slide.
3. He shall begin presumptive treatment for malaria after blood smears has been collected. He will follow the instructions given to him regarding administration of presumptive treatment under NMEP / NAMP.
4. He shall contact the FPC during his fortnightly visit to the village and (a) Collect Blood Smears already taken by the village health guide (b) also collect details of each in MF-2 (c) replenish both drugs and glass slides and look into the account of consumption of anti malarial drugs.
5. He shall dispatch blood smears along with MF-2 collected from the FTC / Multipurpose worker female of the sub centre and also those collected during his visit in his area to the PHC laboratory twice a week or as instructed by the Medical officer PHC.
6. He shall verify the radical treatment administered by the voluntaries if any during the visit.
7. He shall administer radical treatment to the positive cases as per drugs schedule prescribed and as per instruction issued by the medical officer, PHC and take laid down action if toxic manifestations are observed in a patient receiving radical treatment with Primaquine.
8. He shall intimate each house hold in advance regarding date of spray on the basis of advance spray programme given to him and explain simultaneously the benefit of insecticidal spray to the villagers.
9. He shall contact the FTC and inform him of the spray dates and request him to motivate the community and prepare them for accepting the spray operations.
10. Assist the Health Assistant Male in supervising spraying operations and training of field spraying staff.
11. He should mark stencils in front of the house mentioning the date of visit.

### Communicable Diseases

1. Identify cases of diarrhea / dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough and tetanus, poliomyelitis (Lameness), neonatal tetanus, acute eye infections and any other communicable disease and notify the Health Assistant Male and M.O , PHC immediately about these cases.
2. Carry out control measure until the arrival of the Health Assistant Male and him in carrying out these measures.
3. Give Oral Dehydration Solution to all cases of Diarrhea / dysentery / vomiting.
4. Educate the community about the importance of control and preventive measure against communicable disease and about the importance of taking regular and complete treatment.
5. Identify and refer cases of genital sore or urethral discharge or no-itchy rash over the body to Medical Officer.

### Leprosy

1. Identify cases of skin patches, especially if accompanied by loss of sensation and refer those cases to M.O. PHC for further investigation.
2. Check whether all cases under treatment for leprosy are taking regular MDT treatment. Motivate defaulter to take regular treatment and bring them to the notice of the Health Assistant Male.

### Tuberculosis

1. Identify persons especially with fever for 15 days and above with prolonged cough or spitting of blood refer these cases to the M.O. PHC for further investigation.
2. Check whether all cases under treatment for tuberculosis are taken regular DOTS treatment. Motivate defaulters to take regular treatment and bring them to the notice of the Health Assistant Male.

3. Educate the community on various health education aspects of tuberculosis programme.
4. Assist the village level volunteer in undertaking the activities under TB programmes properly. Provide the list of the TB patients living in a village to the village volunteer so that he is further able to motivate the TB patient in taking regular treatment.
5. Ensure regularity of DOTS during incentive phase as well as directly intake of the first dose of each week during the continuation phase. Also ensure collection of empty blister pack during the collection of subsequent weekly blister packs throughout the entire continuation phase.
6. Administer DOTS thrice a week in the intensive phase and at least once a week in the continuation phase, with the other two weekly doses self-administered in the continuation phase.
7. Verify address of all new patients and educate patients and their families on the plan of treatment. Arrange time and place for DOTS, according to the patient's convenience.
8. Ensure that follow up smear examinations of sputum are carried out as per the stipulated schedule.
9. Maintain the treatment card and record the information. Transfer this information to the original Treatment Card at the CHC/ PHC during weekly meetings.
10. Ensure that the treatment Card is given to the STS for entry in the TB Register and the TB No. is entered on the Card.
11. Take steps for immediate retrieval of defaulters. During the intensive phase it should be no later than the day after the defaulter, and during the continuation phase within a week of the default.
12. Maintain relevant records.

### **Environmental Sanitation**

1. Chlorinate public water sources including wells at regular intervals.
2. Educate the community on (a) the method of disposal of liquid wastes; (b) the method of disposal of solid wastes; (c) home sanitation; (d) advantages and use of sanitary type of latrines; (e) construction and use of smokeless chulahs.

### **Immunization Programme**

1. Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children in his area in collaboration with Health Worker Female.
2. Assist the Health Worker Female in administering tetanus Toxoid to all pregnant women.
3. Educate the people in the community about the importance of the immunization against the various communicable diseases.

### **Diarrhoea Control programme.**

1. Educate community on home management of Diarrhoea.
2. Report any outbreak of Diarrhoeal disease.
3. Measures such as chlorination of drinking water to be carried out.
4. Proper sanitation to be maintained.
5. Encourage use of sanitary latrines.

### **Family Planning**

1. Utilize the information from the eligible couple and child register for the family planning programme.
2. Spread the message of family planning programme to the couples and motivate them for family planning individually and in groups.
3. Contact all couples with unmet need in coordination with Health Worker Female help them in getting contraceptive of their choice.
4. Distribute conventional contraceptives to the couples.
5. Provide follow-up services to make family planning acceptors of sterilization in obtaining if necessary by accompanying them or arranging for the Health Guide to PHC/Hospital.
6. Build rapport with satisfied acceptors, village leaders, teachers, and others for promoting family welfare programme.
7. Establish male depot holders in the area. Assist the Health Assistant Male and Health Assistant Female in training them all, provide a continuous supply of supplies.
8. Identify the male community leaders in each village of his area.
9. Assist the Health Assistant Male in training the leaders in the community and involving the community in family welfare programmes.



### **Medical Termination of Pregnancy**

1. Identify the women requiring help for medical termination of pregnancy, refer to the nearest approved institution, and inform the Health Worker Female.
2. Educate the community on the availability of service for safe termination of pregnancy.

### **Health Education**

Educate the community and high risk groups about the availability of Reproductive and Child Health Service and encourage them to utilize the facilities.

### **Nutrition**

1. Identify cases of malnutrition among infants and young children (0-5 years) in his area, give the necessary treatment and advice or refer them to the Anganwadi / balwadi for supplementary feeding and refer serious cases to the Primary Health Centre.
2. Distribute Iron and Folic Acid as prescribed to children from 0-5 years. Pregnant and nursing mother and family planning acceptors.
3. Administer Vitamin A solution as prescribed to children from nine months to three years.
4. Educate the community about nutritious diet for mothers and children from locally available foods.
5. Advice to parents for deworming the child, if malnourished and anemic.

### **Vital Events**

1. Enquire about births and deaths occurring in his area, record them in the births and deaths register and report them to the Health Assistant Male.
2. Educate the community on the importance of registration of birth and deaths.

### **Primary Medical Care.**

Provide treatment for minor ailments, provide first aid for accidents and emergencies, and refer cases beyond his competence to the Primary Health Centre or nearest hospital.

### **Record Keeping**

1. Survey all the families in his area and prepare / maintain maps and charts for villages, conduct CAN and prepare sub centre action plan in coordination with Health Worker Female.
2. Prepare, maintain and utilize family and village records.
3. With the assistance of the Health Worker Female prepare the eligible couple, service delivery register and child register and maintain it up to date.
4. Maintain a record of cases in the area who are under treatment for tuberculosis and leprosy.
5. Prepare and submit periodical reports in time to the Health Assistant Male.

## 17. Radiographer

1. They should do routine and emergency x-ray.
2. Bed side x-ray if available portable x-ray machine.
3. Record maintenance cleanness and timely monthly reports.
4. Observing Hospital waste management guidelines for safe disposal of wastage.
5. Establishing linkage with agency for recovery of silver.
6. Ensuring safety of self, patient and relatives from unwanted / unwarranted exposures from radiation.

## 18. Ophthalmic Assistant / Technician

Assistant will be responsible for eye care services including IEC and training activities in his roles & responsibilities are grouped as below:

- He will be responsible for registration, diagnosis and treatment of Ophthalmic cases coming to the health centre and refer complicated cases to DH.
- He will do refraction and prescribed vision correction.
- He will do tonometry for glaucoma identification, A-scan, Keratometry for IOL.
- He will provide pre-operative examination and prepare case for operation; assist in eye operations and post operation care.
- He will do follow up of the operated cases.
- He will assist in conduction of eye camps.
- He will assist MOs of PHC in CHC area in school Health Program

For early detection and correction of refractive errors and other minor eye ailments.

- He will be responsible for recording and reporting data related with **Ophthalmic** care (cataract diagnosis Vitamin –A coverage, records etc.)
- He will motivate community for eye donation and create awareness for prevention and early detection and treatment of eye ailments.

## 19. Computer

Working Relationship

Computer is a member of the staff in the office of Dy. CM & HO. He will function under the supervision guidance of the Dy. CM & HO. He will receive technical support and guidance from the Statistical assistant at district level.

### Duties and Function

1. He will collect information and prepare records on various components of Health and Family Welfare programmes (including mass education and media activities) from the sub centre and the Primary Health Centre levels and will scrutinize and consolidate the information collected PHC wide and compile it for Sub Division.
2. He will compile and send such monthly reports and ad-hoc returns on malaria, TB, Leprosy, blindness, dental care and family welfare programmes and all other national health programmes. Including Neonatal tetanus & poliomyelitis.
3. He will compile the updated information regarding the eligible couple and child register in all the villages received from the sub centre staff and will also compile village wise information. Regarding the number of eligible couples, numbers of couples using different family planning methods and the no. of couples to be motivated along with the information on their parity, the number of children covered by different immunization programmes, other component of RCH and those still to be covered under these programmes.
4. He will assist the Statistical assistant at district level in sample verification of acceptors in the area under the jurisdiction of the primary health centre. He will participate in special studies on certain aspects of health and family welfare programmes in the PHC area as part of the overall activities of programme evaluation and research.
5. He will maintain a register of vital events in the area from the register of births and deaths of the village register and also from reports of the vital events observed by health workers in the area.
6. He will also help to coordinate and maintain up to date village records, house hold and family records as envisaged in the Management Information and Evaluation System for use by various National Health and Family Programmes.

7. He will prepare charts and graphs depicting (1) the progress of various Health and Family Welfare Programmes and (2) analytical review of the data collected and put up a PHC and Sub Centre wise performance report to Dy. CM & HO indicating poor performing institutions.
8. He will carry out any other statistical function assigned by the Dy. CM & HO
9. Maintain RTI / STI record Listing of High – Risk person (sex workers, Drug abusers)
10. Maintain record of disinfections of wells, chlorination, water samples taken at sub centre and village.
11. Maintain record of seasonal diseases sub centre and village wise.
12. He will visit sub centre and PHCs twice a month and will 25% physical verification of record.
13. He will ensure completeness of the case cards and compiles the required information in family planning/ surgical sterilization camps.

## **20. Laboratory Technician**

All primary health centres, community health centre and sub divisional hospitals have laboratory technician/ assistant. He will be under direct supervision of MOI/PHC/CHC. Broadly his responsibilities are grouped as follows:-

### **1 General**

- He will make timely indents for chemicals, reagents and other necessary items well in time and ensure proper and safe storage of materials received.
- He will maintain equipment and glassware in serviceable condition and clean, in case any repair or maintenance is needed he will inform MOI/C well in time.
- He will organize laboratory services in such a way that waiting time for patients is minimum with no cross-cross movement of persons and/or specimens.
- He will maintain cleanliness in the laboratory and follow recommended safety procedures during all processes.
- He will do the sterilization as when required.
- He will dispose the specimen and other laboratory waste as per Hospital and Waste Management guidelines.
- He will maintain in the necessary records of investigations done. Prepare and submit monthly / weekly (as required) to MOI/C well in time.
- He will observe universal safety precaution including measures for HIV prevention.

### **Laboratory Investigations**

He will carry out all recommended investigations as per the category of the health facility.

#### 1. Carry out urine examination for:

- a) Specific gravity and pH
- b) Sugar (glucose)
- c) Protein (albumen)
- d) Bile pigments and bile salts
- e) Ketone bodies
- f) Microscopic examination

#### 2. Carry out stool examination for:

- a) Macroscopic examination
- b) Microscopic examination

#### 3. Carry out blood examination for:

He will collect blood by finger prick / intravenous methods.

- a) Hemoglobin estimation
- b) Complete blood count (RBC / WBC total and differential / platelets)
- c) Erythrocyte sedimentation rate
- d) Blood grouping ABO and RH
- e) VDRL
- f) Vidal test
- g) Serum bilirubin, serum cholesterol
- h) Serum enzymes eg. Alkaline phosphatase, SGOT / SGPT as per availability of kits.

- i) He will prepare thick and thin blood smears for blood parasites e.g. Malaria and filarial.
  - j) Blood samples for laboratory investigations of indoor patients at CHC / some divisional hospital should be taken in the morning by night duty technician carry out bed side tests i.e., Hemoglobin, TLC/ DIC, blood sugar, BT/CT etc. in the wards at CHC / sub divisional hospitals.
4. Carry out sputum examination
- a) He will instruct and demonstrate to the patients the proper method of bringing out sputum, over night collection and its delivery to the laboratory.
  - b) Co-ordinate with other staff to ensure that patients with productive cough for three weeks or more undergo sputum examination and receive containers and necessary instructions.
  - c) Preparation of slides from thickest portion of sputum, staining and examination of sputum smears for Mycobacterium tuberculosis, read and record result.
  - d) Maintain the Laboratory register and report the results to the medical officer managing the patients.
  - e) Dispose off contaminated material as per guidelines.
  - f) Carry out pregnancy test.
  - g) Carry out investigations for RTI / STD cases, record and report results.
  - h) Carry out Semen examination – Sperm count and morphology as well as macroscopic examination.
  - i) Prepare throat swabs and examine for diphtheria.
5. Take samples of drinking water
- a) Test samples for gross impurities
  - b) Send samples for testing to authorized laboratory.
6. Any other tests, which are required for patients care and for which he is trained and provided support.

#### **Maintenance of Records**

He will maintain records of all supplies / stock, investigations done. He will account of slides examined for malaria and tuberculosis of their treatment. He will get positive slides for malaria and tuberculosis confirmed by medical officer.