

**DR. MCR HUMAN RESOURCE DEVELOPMENT  
INSTITUTE OF ANDHRA PRADESH : HYDERABAD**



**FAMILY WELFARE  
DEPARTMENT**



Dear Reader,

As part of its endeavor to provide a SMART (Simple, Moral, Accountable, Responsible and Transparent) administration, the State Government of Andhra Pradesh has launched a major Human Resource Development and Training initiative aimed at developing a large human resource base of well informed and responsive functionaries and officials.

The successful and effective implementation of any initiative or programme in government is largely the result of the involvement and efforts put in by its functionaries at all levels. Obviously, the most fruitful way in which to bring this about is to make individual functionaries aware of their role functions and responsibilities. To achieve this, the Human Resource Development Institute of AP, as the apex training institution of the State Government responsible for the overall implementation and co ordination of the state training initiative, has proposed to bring out departmentwise Manuals in two parts, namely

1. Departmental Manual

2. Functionary Manual

The Departmental Manual would indicate the role, responsibilities and functions of the department. The Functionary Manual will detail, as the nomenclature indicates, the functions and responsibilities of the functionaries within the department, at all levels. While doing so, the evolving role of governmental functionaries in being effective managers of change in a welfare state has been delineated. The Departmental Manual also details the department's organisational chart, the rules, regulations, legislations and enactments which govern its functioning and direct its activities and the various interdepartmental interactions it has to perform. The Manual also facilitates a definition of the Department's role in serving the general public as customer while drawing up a vision for its future development in the coming decades.

Local Self Government is the key to fulfil the aspirations of the public and for rural development through democratic decentralisation. After the 73rd Constitution

amendment, the role of PRI Institutions and functionaries is expected to undergo a significant change to the extent PR Institutions are empowered by the State Legislature. The functionaries need training and change of mindset for discharging the onerous functions. At this juncture, the usefulness of a Manual like this cannot be over emphasized.

The present volumes developed by the Family Welfare Department are in two parts. As is evident, these publications are the outcome of thorough study and analysis of the Department's role, functions, and procedures. They are intended to serve as useful aids to each and every employee of the department in the effective discharge of his functions. It may be noted, however, that these manuals do not replace the Codes and Orders on the subject but are at best, meant to guide and assist functionaries in the effective discharge of their duties.

Any suggestions for the improvement, extension or curtailment of these Manuals may be sent directly to the Director General, Dr. MCR HRD Institute of Andhra Pradesh, Road No. 25, Jubilee Hills, Hyderabad - 500 003, for consideration and incorporation in subsequent updations and revisions of the Manuals.

**P.V.R.K. PRASAD** I.A.S

Director General

Dr. MCR Human Resource Development

Institute of Andhra Pradesh

&

Ex officio Spl. Chief Secretary to Government (HRD)

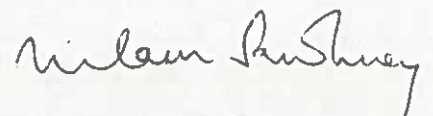
## PREFACE

Comprehensive Maternal and Child health care and Family Welfare services are delivered through a team of health functionaries, at the of Primary Health Centres, and Sub-centres in rural areas. In urban area the Maternal and Child Health Care and Family Welfare services are provided by the functionaries of Urban Family Welfare Centres, Post-Partum units and Urban Health Centres. All these functionaries provide promotive, preventive and curative services to the community.

The District Medical and Health Office serves as the focal point from where the supervisory control and guidance to these functional units are exercised. At State level, the Commissionerate of Family Welfare has the important function to guide, assist, and supervise the working of the district and their service units in implementing the Family Welfare Services as per the laid down objectives.

The present book "Functionary Manual" contains the job charts of various functionaries working at different levels and formats of various registers and monthly progress reports under Reproductive and Child Health (RCH) and Family Welfare Programmes. Hope and trust that this book will serve as a source of ready reference for all those concerned with the administration and implementation of RCH and Family Welfare schemes.

The department is thankful to Dr. A.Kameswara Rao, Sri M.S.S.R.Anjaneyulu, and Sri. C.B.Ramachandra Murthy who have helped in the preparation of this manual. We are very grateful to Dr.M.C.R.Institute of Administration, Hyderabad for providing the necessary initiative and support to the department in the preparation of the "Functionary manual".



**Commissioner of Family Welfare**

The first part of the report deals with the general situation of the country and the progress of the work done during the year. It also mentions the names of the members of the committee and the names of the persons who have been appointed to various positions.

The second part of the report deals with the financial statement of the committee for the year. It shows the amount of money received and the amount of money expended. It also shows the balance of the fund at the end of the year.

The third part of the report deals with the work done by the committee during the year. It mentions the names of the persons who have been appointed to various positions and the names of the persons who have been elected to various offices.

STATEMENT OF THE FINANCIAL POSITION

The financial position of the committee at the end of the year is as follows: The amount of money received during the year was \$100.00. The amount of money expended during the year was \$50.00. The balance of the fund at the end of the year was \$50.00.

*James M. Smith*  
Secretary

**FUNCTIONARY MANUAL  
FAMILY WELFARE  
DEPARTMENT**

FUNCTIONARY MANUAL  
FAMILY WELFARE  
DEPARTMENT

# CONTENTS

<b>1.</b>	<b>Introduction</b>	<b>1</b>
	Organisation Chart	7
	District Medical & Health Office Chart	8
	Cadre strength under Family Welfare Department	9
<b>2.</b>	<b>Functionaries, state level</b>	<b>11</b>
	Commissioner Family Welfare - 1	13
	Additional Director (FW&MCH) - 1	17
	Joint Director (MCH) - 1	21
	Deputy Director (Demography) - 1	25
	Deputy Director (Mass Education and Media) -1	29
	Assistant Director (Adminstration) - 1	33
	Accounts Officer (Family Welfare) - 1	37
	Statistical Officer (Service statistics) State level - 1	41
	Statistical Officer (Evaluation) - 1	45
	Health Education Officer - 1	49
	Research Officer - 1	53
	Cold Chain Officer - 1	57
<b>3.</b>	<b>Functionaries, Regional level</b>	<b>61</b>
	Regional Director of Medical and Health Services - 6	63
	Deputy Director (Adminstration) - 6	67
	Deputy Director (Statistics) - 6	71
	Regional Training Centres - 8	75
<b>4.</b>	<b>Functionaries, District level</b>	<b>79</b>
	District Medical and Health Officer - 22	81
	Aditonal District Medical & Health Officer - 23	85
	District Immunization Officer - 22	89
	Statistical Officer - 45 District level (2 in each district and 1 in Hyderabad)	93
	District Public Health Nurse Officer (DPHNO) - 23	97
	District Education and Media Officer (DEMO) - 23	101
	Administrative Officer - 21	105
	Project Officer D.T.T - 22	109



<b>5.</b>	<b>Functionaries, Sub District Level</b>	<b>113</b>
	Responsibilities of the Medical Officer	115
	Female Health Supervisor (Health Visitor) - 1621	123
	Public Health Nurse (PHN) - 614	129
	Female Health Assistant (ANM) - 11200	133
	Community Health Officer (C.H.O) - 506	139
	Multipurpose Health Extension Officer (MPHEO) - 1686	143
	Multipurpose Health Supervisor (Male)	147
	Multipurpose Health Assitant (MPHA) Male	147
	Urban Family Welfare Centres - 131	147
	Post - Partum Programme (PPP) Units - 82	147
<b>6.</b>	<b>Reporting Formats</b>	<b>153</b>
	స్థి ఆరోగ్య కార్యకర్త యొక్క నెలసరి ప్రగతి నివేదిక	155
	Monthly Progress Report of PHC/PPC/UFWC/UHC	163
	Monthly Progress Report of District	171
	Fax Report	179
	Form A	181
	Form B	183
	Form C	185
	Form D	187
	Form E	189
	Acquittance Roll	191
	Cash Book	192
	రవాణా భత్యం కై యుము	194
	Register of Undisbursed Pay, Etc.,	197
	Stock Register	198
	Permanent Advance Disbursement Register	201
	Personal Register	202

# ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
CBR	Crude Birth Rate
CCO	Cold Chain Officer
CDR	Crude Death rate
CFW	Commissioner Family Welfare
CHC	Community Health Centre
CPR	Contraceptive Prevalence rate
	Couple Protection Rate
CSSM	Child Survival and Safe Motherhood
DFWB	District Family Welfare Bureau
DHO	District Health Officer
DMHO	District Medical and Health Officer
DIO	District Immunisation Officer
DTT	District Training Team
ECR	Eligible Couple Register
ELA	Expected Levels of Achievement
EPI	Expanded Programme of Immunisation
FRU	First Referral Unit
GRR	Gross Reproduction Rate
ICDS	Integrated Child Development Services
IEC	Information Education Communication
IFA	Iron and Folic Acid
ILR	Ice Lined Refrigerator
IMR	Infant Mortality Rate
IPP	Indian Population Project
ISM	Indian System of Medicine
IUD	Intra Uterine Devise
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MIES	Management Information & Evaluation System

MIS	Management Information System
MMR	Maternal Mortality Rate
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MPHA	Multipurpose Health Assistant
MPHEO	Multipurpose Health Extension Officer
MPHW	Multipurpose Health Worker
MPHS	Multipurpose Health Supervisor
MSS	Mahila Swasthya Sangh
MTP	Medical Termination of Pregnancy
NNT	Neo Natal Tetanus
NRR	Net Reproduction Rate
OPC	Oral Pill Cycles
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PNC	Post Natal Care
PHC	Primary Health Centre
PO	Project Officer
RCH	Reproductive and Child Health
RTC	Regional Training Centre
RTI	Reproductive Tract Infection
SIHFW	State Institute of Health and Family Welfare
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFA	Target Free Approach
TFR	Total Fertility Rate
TT	Tetanus Toxoid
UNICEF	United Nations International Children Education Fund
WHO	World Health Organization
WB	World Bank

# Chapter 1

## **INTRODUCTION**



# INTRODUCTION

The Department of Family Welfare is headed by Secretary Family Welfare at the secretariat level. The Family Welfare programme is implemented through Director or **Commissioner of Family Welfare** at state head quarters and in the districts through the District Family Welfare Bureaus. The services under Family Welfare and Maternal and Child Health are provided through Primary Health Centres (PHC), Post Partum Units (PPU), and Urban Family Welfare Centres (UFWC). At village level the services, like the Subcentres (SC) provide motivation and follow-up. In addition, Voluntary organisations, Non Governmental organisations, and private medical practitioners also contribute for the implementation of the programme. This is a centrally sponsored programme with 100 percent financial support from the Government of India, Ministry of Health and Family welfare. Under the department the following programmes are implemented.

1. Family welfare
2. Child Survival and Safe Motherhood
3. Reproductive and Child Health Programme
4. Training of all medical and para medical health functionaries

Senior officers and staff assist the Commissioner or Director of Family welfare. The entire work is distributed among 5 sections,

1. Maternal and Child Health,
2. Demography,
3. Administration,
4. Accounts and
5. Mass media.

The Child Survival and Safe Motherhood programmes and activities are carried out by MCH division. This section is headed by a **Joint Director**, who is assisted by one **Cold chain officer** and one **Research officer** along with other supporting staff. They look after the promotion and implementation of programmes under

- (a) mother's health, covering antenatal care, natal care and post natal services,
- (b) child health services like, immunisation, vaccine preventable diseases, nutritional supplements,
- (c) Maintenance of cold chain system to keep vaccine potency,

- (d) other programmes like dai's training, management and prevention of diarrhea diseases among children through oral rehydration therapy,
- (e) and maintain records and reports pertaining to these activities.

The Demography division is headed by **Deputy Director (Demography)** who is assisted by two **Statistical officers**, one for family welfare service statistics and evaluation and the other for Child Survival and Safe Motherhood (CSSM) statistics. They are further assisted by **Deputy statistical officers** and Statisticians along with a computer cell. This division mainly deals with collection, compilation, analysis, and submission of returns on various programme performance activities under the department. They prepare periodical review reports for each district and the state, on sterilisations, IUD insertions, and users of other temporary methods under family welfare, and infants and mothers covered under immunisations like BCG, Polio, DPT, and Measles and T.T for pregnant mothers. This division also deals with evaluation of performance statistics furnished by service units in the districts.

The administrative division is headed by a **Assistant Director** who is assisted by ministerial staff. This section deals with establishment matters and stock and stores. The stock position and distribution of equipments, drugs, and other items are maintained by this section. In addition the staff sanctions and positions, employee details, vehicles are some of the other subjects looked after by this division.

One Accounts officer who is supported by Assistant Accounts Officer and other staff heads the Accounts division. This section mainly deals with grants from the Government, funds allocation to various districts under different programmes, preparation of pay bills for head quarters staff, expenditure statements against budget allocation etc. Funds are received from the Government for implementation of programmes which are disbursed to the districts to the concerned programme officers. Budget allotment and expenditure under various heads of account are maintained by this section.

The mass media division is headed by **Deputy Director (mass education and media)** who is assisted by one Health Education officer and other staff. This section deals with group education and mass media activities, monitoring and development of Information, Education and Communication activities under Family Welfare and child survival and safe motherhood programmes.

All these officers and sections work under the administrative control of the Commissioner and technical supervision of the **Additional Director FW & MCH**.

At regional level the Family welfare and Child Survival and Safe Motherhood programmes are monitored by the Regional Director of Medical and Health Services

along with other health programmes under implementation in the region. Further there are regional training Centres functioning in the regions to provide management and skills training for the health functionaries working under the family welfare and MCH programmes headed by Principal and supported by faculty of various disciplines.

At district level there are 22 District Family Welfare bureaus headed by **District Medical and Health Officers (DM & HO)** and one city Family Welfare bureau headed by a **Joint Director**. They are assisted by one **Additional DM & HO** who looks after the implementation of all Family welfare and child survival and safe motherhood programmes in the district. The work is distributed among 6 sections in the district.

1. Family welfare service activities are looked after by the **Additional DM & HO** who also provide technical supervision for CSSM activities.
2. Child Survival and Safe Motherhood section looks after the immunisation for mothers and children, control and management of diarrhoeal diseases, and records and reports pertaining to these activities. This section is headed by **District Immunisation Officer**. One **District Public Health Nursing Officer (DPHNO)** also functions to look after the maternal and child health care services at the district.
3. Statistics section is headed by two Statistical Officers, one for family welfare and other for CSSM service statistics. The performance statistics reports from the Primary Health Centres (PHC), Urban Family Welfare Centres (UFWC), and Post Partum Units (PPU), and other recognised service units under non governmental organisations and private medical practitioners are consolidated at district level by this section and sent to the state through the DM & HO.
4. The **District Education and Media Officer (DEMO)** looks after the mass education and media activities in the district who is assisted by two **Deputy DEMOs**.
5. The **Administrative officer** looks after all administrative and establishment matters at the district. He is also responsible for the stores and accounts matters at district level.
6. **Project officer District training team** looks after the training activities in the district for para medical health functionaries working at Subcentres, PHCs, PPUs and UFWCs under FW and CSSM programme towards skills development.

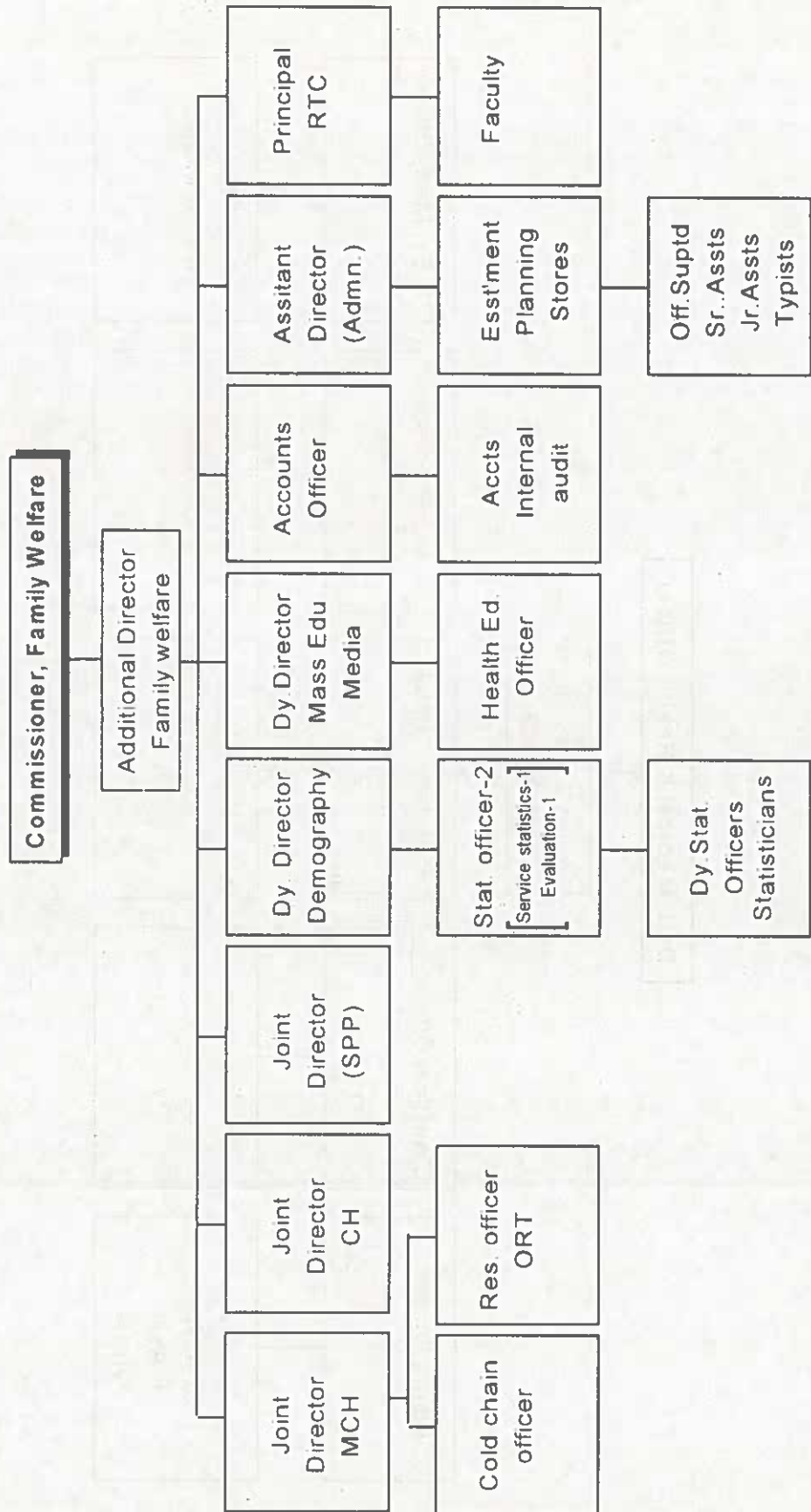


All these officers work under the over all administrative control and guidance of the DM & HO and technical supervision of the Additional DM & HO.

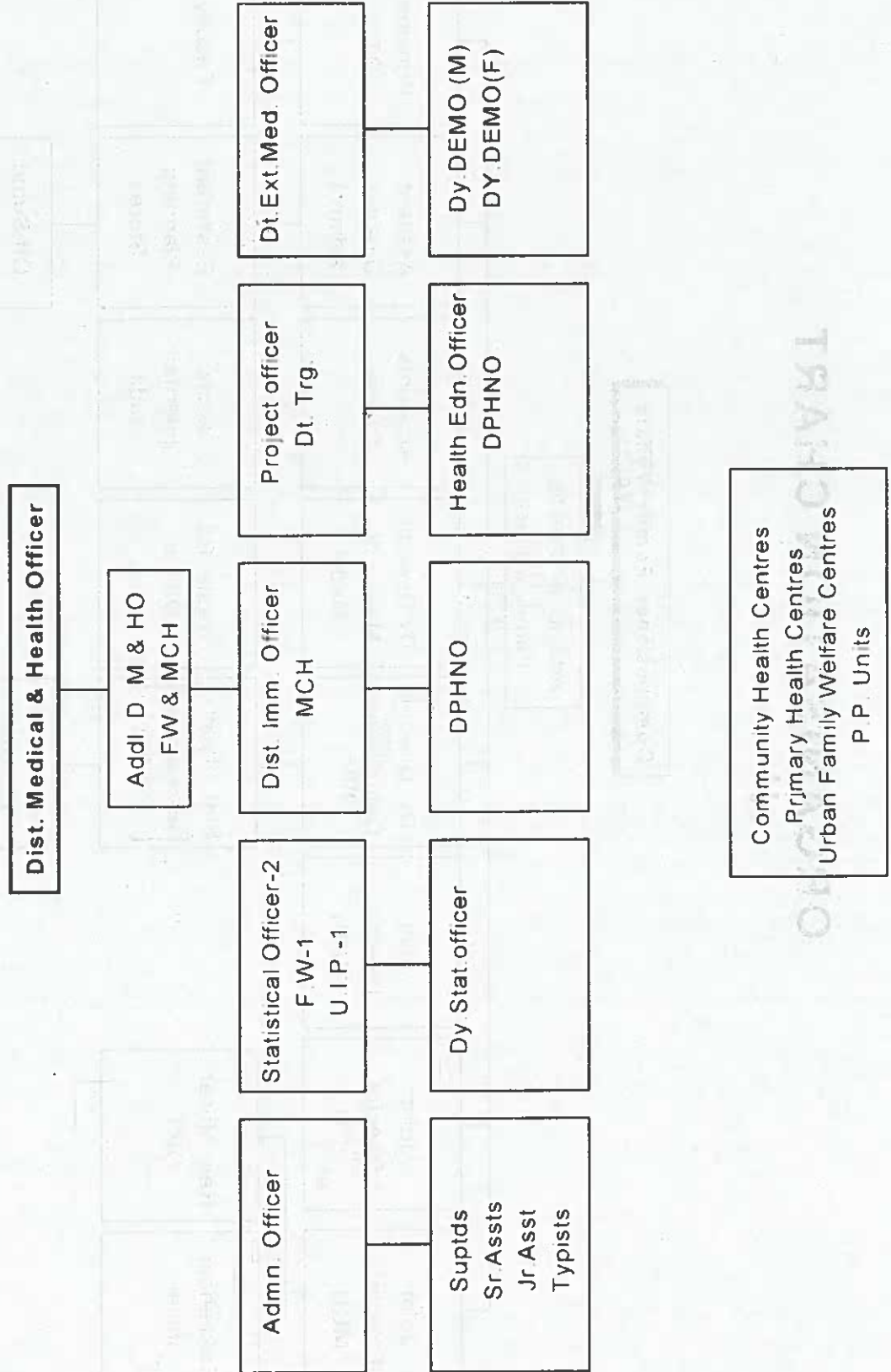
At sub district level the FW and CSSM programmes are implemented through PHCs, UFWCs, and PPU. At PHC level the **Medical Officer** will provide the services and supplies needed as per the guidelines received from the state and the district officers. Along with other staff, he is supported by **Community Health Officer (CHO)** or **Multi Purpose Health Extension Officer (MPHEO)**, **Public Health Nurse, Female Health Supervisor** (formerly Health visitor), **Female Health Assistant** (formerly ANM), **Male Health Supervisor** (formerly health Inspector), **Male Health Assistant** (formerly BHW) and **L.D. Computer** to provide the required services and follow up activities. In urban areas the FW and CSSM services are provided by the UFWCs and PPU. The medical officer in charge of these centres is supported by para medical male and female health supervisors and assistants. At village level the services under FW and CSSM are provided by the Female health assistants working at sub centre level each covering around 5000 to 6000 population or 6 to 8 villages.

The organisational chart for the state and district are given for ready reference of the functionaries working at different levels.

# ORGANISATION CHART



# DISTRICT MEDICAL & HEALTH OFFICE



**CADRE STRENGTH UNDER FAMILY WELFARE DEPARTMENT**

S.No.	Category	No.of posts
	<b>STATE LEVEL</b>	
1.	Commissioner Family Welfare	1
2.	Additional Director Family welfare	1
3.	Joint Director (MCH)	1
4.	Joint Director (CH)	1
5.	Joint Director (SPP)	1
6.	Deputy Director Demography	1
7.	Deputy Director (Mass Ed & Media)	1
8.	Assistant Director (Administration)	1
9.	Accounts Officer	1
10.	Health Education Officer	1
11.	Statistical Officer	2
12.	Research Officer (ORT)	1
13.	Cold Chain Officer	1
	<b>REGIONAL LEVEL</b>	
14.	Principal Training Centre	8
15.	Epidemiologist	8
16.	Statistical Officers	8
17.	Health Edn. Instructor	8
18.	Communication Officer	8
19.	Med. Lec. cum Demonstrator	8
20.	Health Edn. Ext. Officer	32
21.	Social science Instructor	8
22.	Public health Nurse Instructor	8
23.	Administrative Officer	8
	<b>DISTRICT LEVEL</b>	
24.	District Medical & Health Officer	22
25.	Addl. Dist.Med. & Health Officer	23
26.	District Immunization Officer	22
27.	District Public Health Nurse Officer	23

28.	Dist. Edn.& Media Officer	23
29.	Project officer DTT	22
30.	Administrative officer	21
31.	Statistical officer	45
	<b>SUB DISTRICT LEVEL</b>	
32.	Medical Officer (PHC/CHC/UFWC/PPUs)	2848
33.	Community Health officer	506
34.	Multipurpose Health Extn. Officer	1686
35.	Multipurpose Health Supervisor (F)	1621
36.	Public Health Nurse	614
37.	Multipurpose Health Asst. (F)	11200
38.	L.D. Computers	442

**Note :** The ministerial staff namely office Superintendents, Senior Assts, Junior Assts, Typists and other class IV posts are common for all the programmes and hence not indicated in the above statement.

## Chapter 2

# **FUNCTIONARIES AT STATE LEVEL**

FUNCTIONARIES  
AT STATE LEVEL

# **FUNCTIONARIES AT STATE LEVEL**

**COMMISSIONER FAMILY WELFARE - 1**



FUNCTIONARIES  
AT STATE LEVEL

## COMMISSIONER FAMILY WELFARE - 1

1. Ensure proper direction for the programme implementation, with reference to the objectives, policies, and organizational structure.
2. Develop appropriate strategies to achieve the laid down short term and long term objectives of the programme.
3. Ensure management of the organization on systematic and scientific lines and monitoring and evaluation of the programme in implementation.
4. Arrange proper distribution of work among various divisions in the department and take over all responsibility for all the activities under FW and CSSM programmes.
5. Organize and conduct periodical meetings with programme executives at state and district level to review the activities.
6. Effectively coordinate with other health related departments in providing FW and CSSM services in the state.
7. Efficiently manage, use and coordinate the resources like men, material, money and equipment to achieve the defined objectives.
8. Responsible for proper planning and management in identifying urgent needs and establish priorities.
9. Provide immediate and sustained attention to any complications developed during implementation process and provide solutions.
10. Provide leadership to the staff in education, motivation, and delivery of services.
11. Encourage effective coordination from the voluntary organizations, private medical practitioners, and other NGOs, in providing necessary assistance in implementation of the programme.
12. Ensure adequate supplies of equipment, drugs, materials and medicines and others required for the programme.
13. Provide support and guidance for any special programmes or campaigns under FW and CSSM to the service units in the district.
14. Arrange proper dissemination of information related to the programme policies, strategies, and management.

15. Arrange appropriate skills and management training for all the health functionaries working for the programme.
16. Take steps to ensure community participation and involvement in implementation of the programme.
17. Responsible for budgeting that includes fiscal planning, accounting and control.
18. Ensure management of information system and arrange for proper maintenance of records and reports and inspection at all levels and monitor timely submission of returns in the prescribed formats to the higher authorities.
19. Give direction for quality in performance through staff by recruitment, selection, training, promotion and retirement.
20. Guide, assist, and supervise the subordinate staff to perform their job effectively and collectively.
21. Responsible for implementation of policy decisions by translating them into concrete actions.
22. Attend to any other such duties as entrusted by the Secretary, Health and family welfare or the Government for the promotion of women and child welfare in the state.

# **FUNCTIONARIES AT STATE LEVEL**

**ADDITIONAL DIRECTOR (FW&MCH) - 1**



## ADDITIONAL DIRECTOR (FW&MCH)-1

1. He will function under the administrative and technical guidance of the Commissioner Family Welfare or Director Family Welfare.
2. He will provide support and guidance to the Commissioner, Family Welfare or Director Family Welfare in implementation of all Family Welfare and Child Survival and Safe Motherhood programmes.
3. He will keep all relevant information for development activities of the programme and help the department in the preparation of action planning.
4. He will collect, analyse, and interpret the data with reference to the programme performance at state level.
5. He will guide and assist the department in the preparation and organization of training programmes for all categories for skills development.
6. He will ensure proper maintenance of records, reports and submission of returns to higher agencies and scrutinise their maintenance.
7. He will help the department in determining the priorities in programme implementation.
8. He will supervise the work of District Family Welfare Bureau, Primary Health Centres, Urban Family Welfare Centres, and Post Partum Units in providing the quality of services and supplies to the beneficiaries.
9. He will tour the districts and check for the staff, stock, and materials, their availability and status at all the service centres.
10. He will help to diagnose the community issues that hamper the progress of the programme performance and suggest solutions within the given resources.
11. He will ensure all the mass media and educational materials required by the service units are provided.
12. Monitor the preparation and updating of various beneficiaries, like eligible couples, infants, children and mothers and guide the service centres in the preparation of their annual action plans.

13. He will take the assistance of all the officers and staff working in the state under family welfare in performing his duties.
14. He will guide and supervise the organization of mass communication and other educational programmes at state and district level.
15. He will coordinate family welfare and child survival and safe motherhood programmes with other related departments under Governmental and non governmental organisations.
16. He will attend to periodical review and staff meetings at state level.
17. He will ensure that similar staff and review meetings are held at district and service centre level regularly.
18. He will discharge any such other duties and responsibilities as entrusted by the Secretary to Government Health and Family welfare or by the Commissioner/Director Family welfare for the promotion of Family welfare and Child Survival and Safe Motherhood programmes.

# **FUNCTIONARIES AT STATE LEVEL**

**JOINT DIRECTOR (MCH) - 1**





## JOINT DIRECTOR (MCH) - 1

1. He will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director (FW&MCH).
2. He will supervise and guide the districts in organising immunisation and nutrition programmes for children and pregnant mothers.
3. Guide, assist and supervise the district level officers to actively involve them in the implementation of the Child Survival and Safe Motherhood (CSSM) programmes.
4. Supervise and guide the service units for maximum coverage of antenatal mothers in providing quality of services.
5. Supervise and guide the districts in providing institutional deliveries and qualified attendant at birth for domicilliary deliveries.
6. Ensure atleast 3 ante natal and 3 post natal visits by the female health assistants for all mothers.
7. Supervise the activities at the service units and districts in providing new born care and referral of high risk cases to hospitals.
8. Ensure diagnosis of high risk pregnancies by staff and help in referral for institutional deliveries.
9. Ensure that the vaccination supplies are sent to the service units for immunization without interruption and maintains stock and issue position at districts.
10. He will tour the districts to check the availability of vaccines, drugs, materials and equipment.
11. He will ensure maintenance of vaccines as per the required temperature.
12. Supervise and guide the staff under cold chain system for their proper maintenance and vaccine availability and distribution.
13. Supervise the service units in their administration of Vitamin A and Iron and Folic Acid tablets (IFA) for the beneficiaries.
14. Participate in the district level review meetings whenever possible to assess the programme performance and provide guidance to the staff if any deficiencies are noticed.

15. Maintain close contacts with other related departments under developmental programmes like Adult Education, Women development and child welfare, water supply and sanitation, primary education etc. for proper implementation of maternal and child health programmes.
16. Plan, participate and guide in training of health awareness programme in the community.
17. Ensure participation and technical support from International agencies like UNICEF, WHO, World Bank, etc.
18. Monitor the preparation and updating of beneficiaries under maternal and child health programmes and in the preparation of action plans by the service centres through the district programme officers.
19. Provide all mass media and educational programme support to the districts.
20. Plan, initiate and organize training programmes for the field health functionaries under skills development.
21. Scrutinise maintenance of records, reports, and submission of returns in the prescribed formats under Child Survival and Safe Motherhood progress reports, cold chain sickness report, stock position and distribution of vaccines.
22. Attend periodical review meetings at the state and the districts and guide the staff in improving performance.
23. Submit monthly tour and inspection notes to the commissioner and Additional Director for necessary action and information.
24. He will support and guide the department in the integration of Family welfare and Maternal and Child health programmes into the Reproductive and Child Health (RCH) Programme by implementing the strategies, components, and other interventions under RCH.
25. He will discharge any other functions as entrusted by the Commissioner or Additional Director for the promotion of women and child welfare.

# **FUNCTIONARIES AT STATE LEVEL**

**DEPUTY DIRECTOR (DEMOGRAPHY) - 1**



## DEPUTY DIRECTOR (DEMOGRAPHY) - 1

1. He will work under the administrative control of the Commissioner or Director Family welfare and technical control and supervision of the Additional Director (FW&MCH).
2. He is responsible for collection, compilation, organisation and analysis of data related to Family welfare and Child Survival and Safe Motherhood programmes.
3. He will present and interpret the quantitative information received from the districts on the performance in terms of the laid down objectives and the expected levels of performance.
4. He will assist the department in the conduct of meetings of programme officers and District Medical and Health Officers for the improvement of Family welfare and Child Survival and Safe Motherhood programmes.
5. He is responsible for the maintenance of data bank in the department as well as in the districts for monitoring and evaluation of the programmes.
6. He has to arrange to review all the programmes under Family welfare and CSSM at state level for utilisation by the concerned officers.
7. He is the technical supervising officer for all the Statistical officers in the state and the district, review their work and guide them in the discharging of their duties.
8. He is responsible for the supervision for proper documentation of records and reports in all health institutions and for smooth flow of information from the periphery and feed back from above for all FW and CSSM programmes.
9. He will closely monitor and supervise the implementation of Health Management Information System, Personal Management Information System in all institutions like District Medical and Health Offices, Primary Health Centres, Post partum Centres, Government Hospitals, Urban Family Welfare Centres, and Sub centres.
10. He will periodically attend the divisional and district level meetings of medical officers, programme officers, and guide and orient them in evaluation techniques and for improving the recording and reporting systems.
11. He will tour the districts for evaluation of programme performance and conduct sample checks for verification of reported acceptors in rural and urban areas.

12. He will supervise the civil registration in all rural and urban institutions, covering municipalities, major panchayats and coordinate with revenue and panchayat raj officers for improvement of vital statistics.
13. He will conduct quarterly review meetings with the statistical officers working in the districts for improvement of recording and reporting efficiency.
14. He will guide, assist, and supervise the orientation training programmes for Statistical personnel working in the department and at the districts on the Health Management Information System.
15. He will be guest faculty for all training institutions under medical and health department, like District Training Teams, Regional Training Centres (male and female) and cover topics on demography, Vital and health Statistics, and HMIS.
16. He will supervise the records, reports and returns maintained and submitted by Sub centres, Primary health Centres and District Medical and Health Offices under F.W., CSSM and RCH programmes.
17. He will conduct re-verification of state and central evaluation reports wherever necessary, for initiating action against defaulters and ensure follow up action by the District Medical and Health Officers in case of any defects noticed by the evaluation teams.
18. He will take up special studies on coverage evaluation and other studies to assess the impact of performance on demographic indicators.
19. He will ensure supply of all printed formats to the service units and the districts for maintenance of records and submission of reports.
20. He will ensure proper utilisation of the Computers provided to the districts.
21. He will coordinate with the Deputy Director (Vital statistics) under Director of Health for the development of vital and health statistics and in optimum utilisation of statistical units working in the districts.
22. He will attend to such other duties as entrusted by the Commissioner and Additional Director, related to monitoring, evaluation and statistical analysis of the F.W, CSSM and RCH programmes.

# **FUNCTIONARIES AT STATE LEVEL**

**DEPUTY DIRECTOR (MASS EDUCATION AND MEDIA) - I**



FUNCTIONARIES  
AT STATE LEVEL

## DEPUTY DIRECTOR (MASS EDUCATION AND MEDIA) - I

He will work under the administrative control of the Commissioner Family welfare and under technical guidance and supervision of the Additional Director (FW &MCH)

1. He will keep all information relevant to educational and mass media activities in the state, specifically concerning Family welfare, Child Survival and Safe Motherhood, and central and state policies on population and health.
2. He will develop work plan in consultation with Commissioner and other state Family welfare programme officers on education and communication aspects.
3. He will maintain records of educational and mass media activities and ensure preparation and display of relevant information charts, maps, at state level.
4. Guide assist and supervise the educational programmes undertaken by the districts with reference to Family welfare, Child Survival and Safe Motherhood programmes.
5. He will organise and guide to conduct mass education programmes like film shows exhibitions, lectures, folk lores etc. with the help of District Education and Media Officers at the district.
6. He is responsible for all educational, motivational and communication programmes related to the Family welfare, Child Survival and Safe Motherhood and also for Reproductive and Child Health programmes.
7. He will plan and develop area specific, age specific, and Community specific Information, Education and Communication (I.E.C) activities.
8. He will maintain list of prominent and opinion leaders for the state and involve them for the promotion of women and child health and welfare activities
9. He will tour the districts to review the I.E.C. activities and supervise the work of District Education and Media Officers.
10. He will prepare monthly report of educational activities in the district and submit consolidated report to the higher authorities.
11. He will ensure the districts to maintain complete kit of educational aids for their use and also for training purposes.

12. He will help and guide the districts in identification of hard core and resistant groups, drop outs etc. and arrange for specific counselling programmes.
13. He will help the state and district officers in organising training programmes for extension Educators and other related staff on I.E.C.
14. He will attend to such other duties and functions as entrusted by the Commissioner and Additional director Family welfare for promotion of Family welfare, Child survival and safe motherhood and also for reproductive and child health programmes.

# **FUNCTIONARIES AT STATE LEVEL**

**ASSISTANT DIRECTOR (ADMINISTRATION)  
(FAMILY WELFARE) - I**



# FUNCTIONARIES AT STATE LEVEL

ASSISTANT DIRECTOR (ADMINISTRATION)  
FAMILY WELFARE

## **ASSISTANT DIRECTOR (ADMINISTRATION) (FAMILY WELFARE) - I**

1. He will work under the administrative control and guidance of the Commissioner Family welfare and Additional director Family welfare
2. He will assist the department in all administrative and establishment matters as entrusted to him.
3. He will ensure general cleanliness inside and out side the premises of the department.
4. He will maintain inventory and stock register of all stores and equipment supplied to the department and responsible for it's accounts.
5. He is responsible for proper maintenance of the vehicles allotted to the department for the use of state level officers
6. He will ensure proper maintenance of service records and registers for the staff working in the head quarters.
7. He will ensure timely preparation of indents for drugs, instruments, equipments, vaccines, and contraceptives in advance as required for the service units in the districts.
8. He will ensure timely and uninterrupted distribution of stocks, equipment, and other materials to the districts.
9. He will discharge day to day administrative functions of the department.
10. He will provide necessary support to the organisation in conducting meetings, work shops, and training programmes at state head quarters.
11. He will ensure discipline among the ministerial staff working in the directorate.
12. He will provide support and guide the Commissioner family welfare in implementing Government orders related to administration and establishment matters.
13. He will attend to such other duties as entrusted by the Commissioner and Additional Director for the smooth and effective functioning of the department.



# **FUNCTIONARIES AT STATE LEVEL**

**ACCOUNTS OFFICER (FAMILY WELFARE) - 1**



ACCOUNTS OFFICER (FAMILY WELFARE) - 1

FUNCTIONARIES  
AT STATE LEVEL

## ACCOUNTS OFFICER (FAMILY WELFARE) - 1

1. He will work under the administrative control and guidance of the Commissioner family welfare.
2. He is responsible for the maintenance of the details of grants from the Government under various schemes under Family welfare, Child Survival and Safe Motherhood and Reproductive and Child health Programmes.
3. He will ensure allocation of funds as per budget to various districts separately under each head of account and as directed by the Commissioner.
4. He will maintain detailed information on the staff working in the head quarters and draw their salaries and other allowances as per eligibility and attendance and as per the instructions issued by the Commissioner.
5. He will prepare consolidated expenditure statement against budget allotment from the districts and the state every month.
6. He will maintain proper accounts for the A. C and D . C bills drawn at the state and the districts.
7. He will ensure submission of Last Pay Certificates for the staff on transfer with full details covering deductions if any.
8. He will ensure proper scrutiny of the bills and claims as per rules before payments.
9. He will maintain all records and reports of accounts as per the prescribed forms and guidelines received from the Department of treasuries and Accounts.
10. He will ensure the information on budget allotment, expenditure, and balance available under each head and sub head of account at any time as required by the Commissioner .
11. He will arrange for proper auditing of the expenditure made at the district and the state and maintain audit reports for various heads of account and programmes.
12. He will arrange for timely receipt of budget allotments from the Government and arrange for proper and timely distribution to the districts as per the orders of the Commissioner.

13. He will inspect the accounts of the sub ordinate offices as required for the Family welfare funds through the internal audit teams and follow up action as per their reports.
14. He will act as financial advisor to the Commissioner and provide necessary guidance as and when required.
15. He will attend to any such other duties as entrusted by the Commissioner and Additional Director, related to accounts, audit and budget for programme implementation.

# **FUNCTIONARIES AT STATE LEVEL**

**STATISTICAL OFFICER (SERVICE STATISTICS)**

**STATE LEVEL-1**

FUNCTIONS  
AT STATE LEVEL

STATE LEVEL

STATE LEVEL

## STATISTICAL OFFICER (SERVICE STATISTICS)

### STATE LEVEL-1

He works under the administrative control of the Commissioner and technical supervision and guidance of the Deputy Director (Demography)

1. He will assist the Deputy Director (Demography) in data collection, compilation and analysis, related to Family welfare performance.
2. He will assist the Commissioner and Deputy Director in review of programme performance.
3. He will assist the department in conducting review meetings for programme officers, District medical and health Officers.
4. He will assist the Deputy Director in the maintenance of Family welfare data base.
5. He will guide and supervise the work of statistical cell, review and proper distribution of work among them.
6. He will assist the Deputy director in the supervision of the Restructured Management Information System (RMIS) and other records and reports maintained by them for programme evaluation.
7. He will visit the districts and supervise the work of the statistical units and guide them in maintenance of records and reports and also in submission of returns in the prescribed formats.
8. He will conduct performance evaluation by sample checks at district level and submit report to the Commissioner through Deputy Director
9. He will evaluate the Family welfare performance by screening the reports for consistency and validity.
10. He will assist the department in organizing training programmes for statistical staff on monitoring and evaluation methods.
11. He will assist the deputy director in improving the recording and reporting efficiency from the service units.

12. He will ensure timely submission of consolidated report on the performance to higher authorities every month.
13. He will attend to such other duties as entrusted by the Commissioner -Additional Director, and Deputy Director for proper monitoring of the family welfare performance.

# **FUNCTIONARIES AT STATE LEVEL**

**STATISTICAL OFFICER (EVALUATION) - 1**



FUNCTIONARIES  
AT STATE LEVEL

## STATISTICAL OFFICER (EVALUATION) - 1

1. He works under the administrative control of the Commissioner and technical guidance and supervision of the Deputy Director (Demography)
2. He will assist the Deputy Director in data collection, compilation, tabulation and analysis under family welfare programme evaluation.
3. He will ensure proper maintenance of records and reports under the programme at various levels in the district and state.
4. He will arrange for submission of monthly and other periodical returns from the district to the state.
5. He will supervise maintenance of information, immunization wise, month wise and year wise at the district level and study the performance levels and patterns and advise the higher officers at the district and state on any mid level corrections.
6. He will develop appropriate strategy in consultation with other officers involved in evaluation programme at district and state level.
7. He will assist in the preparation of charts, maps and graphs on the family welfare and Child Survival and Safe Motherhood programmes at the state and district
8. He will tour the districts to guide and supervise the maintenance of records and reports under the programme at Primary health centre and other levels.
9. He will organize and periodically conduct training programmes on Health Management Information System under the programme.
10. He will prepare monthly, quarterly and annual review reports on programme performance and submit to the higher officers for monitoring and evaluation.
11. He will provide feed back of the performance statistics to the district for their guidance and review the regional differentials.
12. He will provide technical guidance to the statistical staff like Deputy Statistical officer, statisticians, and L.D. Computers etc. at the district and subdistrict level.
13. He will be responsible for conducting of special surveys and studies as entrusted to him.

14. He will coordinate with the other Statistical officer in the maintenance of data base on the programme performance.
15. He will periodically conduct sample checks for performance evaluation under immunization and submit report to the higher officers.
16. He will attend to other items of work as entrusted by the Commissioner, Additional Director, and Deputy Director (Demo), for the overall improvement of the programme implementation.

The same nature of duties are performed by the Statistical officers working at the district level for Family welfare and also for Child Survival and Safe Motherhood programmes.

# **FUNCTIONARIES AT STATE LEVEL**

**HEALTH EDUCATION OFFICER - I**

FUNCTIONARIES  
AT STATE LEVEL

HEALTH DEPARTMENT NUMBER 1

## HEALTH EDUCATION OFFICER - I

1. He works under the over all administrative control of the Commissioner and directly under the supervision of the Additional Director and deputy Director (Mass education and media).
2. He will guide and assist the deputy director (mass education and media) in development of educational materials under Information education and Communication (I.E.C) activities for the promotion of knowledge among the community about various Government sponsored programmes under family welfare, women and child health and reproductive and child health .
3. He will supervise and guide the I.E.C. activities in the districts.
4. He will maintain records and reports under various educational programmes carried out in the district and the state and submit periodical returns to the higher authorities through the deputy director (mass education and media)
5. He will keep every information related to women development and child welfare and utilise for their health promotion activities and also in programme planning.
6. He will assist the department in organisation and conduct of training programmes for various health categories under I.E.C. strategies.
7. He will maintain a comprehensive set of educational aids for his official use and for training purposes.
8. He will coordinate with other related departments in collection , compilation and dissemination of health education materials for their use in promotion of women and child health activities.
9. He will guide, assist and monitor the inter sectorial coordination at districts for proper implementation of the programme.
10. He will arrange to supply and ensure proper utilization of information and educational materials to various service units and the districts.
11. He will guide and help the districts in identification of resistant and hard-core groups for the programme implementation and provide support to the districts in bringing about attitudinal changes in such groups.

12. He will tour the districts to guide and assist the district educational units and other service centres at Primary Health centres in conduct of I.E. C activities in areas like information dissemination, health education and motivation.
13. He will maintain close working relationship with mass media units of other departments along with electronic and print media.
14. He will help and guide the districts in the formation and functioning of the village committees for the promotion of health programme activities.
15. He will attend to such other duties as entrusted by the Deputy Director (mass education and media) and the Commissioner for the promotion of health education activities under the programme.

# **FUNCTIONARIES AT STATE LEVEL**

**RESEARCH OFFICER - I**



FUNCTIONARIES  
AT STATE LEVEL

RESEARCH OFFICER - I

## RESEARCH OFFICER - I

1. He works under the technical supervision and guidance of the Joint Director (MCH) and administrative control of the Commissioner.
2. He is responsible for the maintenance of record and reports under special programmes like Oral Rehydration Therapy (ORT), Acute Respiratory infections (ARI).
3. He is to look after the implementation and supervision of the depot holder scheme and its stock and distribution position.
4. He will monitor and supervise the implementation of safe abortion schemes including, Medical Termination of Pregnancy (MTP) act.
5. He will analyse and study the complications under sterilisation procedures and action taken for payment of compensation for sterilisation deaths.
6. He will guide and supervise the services under Post Partum Units, Urban Family welfare Centres, including sanction for sterilisation beds.
7. He will attend to the collection, and consolidation of reports under all urban Family welfare programme and Child Survival and Safe Motherhood programmes.
8. He will guide and supervise the organization of special campaigns in the community for creating awareness towards control and management of Diarrhoeal diseases, Respiratory infections and all vaccine preventable Diseases.
9. He will guide and supervise the departmental health supervisors, and assistants working in the rural and urban centres in the demonstration of home made oral rehydration solutions for mothers.
10. He will coordinate with other state and district level officers in implementing all special schemes under the programme.
11. He will attend to such other duties as entrusted by the Commissioner, Additional Director, and Joint Director in implementation of reproductive and Child health programmes.

# RESEARCH OFFICER - I

The Research Officer - I position is a key role in the research and development department, responsible for conducting research and development projects.

The Research Officer - I will be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

The Research Officer - I will also be responsible for the development of research and development projects, including the design, development, and testing of new products and processes.

# **FUNCTIONARIES AT STATE LEVEL**

**COLD CHAIN OFFICER - I**

FUNCTIONARIES  
AT STATE LEVEL

## COLD CHAIN OFFICER - I

1. He works under the administrative control of the Commissioner and technical supervision and guidance of the Joint Director (MCH)
2. He will ensure maintenance of required temperature for the vaccines supplied from the production point to the immunization session at the village level.
3. Ensure maintenance of equipment supplied to keep the vaccines potency from the cold rooms or walk in coolers at the state and regional stores.
4. He will guide and supervise the maintenance of equipment supplied to the service units like, freezers, refrigerators, cold boxes, and vaccine carriers at sub centres, Primary health centres, Community Health centres, and the district including maintenance of temperature charts.
5. He will arrange timely transport of vaccines received from the production units to the state and regional stores.
6. He will arrange for timely repairs of cold chain equipment supplied.
7. He will ensure that the vaccines under polio, measles, and BCG are maintained at -20 C at all levels.
8. He will guide and inspect to ensure minimum wastage of vaccines in use and to avoid using equipment for storage of food and water.
9. He will maintain record of the vaccine stocks received and distributed to the regional depots and constantly watch the cold chain sickness reports from the service centres and regional depots.
10. He will attend to such other duties as entrusted by the Joint Director (MCH) and Additional Director and Commissioner for the efficient maintenance of cold chain system.

# COLD CHAIN OFFICER - I

The candidate must have completed the following minimum requirements:

1. Possession of a Bachelor's Degree in any discipline from a recognized university.

2. Possession of a valid Indian passport and a valid visa for the country of origin.

3. Possession of a valid Indian passport and a valid visa for the country of origin.

4. Possession of a valid Indian passport and a valid visa for the country of origin.

5. Possession of a valid Indian passport and a valid visa for the country of origin.

6. Possession of a valid Indian passport and a valid visa for the country of origin.

7. Possession of a valid Indian passport and a valid visa for the country of origin.

8. Possession of a valid Indian passport and a valid visa for the country of origin.

9. Possession of a valid Indian passport and a valid visa for the country of origin.

10. Possession of a valid Indian passport and a valid visa for the country of origin.

# Chapter 3

## **REGIONAL LEVEL FUNCTIONARIES**





REGIONAL DIRECTOR OF MEDICAL AND  
HEALTH SERVICES - 6

**REGIONAL LEVEL  
FUNCTIONARIES**

**REGIONAL DIRECTOR OF MEDICAL AND  
HEALTH SERVICES - 6**

# REGIONAL DIRECTOR OF MEDICAL AND HEALTH SERVICES - 6

These posts are not created under family welfare department but provide administrative and supervisory support to the family welfare and Maternal and Child Health programmes at regional level.

Continuation on the implementation of the six departments in Andhra Pradesh states. All non gazetted posts in the department were classified as zonal and district cases in order to deal with services and establishment in terms of the zonal code posts. Regional Directors were established in the year 1973. They are located at 1. Visakhapatnam, 2. Rajamahendravaram, 3. Guntur, 4. Godavari, 5. Warangal and 6. Hyderabad. Even though the Department of Medical and Health is having different Directors under Health, Medical Education, A.I.V.F. AIDS control and Family Welfare, it is not gazetted staff at district and peripheral levels are not classified departmental wise. As such the Regional Director will also work under the administrative and technical control of the above Director. Apart from dealing with the services matters of the zonal code posts, the RDMHS will also look after the monitoring and review of all the National Health Programmes including Family Welfare in the region.

## The functions of the Regional Director are

1. He will deal with service matters of all the categories coming under the localisation schemes which include all appointments, transfers, postings, disciplinary cases, leaving forms etc. working in the zone excluding specified gazetted category.
2. Administrative and supervisory control over the staff other than those mentioned above.
3. All financial and technical powers vested in various Government/State codes and also of the medical and health department, including municipalities, other to be exercised by the Additional Director of Medical and Health Services, the directorate are extended to him.
4. Responsible for implementation of an audit, non financial and financial schemes control, report for regular and health department.
5. He will collect and compile all statistical data relating to the medical and health programmes in vogue within the region.
6. He will assist in various other matters as fall under the purview of the Secretary to Government Health and Director of Health, Commissioner Family Welfare and other officers of Director's office.

Each Regional Director of Medical and Health Services is assisted by the following staff:

## REGIONAL DIRECTOR OF MEDICAL AND HEALTH SERVICES - 6

These posts are not created under family welfare department, but provide administrative and supervisory support to the family welfare and Maternal and child health programmes at regional level.

Consequent on the Implementation of the six point formula in Andhra Pradesh state, all non gazetted posts in the department were classified as zonal and district cadres. In order to deal with service and establishment matters of the zonal cadre posts, Regional Directors were established in the year 1976. They are located at 1. Visakhapatnam 2. Rajahmundry 3. Guntur 4. Cudappah 5. Warangal and 6. Hyderabad. Even though the department of Medical and Health is having different Directors under Health, Medical Education, A.P.V.V.P, AIDS control, and Family Welfare, the non gazetted staff at district and peripheral level are not bifurcated departmental wise. As such the Regional Director will also work under the administrative and technical control of the above Directors. Apart from dealing with the service matters of the zonal cadre posts the RDMHS will also look after the monitoring and review of all the National health Programmes including Family Welfare in his region

The functions of the Regional Director are,

1. He will deal with all service matters of all the categories coming under the localization schemes, which includes all appointments, transfers, postings, disciplinary cases, relating to the staff working in the zone, excluding specified gazetted category.
2. Administrative and supervisory control over the staff other than those mentioned above.
3. All financial and technical powers vested in various Government Orders, codes, and Acts of the medical and health department including municipalities, hitherto exercised by the Additional Directors of Medical and health Service in the directorate are extended to him.
4. Responsible for implementation of all plan, non plan and national schemes coming under the medical and health department.
5. He will collect and compile all statistical data relating to the medical and health programmes in vogue within the region.
6. He will attend to such other duties as felt necessary by the Secretary to Government Health, and Director Of Health, Commissioner Family welfare and other officers of Director cadre.

Each Regional Director of Medical and Health Services is assisted by the following staff.

# REGIONAL DIRECTOR OF MEDICAL AND HEALTH SERVICES - 6

The position is a full-time, permanent position. The incumbent will be responsible for the overall management of the medical and health services of the region. This includes the development and implementation of policies and procedures, the supervision of medical and health personnel, and the coordination of medical and health services with other agencies and organizations.

The incumbent will be responsible for the overall management of the medical and health services of the region. This includes the development and implementation of policies and procedures, the supervision of medical and health personnel, and the coordination of medical and health services with other agencies and organizations. The incumbent will also be responsible for the development and implementation of the region's medical and health services budget, and for the coordination of medical and health services with other agencies and organizations. The incumbent will also be responsible for the development and implementation of the region's medical and health services quality assurance program, and for the coordination of medical and health services with other agencies and organizations.

## REQUIREMENTS

1. The incumbent must have a minimum of a Bachelor's degree in a health-related field, such as medicine, nursing, or public health, and must have a minimum of five years of professional experience in a health-related field.

2. The incumbent must have a minimum of five years of experience in a health-related field, such as medicine, nursing, or public health, and must have a minimum of five years of experience in a health-related field.

3. The incumbent must have a minimum of five years of experience in a health-related field, such as medicine, nursing, or public health, and must have a minimum of five years of experience in a health-related field.

4. The incumbent must have a minimum of five years of experience in a health-related field, such as medicine, nursing, or public health, and must have a minimum of five years of experience in a health-related field.

5. The incumbent must have a minimum of five years of experience in a health-related field, such as medicine, nursing, or public health, and must have a minimum of five years of experience in a health-related field.

6. The incumbent must have a minimum of five years of experience in a health-related field, such as medicine, nursing, or public health, and must have a minimum of five years of experience in a health-related field.

7. The incumbent must have a minimum of five years of experience in a health-related field, such as medicine, nursing, or public health, and must have a minimum of five years of experience in a health-related field.

# **REGIONAL LEVEL FUNCTIONARIES**

**DEPUTY DIRECTOR (ADMINISTRATION) - 6**

REGIONAL LEVEL  
FUNCTIONARIES

## DEPUTY DIRECTOR (ADMINISTRATION) - 6

He will assist the Regional Director in all service and administrative matters including transfers and postings of the zonal cadres within the region

1. He will work under the administrative control and guidance of the Regional Director of Medical and Health services.
2. He will assist the Regional Director in all administrative and establishment matters as entrusted to him.
3. He will ensure general cleanliness inside and out side the premises of the regional office.
4. He is responsible for proper maintenance of the vehicles allotted to the regional office for the use of regional level officers.
5. He will ensure proper maintenance of service records and registers for the staff working in the region with zonal cadre.
6. He will discharge day to day administrative functions of the department.
7. He will provide necessary support to the region in conducting meetings, work shops, and training programmes at regional head quarters.
8. He will ensure discipline among the ministerial staff working in the regional directorate.
9. He will provide support and guide the Regional Director in implementing Government orders related to administration and establishment matters.
10. He will attend to such other duties as entrusted by the Regional Director for the smooth and effective functioning of the department.





# **REGIONAL LEVEL FUNCTIONARIES**

**DEPUTY DIRECTOR (STATISTICS) - 6**



## DEPUTY DIRECTOR (STATISTICS) - 6

He will assist the Regional Director in monitoring, evaluation and review of the implementation of all health programmes in the region and also looks after the health and Family Welfare data collection, compilation presentation and analysis.

1. He will attend and assist the Regional Director in the conduct of regional meetings for all the Programme officers working in the region including the family welfare and Child Survival and Safe Motherhood for evaluation of the programmes.
2. He will guide and supervise the work of the statistical units working in the region in maintenance of records and reports including submission of returns in the prescribed formats.
3. He will closely monitor the implementation of Restructured Management Information System and other records and reports in all the institutions, like PHCs, CHCs UFWCs and Sub centres in his region.
4. He will attend the district and regional level meetings with all information on performance and progress of activities.
5. He will supervise the civil registration in all urban and rural institutions.
6. He will intensively tour the districts and supervise the work of the service centres and conduct evaluation on sample basis
7. He will ensure timely flow of information from the service units, to the district and state for all programmes in the prescribed formats.
8. He will assist the Regional Director in filling of the vacancies under statistical units in the district and service centres.
9. He will guide the districts and other service centres in the display of information in charts, maps and graphs and progress statements of performance.
10. He will discharge any other duty as entrusted by the Regional director for monitoring and evaluation of all health programmes including family welfare and maternal and child health.

# DEPUTY DIRECTOR (STATISTICS) - 5

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

The Deputy Director (Statistics) will be responsible for the overall management and control of the statistical services provided to the Department and for the development and improvement of the statistical services.

# **REGIONAL LEVEL FUNCTIONARIES**

**REGIONAL TRAINING CENTRES - 8**



## REGIONAL TRAINING CENTRES - 8

### 1. Principal

He is in the cadre of Civil surgeon, and works under the administrative control and technical supervision of the Commissioner family welfare.

He is the head of the REGIONAL Training centre and

1. Mainly responsible for organization, management, and conducting of in service training programmes for para medical functionaries working in his region.
2. He will prepare the annual calendar of training activities in consultation with the Commissioner and District Medical and Health organizations under his jurisdiction.
3. He will plan, organize and conduct work shops, seminars, panel discussions and other meetings under various programme activities.
4. He will maintain library with latest journals, periodicals, and books of interest to the trainees and faculty for their skills development.
5. He will ensure that all the teaching and educational aids are available and functional for training purposes.
6. He will develop the field practice and demonstration centres as a model centre for trainees.
7. He will encourage the faculty to take up research and evaluation studies on the programme components.
8. He will tour the districts to Follow-up the health staff to find out the utilization or otherwise of the training programmes.
9. He will maintain the record of the training status of the health staff working in the region by district and by category .
10. He is responsible for the maintenance of accounts for the training centre.
11. He will ensure that the faculty prepare and use lesson plans, teaching materials and modules for use during training.



12. He will regularly conduct the faculty meetings and discuss the training activities , faculty engaged as coordinator and other matters related to the centre facilities like accommodation, boarding, guest faculties etc.
13. He will ensure perfect coordination between the faculty and the ministerial staff working under his control.
14. He will submit monthly progress reports of training activities conducted, and the statement of accounts to the Commissioner.
15. He will arrange for the Trainer's Training for his faculty to equip them with latest knowledge and skills.
16. He will ensure that the training programmes are conducted as per schedule and with full capacity .
17. He will periodically evaluate the training content, coverage and effectiveness through the pre and post evaluation assessment.
18. He will constantly work for the development of training capacity and infrastructural facilities.
19. He will attend to such other duties under training programmes as entrusted by the higher and state officers.

The faculty at each training include

1. Medical lecturer cum Demonstrator
2. Health Education Instructor
3. Public Health nurse Instructor
4. Health Education Extension officer
5. Statistical officer
6. Communication officer
7. Social Science Instructor and
8. Epidemiologist

The regional training Centres and it's faculty are supported by 1. Projectionist, 2. Artist, 3. Administrative officer and other ministerial and class iv staff.

## Chapter 4

# **DISTRICT LEVEL FUNCTIONARIES**

DISTRICT LEVEL  
FUNCTIONARIES

# **DISTRICT LEVEL FUNCTIONARIES**

**DISTRICT MEDICAL AND HEALTH OFFICER - 22**

DISTRICT LEVEL  
FUNCTIONARIES

## DISTRICT MEDICAL AND HEALTH OFFICER - 22

He is in the cadre of civil surgeon. He is the head of the district health administration. He is under the administrative and technical control of the Director of Health as well as Regional Director concerned. He will also work under the supervision and guidance of the Commissioner Family welfare. He is responsible for the implementation of all National Programmes in the district including Family welfare and Child Survival and Safe Motherhood programmes with the assistance of the district programme officers like, Additional DM & HO, District Immunization Officer, District T.B. officer, District Leprosy Officer, District malaria officer etc.

His functions under Family welfare and Maternal and Child health programmes are:

1. He will ensure that all members of his health team, are fully conversant with various Family welfare and Maternal and Child health programmes to be implemented in his district and periodically supervise their work both in the PHC and in the Urban centres and give them the necessary guidance and directions.
2. He will prepare operational plans under family welfare and CSSM programmes and ensure effective implementation of the same to achieve the laid down expected performance as given by the department.
3. He will maintain close liason with the other district level officers, community leaders, and other social welfare agencies in his district and involve them to the best advantage in the promotion of family welfare and CSSM programmes.
4. He will conduct field investigations to delineate local problems for planning changes in the strategy for effective delivery of services under the programme.
5. He will provide leadership and guidance to the service centres for special programmes such as nutrition, prophylaxis against nutritional anaemia among mothers and children, prophylaxis against blindness and vitamin A deficiency among children.
6. He will plan and implement immunization sessions in his district with the support of District Immunization officer, as per the latest policy and ensure maximum coverage of target population.
7. He will ensure adequate supplies of vaccines and other materials required from time to time for proper implementation of the immunization.
8. He will ensure proper storage of vaccines and maintenance of cold chain equipment.
9. He will ensure early detection of diarrhoea and dehydration through the field staff and arrange for treatment.
10. He will ensure early detection of pneumonia cases and provide appropriate treatment.

11. He will supervise the work of Medical officers, health supervisors and Assistants in treatment of mild and moderate Acute respiratory Infections and mild diarrhoeal cases.
12. He will guide and supervise the work of his health functionaries for proper implementation of Family welfare programme including education, motivation, delivery of services and post operative care.
13. He will ensure immediate and sustained attention to any complications, the acceptor develops due to acceptance of any family planning methods.
14. He will organize and conduct sterilization camps in his district.
15. He will ensure adequate supplies of equipment, drugs, educational material and contraceptives required for the services under the programme.
16. He will get prepared and display charts, maps graphs and tables indicating the progress of activities in his district, location of PHCs, UFWCs, PP Units, staff position etc.
17. He will ensure maintenance of records, reports and submission of returns in the prescribed formats in time.
18. He will ensure that all the financial duties entrusted to the administrative officer are properly managed and keep the accounts upto date.
19. He will make regular and periodical visits to the PHC/UFWC/PPUs and supervise the work like, O.P. census, immunization and treatment for minor sickness.
20. He will ensure mothers of high risk pregnancies are provided institutional deliveries or referral to hospitals based on the emergency.
21. He will attend to the day to day administrative functions of his district.
22. He will ensure deputation of his staff for training toward skills development as per the direction of the Director of health or Commissioner family welfare.
23. He will conduct monthly meetings to his staff to review and evaluate their performance and guide them for improvement.
24. He will attend the meetings conducted at the state head quarters by the state Programme officers of health and family welfare.
25. He will attend to such of the duties as entrusted by the Director of Health or Commissioner family welfare for promotion of programme activities. In addition to the above mentioned functions. The District medical and health officer will also attend to other health programme activities under Malaria, Tuberculosis, School health, Leprosy and towards control of Communicable diseases and blindness etc.

# **DISTRICT LEVEL FUNCTIONARIES**

**ADDITIONAL DISTRICT MEDICAL & HEALTH OFFICER - 23**





## **ADDITIONAL DISTRICT MEDICAL & HEALTH OFFICER - 23**

He is also in the cadre of civil surgeon. He is the programme officer for family welfare and maternal and child health at district level. He will work under the administrative control of the District Medical & Health officer. His functions are;

1. He will function under the administrative and technical guidance of the District medical and health officer
2. He will provide support and guidance to the DM & HO in implementation of all family welfare and Child Survival and Safe Motherhood programmes.
3. He will keep all relevant information for development activities of the programme and help the district in the preparation of action planning.
4. He will collect, analyze, and interpret the data with reference to the programme performance at district level.
5. He will guide and assist in the preparation and organization of training programmes for all categories for skills development.
6. He will ensure proper maintenance of records, reports and submission of returns to higher agencies and scrutinize their maintenance.
7. He will help the district in determining the priorities in F.W and CSSM programme implementation.
8. He will supervise the work of Primary Health Centres, Urban Family Welfare Centres, and Post Partum Units in providing the quality of services and supplies to the beneficiaries.
9. He will tour the districts and check for the staff, stock, and materials, their availability and status at all the service centres.
10. He will help to diagnose the community issues that hamper the progress of the programme performance and suggest solutions within the given resources.
11. He will ensure all the mass media and educational materials required by the service units are provided.
12. He will Monitor the preparation and updating of various beneficiaries, like eligible couples, infants, children and mothers and guide the service centres in the preparation of their annual action plans.

13. He will take the assistance of all the officers and staff working in the district under family welfare and CSSM in performing his duties.
14. He will guide and supervise the organization of mass communication and other educational programmes at district level.
15. He will coordinate family welfare and child survival and safe motherhood programmes with other related departments under Governmental and non governmental organizations.
16. He will attend to periodical review and staff meetings at his district.
17. He will ensure that similar staff and review meetings are held at PHCs and other service centre levels regularly.
18. He will discharge any such other duties and responsibilities as entrusted by the DM & HO, Commissioner Family welfare/ Director Family welfare for the promotion of Family welfare and Child Survival and Safe Motherhood programmes

## DISTRICT IMMUNIZATION OFFICER - 22

1. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

2. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

3. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

4. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

5. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

6. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

7. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

8. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

9. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

10. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

11. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

12. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

13. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

14. The District Officer shall be responsible for the overall management and supervision of the District Immunization Program.

# DISTRICT LEVEL FUNCTIONARIES

Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side of the document.

**DISTRICT IMMUNIZATION OFFICER - 22**

1. He will work under the administrative control of the DM & HO and technical guidance and control of the Additional DM & HO (FW&MCH).
2. He will supervise and guide the service centres in organizing immunization and nutrition programmes for children and pregnant mothers.
3. Guide, assist and supervise the PHC/UFWC/PPU to actively involve them in the implementation of the Child Survival and Safe Motherhood (CSSM) programmes.
4. Supervise and guide the service units for maximum coverage of ante natal mothers in providing quality of services.
5. Supervise and guide the staff in providing institutional deliveries and qualified attendant at birth for domicilliary deliveries.
6. Ensure atleast 3 ante natal and 3 post natal visits by the female health assistants for all mothers.
7. Supervise the activities at the service units in providing new born care and referral of high risk cases to hospitals.
8. Ensure diagnosis of high risk pregnancies by staff and help in referral for institutional deliveries.
9. Ensure that the vaccination supplies are sent to the service units for immunization with out interruption and maintain their stock and issue position
10. He will tour the districts to check the availability of vaccines, drugs, materials and equipment.
11. He will ensure maintenance of vaccines as per the required temperature.
12. Supervise and guide the staff under cold chain system for their proper maintenance and vaccine availability and distribution.
13. Supervise the service units in their administration of Vitamin A and Iron and Folic Acid tablets (IFA) for the beneficiaries.
14. Participate in the review meetings to assess the programme performance and provide guidance to the staff.

15. Maintain close contacts with other related departments under developmental programmes like Adult Education, Women development and child welfare, water supply and sanitation, primary Education etc. for proper implementation of maternal and child health programmes.
16. Plan, participate and guide in training of health awareness programme in the community.
17. Monitor the preparation and up dating of beneficiaries under maternal and child health programmes and in the preparation of action plans by the Service centres through the programme officers.
18. Provide all mass media and educational programme support to the service centres in rural and urban areas.
19. Plan, initiate and organize training programmes for the field health functionaries under skills development.
20. Scrutinise maintenance of records, reports, and submission of returns in the prescribed formats under Child Survival and Safe Motherhood progress reports, cold chain sickness report, stock position and distribution of vaccines.
21. Submit monthly tour and inspection notes to the DM & HO and Additional DM & HO for necessary action and information.
22. He will support and guide the department in the integration of Family welfare and Maternal and Child health -programmes into the Reproductive and Child Health (RCH) Programme by implementing the strategies, components, and other interventions under RCH.
23. He will discharge any other functions as entrusted by the DM & HO or Additional DM & HO for the promotion of women and child welfare.
24. Guide supervise and assist in organization of immunization sessions as per the fixed day programme.
25. Plan, organize and supervise the Pulse Polio - Immunization as per the directions from the State.

# **DISTRICT LEVEL FUNCTIONARIES**

**STATISTICAL OFFICER - 45**  
**District level (2 in each district and 1 in Hyderabad)**



# DISTRICT LEVEL FUNCTIONARIES

STATISTICAL OFFICER - AS  
(District level (2 in each district and 1 in Hyderabad))

## **STATISTICAL OFFICER - 45**

### **District level (2 in each district and 1 in Hyderabad)**

1. As a member of the Health and Family welfare team at the district, he will maintain close contact with other officers in the district medical and health organization.
2. He is directly responsible to the District Medical and Health Officer and receive technical guidance from the Deputy Director (Demography) and deputy Director (Vital statistics) from the state head quarters.
3. Within the district he will assist, supervise and provide technical guidance to the statistical staff working at the service centres.
4. He will assist the District medical and Health Officer in data collection, compilation, and analysis related to family welfare performance.
5. He will scrutinize the performance figures received from the Primary Health centres, Urban Family Welfare Centres, Post Partum Units and other service organizations, for consistency, correctness and complete coverage before transmitting the same to the state head quarters.
6. He will ensure timely submission of reports in the prescribed formats to the higher officers.
7. He will prepare monthly statements on the performance of the district and conduct institute wise monitoring of the reports.
8. He will assist the District medical and Health Officer in conducting systematic supervision by providing the data analysis.
9. He will conduct sample verification of acceptors in a systematic manner every month and submit report to the Commissionerate of Family Welfare through the DM & HO..
10. He will assist the visiting evaluation teams from the state or from the centre in supplying the required data and help them in evaluation.
11. He will guide and assist the DM & HO in conducting review meetings of the Medical officers in the district.

12. He will coordinate with other departments like planning, revenue ,panchayat raj and municipalities in his district for any statistical information related to the family welfare performance.
13. He will maintain data base pertaining to the family welfare performance, characteristics of acceptors, urban/rural differentials etc. pertaining to his district.
14. He will tour within the districts to supervise the maintenance of records and reports system and guide them in timely submission of returns.
15. He will prepare graphs, maps and charts presenting the progress of various health and family welfare performance in the districts.
16. He will attend to such other duties as entrusted by the DM & HO Additional DM & HO and the state Demography cell regarding Family Welfare data collection, compilation and analysis.

# **DISTRICT LEVEL FUNCTIONARIES**

**DISTRICT PUBLIC HEALTH NURSE OFFICER (DPHNO) - 23**

DISTRICT LEVEL  
FUNCTIONARIES

## DISTRICT PUBLIC HEALTH NURSE OFFICER (DPHNO) - 23

1. She will work under the administrative control and guidance of the District medical and Health Officer and technical supervision of the Additional DM & HO and D.I.O
2. She will supervise and guide the Female Health Supervisors and assistants, Trained local dais in the delivery of Family welfare and Maternal and child health services.
3. She will strengthen the knowledge and skills of the female health staff for working in the community.
4. She will help and guide the staff in planning and organizing community programmes.
5. Visit PHCs to guide and assist the female health supervisors and assistants in their day to day activities.
6. She will assist the PHCs in organizing different family welfare and Maternal and child health activities in the area.
7. She will ensure the female health assistant maintains her sub centre kit, delivery kit in proper way.
8. She will scrutinize the maintenance of records and reports and guide them in timely submission of returns.
9. She will assist the medical officer, PHC in conducting training programmes to the female health staff under skills development.
10. She will organize and conduct training for dais under safe delivery practices with the help of Female Health assistants.
11. She will conduct motivational and awareness campaigns under FW and MCH programmes with the assistance of other staff.
12. She will ensure that IFA and Vitamin A are distributed to the beneficiaries as prescribed.
13. She will carry out educational programmes under MCH, FW, Nutrition, Control of blindness and immunization services.

14. She will conduct group meetings with local leaders, mahila mandals, teachers and other women and self help groups and involve them in FW and MCH programme activities.
15. She will attend to such other duties as entrusted by the DM & HO under educational and training activities.

# **DISTRICT LEVEL FUNCTIONARIES**

**DISTRICT EDUCATION AND MEDIA OFFICER (DEMO) - 23**





## DISTRICT EDUCATION AND MEDIA OFFICER (DEMO) - 23

1. He will keep all information relevant to educational and mass media activities , specifically concerning Family welfare, Child Survival and Safe Motherhood, and central and state policies on population and health.
2. He will develop action plan in consultation with DM & HO and other district Family welfare programme officers on education and communication aspects.
3. He will maintain records of educational and mass media activities and ensure preparation and display of relevant information charts, maps, and graphs.
4. Guide assist and supervise the educational programmes undertaken by the service centres with reference to Family welfare, Child Survival and Safe Motherhood programmes.
5. He will organize and guide to conduct mass education programmes like film shows exhibitions, lectures, folk lores etc. with the help of Multi purpose health Education officers .
6. He is responsible for all educational, motivational and communication programmes related to the Family welfare, Child Survival and Safe Motherhood and also for Reproductive and Child Health programmes.
7. He will plan and develop area specific, age specific, and Community specific Information, Education and Communication (I.E.C) activities.
8. He will maintain list of prominent and opinion leaders in the district and involve them for the promotion of women and child health and welfare activities.
9. He will tour the districts to review the I.E.C. activities and supervise the work of MPHEOs.
10. He will prepare monthly report of educational activities in the district and submit consolidated report to the higher authorities.
11. He will ensure the districts to maintain complete kit of educational aids for their use and also for training purposes.

12. He will help and guide in identification of hard core and resistant groups, drop outs etc. and arrange for specific counselling programmes.
13. He will help the district officers in organizing training programmes for extension Educators and other related staff on I.E.C.
14. He will attend to such other duties and functions as entrusted by the DM & HO and Additional DM & HO for promotion of Family welfare, Child survival and safe motherhood and also for reproductive and child health programmes.

# **DISTRICT LEVEL FUNCTIONARIES**

**ADMINISTRATIVE OFFICER - 21**

DISTRICT LEVEL  
FUNCTIONARIES

## ADMINISTRATIVE OFFICER - 21

1. He will work under the administrative control and guidance of the DM & HO and Additional DM & HO.
2. He will assist the department in all administrative, accounts and establishment matters as entrusted to him.
3. He will ensure general cleanliness inside and out side the premises of the department.
4. He will maintain inventory and stock register of all stores and equipment supplied to the district and responsible for it's accounts.
5. He is responsible for proper maintenance of the vehicles allotted to the district for the use of district programme officers.
6. He will ensure proper maintenance of service records and registers for the staff working in the head quarters.
7. He will ensure timely preparation of indents for drugs, instruments, equipments, vaccines, and contraceptives in advance as required for the service units in the districts.
8. He will ensure timely and un-interrupted distribution of stocks, equipment, and other materials to the service units.
9. He will discharge day to day administrative functions of the department.
10. He will provide necessary support to the organization in conducting meetings, work shops, and training programmes at district head quarters.
11. He will ensure discipline among the ministerial staff working in the district office.
12. He will provide support and guide the DM & HO in implementing Government orders related to administration and establishment matters.
13. He is responsible for the maintenance of the details of grants from the department under Family welfare, Child Survival and Safe Motherhood and Reproductive and Child health Programmes,

14. He will ensure allocation of funds as per budget to various service units separately under each head of account and as directed by the Commissioner.
15. He will maintain detailed information on the staff working in the head quarters and draw their salaries and other allowances as per eligibility and attendance and as per the instructions issued by the DM & HO.
16. He will prepare consolidated expenditure statement against budget allotment to the district and submit to the state every month.
17. He will maintain proper accounts for the A.C and D.C bills drawn at the districts.
18. He will ensure submission of Last Pay Certificates for the staff on transfer with full details covering deductions if any.
19. He will ensure proper scrutiny of the bills and claims as per rules before payments.
20. He will maintain records and reports of accounts as per the prescribed forms and guidelines received from the Department.
21. He will ensure the information on budget allotment, expenditure, and balance available under each head and sub head of account at any time as required by the DM & HO and Commissioner .
22. He will arrange for proper auditing of the expenditure made at the district and maintain audit reports for various heads of account and programmes.
23. He will arrange for timely receipt of budget allotments from the Government and arrange for proper and timely distribution as per the orders of the DM & HO.
24. He will inspect the accounts of the sub ordinate offices as required the DM & HO.
25. He will act as financial advisor to the DM & HO and provide necessary guidance as and when required.
26. He will attend to any such other duties as entrusted by the DM & HO, related to accounts, audit and budget for programme implementation.

# **DISTRICT LEVEL FUNCTIONARIES**

**PROJECT OFFICER D. T. T - 22**



# DISTRICT LEVEL FUNCTIONARIES

## PROJECT OFFICER D. T. T - 22

He is in the cadre of Deputy Civil-surgeon, and works under the administrative control and technical supervision of the DM & HO. He is the head of the District Training Team and mainly,

1. Responsible for organization, management, and conducting of in service training programmes for para medical functionaries working in his district.
2. He will prepare the annual calendar of training activities in consultation with the DM & HO under his jurisdiction.
3. He will plan, organize and conduct work shops, seminars, panel discussions and other meetings under various programme activities.
4. He will maintain library with latest journals, periodicals, and books of interest to the trainees and faculty for their skills development.
5. He will ensure that all the teaching and educational aids are available and functional for training purposes.
6. He will develop the field practice and demonstration Area as a model centre for trainees.
7. He will encourage the faculty to take up research and evaluation studies on the programme components.
8. He will tour the district to follow-up the health staff to find out the utilization or otherwise of the training programmes.
9. He will maintain the record of the training status of the health staff working in the district and by category .
10. He is responsible for the maintenance of accounts for the training team.
11. He will ensure that the faculty prepare and use lesson plans, teaching materials and modules for use during training.
12. He will regularly conduct the faculty meetings and discuss the training activities, faculty engaged as coordinator and other matters related to the facilities like accommodation, boarding, guest faculties etc.

13. He will ensure perfect coordination between the faculty and the ministerial staff working under his control.
14. He will submit monthly progress reports of training activities conducted, and the statement of accounts to the Commissioner, through the DM & HO.
15. He will arrange for the Trainer's Training for his faculty to equip them with latest knowledge and skills.
16. He will ensure that the training programmes are conducted as per schedule and with full capacity.
17. He will periodically evaluate the training content, coverage and effectiveness through the pre and post evaluation assessment.
18. He will constantly work for the development of training capacity and infrastructural facilities.
19. He will attend to such other duties under training programmes as entrusted by the DM & HO and state officers.

# Chapter 5

## **SUB DISTRICT LEVEL FUNCTIONARIES**



# **SUB DISTRICT LEVEL FUNCTIONARIES**

**RESPONSIBILITIES OF THE MEDICAL OFFICER**

SUB-DISTRICT LEVEL  
FUNCTIONARIES

RESPONSIBILITIES OF THE MEDICAL OFFICER

## RESPONSIBILITIES OF THE MEDICAL OFFICER

### GENERAL :

The M.O. PHC is responsible for implementing all activities grouped under Health and Family Welfare delivery system in PHC area. He is responsible in his individual capacity, as well as overall incharge. He may assign any job to any health functionary in his team, which is deemed essential by him for achieving State's & Districts Health Goals for the PHC area.

#### 1. Curative Work :

The Medical Officer will :

- (i) organise the out-patient services and will allot duties to other PHC staff to ensure smooth running of the OPD;
- (ii) make suitable arrangements for the distribution of work in the treatment of emergency cases which come outside the normal OPD hours;
- (iii) organise laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of doubtful cases;
- (iv) make arrangements for rendering services for the treatment of minor ailments at community level and at the PHC through Health Workers and others;
- (v) attend to cases referred to him by Health Workers, Dias, School, Teachers, MAS, Self-Help Groups etc;
- (vi) screen cases needing specialised medical attention and refer them to referral institutions;
- (vii) provide guidance to the MPHA(F) and School Teachers in the treatment of minor ailments;
- (viii) co-ordinate with other institutions providing medical care services in his area; and
- (ix) visit at least once in a week on a fixed day not only to supervise the work of the staff but also to provide curative services.



## **2. Package of services to be provided under Reproductive and child Health (RCH) Programme :**

### **1. Maternal Health :**

The Medical Officer will :

- i. provide ante-natal care for pregnant women which that includes :
  - early registration (before 12 weeks of pregnancy)
  - minimum 3 check-ups during the pregnancy :
  - administration of 2 doses of TT and 100 IFA tablets;
  - detection and referral of high risk cases;
  - counselling for nutrition; and
  - treatment of anaemic cases.
- ii. provide intra-natal and post-natal care includes :
  - motivation for institutional deliveries especially of the high-risk cases; and
  - post-natal care for at least 6 weeks after delivery.

### **2. Child Health :**

The Medical Officer will :

- identify and refer high risk new borns;
- be responsible for counselling of parents of low birth weight babies;
- plan and implement Universal Immunization Programme (UIP) inclusive of Pulse Polio and vaccination against six preventable diseases in line with the latest policy and ensure cent percent coverage of the target population;
- ensure adequate supplies of vaccines and miscellaneous items required from time to time for the effective implementation of UIP;
- ensure proper storage of vaccines and maintenance of cold-chain equipment;
- ensure through his health team, early detection, proper management and treatment or referral of cases of childhood diseases especially respiratory infection, diarrhoea and measles; and
- ensure adequate stocks of ORS.

### 3. Family Planning :

The Medical Officer will :

- be responsible for proper and successful implementation of Family Planning Programme, including education, motivation & delivery of services;
- extend motivational advice to all eligible patients he sees in the OPD;
- be squarely responsible for giving immediate and sustained attention to any complications the acceptor develops due to acceptance of Family Planning Methods :

### 4. RTI - STI Services :

The Medical Officer ensure :

- early detection and give treatment for RTI and STI cases; also
- explain implications of HIV / AIDS and encourage partner notification.

### 5. Other National Health Programme :

#### (1) Communicable diseases :

The Medical Officer will :

- (i) ensure that all the steps are being taken for the control of Communicable diseases; and
- (ii) take necessary action in case of outbreak of any epidemic in his area

#### (2) Malaria Control Programme :

The Medical Officer will :

- (i) be responsible for Malaria Control Programmes and the related administrative and technical matters
- (ii) be acquainted with all problems and difficulties regarding surveillance and spray operations and be responsible for immediate action whenever the necessity arises.

#### (3) Leprosy :

The Medical Officer will :

- (i) provide facilities for early detection of cases of leprosy and confirmation of their diagnosis and treatment; and
- (ii) ensure that all cases of leprosy take regular and complete treatment.

**(4) Tuberculosis :**

The Medical Officer will :

- (i) provide facilities for early detection of cases of Tuberculosis, confirmation of diagnosis and treatment; and
- (ii) ensure that all cases of Tuberculosis take regular and complete treatment.

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

The Medical Officer will :

- (i) make arrangements for rendering treatment for minor eye ailments and testing of vision;
- (ii) refer such cases to the appropriate institutes for specialised treatment; and
- (iii) He will extend support to mobile eye-care units.

**(6) School Health Programme :**

The Medical Officer will :

- (i) visit schools in the PHC area at regular intervals and arrange for medical check-ups, immunisation and treatment with proper follow-up of those students who are found to have health problems.

**6. Community mobilisation, Inter-sectoral co-ordination and Behavioural change communication.**

- 1) In order to create an enabling environment for the project, the Medical Officer will mobilise the community to participate in various activities. The key activities he would undertake are :
  - (i) Formation of Mahila aarogya Sanghams
  - (ii) Training of all self-help groups, ICDS workers and Adolescent girls on Health Care and Family Welfare
- 2) He will keep close liaison with community leaders, officers of the other Government Departments and various social welfare agencies in his area and involve them to the best advantage of the health programmes in this area.

- 3) The Medical Officer will undertake behaviour change communication through :
- (i) Inter-personal communication
  - (ii) Conventional mass media
  - (iii) Non-conventional mass media
  - (iv) Displays
  - (v) Health education and counselling on maternal, child health care and family planning.

## 7. Management :

The MO has the following management functions :

- (i) Ensure that all the members of his Health Team are fully conversant with various Health & Family Welfare Programmes.
- (ii) Supervise the work do the Health Team periodically both in the clinics and in the community setting to give them the necessary guidance and directions.
- (iii) Ensure general cleanliness inside and outside the premises of PHC.
- (iv) Prepare and display charts in his own room to explain clearly the geographical area, location of peripheral health units, morbidity and mortality, health statistics and other important information about his area.
- (v) Prepare operational plans and ensure effective implementation to achieve the laid-down targets during the monthly review meetings.
- (vi) Conduct field investigations to understand local health problems & design strategy for effective delivery of Health and Family Welfare Services.
- (vii) Keep up-to-date inventory and stock register of all the stores and equipment supplied to him and will be responsible for its correct accounting.
- (viii) Ensure proper maintenance of equipment under his charge
- (ix) Get indents prepared in a timely manner and sufficiently in advance for drugs, instruments, linen, vaccines, ORS, contraceptives etc. and will submit them to the appropriate health authorities.
- (x) Receive reports from the workers, get them compiled and submit them regularly to the district health authorities.
- (xi) Ensure the maintenance of the prescribed records of the PHC.
- (xii) Discharge all the financial duties entrusted to him.
- (xiii) Guide the process of in evolving the minimum standard checklist for quality standards of service delivery and display it in a chart in the PHC in simple Telugu /Urdu, as appropriate.

- (i) The project officer will undertake a detailed change commission strategy
- (ii) Initial project commissioning
- (iii) Operational review study
- (iv) Non-conventional mass transit
- (v) Display
- (vi) Health assessment and modelling on overall, third-party and family

The M1 has the following independent functions

- (i) To ensure that all the members of the project team are fully conversant with the project's overall objectives
- (ii) To ensure the work of the project team is carried out in the most efficient and cost-effective way possible to give them the necessary guidance and direction
- (iii) To ensure general management work is undertaken in accordance with the project's overall objectives
- (iv) To ensure and display clearly the overall objectives of the project and the specific objectives of the project
- (v) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (vi) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (vii) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (viii) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (ix) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (x) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (xi) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (xii) To ensure that the project is managed in a way that is consistent with the project's overall objectives
- (xiii) To ensure that the project is managed in a way that is consistent with the project's overall objectives

# **SUB DISTRICT LEVEL FUNCTIONARIES**

**FEMALE HEALTH SUPERVISOR (HEALTH VISITOR) - 1621**

SUB DISTRICT LEVEL  
FUNCTIONARIES

FORMED IN ALL THE DIVISION LEVEL INSTITUTIONS

## **FEMALE HEALTH SUPERVISOR (HEALTH VISITOR) - 1621**

Under Multi purpose health workers scheme, a Female health supervisor is expected to cover a population of 30,000(20,000 in tribal areas) in which there are six sub centres, each covered by a Female Health Assistant.

1. She will work under the administrative control and guidance of the Medical Officer Primary health centre, and technical supervision of the Public Health Nurse, and Multi purpose Health Education Officer.
2. She will supervise and guide the Female Health Assistant, Trained local dais in her area in the delivery of Family welfare and Maternal and child health services to the community.
3. She will strengthen the knowledge and skills of the female health assistant for working in the community.
4. She will help and guide the staff in planning and organizing community programmes.
5. Visit sub centres on fixed days to guide and assist the female health assistant in her day to day activities.
6. She will carry out supervisory and consecutive home visits in the area to assess the activities of the female health assistant.
7. She will visit the high risk pregnant cases in the area and arrange for VDRL testing in PHC/CHC.
8. She will supervise and guide the health assistant in conducting the immunization sessions to infants and mothers on the fixed day and ensure 100 percent coverage of the beneficiaries in the area.
9. She will coordinate the activities of the female and male health assistants, including Anganwadi workers, dais and other village level women' groups in providing the services under the programme.
10. She will guide and assist the sub centres in preparation of action plans every year and ensure the activities are carried as per the plan.
11. She will assist the medical officer in organizing different family welfare and Maternal and child health activities in the area.



12. She will attend the staff meetings at PHC and help in review and evaluation of the services provided to the community.
13. She will ensure adequate supplies of vaccines, drugs and other materials to the sub centres in her area.
14. She will ensure that the drugs and equipment supplied to the sub centres are properly stored and maintained.
15. She will ensure the female health assistant maintains her sub centre kit, delivery kit in proper way.
16. She will scrutinise the maintenance of records and reports and guide them in timely submission of returns.
17. She will review the reports submitted by the Female health assistants, consolidate and submit monthly reports to the medical officer on time.
18. She will ensure that the sub centres are kept clean and properly maintained.
19. She will assist the medical officer in conducting training programmes to the female health assistants under skills development.
20. She will organize and conduct training for dais under safe delivery practices with the help of Female Health assistants.
21. She will conduct weekly FW &MCH clinics at the sub centres with the help of assistants.
22. She will conduct deliveries as required at the PHC and provide domicilliary and midwifery services.
23. She will ensure that the female health assistant will maintain eligible couple registers uptodate and personally motivate the resistant couples for acceptance of F.W. services.
24. She will provide IUD services and follow up.
25. She will ensure and personally conduct follow up services to the terminal method acceptors.
26. She will assist the medical officer in organizing the sterilization camps at PHC or anywhere in the area.

27. She will conduct motivational and awareness campaigns under FW and MCH programmes with the assistance of other staff.
28. She will ensure that IFA and Vitamin A are distributed to the beneficiaries as prescribed.
29. She will ensure early diagnosis of pneumonia and diarrhoea cases and provide suitable treatment to mild and moderate cases of ARI and supply of ORS respectively.
30. She will ensure early referral of severe and doubtful cases.
31. She will help the Medical officer in conducting school health clinics.
32. She will carry out educational programmes under MCH, FW, Nutrition, Control of blindness and immunization services in her area.
33. She will conduct group meetings with local leaders, mahila mandals, teachers and other women and self help groups and involve them in FW and MCH programme activities.
34. She will attend to such other duties as entrusted by the Medical officer PHC in promoting FW and MCH activities.

1	Introduction
2	1.1 Background
3	1.2 Objectives
4	1.3 Scope
5	2. Literature Review
6	2.1 Healthcare Quality Improvement
7	2.2 Patient Safety
8	2.3 Clinical Governance
9	2.4 Risk Management
10	2.5 Patient Engagement
11	2.6 Data Analytics
12	2.7 Telemedicine
13	2.8 Artificial Intelligence
14	2.9 Digital Health
15	2.10 Health Equity
16	2.11 Healthcare Access
17	2.12 Healthcare Costs
18	2.13 Healthcare Workforce
19	2.14 Healthcare Infrastructure
20	2.15 Healthcare Policy
21	2.16 Healthcare Regulation
22	2.17 Healthcare Innovation
23	2.18 Healthcare Research
24	2.19 Healthcare Education
25	2.20 Healthcare Leadership
26	2.21 Healthcare Culture
27	2.22 Healthcare Ethics
28	2.23 Healthcare Law
29	2.24 Healthcare Economics
30	2.25 Healthcare History
31	2.26 Healthcare Future
32	2.27 Healthcare Challenges
33	2.28 Healthcare Opportunities
34	2.29 Healthcare Trends
35	2.30 Healthcare Statistics
36	2.31 Healthcare Research Methods
37	2.32 Healthcare Research Findings
38	2.33 Healthcare Research Implications
39	2.34 Healthcare Research Recommendations
40	2.35 Healthcare Research Conclusions
41	2.36 Healthcare Research Summary
42	2.37 Healthcare Research References
43	2.38 Healthcare Research Bibliography
44	2.39 Healthcare Research Appendix
45	2.40 Healthcare Research Glossary
46	2.41 Healthcare Research Acronyms
47	2.42 Healthcare Research Abbreviations
48	2.43 Healthcare Research Symbols
49	2.44 Healthcare Research Diagrams
50	2.45 Healthcare Research Tables
51	2.46 Healthcare Research Figures
52	2.47 Healthcare Research Charts
53	2.48 Healthcare Research Graphs
54	2.49 Healthcare Research Maps
55	2.50 Healthcare Research Images
56	2.51 Healthcare Research Videos
57	2.52 Healthcare Research Audio
58	2.53 Healthcare Research Presentations
59	2.54 Healthcare Research Reports
60	2.55 Healthcare Research Documents
61	2.56 Healthcare Research Publications
62	2.57 Healthcare Research Journals
63	2.58 Healthcare Research Magazines
64	2.59 Healthcare Research Newspapers
65	2.60 Healthcare Research Websites
66	2.61 Healthcare Research Blogs
67	2.62 Healthcare Research Podcasts
68	2.63 Healthcare Research YouTube
69	2.64 Healthcare Research Twitter
70	2.65 Healthcare Research Facebook
71	2.66 Healthcare Research LinkedIn
72	2.67 Healthcare Research Instagram
73	2.68 Healthcare Research Snapchat
74	2.69 Healthcare Research TikTok
75	2.70 Healthcare Research Twitch
76	2.71 Healthcare Research Discord
77	2.72 Healthcare Research Slack
78	2.73 Healthcare Research Zoom
79	2.74 Healthcare Research Teams
80	2.75 Healthcare Research OneDrive
81	2.76 Healthcare Research SharePoint
82	2.77 Healthcare Research Office 365
83	2.78 Healthcare Research Microsoft
84	2.79 Healthcare Research Amazon
85	2.80 Healthcare Research Google
86	2.81 Healthcare Research Apple
87	2.82 Healthcare Research Samsung
88	2.83 Healthcare Research Huawei
89	2.84 Healthcare Research Xiaomi
90	2.85 Healthcare Research Oppo
91	2.86 Healthcare Research Vivo
92	2.87 Healthcare Research Realme
93	2.88 Healthcare Research Honor
94	2.89 Healthcare Research Huawei
95	2.90 Healthcare Research Samsung
96	2.91 Healthcare Research Google
97	2.92 Healthcare Research Apple
98	2.93 Healthcare Research Samsung
99	2.94 Healthcare Research Google
100	2.95 Healthcare Research Apple

# **SUB DISTRICT LEVEL FUNCTIONARIES**

**PUBLIC HEALTH NURSE (PHN) - 614**

SUB DISTRICT LEVEL  
FUNCTIONARIES

## PUBLIC HEALTH NURSE (PHN) - 614

1. She works under the administrative control and supervision of the medical officer PHC.
2. Supervise and guide the female health supervisor and female health assistant in the effective implementation of the programmes under family welfare and Maternal, child health.
3. She will ensure monitoring and coordination of immunization programmes in her area.
4. Ensure supply and proper maintenance of vaccines for immunization.
5. Supervise and guide the female health supervisor and assistant in proper implementation of family welfare programme.
6. Supervise, guide, and assist in the administration of Vitamin-A solution and IFA tablets to the beneficiaries.
7. Ensure that the sub centres are properly maintained and managed by the female health assistants.
8. Guide and scrutinize the work plan of the female health functionaries in the field.
9. Ensure that the sub centre and PHC performance registers are properly maintained and as per the prescribed proforma.
10. Assist the Medical Officer in conducting sub centre clinics as per schedule.
11. Actively involve in the training programmes for skills development.
12. Conduct follow up visits for high risk pregnancies and arrange referral for institutional deliveries.
13. Guide and assist the married women in arranging safe abortions as per their need.
14. Attend monthly staff meetings and review the performance under the guidance of the medical officer.

15. Participate in the village health committee meetings and ensure community participation.
16. Guide and assist the staff in the preparation of annual action plans of the sub centre and the PHC.
17. Actively participate in conducting dai's training programmes in the PHC.
18. Assist the PHC in the preparation of maps, charts, and display of progress of activities under family welfare and Maternal, child health service activities.
19. Participate in the educational and motivational programmes in the field under family welfare, maternal child health and also diarrhoea disease, and pneumonia among children.
20. Attend to any other duty as assigned by the Medical officer PHC in promoting ongoing health programmes in her area.

# **SUB DISTRICT LEVEL FUNCTIONARIES**

**FEMALE HEALTH ASSISTANT (ANM) - 11200**



828 DISTRICT LEVEL  
FUNCTIONARIES

## **FEMALE HEALTH ASSISTANT (ANM) - 11200**

Under the multi purpose health worker's scheme One female health Assistant is posted at each sub centre covering a population of around 5,000(3,000 in tribal area). She will carry out the following functions.

1. She works under the administrative control of the Medical Officer PHC and technical supervision and guidance of the Female health Supervisor.
2. She should stay at her official head quarters and available for the community for all maternity care services.
3. Register and provide care to pregnant women through out the period of pregnancy.
4. Conduct tests of urine of pregnant women for albumen and sugar and estimate haemoglobin level during her home visits and at clinics.
5. Ensure that all pregnant women get VDRL test done.
6. Refer abnormal and high risk cases of pregnancy with medical and gynaecological problems to the female health supervisor or Medical officer PHC.
7. Motivate pregnant women for institutional deliveries or trained attendant at birth.
8. Supervise and guide the deliveries conducted by local dais and assist where-ever necessary.
9. Refer all cases of difficult labour and abnormalities of new born to the nearest hospital for institutional care and provide follow up services after their discharge.
10. Make atleast 3 ante natal visits and 3 post natal visits for each delivery conducted in her area and provide health education on mother and child care.
11. Assess the growth and development of the infant and take action to rectify for any defects.
12. Educate the mother on the importance of breastfeeding, family health, family planning, nutrition, immunization and personal and environmental hygiene.
13. Assist the Medical officer and the Female health supervisor in conducting MCH clinic at the sub centre.

14. Maintain Eligible couple register properly and utilise the information for motivation of couples for acceptance of Family welfare methods.
15. Distribute conventional contraceptives and OP cycles to the couples on demand.
16. Provide follow up services to all female Family welfare acceptors, identify side effects if any and provide on the spot treatment for minor complaints.
17. Establish female depot holders in the community and provide a continuous supply to them.
18. Help the female health supervisors in training the depot holders, village leaders, local dais and other local women groups and utilise them for the promotion of family welfare and MCH programmes.
19. Participate in the local mahila mandal meetings, and spread the message on female age at marriage, spacing methods etc.
20. Coordinate with other departmental staff like Anganwadi workers, gram seveks in promoting the services under the programme.
21. Identify women in need of Medical Termination of Pregnancy (MTP) and refer them to the nearest hospital.
22. Distribute Iron and Folic acid tablets and administer vitamin A solution as prescribed to mothers, infants and young children.
23. Provide immunization for pregnant women with T. T .
24. Administer BCG, DPT, Oral polio, and Measles vaccine to all infants and children.
25. Actively participate in the Pulse Polio Immunization in preparing the lists of all eligible beneficiaries and administer oral polio to all without fail.
26. Educate mothers regarding home management of diarrhoea with ORS and preparation of ORS at home.
27. Monitor the cases of diarrhea if any in her area and report to the Medical officer.
28. Educate mothers on early diagnosis of Pneumonia and refer case for treatment to PHC .

29. Maintain all the records and reports as prescribed under RCH.
30. Record all the births and deaths occurred in her area.
31. Prepare the action plans for her area with the help of Female health Supervisor .
32. Keep the Medical officer informed of any abnormal increase in case of diarrhea, Dysentery , Poliomyelitis, neo natal tetanus and fevers etc.
33. Maintain record of the supplies received and issued under contraceptives, IUD insertions, vaccines, drugs, and other materials.
34. Help and assist the medical officer, female health supervisor, and the Multi purpose Health Extension Officer during their visits and in conducting school health clinics.
35. Attend the monthly staff meetings at PHC and receive directions from the Medical officer about the nature of activities to be carried out.
36. Provide treatment to minor ailments, first aid and refer cases to the Primary health centre for further diagnosis and treatment.
37. Attend to such other duties as entrusted by the Medical officer and Female health supervisor for the promotion of family welfare and MCH services

100 The first office visit: setting the stage for the patient's experience

101 Patient in the care and doctor's office in the past

102 The patient's experience: the role of the patient's health system

103 The patient's experience: the role of the patient's health system

104 The patient's experience: the role of the patient's health system

105 The patient's experience: the role of the patient's health system

106 The patient's experience: the role of the patient's health system

107 The patient's experience: the role of the patient's health system

108 The patient's experience: the role of the patient's health system

109 The patient's experience: the role of the patient's health system

110 The patient's experience: the role of the patient's health system

# **SUB DISTRICT LEVEL FUNCTIONARIES**

**COMMUNITY HEALTH OFFICER (C.H.O) - 506**

# FUNCTIONARIES SUB DISTRICT LEVEL

## COMMUNITY HEALTH OFFICER (C.H.O) - 506

This post is existing in 451 mandal PHCs and 55 subsidiary Health centres. The C.H.O is a senior qualified sanitary Inspector who have worked earlier as Health Supervisor or Multi purpose Health Extension Officer. He will assist the medical officer of the PHC in organizing and implementing the preventing aspects of diseases and promotion of health services by involving in all health programme. He will provide technical support and guidance to all health workers in the field under his area.

1. He will assist the Medical officer in controlling the spread of epidemics and other preventive measures.
2. He will ensure that all necessary measures are taken for the control of communicable diseases in all the villages and report the out break of any epidemics to the medical officer PHC.
3. He will take all the steps needed to provide safe drinking water and improvement of sanitation in the villages.
4. Organize and conduct field training under the supervision of the Medical officer for all health functionaries working in the PHC on various health and family welfare / MCH activities.
5. Assist the Medical officer in conducting monthly meetings at PHC and review the performance of the health functionaries.
6. Scrutinize the work plans of the sub centres, PHCs as per the guidelines.
7. Ensure the supply of drugs, medicines, vaccines, contraceptives, vitamin supplements, to the sub centres and PHC.
8. Supervise the maintenance of records and reports and timely submission of returns.
9. Help the medical officer in organizing camps, meetings, health education talks, involving all health functionaries.
10. Tour the PHC area to guide and supervise the work of the field staff.
11. Attend any other duty as assigned by the Medical officer.



12. Ensure community participation by involving them in health and family welfare/MCH programmes.
13. Participate in the village health committee meetings and panchayat meetings for community health needs assessment.
14. Assist and guide the medical officer in conducting school health clinics.

# **SUB DISTRICT LEVEL FUNCTIONARIES**

**MULTIPURPOSE HEALTH EXTENSION OFFICER  
(MPHEO) - 1686**

# SUB DISTRICT LEVEL FUNCTIONARIES

MULTIPURPOSE HEALTH EXTENSION OFFICER  
(MPHEO) 1988

## MULTIPURPOSE HEALTH EXTENSION OFFICER (MPHEO) - 1686

He is also a senior qualified sanitary inspector. There are two posts of MPHEOs in old PHCs and one post in new PHCs. He will co-ordinate all public Health activities in the primary Health centre including Family welfare and Maternity and child Health. He works under the administrative control of the medical officer PHC.

1. He is responsible to coordinate all health and Family welfare/MCH activities in the PHC.
2. He will review all the programme activities every month and submit report to the district medical and health organization through the Medical officer .
3. Organize and conduct field training under the supervision of the Medical officer for all health functionaries working in the PHC on various health and family welfare / MCH activities.
4. Assist the Medical officer in conducting monthly meetings at PHC and review the performance of the health functionaries.
5. Scrutinize the work plans of the sub centres, PHCs as per the guidelines.
6. Ensure the supply of drugs, medicines, vaccines, contraceptives, vitamin supplements, to the sub centres and PHC.
7. Supervise the maintenance of records and reports and timely submission of returns.
8. Help the medical officer in organizing camps, meetings, health education talks, involving all health functionaries.
9. Tour the PHC area to guide and supervise the work of the field staff.
10. Ensure community participation by involving them in health and family welfare/MCH programmes.
11. Participate in the village health committee meetings and panchayat meetings for community health needs assessment.
12. Assist and guide the medical officer in conducting school health clinics.

13. Attend any other duty as assigned by the Medical officer.
14. Guide the male health assistants in establishing male depot holders for contraceptives.
15. He will personally motivate the resistant cases for accepting male temporary and terminal methods.
16. Assist the Medical officer in organizing the vasectomy camps in the PHC area.
17. Ensure follow up of all vasectomy cases and Nirodh users.
18. Guide and supervise the immunization sessions in the PHC area.

# **SUB DISTRICT LEVEL FUNCTIONARIES**

**MULTIPURPOSE HEALTH SUPERVISOR (MALE)**

**MULTIPURPOSE HEALTH ASSISTANT (MPHA) MALE**

**URBAN FAMILY WELFARE CENTRES - 131**

**POST- PARTUM PROGRAMME (PPP) UNITS - 82**

## SUB DISTRICT LEVEL FUNCTIONARIES

MULTIPURPOSE HEALTH SUPERVISOR (MATS)

MULTIPURPOSE HEALTH ASSISTANT (MPHA) MALE

USSAN FAMILY WELFARE CENTRES - 131

FOOT-BATHING PROGRAMME (FPB) UNITS - 82

## MULTIPURPOSE HEALTH SUPERVISOR (MALE)

He is a qualified sanitary Inspector. There is one post of MPHS for 4 to 6 sub centers in the PHC area to supervise the work of the Multi purpose Health Assistant (male). This post is created under health but also attends to family welfare and MCH services as required by the department.

## MULTIPURPOSE HEALTH ASSISTANT (MPHA) MALE

He is the basic health worker in the field and there is one MPHA for every 5000 Population. He is qualified sanitary inspector/trained in Multipurpose Health Asst. Training Course. He will attend to all public health activities among the population under his control including for Family Welfare and Maternity and child health for which he provides motivation and follow-up services for male acceptors and coordinate with his female counterpart for other services including Immunization.

### L.D. Computer

This post is sanctioned to some of the PHCs to collect the vital statistics and other statistical data related to health at PHC level.

1. He will function under the supervision and guidance of the Medical Officer, PHC, and receive technical support and guidance from the statistical units in the district.
2. He will collect information on various components of health and family welfare programmes from sub centres and PHC level.
3. He will scrutinize and consolidate the information collected from the entire PHC.
4. He will compile and submit monthly reports and other returns on Family welfare and CSSM programmes and also for other national health programmes.
5. He will maintain records of different activities mentioned above.
6. He will compile the information on eligible couples and child register for all the villages as received from the sub centres and prepare village data on number of couples, number using different F.W methods, number to be motivated and such other information as required by the PHC.
7. He will compile data on the characteristics of the couples accepted various methods.



8. He will assist the visiting evaluation teams from the district, state and the centre in sample verification of acceptors in his PHC area.
9. He will maintain a register of vital events in the PHC area from the registrar of births and deaths of the villages and also from reports of the vital events observed and recorded by the health Assistants in the area.
10. He will help and guide the other health functionaries of PHC in the maintenance of records and reports.
11. He will prepare charts, graphs, and maps indicating performance progress, locations of sub centres, area map, population and other demographic data of the PHC.
12. He will carry out any other statistical functions as entrusted by the Medical officer PHC.

## **URBAN FAMILY WELFARE CENTRES - 131**

These centres are set up for catering to the family welfare needs of the urban population. They are under state Governments, local bodies, Voluntary organizations and or attached to the post-partum programme units. There are 3 types of centres. Type I covers less than 25,000 population and have one Female Health Assistant and one Male Health Assistant. Type 2 covers population between 25,000 to 50,000 and have one Female Health Supervisor, one Female Health Assistant and one Male Health Assistant. Type 3 covers population above 50,000 and have one Medical officer, one Female Health Supervisor, two Female Health Assistant, one Male Health Assistant and one clerk cum store keeper .

1. They are motivational and information centres with regard to Family welfare services, covering limited populations in usually well defined and compact urban area.
2. They supply conventional contraceptives to regular and random users.
3. They provide services and follow up under IUD insertions.
4. Centres with a Medical officer also provide sterilization services.
5. Centres attached to teaching hospitals provide sterilizations and MTP services.

## **POST- PARTUM PROGRAMME (PPP) UNITS-83**

This programme is initiated with the aim of motivating women at the time of delivery or abortion and during lying-in period to provide the necessary family planning advise and services.

### **Functions:**

1. Teaching and training to all medical under graduates post graduates, nurses and para medical personnel in family welfare programme.
2. Education and motivation to the couples for acceptance, adoption and utilization of services.
3. Services to the community in Family welfare programme by providing necessary contraceptive advise and services.
4. Involve all the staff and units in the hospital in providing family welfare services to the visiting cases.
5. Development of field practice and demonstration area as a model community under family welfare services.
6. Evaluation of programme performance of post-partum units.
7. Maintain record and reports and timely submission of returns to the state.

# POST-BAPTISM PROGRAMME (PBP) (1972-83)

The PBP was a response to the need for a structured programme of spiritual formation and discipleship for new converts. It was designed to help them understand the Christian faith and to develop a personal relationship with God. The programme was implemented in various forms across the church, often involving small groups and individual mentoring.

The programme was based on the Bible and the teachings of the church. It provided a framework for spiritual growth and maturity, and was a key component of the church's evangelistic and discipleship efforts.

The PBP was a significant part of the church's ministry to new converts, and it played a vital role in their spiritual development. It provided a structured and supportive environment for them to grow in their faith and to become active members of the church.

The programme was a key element of the church's discipleship strategy, and it helped to ensure that new converts were well-equipped to live out their faith in a practical and meaningful way. It was a testament to the church's commitment to the spiritual well-being of all its members.

The PBP was a successful and enduring programme that has continued to be valued and implemented by the church. It remains a cornerstone of the church's discipleship ministry, and it continues to provide a vital resource for the spiritual growth and maturity of new converts.

The programme was a key part of the church's commitment to the spiritual formation of its members, and it played a vital role in the church's overall mission. It was a testament to the church's commitment to the spiritual well-being of all its members, and it remains a key element of the church's discipleship strategy.

The PBP was a significant part of the church's ministry to new converts, and it played a vital role in their spiritual development. It provided a structured and supportive environment for them to grow in their faith and to become active members of the church.

The programme was a key element of the church's discipleship strategy, and it helped to ensure that new converts were well-equipped to live out their faith in a practical and meaningful way. It was a testament to the church's commitment to the spiritual well-being of all its members.

The PBP was a successful and enduring programme that has continued to be valued and implemented by the church. It remains a cornerstone of the church's discipleship ministry, and it continues to provide a vital resource for the spiritual growth and maturity of new converts.

The programme was a key part of the church's commitment to the spiritual formation of its members, and it played a vital role in the church's overall mission. It was a testament to the church's commitment to the spiritual well-being of all its members, and it remains a key element of the church's discipleship strategy.

The PBP was a significant part of the church's ministry to new converts, and it played a vital role in their spiritual development. It provided a structured and supportive environment for them to grow in their faith and to become active members of the church.

The programme was a key element of the church's discipleship strategy, and it helped to ensure that new converts were well-equipped to live out their faith in a practical and meaningful way. It was a testament to the church's commitment to the spiritual well-being of all its members.

# **REPORTING FORMATS**

REPORTING  
FORMATS

శ్రీ ఆరోగ్య కార్యకర్త యొక్క  
నెలసరి ప్రగతి నివేదిక

శ్రీకృష్ణుని ప్రత్యేకంగా గృహిణిగా గ్రహించి  
కవిత్వం తెగడకే వినవలె

# స్త్రీ ఆరోగ్య కార్యకర్త యొక్క నెలసరి ప్రగతి నివేదిక

జిల్లా  మండలం  ప్రా.ఆ.కే

ఉపకేంద్రము పేరు  ఉపకేంద్ర జనాభా

స్త్రీ ఆరోగ్య కార్యకర్త పేరు

నెలసరి నివేదిక (ఏ నెలకు)

క్రమ సంఖ్య	సేవలు	ఏప్రిల్ 1 నుండి నివేదిక పంపు నెలవరకు సేవలు అవసరమైన వారి సంఖ్య	ఈ నెలలో సాధించిన ప్రగతి	ఈ నెల వరకు సాధించిన ప్రగతి
(1)	(2)	(3)	(4)	(5)
1.	గ్రామస్థాయిలో గర్భిణీ స్త్రీలకు నిర్వహించిన క్లినికల్ / వ్యాధి నిరోధక టీకా క్లినికల్ సంఖ్య			
2.	a) నమోదు చేసిన గర్భిణీ స్త్రీల మొత్తం సంఖ్య			
	b) 12 వారాలలోపు నమోదుచేసిన గర్భిణీస్త్రీల సంఖ్య			
	c) రెఫర్ చేసిన కష్టతరమైన గర్భిణీ స్త్రీల సంఖ్య			
3.	a) మూడు పర్యాయములు పరీక్షలు పొందిన గర్భిణీస్త్రీల సంఖ్య			
	b) పౌష్టికాహారం గురించి సలహాలు పొందిన గర్భిణీ స్త్రీల సంఖ్య			
	c) 2 డోసులు టి.టి ఇంజెక్షన్ పొందిన గర్భిణీ స్త్రీల సంఖ్య			
	d) 100 ఐ.ఎఫ్.ఎ. మాత్రలు పొందిన స్త్రీల సంఖ్య			
	e) రక్తహీనత లోపమునకు చికిత్స పొందిన గర్భిణీ స్త్రీల సంఖ్య			
4.	ఉపకేంద్ర పరిధిలో జరిగిన మొత్తం కాన్పుల సంఖ్య (a + b + c + d + e + f + g)			
	a) స్త్రీ ఆరోగ్య కార్యకర్తచే ఇంటి వద్ద నిర్వహించిన కాన్పుల సంఖ్య			
	b) శిక్షణ పొందిన మంత్రసానిచే ఇంటి వద్ద నిర్వహించిన కాన్పుల సంఖ్య			



క్రమ సంఖ్య	సేవలు	ఏప్రిల్ 1 నుండి నివేదిక పంపు నెలవరకు సేవలు అవసరమైన వారి సంఖ్య	ఈ నెలలో సాధించిన ప్రగతి	ఈ నెల వరకు సాధించిన ప్రగతి
(1)	(2)	(3)	(4)	(5)
	c) ఇతరులచే ఇంటివద్ద నిర్వహించిన కాన్పులసంఖ్య			
	d) ఉపకేంద్రములో జరిగిన కాన్పుల సంఖ్య			
	e) ప్రాథమిక అధికారి కేంద్రములో జరిగిన కాన్పులసంఖ్య			
	f) ఇతర ప్రభుత్వ వైద్యశాలలో జరిగిన కాన్పులసంఖ్య			
	g) ప్రయివేటు వైద్యశాలలో జరిగిన కాన్పుల సంఖ్య			
5.	a) ఫాలో అప్ చేసిన గర్భస్రావముల సంఖ్య			
	b) మూడు పర్యాయముల పరీక్షపొందిన బాలింతల సంఖ్య.			
	c) స్త్రీలలో నయముచేసిన / రెఫర్ చేసిన ఆర్.టి.ఐ / ఎస్.టి.ఐ. కేసుల సంఖ్య			
6.	మాతృమరణాలు			
	a) గర్భిణీ సమయంలో			
	b) కాన్పు సమయంలో			
	c) కాన్పు అయిన 6 వారాల లోపు			
7.	a) సజీవ జననములు మొత్తం (1st + 2nd + 3rd)			
	i) మొదటి కాన్పు			
	ii) రెండవ కాన్పు			
	iii) మూడు అంతకంటే ఎక్కువ కాన్పులు			
	b) నిరీవ జననములు			
8.	a) పుట్టిన వెంటనే ప్రమాదకర స్థితిలో వున్న పిల్లలను రెఫర్ చేసిన సంఖ్య			
	b) తక్కువ బరువు వున్న బిడ్డల గురించి సలహాలు ఇవ్వబడిన దంపతుల సంఖ్య			
9.	వ్యాధి నిరోధక టీకాలు పొందిన శిశువులు (సం.లోపు)			
	a) బి.సి.జి			

క్రమ సంఖ్య	సేవలు	ఏప్రిల్ 1 నుండి నివేదిక పంపు నెలవరకు సేవలు అవసరమైన వారి సంఖ్య	ఈ నెలలో సాధించిన ప్రగతి	ఈ నెల వరకు సాధించిన ప్రగతి
(1)	(2)	(3)	(4)	(5)
	b) డి.పి.టి. 1			
	c) డి.పి.టి. 2			
	d) డి.పి.టి. 3			
	e) ఓ.పి.వి. 0			
	f) ఓ.పి.వి 1			
	g) ఓ.పి.వి. 2			
	h) ఓ.పి.వి. 3			
	i) పొంగు (మిజిల్సు)			
	j) పూర్తి వ్యాధి నిరోధక టీకాలు పొందినవారి సంఖ్య			
10.	పిల్లల వ్యాధినిరోధక టీకాలు			
	a) డి.పి.టి బూస్టర్ (18 మాసములు దాటిన పిల్లలు)			
	b) ఓ.పి.వి. బూస్టర్ (18 మాసములు దాటిన పిల్లలు)			
	c) డి.టి. (5 సం.లు దాటిన పిల్లలు)			
	d) టి.టి. (10 సం.లు దాటిన పిల్లలు)			
	e) టి.టి (16 సం.లు దాటిన పిల్లలు)			
11.	విటమిన్ 'ఏ' పంపిణీ (9 నెలల నుండి 3 సంవత్సరాల వరకు)			
	a) కోర్సు మొదలు పెటిన వారి సంఖ్య			
	b) కోర్సు కొనసాగిస్తున్న వారి సంఖ్య			
	c) 5 డోసులు పూర్తిగా పొందినవారి సంఖ్య			
12.	పిల్లలకు సంభవించే వ్యాధులు			
	a) నయము చేసిన / రెఫర్ చేసిన పొంగు కేసుల సంఖ్య (1 సం.లోపు పిల్లలకు)			
	b) నయము చేసిన / రెఫర్ చేసిన శ్వాసకోశ కేసుల సంఖ్య (5 సం.లోపు పిల్లలకు)			

క్రమ సంఖ్య	సేవలు	ఎప్రిల్ 1 నుండి నివేదిక పంపు నెలవరకు సేవలు అవసరమైన వారి సంఖ్య	ఈ నెలలో సాధించిన ప్రగతి	ఈ నెల వరకు సాధించిన ప్రగతి
(1)	(2)	(3)	(4)	(5)
	c) నయము చేసిన / రెఫర్ చేసిన అతిసార కేసుల సంఖ్య (5 సం.లోపు పిల్లలకు)			
13.	పిల్లల మరణాలు (a + b + c + d)			
	a) ఒక వారములోపు వయస్సుగల పిల్లలు			
	b) ఒకవారము నుండి ఒకనెలలోపు వయస్సుగలపిల్లలు			
	c) ఒక నెల నుండి ఒక సం.లోపు వయస్సుగలపిల్లలు			
	d) ఒకసం. నుండి ఐదు సం.లోపు వయస్సుగలపిల్లలు			
14.	a) మొత్తం వివాహముల సంఖ్య			
	b) 18 సంవత్సరముల లోపు వయస్సుగల బాలికలకు జరిగిన వివాహముల సంఖ్య			
15.	a) కుటుంబ నియంత్రణ శస్త్ర చికిత్సలసంఖ్య (b+c)			
	b) కుటుంబ నియంత్రణ శస్త్రచికిత్స చేయించుకొన్న పురుషుల సంఖ్య			
	c) కుటుంబ నియంత్రణ శస్త్రచికిత్స చేయించుకొన్న స్త్రీల సంఖ్య			
	d) ఇద్దరు లేక అంతకన్నా తక్కువపిల్లలతో కుటుంబ నియంత్రణ శస్త్రచికిత్స చేయించుకొన్నవారి సంఖ్య			
16.	a) గర్భాశయసాధనాలు(లూపు)వేయించుకొన్నవారిసంఖ్య			
	b) పంపిణీ చేసిన నోటి మాత్రల సంఖ్య			
	c) పంపిణీ చేసిన నిరోధుల సంఖ్య			
17.	నమోదు చేసిన మరణాల సంఖ్య			
18.	a) పంచాయితీలతోను, స్త్రీ ఆరోగ్య సంఘాలతోనూ / డ్వార్కా / తల్లుల సంఘాలతో నిర్వహించిన సమావేశాల సంఖ్య			
	b) అంగన్వాడీ కార్యకర్తలతో నిర్వహించిన సమావేశాల సంఖ్య			

క్రమ సంఖ్య	సేవలు	ఏప్రిల్ 1 నుండి నివేదిక పంపు నెలవరకు సేవలు అవసరమైన వారి సంఖ్య	ఈ నెలలో సాధించిన ప్రగతి	ఈ నెల వరకు సాధించిన ప్రగతి
(1)	(2)	(3)	(4)	(5)
19.	రికార్డులనిర్వహణ మరియు నెలసరినివేదికలు పంపుట			
20.	నిర్దేశించిన కేంద్రములో నివసించుట మరియు సక్రమముగా విధులకు హాజరగుట			

స్థి ఆరోగ్య కార్యకర్త సంతకము

ఈ నివేదికలో పొందు పరచిన ఈ నెలవరకు యదార్థమైన లక్ష్యాలు, గృహముల సర్వే పుస్తకము మరియు స్థి ఆరోగ్య కార్యకర్త ఫీల్డు సర్వీసు పుస్తకములు పరిశీలించి దృవీకరించడమైనది.

స్థి పర్యవేక్షకురాలి సంతకము

వైద్యాధికారి సంతకము

3 వ కాలమ్ పూరించుటకు సూచనలు

- ఏప్రిల్ 1వ తేదీ నుండి నివేదిక పంపు నెల వరకు వివిధ ఆరోగ్య సేవలు అవసరమైన వారి సంఖ్య 3వ నిలుపు గడిలో వ్రాయవలెను. స్థి ఆరోగ్యకార్యకర్త తన గృహముల సర్వే పుస్తకము సక్రమముగా వ్రాసి, ఎప్పటికప్పుడు సవరించనచో 3వ కాలమ్ నింపుట కష్టతరమగును. కనుక పర్యవేక్షకులు మరియు వైద్యాధికారి సరిగా తనిఖీ చేసి స్థి ఆరోగ్య కార్యకర్త గృహముల సర్వే పుస్తకమును సక్రమముగా వ్రాయునట్లు చూచి 3వ కాలమ్ను సరిగా పూరించునట్లు చూడవలెను. అప్పుడు మాత్రమే ఈ నెలసరి నివేదికను తగిన విలువ కలుగును.
- ప్రతి సర్వీసుకి ఎదురుగా 3వ కాలమ్ యొక్క అర్థము ఈ క్రింద వివరించబడినది.
  1. క్ర.సం. 1కి ఎదురుగా 3వ కాలమ్లోని నిర్వహించవలసిన క్లినికల్ సంఖ్య
  2. క్ర.సం. 2 (ఎ), 2 (బి), 3 (ఎ), 3 (బి), 3 (సి) మరియు 3 (డి) ఎదురుగా 3వ కాలమ్ లోని ఏప్రిల్ 1 వాటికి గర్భవతులుగా వున్న స్త్రీలు, మరియు ఏప్రిల్ 1 నుండి నివేదిక పంపు నెలవరకు గర్భము దాల్చిన స్త్రీల సంఖ్య.
  3. క్ర.సం. 2 (సి) కి ఎదురుగా 3వ కాలమ్లో కష్టతరమైన కాన్పులుగా గుర్తించిన గర్భిణీ స్త్రీల సంఖ్య. క్ర.సం. 3 (ఐ) కి ఎదురుగా 3వ కాలమ్లో రక్తహీనతకు చికిత్స అవసరమైన గర్భిణీస్త్రీల సంఖ్య.
  4. క్ర.సం. 4, 6, 7, 13, 14, 15 (బి), 15 (సి), 15 (డి), 16, 17, 18, 19 మరియు 20ల ఎదురుగా 3వ కాలమ్ పూరించవసరం లేదు.
  5. క్ర.సం. 5 (ఎ)కి ఎదురుగా 3వ కాలమ్ నిర్వహించిన గర్భస్రావముల సంఖ్య. క్ర.సం. 5 (బి) కి ఎదురుగా 3వ కాలమ్లో ఏప్రిల్ 1 నుండి నివేదిక పంపు నెలవరకు జరిగినకాన్పులు. క్ర.సం. 5 (సి)కి ఎదురుగా 3వ కాలమ్లో గుర్తించిన ఆర్.టి.ఐ / ఎస్.టి.ఐ కేసులు.
  6. క్ర.సం. 8 (ఎ)కి ఎదురుగా 3వ కాలమ్లో పుట్టిన వెంటనే గుర్తించిన ప్రమాదకరస్థితిలోవున్న శిశువుల సంఖ్య క్ర.సం. 8 (బి) కి ఎదురుగా 3 వ కాలమ్లో 2.5 కేజీలకన్నా తక్కువ బరువుతో పుట్టిన బిడ్డల సంఖ్య.
  7. క్ర.సం. 9 (ఎ) నుండి 9 (బి), 10 (ఎ) నుండి 10 (ఐ) మరియు 11 (ఎ) నుండి 11 (సి) లకి ఎదురుగా 3వ కాలమ్లో వివిధ వ్యాధి నిరోధక టీకాలు /విటమిన్ 'ఎ' ద్రావణము ఇవ్వవలసిన పిల్లల సంఖ్య.
  8. క్ర.సం. 12 (ఎ)కి ఎదురుగా 3వ కాలమ్లో గుర్తించిన పొంగు కేసులు. క్ర.సం. 12 (బి) కి ఎదురుగా 3వ కాలమ్లో గుర్తించిన శ్వాసకోశ వ్యాధులు. క్ర.సం. 12 (సి)కి ఎదురుగా 3వ కాలమ్లో గుర్తించిన అతిపార వ్యాధి కేసులు.
  9. క్ర.సం. 15 (ఎ)కి ఎదురుగా 3వ కాలమ్లో కుటుంబ నియంత్రణ శస్త్రచికిత్సలకు లభ్యమయ్యే అర్హులైన దంపతులు.

No.	Date	Particulars	Amount
1	Jan 1	Balance	100.00
2	Jan 15	By Cash	50.00
3	Jan 30	To Cash	25.00
4	Feb 1	Balance	175.00
5	Feb 15	By Cash	75.00
6	Feb 30	To Cash	50.00
7	Mar 1	Balance	300.00
8	Mar 15	By Cash	100.00
9	Mar 30	To Cash	75.00
10	Apr 1	Balance	475.00
11	Apr 15	By Cash	150.00
12	Apr 30	To Cash	100.00
13	May 1	Balance	725.00
14	May 15	By Cash	200.00
15	May 30	To Cash	150.00
16	Jun 1	Balance	1075.00
17	Jun 15	By Cash	300.00
18	Jun 30	To Cash	200.00
19	Jul 1	Balance	1575.00
20	Jul 15	By Cash	400.00
21	Jul 30	To Cash	300.00
22	Aug 1	Balance	2275.00
23	Aug 15	By Cash	500.00
24	Aug 30	To Cash	400.00
25	Sep 1	Balance	3175.00
26	Sep 15	By Cash	600.00
27	Sep 30	To Cash	500.00
28	Oct 1	Balance	4275.00
29	Oct 15	By Cash	700.00
30	Oct 30	To Cash	600.00
31	Nov 1	Balance	5575.00
32	Nov 15	By Cash	800.00
33	Nov 30	To Cash	700.00
34	Dec 1	Balance	7075.00
35	Dec 15	By Cash	900.00
36	Dec 30	To Cash	800.00
37	Jan 1	Balance	8775.00

Received of \_\_\_\_\_  
 the sum of \_\_\_\_\_  
 for \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 1917.  
 \_\_\_\_\_  
 \_\_\_\_\_

No.	Date	Particulars	Amount
1	Jan 1	Balance	100.00
2	Jan 15	By Cash	50.00
3	Jan 30	To Cash	25.00
4	Feb 1	Balance	175.00
5	Feb 15	By Cash	75.00
6	Feb 30	To Cash	50.00
7	Mar 1	Balance	300.00
8	Mar 15	By Cash	100.00
9	Mar 30	To Cash	75.00
10	Apr 1	Balance	475.00
11	Apr 15	By Cash	150.00
12	Apr 30	To Cash	100.00
13	May 1	Balance	725.00
14	May 15	By Cash	200.00
15	May 30	To Cash	150.00
16	Jun 1	Balance	1075.00
17	Jun 15	By Cash	300.00
18	Jun 30	To Cash	200.00
19	Jul 1	Balance	1575.00
20	Jul 15	By Cash	400.00
21	Jul 30	To Cash	300.00
22	Aug 1	Balance	2275.00
23	Aug 15	By Cash	500.00
24	Aug 30	To Cash	400.00
25	Sep 1	Balance	3175.00
26	Sep 15	By Cash	600.00
27	Sep 30	To Cash	500.00
28	Oct 1	Balance	4275.00
29	Oct 15	By Cash	700.00
30	Oct 30	To Cash	600.00
31	Nov 1	Balance	5575.00
32	Nov 15	By Cash	800.00
33	Nov 30	To Cash	700.00
34	Dec 1	Balance	7075.00
35	Dec 15	By Cash	900.00
36	Dec 30	To Cash	800.00
37	Jan 1	Balance	8775.00

**MONTHLY PROGRESS REPORT  
OF PHC / PPC / UFWC/ UHC**

MONTHLY PROGRESS REPORT  
OF PHC / PPC / UFWCI UHC

# MONTHLY PROGRESS REPORT OF PHC / PPC / UFWC/ UHC

District :  Mandal :

PHC / PPC / UFWC / UHC :

Population of the PHC :  Reporting for the month :

Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
1.	No. of village level ANC / Immunisation clinics			
2.	a) Ante-Natal cases registered (Total)			
	b) Ante-Natal cases registered less than 12 weeks			
	c) Total No. of high risk pregnant women referred			
	d) Total No. of high risk pregnant women treated			
3.	a) No. of pregnant women who had 3 check-ups			
	b) No. of pregnant women counselled for nutrition			
	c) No. of pregnant women given 2 doses of T.T.			
	d) No. of pregnant women given 100 IFA tablets			
	e) No. of pregnant women given treatment for anaemia			
4.	Total No. of deliveries (Usual Residents+Visitors) (a+b+c+d+e+f+g)			
	a) Home deliveries by ANM			
	b) Home deliveries by trained birth Attendant			



Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
	c) Home deliveries by others			
	d) Deliveries at Sub-centre			
	e) Deliveries at PHC			
	f) Deliveries at other Govt. Hospitals			
	g) Deliveries at Private clinics			
5.	a) No. of MTPs followed up			
	b) No. of MTPs conducted			
	c) No. of women who had 3 post-natal check-ups			
	d) No. of RTI/STI cases treated/referred among women			
6.	Maternal Deaths			
	a) During pregnancy			
	b) During delivery			
	c) Within 6 weeks of delivery			
7.	a) No. of live births (total) (i+ii+iii)			
	i) Parity - 1			
	ii) Parity - 2			
	iii) Parity - 3 and above			
	b) No. of still births			
8.	a) No. of high risk new born referred			
	b) No. of high risk new born treated			
	c) No. of parents counselled for low birth weight babies			
9.	Children given immunisation (below 1 year)			
	a) BCG			

Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
	b) DPT 1			
	c) DPT 2			
	d) DPT 3			
	e) OPV 0			
	f) OPV 1			
	g) OPV 2			
	h) OPV 3			
	i) Measles			
	j) Full Immunisation			
10.	Children immunised			
	a) DPT Booster (more than 18 months)			
	b) OPV Booster (more than 18 months)			
	c) DT (more than 5 years)			
	d) TT (more than 10 years)			
	e) TT (more than 16 years)			
11.	Vitamin 'A' administration (9 months to 3 yrs)			
	a) Initiated			
	b) Continued			
	c) 5 doses completed			
12.	Childhood diseases			
	a) Measles cases treated/referred (below 1 year)			
	b) A.R.I Cases treated/referred (below 5 years)			
	c) Diarrhoea cases treated/referred (below 5 years)			

Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
13.	Child Deaths Total (a+b+c+d)			
	a) Within 1 week			
	b) 1 week to 1 month			
	c) 1 month to 1 year			
	d) 1 year to 5 years			
14.	a) Number of marriages			
	b) Marriages where age of wife is less than 18 years			
15.	a) No. Sterilisations (b+c)			
	b) No. of Male Sterilisations			
	c) No. of Female Sterilisations			
	d) No. of sterilisations with 2 or less than 2 children			
16.	a) IUD insertions			
	b) Oral Pills distributed			
	c) Nirodh pieces distributed			
17.	Number of deaths recorded			
18.	a) Sessions with Panchayats/Mahila Aarogya Sanghams/DWACRA/Mother's Committees			
	b) Combined sessions&meetings with AWWs			
19.	Maintainance of records & submission of monthly reports			
20.	Stay head quarters & regular attendance of duties			

**SIGNATURE OF THE MEDICAL OFFICER**

### A Note on Column 3

Column 3 is the number of persons who require health services from 1st April to reporting month. Unless the MPHA(F) has knowledge of each of the household and has updated the household register from time to time, she will find it difficult to fill up column 3. Therefore the supervisory officers and Medical Officer must take pains to ensure that MPH(F) has all particulars of her area and fills up column 3 accurately. Only then the reporting format will have value.

The meaning of column 3 for each service is explained below :

1. Column 3 for item 1 means the number of clinics which should be conducted.
2. Column 3 for items 2(a), 2(b), 3(a), 3(b), 3(c), & 3(d) is the total number of women who were pregnant as on 1st April and who have become pregnant since 1st April of the year.
3. Column 3 for item 2(c) & 2(d) means the number of pregnant women who are detected to be in the high risk group, for item 3(e) means the number of pregnant women who need treatment for anaemia.
4. Column 3 for all items at 4, 5(b), 6, 7, 8(b), 13, 14, 15(b), 15(c), 15(d), 16, 17, 18, 19 & 20 are not required to be filled-up.
5. Column 3 for item 5(a) means the number of MTPs conducted in the area, for item 5(c) means the number of women who have delivered since 1st April, for item 5(d) means the number of RTI/STI cases detected.
6. Column 3 for item 8(a) means the number of new born who are in high risk and for item 8(c) means the number of new born babies having weight less than 2.5 Kg.
7. Column 3 for item 9(a) to 9(j) and 10(a) to 10(e) and 11(a) to 11(c) means the number of children who require the particular immunisation / vitamin 'A' dose.
8. Column 3 for items 12(a) means number of measles cases detected; for items 12(b) means number of ARI cases detected; for item 12(c) means number of diarrhoea cases detected.
9. Column for item 15(a) means the number of eligible couples available for FP Sterilisation. Area performance only should be shown against this column.

Received from the Government of India the sum of Rs. 1000/- for the purpose of the ...

The sum of Rs. 1000/- has been placed to the credit of the ...

The sum of Rs. 1000/- has been placed to the credit of the ...

The sum of Rs. 1000/- has been placed to the credit of the ...

The sum of Rs. 1000/- has been placed to the credit of the ...

**MONTHLY  
PROGRESS REPORT  
OF DISTRICT**

MONTHLY  
PROGRESS REPORT  
OF DISTRICT

# MONTHLY PROGRESS REPORT OF DISTRICT

District :

Population of the District :

Reporting for the month :

Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
1.	No. of village level ANC / Immunisation clinics			
2.	a) Ante-Natal cases registered (Total)			
	b) Ante-Natal cases registered less than 12 weeks			
	c) Total No. of high risk pregnant women referred			
	d) Total No. of high risk pregnant women treated			
3.	a) No. of pregnant women who had 3 check-ups			
	b) No. of pregnant women counselled for nutrition			
	c) No. of pregnant women given 2 doses of T. T.			
	d) No. of pregnant women given 100 IFA tablets			
	e) No. of pregnant women given treatment for anaemia			
4.	Total No. of deliveries (Usual Residents+Visitors) (a+b+c+d+e+f+g)			
	a) Home deliveries by MPHAS (F)			
	b) Home deliveries by trained birth Attendant			



Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
	c) Home deliveries by others			
	d) Deliveries at Sub-centre			
	e) Deliveries at PHCs			
	f) Deliveries at other Govt. Hospitals			
	g) Deliveries at Private clinics			
5.	a) No. of MTPs followed up			
	b) No. of MTPs conducted			
	c) No. of women who had 3 post-natal check-ups			
	d) No. of RTI/STI cases treated/referred among women			
6.	Maternal Deaths			
	a) During pregnancy			
	b) During delivery			
	c) Within 6 weeks of delivery			
7.	a) No. of live births (total) (i+ii+iii)			
	i) Parity - 1			
	ii) Parity - 2			
	iii) Parity - 3 and above			
	b) No. of still births			
8.	a) No. of high risk new born referred			
	b) No. of high risk new born treated			
	c) No. of parents counselled for low birth weight babies			
9.	Children given immunisation (below 1 year)			
	a) BCG			

Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
	b) DPT 1			
	c) DPT 2			
	d) DPT 3			
	e) OPV 0			
	f) OPV 1			
	g) OPV 2			
	h) OPV 3			
	i) Measles			
	j) Full Immunisation			
10.	Children immunised			
	a) DPT Booster (more than 18 months)			
	b) OPV Booster (more than 18 months)			
	c) DT (more than 5 years)			
	d) TT (more than 10 years)			
	e) TT (more than 16 years)			
11.	Vitamin 'A' administration (9 months to 3 yrs)			
	a) Initiated			
	b) Continued			
	c) 5 doses completed			
12.	Childhood diseases			
	a) Measles cases treated/referred (below 1 year)			
	b) A.R.I Cases treated/referred (below 5 years)			
	c) Diarrhoea cases treated/referred (below 5 years)			

Item No.	Services	No. of persons who require services from 1st April to reporting month	Achievement during the month	Cumulative Achmt. upto the reporting month
1	2	3	4	5
13.	Child Deaths Total (a+b+c+d)			
	a) Within 1 week			
	b) 1 week to 1 month			
	c) 1 month to 1 year			
	d) 1 year to 5 years			
14.	a) Number of marriages			
	b) Marriages where age of wife is less than 18 years			
15.	a) No. Sterilisations (b+c)			
	b) No. of Male Sterilisations			
	c) No. of Female Sterilisations			
	d) No. of sterilisations with 2 or less than 2 children			
16.	a) IUD insertions			
	b) Oral Pills distributed			
	c) Nirodh pieces distributed			
17.	Number of deaths recorded			
18.	a) Sessions with Panchayats/Mahila Aarogya Sanghams/DWACRA/Mother's Committees			
	b) Combined sessions&meetings with AWWs			
19.	Maintainance of records & submission of monthly reports			
20.	Stay headquarters & regular attendance of duties			

**SIGNATURE OF THE MEDICAL OFFICER**

### A Note on Column 3

Column 3 is the number of persons who require health services from 1st April to reporting month. Unless the MPHA(F) has knowledge of each of the household and has updated the household register from time to time, she will find it difficult to fill up column 3. Therefore the supervisory officers and Medical Officer must take pains to ensure that MPH(F) has all particulars of her area and fills up column 3 accurately. Only then the reporting format will have value.

The meaning of column 3 for each service is explained below :

1. Column 3 for item 1 means the number of clinics which should be conducted.
2. Column 3 for items 2(a), 2(b), 3(a), 3(b), 3(c), & 3(d) is the total number of women who were pregnant as on 1st April and who have become pregnant since 1st April of the year.
3. Column 3 for item 2(c) & 2(d) means the number of pregnant women who are detected to be in the high risk group, for item 3(e) means the number of pregnant women who need treatment for anaemia.
4. Column 3 for all items at 4, 5(b), 6, 7, 8(b), 13, 14, 15(b), 15(c), 15(d), 16, 17, 18, 19 & 20 are not required to be filled-up.
5. Column 3 for item 5(a) means the number of MTPs conducted in the area, for item 5(c) means the number of women who have delivered since 1st April; for item 5(d) means the number of RTI/STI cases detected.
6. Column 3 for item 8(a) means the number of new born who are in high risk and for item 8(c) means the number of new born babies having weight less than 2.5 Kg.
7. Column 3 for item 9(a) to 9(j) and 10(a) to 10(e) and 11(a) to 11(c) means the number of children who require the particular immunisation / vitamin 'A' dose.
8. Column 3 for items 12(a) means number of measles cases detected; for items 12(b) means number of ARI cases detected; for item 12(c) means number of diarrhoea cases detected.
9. Column for item 15(a) means the number of eligible couples available for FP Sterilisation. Area performance only should be shown against this column.

The first part of the paper discusses the general principles of the theory of the firm. It is shown that the firm is a collection of individuals who are bound together by a common purpose. The firm is a social institution, and its behavior is determined by the interactions of its members. The firm is a social institution, and its behavior is determined by the interactions of its members.

The second part of the paper discusses the theory of the firm. It is shown that the firm is a collection of individuals who are bound together by a common purpose. The firm is a social institution, and its behavior is determined by the interactions of its members. The firm is a social institution, and its behavior is determined by the interactions of its members.

The third part of the paper discusses the theory of the firm. It is shown that the firm is a collection of individuals who are bound together by a common purpose. The firm is a social institution, and its behavior is determined by the interactions of its members. The firm is a social institution, and its behavior is determined by the interactions of its members.

The fourth part of the paper discusses the theory of the firm. It is shown that the firm is a collection of individuals who are bound together by a common purpose. The firm is a social institution, and its behavior is determined by the interactions of its members. The firm is a social institution, and its behavior is determined by the interactions of its members.

The fifth part of the paper discusses the theory of the firm. It is shown that the firm is a collection of individuals who are bound together by a common purpose. The firm is a social institution, and its behavior is determined by the interactions of its members. The firm is a social institution, and its behavior is determined by the interactions of its members.

The sixth part of the paper discusses the theory of the firm. It is shown that the firm is a collection of individuals who are bound together by a common purpose. The firm is a social institution, and its behavior is determined by the interactions of its members. The firm is a social institution, and its behavior is determined by the interactions of its members.

## REPORT ON PROVISIONAL PERFORMANCE FOR THE MONTH OF.....

No.	Method	No. of beneficiaries	
		During the Month	Upto the Month
1.	Vasectomies (a + b) a) Traditional b) NSV		
2.	Tubectomies (a + b + c + d) a) Traditional b) DPL c) SPL d) Dr. Murthy's Technique		
3.	Total Sterilizations (1 + 2)		
4.	I.U.Ds		
5.	O.P. Cycles		
6.	Nirodh Pieces		
7.	M.T.Ps		
8.	T.T (P.W.)		
9.	I.F.A (Large)		
10.	B.C.G		
11.	D.P.T.		
12.	Polio (O.P.V)		
13.	Measles		
14.	Vit 'A' (1st Dose)		
15.	% of 3 Ante-natal check-up of P.W. out of total ANC registered		
16.	% of Institutional deliveries to total deliveries		
17.	Delivery by T.B.A		
18.	No. of maternal deaths		
19.	% of Children fully immunised		
20.	RTI / STI Cases a) Detected b) Treated		

Note : For S.Nos. 15, 16 & 19 percentages are to be calculated on monthly performance and cumulative performance respectively.

# FAX REPORT

RECORDING AND INDEXING AND REPRODUCTION OF THE FAX REPORT

Date	Time	Location
11/11/98	11:00 AM	Room 101
11/11/98	11:05 AM	Room 101
11/11/98	11:10 AM	Room 101
11/11/98	11:15 AM	Room 101
11/11/98	11:20 AM	Room 101
11/11/98	11:25 AM	Room 101
11/11/98	11:30 AM	Room 101
11/11/98	11:35 AM	Room 101
11/11/98	11:40 AM	Room 101
11/11/98	11:45 AM	Room 101
11/11/98	11:50 AM	Room 101
11/11/98	11:55 AM	Room 101
11/11/98	12:00 PM	Room 101
11/11/98	12:05 PM	Room 101
11/11/98	12:10 PM	Room 101
11/11/98	12:15 PM	Room 101
11/11/98	12:20 PM	Room 101
11/11/98	12:25 PM	Room 101
11/11/98	12:30 PM	Room 101
11/11/98	12:35 PM	Room 101
11/11/98	12:40 PM	Room 101
11/11/98	12:45 PM	Room 101
11/11/98	12:50 PM	Room 101
11/11/98	12:55 PM	Room 101
11/11/98	1:00 PM	Room 101
11/11/98	1:05 PM	Room 101
11/11/98	1:10 PM	Room 101
11/11/98	1:15 PM	Room 101
11/11/98	1:20 PM	Room 101
11/11/98	1:25 PM	Room 101
11/11/98	1:30 PM	Room 101
11/11/98	1:35 PM	Room 101
11/11/98	1:40 PM	Room 101
11/11/98	1:45 PM	Room 101
11/11/98	1:50 PM	Room 101
11/11/98	1:55 PM	Room 101
11/11/98	2:00 PM	Room 101
11/11/98	2:05 PM	Room 101
11/11/98	2:10 PM	Room 101
11/11/98	2:15 PM	Room 101
11/11/98	2:20 PM	Room 101
11/11/98	2:25 PM	Room 101
11/11/98	2:30 PM	Room 101
11/11/98	2:35 PM	Room 101
11/11/98	2:40 PM	Room 101
11/11/98	2:45 PM	Room 101
11/11/98	2:50 PM	Room 101
11/11/98	2:55 PM	Room 101
11/11/98	3:00 PM	Room 101
11/11/98	3:05 PM	Room 101
11/11/98	3:10 PM	Room 101
11/11/98	3:15 PM	Room 101
11/11/98	3:20 PM	Room 101
11/11/98	3:25 PM	Room 101
11/11/98	3:30 PM	Room 101
11/11/98	3:35 PM	Room 101
11/11/98	3:40 PM	Room 101
11/11/98	3:45 PM	Room 101
11/11/98	3:50 PM	Room 101
11/11/98	3:55 PM	Room 101
11/11/98	4:00 PM	Room 101
11/11/98	4:05 PM	Room 101
11/11/98	4:10 PM	Room 101
11/11/98	4:15 PM	Room 101
11/11/98	4:20 PM	Room 101
11/11/98	4:25 PM	Room 101
11/11/98	4:30 PM	Room 101
11/11/98	4:35 PM	Room 101
11/11/98	4:40 PM	Room 101
11/11/98	4:45 PM	Room 101
11/11/98	4:50 PM	Room 101
11/11/98	4:55 PM	Room 101
11/11/98	5:00 PM	Room 101
11/11/98	5:05 PM	Room 101
11/11/98	5:10 PM	Room 101
11/11/98	5:15 PM	Room 101
11/11/98	5:20 PM	Room 101
11/11/98	5:25 PM	Room 101
11/11/98	5:30 PM	Room 101
11/11/98	5:35 PM	Room 101
11/11/98	5:40 PM	Room 101
11/11/98	5:45 PM	Room 101
11/11/98	5:50 PM	Room 101
11/11/98	5:55 PM	Room 101
11/11/98	6:00 PM	Room 101

1098 Fax Report to be in accordance with the following instructions:

# FORM : A

## FAMILY WELFARE PROGRAMME PERFORMANCE REPORT FOR THE MONTH OF \_\_\_\_\_

Sl. No.	Institution	Sterilisations			IUDs	O.P. Cycles	Nirodh Pieces	MTP
		Vas	Tub	Total				
1.	<b>Govt. Institutions :</b>							
	a) PHCs							
	b) PP Units							
	c) UFWCs							
	d) CHCs							
	e) Govt. Hospitals							
	f) Govt. Dispensaries							
	<b>Total Performance</b>							
2.	PMPs							
3.	Voluntary Organisations							
4.	Local Body Organisations							
	<b>Grand Total :</b>							

SIGNATURE OF THE DM &amp; HO



REPORT ON THE PROJECT

REPORT

No.	Name of the person	Age	Sex	Religion	Marital Status	Education	Occupation	Income	Assets	Liabilities	Remarks
1	Mr. A. B. C.	45	Male	Hindu	Married	Graduate	Teacher	10000	House, Car	None	
2	Mr. D. E. F.	35	Male	Muslim	Single	Intermediate	Student	5000	None	None	
3	Mr. G. H. I.	55	Male	Hindu	Widowed	Post Graduate	Retired	15000	House, Land	None	
4	Mr. J. K. L.	25	Male	Christian	Single	Graduate	Software Engineer	20000	House, Car	None	
5	Mr. M. N. O.	60	Male	Hindu	Married	Graduate	Business	30000	House, Land, Car	None	
6	Mr. P. Q. R.	40	Male	Muslim	Married	Graduate	Government Employee	12000	House, Car	None	
7	Mr. S. T. U.	30	Male	Hindu	Single	Graduate	Entrepreneur	25000	House, Land, Car	None	
8	Mr. V. W. X.	50	Male	Christian	Married	Graduate	Retired	18000	House, Land	None	
9	Mr. Y. Z. A.	20	Male	Muslim	Single	Intermediate	Student	3000	None	None	
10	Mr. B. C. D.	65	Male	Hindu	Widowed	Post Graduate	Retired	22000	House, Land, Car	None	

# FORM : B

## FAMILY WELFARE PROGRAMME PERFORMANCE REPORT

NAME OF THE DISTRICT : \_\_\_\_\_ REPORT OF THE MONTH / YEAR : \_\_\_\_\_

Sl. No.	Month	Sterilisations			IUDs	O.P. Cycles	Nirodh Pieces	MTP
		Vas	Tub	Total				
1.	April							
2.	May							
3.	June							
4.	July							
5.	August							
6.	September							
7.	October							
8.	November							
9.	December							
10.	January							
11.	February							
12.	March							
<b>Total Performance</b>								

SIGNATURE OF THE DM & HO

No.	Name of the animal	Sex	Age	Measurements (cm)		Weight (kg)	Remarks
				Length	Girth		
1	Male	♂	1				
2	Female	♀	1				
3	Male	♂	1				
4	Female	♀	1				
5	Male	♂	1				
6	Female	♀	1				
7	Male	♂	1				
8	Female	♀	1				
9	Male	♂	1				
10	Female	♀	1				
11	Male	♂	1				
12	Female	♀	1				
13	Male	♂	1				
14	Female	♀	1				
15	Male	♂	1				
16	Female	♀	1				
17	Male	♂	1				
18	Female	♀	1				
19	Male	♂	1				
20	Female	♀	1				
21	Male	♂	1				
22	Female	♀	1				
23	Male	♂	1				
24	Female	♀	1				
25	Male	♂	1				
26	Female	♀	1				
27	Male	♂	1				
28	Female	♀	1				
29	Male	♂	1				
30	Female	♀	1				

INSTITUTION: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 RESEARCHER: \_\_\_\_\_  
 ASSISTANT: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

# FORM : C

## INSTITUTION-WISE FAMILY WELFARE PROGRAMME ACTUAL PERFORMANCE OF GOVT. INSTITUTIONS (INSTITUTION-WISE) STERILISATIONS

NAME OF THE DISTRICT : \_\_\_\_\_

REPORT OF THE MONTH / YEAR : \_\_\_\_\_

Sl. No.	Name of the Institution	During the month						Area Performance							
		Regular Institutional Performance			Camps Performance			Total Institutional Performance			Monthly ELA	Achievement	%		
		Vas.	Tub.	Total	Vas.	Tub.	Total	Vas.	Tub.	Total					
1.	PHCs														
	1														
	2														
	3														
	Total:														
2.	P.P. Units														
	1														
	2														
	3														
	Total:														
3.	U.F.W.Cs														
	1														
	2														
	3														
	Total:														
4.	C.H.Cs														
	1														
	2														
	3														
	Total:														
5.	Govt. Hospitals														
	1														
	2														
	3														
	Total:														
6.	Govt. Dispensaries														
	1														
	2														
	3														
	Total														
	Grand Total:														

Note

Regular Performance

Camps Performance

Area Performance

Sterilisation Cases routinely done in the institution.

Special camp performance conducted by the Institution

The total no of sterilisation cases promoted by the Institution staff from their Institution area against the ELA of the Institution

# FORM : MPRO

ΣΧΕΔΙΟΝ ΔΑΡΩ ΔΑΚΤΥΛΩΝ ΕΤΑΙΡΙΑΣ ΤΟ ΕΣΙΑΜΕΝΟ ΕΙΝΑΙ ΤΑΥΤΑ. ΕΜΜΑΝΟΥΗΛ ΒΑΛΕΛΩΥ ΥΙΟΥΣ  
ΣΠΟΤΑΣΙΑΡΧΟΥ ΥΠΟΥ ΔΑΚΤΥΛΩΝ ΣΠΟΤΑΣΙΑΡΧΟΥ ΚΥΑΤΙΛΛΟΥ (ΕΣΙ. ΜΠΡ.)

## ΣΠΟΤΑΣΙΑΡΧΕΣ

ΠΡΩΤΟ ΕΤΟΣ

ΔΕΥΤΕΡΟ ΕΤΟΣ

Α/Α	ΕΠΩΝΥΜΟΝ	ΠΡΩΤΟ ΕΤΟΣ		ΔΕΥΤΕΡΟ ΕΤΟΣ	
		ΕΙΣ	ΕΞ	ΕΙΣ	ΕΞ
1	ΣΠΟΤΑΣΙΑΡΧΗ				
2	ΣΠΟΤΑΣΙΑΡΧΗ				
3	ΣΠΟΤΑΣΙΑΡΧΗ				
4	ΣΠΟΤΑΣΙΑΡΧΗ				
5	ΣΠΟΤΑΣΙΑΡΧΗ				
6	ΣΠΟΤΑΣΙΑΡΧΗ				
7	ΣΠΟΤΑΣΙΑΡΧΗ				
8	ΣΠΟΤΑΣΙΑΡΧΗ				
9	ΣΠΟΤΑΣΙΑΡΧΗ				
10	ΣΠΟΤΑΣΙΑΡΧΗ				
11	ΣΠΟΤΑΣΙΑΡΧΗ				
12	ΣΠΟΤΑΣΙΑΡΧΗ				
13	ΣΠΟΤΑΣΙΑΡΧΗ				
14	ΣΠΟΤΑΣΙΑΡΧΗ				
15	ΣΠΟΤΑΣΙΑΡΧΗ				
16	ΣΠΟΤΑΣΙΑΡΧΗ				
17	ΣΠΟΤΑΣΙΑΡΧΗ				
18	ΣΠΟΤΑΣΙΑΡΧΗ				
19	ΣΠΟΤΑΣΙΑΡΧΗ				
20	ΣΠΟΤΑΣΙΑΡΧΗ				
21	ΣΠΟΤΑΣΙΑΡΧΗ				
22	ΣΠΟΤΑΣΙΑΡΧΗ				
23	ΣΠΟΤΑΣΙΑΡΧΗ				
24	ΣΠΟΤΑΣΙΑΡΧΗ				
25	ΣΠΟΤΑΣΙΑΡΧΗ				
26	ΣΠΟΤΑΣΙΑΡΧΗ				
27	ΣΠΟΤΑΣΙΑΡΧΗ				
28	ΣΠΟΤΑΣΙΑΡΧΗ				
29	ΣΠΟΤΑΣΙΑΡΧΗ				
30	ΣΠΟΤΑΣΙΑΡΧΗ				
31	ΣΠΟΤΑΣΙΑΡΧΗ				
32	ΣΠΟΤΑΣΙΑΡΧΗ				
33	ΣΠΟΤΑΣΙΑΡΧΗ				
34	ΣΠΟΤΑΣΙΑΡΧΗ				
35	ΣΠΟΤΑΣΙΑΡΧΗ				
36	ΣΠΟΤΑΣΙΑΡΧΗ				
37	ΣΠΟΤΑΣΙΑΡΧΗ				
38	ΣΠΟΤΑΣΙΑΡΧΗ				
39	ΣΠΟΤΑΣΙΑΡΧΗ				
40	ΣΠΟΤΑΣΙΑΡΧΗ				
41	ΣΠΟΤΑΣΙΑΡΧΗ				
42	ΣΠΟΤΑΣΙΑΡΧΗ				
43	ΣΠΟΤΑΣΙΑΡΧΗ				
44	ΣΠΟΤΑΣΙΑΡΧΗ				
45	ΣΠΟΤΑΣΙΑΡΧΗ				
46	ΣΠΟΤΑΣΙΑΡΧΗ				
47	ΣΠΟΤΑΣΙΑΡΧΗ				
48	ΣΠΟΤΑΣΙΑΡΧΗ				
49	ΣΠΟΤΑΣΙΑΡΧΗ				
50	ΣΠΟΤΑΣΙΑΡΧΗ				
51	ΣΠΟΤΑΣΙΑΡΧΗ				
52	ΣΠΟΤΑΣΙΑΡΧΗ				
53	ΣΠΟΤΑΣΙΑΡΧΗ				
54	ΣΠΟΤΑΣΙΑΡΧΗ				
55	ΣΠΟΤΑΣΙΑΡΧΗ				
56	ΣΠΟΤΑΣΙΑΡΧΗ				
57	ΣΠΟΤΑΣΙΑΡΧΗ				
58	ΣΠΟΤΑΣΙΑΡΧΗ				
59	ΣΠΟΤΑΣΙΑΡΧΗ				
60	ΣΠΟΤΑΣΙΑΡΧΗ				
61	ΣΠΟΤΑΣΙΑΡΧΗ				
62	ΣΠΟΤΑΣΙΑΡΧΗ				
63	ΣΠΟΤΑΣΙΑΡΧΗ				
64	ΣΠΟΤΑΣΙΑΡΧΗ				
65	ΣΠΟΤΑΣΙΑΡΧΗ				
66	ΣΠΟΤΑΣΙΑΡΧΗ				
67	ΣΠΟΤΑΣΙΑΡΧΗ				
68	ΣΠΟΤΑΣΙΑΡΧΗ				
69	ΣΠΟΤΑΣΙΑΡΧΗ				
70	ΣΠΟΤΑΣΙΑΡΧΗ				
71	ΣΠΟΤΑΣΙΑΡΧΗ				
72	ΣΠΟΤΑΣΙΑΡΧΗ				
73	ΣΠΟΤΑΣΙΑΡΧΗ				
74	ΣΠΟΤΑΣΙΑΡΧΗ				
75	ΣΠΟΤΑΣΙΑΡΧΗ				
76	ΣΠΟΤΑΣΙΑΡΧΗ				
77	ΣΠΟΤΑΣΙΑΡΧΗ				
78	ΣΠΟΤΑΣΙΑΡΧΗ				
79	ΣΠΟΤΑΣΙΑΡΧΗ				
80	ΣΠΟΤΑΣΙΑΡΧΗ				
81	ΣΠΟΤΑΣΙΑΡΧΗ				
82	ΣΠΟΤΑΣΙΑΡΧΗ				
83	ΣΠΟΤΑΣΙΑΡΧΗ				
84	ΣΠΟΤΑΣΙΑΡΧΗ				
85	ΣΠΟΤΑΣΙΑΡΧΗ				
86	ΣΠΟΤΑΣΙΑΡΧΗ				
87	ΣΠΟΤΑΣΙΑΡΧΗ				
88	ΣΠΟΤΑΣΙΑΡΧΗ				
89	ΣΠΟΤΑΣΙΑΡΧΗ				
90	ΣΠΟΤΑΣΙΑΡΧΗ				
91	ΣΠΟΤΑΣΙΑΡΧΗ				
92	ΣΠΟΤΑΣΙΑΡΧΗ				
93	ΣΠΟΤΑΣΙΑΡΧΗ				
94	ΣΠΟΤΑΣΙΑΡΧΗ				
95	ΣΠΟΤΑΣΙΑΡΧΗ				
96	ΣΠΟΤΑΣΙΑΡΧΗ				
97	ΣΠΟΤΑΣΙΑΡΧΗ				
98	ΣΠΟΤΑΣΙΑΡΧΗ				
99	ΣΠΟΤΑΣΙΑΡΧΗ				
100	ΣΠΟΤΑΣΙΑΡΧΗ				

# FORM : D

## FAMILY WELFARE PROGRAMME - ACTUAL PERFORMANCE OF GOVT. INSTITUTIONS (INSTITUTION - WISE) STERILISATIONS

NAME OF THE DISTRICT : \_\_\_\_\_

REPORT OF THE MONTH / YEAR : \_\_\_\_\_

Sl. No.	Name of the Institution	Cumulative upto the month of reporting during the financial year						Area Performance					
		Regular Institutional Performance		Camps Performance		Total Institutional Performance		Annual ELA	Achievement upto	%			
		Vas	Tub.	Total	Vas	Tub	Total				Vas.	Tub	Total
1.	PHCs												
	1												
	2												
	3												
	Total :												
2.	P.P. Units												
	1												
	2												
	3												
	Total :												
3.	U.F.W.Cs												
	1												
	2												
	3												
	Total :												
4.	C.H.Cs												
	1												
	2												
	3												
	Total :												
5.	Govt. Hospitals												
	1												
	2												
	3												
	Total :												
6.	Govt. Dispensaries												
	1												
	2												
	3												
	Total												
	Grand Total:												

SIGNATURE OF THE DM & HO



# FORM : E

## FAMILY WELFARE PROGRAMME - ACTUAL PERFORMANCE OF PRIVATE MEDICAL PRACTITIONERS (PMP - WISE), VOLUNTARY ORGANISATIONS AND LOCAL BODY ORGANISATIONS

### STERILISATIONS

NAME OF THE DISTRICT : \_\_\_\_\_

REPORT OF THE MONTH / YEAR : \_\_\_\_\_

Sl. No.	Name of the Institution	During the month			Cumulative upto the reporting month		
		Vas.	Tub.	Total	Vas.	Tub.	Total
1.	Rural / Urban P.M.Ps						
	1						
	2						
	3						
	4						
	5						
	<b>Total:</b>						
2.	Voluntary Organisations						
	1						
	2						
	3						
	4						
	5						
	<b>Total:</b>						
3.	Local Body Organisations						
	1						
	2						
	3						
	4						
	5						
	<b>Total:</b>						
	<b>GRAND TOTAL:</b>						

Note : The performance of PMPs, Vol. Organisations and Local Bodies should be given under Rural and Urban Heads

SIGNATURE OF THE DM & HO



# E : MATHS

## EVALUATION

This is a test to evaluate your understanding of the topics covered in the course. It is designed to assess your knowledge and skills in the areas of algebra, geometry, and statistics. The test is divided into three sections: multiple choice, short answer, and long answer. You are allowed 45 minutes to complete the test. Good luck!

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Q. No.	Question	Answer		
		Part (a)	Part (b)	Part (c)
1	Find the value of x if 2x + 5 = 17.			
2	Calculate the area of a rectangle with length 10 cm and width 5 cm.			
3	Find the mean of the following numbers: 12, 15, 18, 20, 25.			
4	Write down the factors of 24.			
5	Find the perimeter of a square with side length 8 cm.			
6	Calculate the volume of a cube with side length 3 cm.			
7	Find the mode of the following data: 10, 15, 20, 25, 30, 35, 40, 45, 50, 55.			
8	Write down the prime factors of 36.			
9	Find the area of a triangle with base 12 cm and height 8 cm.			
10	Calculate the range of the following numbers: 10, 15, 20, 25, 30.			
11	Find the value of x if 3x - 7 = 14.			
12	Calculate the surface area of a cube with side length 4 cm.			
13	Find the median of the following numbers: 10, 15, 20, 25, 30, 35, 40.			
14	Write down the factors of 48.			
15	Find the perimeter of a rectangle with length 15 cm and width 10 cm.			
16	Calculate the volume of a rectangular prism with length 10 cm, width 5 cm, and height 3 cm.			
17	Find the mode of the following data: 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60.			
18	Write down the prime factors of 60.			
19	Find the area of a triangle with base 15 cm and height 10 cm.			
20	Calculate the range of the following numbers: 10, 15, 20, 25, 30, 35, 40, 45.			

TOTAL MARKS: \_\_\_\_\_

Acquittance Roll of ..... Section.....

Office.....

Item No.	Name	Designation	Net amount payable	Dated Signature (with Stamp where necessary) unpaid Item to be noted as such and attested
1	2	3	Rs. 4	5

OFFICE OF .....  
**RECEIPTS**

**CASH**  
Month of

Date	No. of Receipt where necessary	Particulars	Pay		Allowances		Contingencies				Miscellaneous		Total		Classification
			Rs.	P	Rs.	P	In recoupment of permanent advance		Advance payment		Rs.	P	Rs.	P	
			Rs.	P	Rs.	P	Rs.	P	Rs.	P	Rs.	P	Rs.	P	

# BOOK

..... 200.....

## PAYMENTS

Date	Sub-vouchers Nos.	Particulars	Pay		Allowances		Contingencies				Miscellaneous		Total		Classification	
			Rs.	P	Rs.	P	Out of permanent advance		Out of money drawn in anticipation of payments		Rs.	P	Rs.	P		

**రవాణా భత్యం కైయము**

పేరు త్రీ \_\_\_\_\_  
 కార్యాలయము \_\_\_\_\_  
 మూలవేతనము రూ. \_\_\_\_\_

హోదా \_\_\_\_\_  
 నెల \_\_\_\_\_ 200 \_\_\_\_\_  
 ప్రధాన కార్యస్థానం \_\_\_\_\_

ప్రయాణాల, మకాం వివరాలు	ప్రయాణ విధం		చారి మొత్తం	కిలోమీటర్ల వారి భత్యం	దినసరి భత్యం		ఇతర కైయములు	మొత్తం పైకం	ప్రయాణ ఉద్దేశం			
	వైపు / బస్సు / విమానం	వైపు / బస్సు / విమానం			రేటు	మొత్తం రేటు x దినాలసంఖ్య = మొత్తం రూ.				పైకం		
బయలుదేరిన సమయం	చేరిన సమయం											
1	2	3	4	5	6	7	8	9	10	11	12	13

1	2	3	4	5	6	7	8	9	10	11	12	13
మొత్తం												

విలులు మొత్తం పైకం.....  
 తీసుకున్న అధ్యక్షుల తగింపు  
 చెల్లించాల్సిన నికర మొత్తం

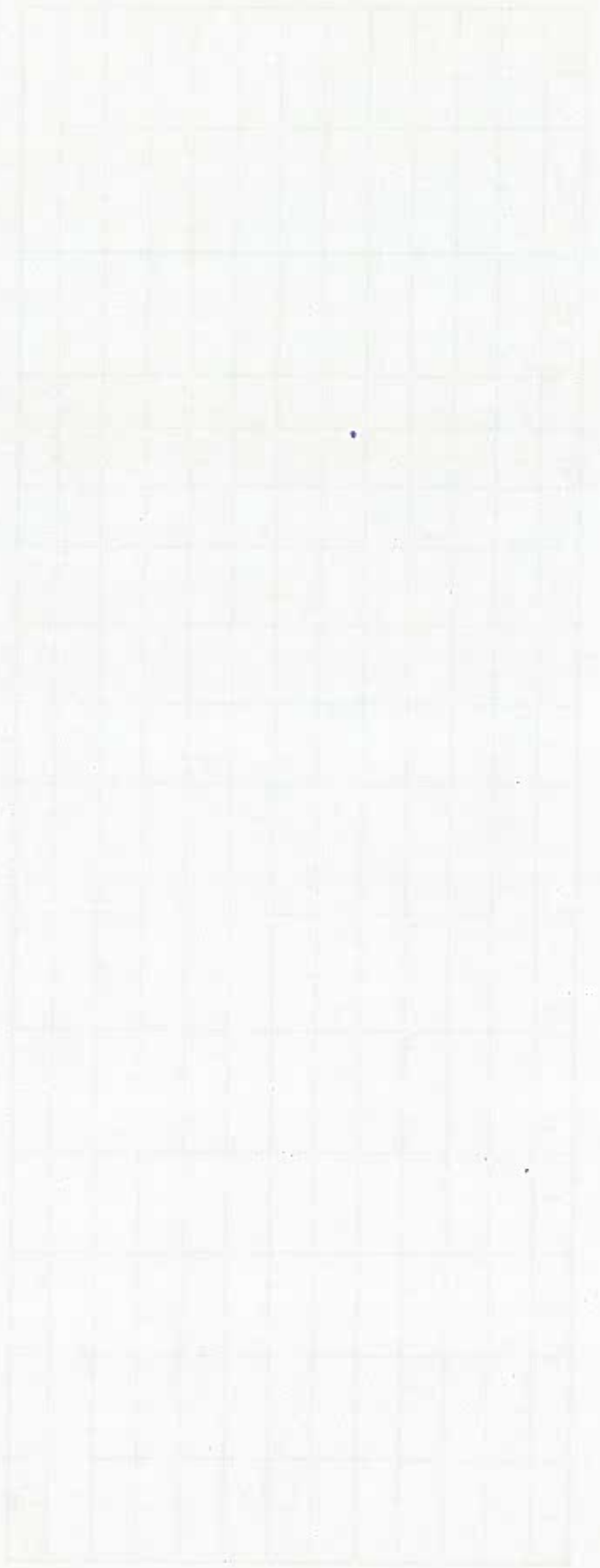
రూ.....  
 రూ.....  
 రూ.....

కెయిముదారు సంతకం  
 తేదీ .....

ద్రువీకరణ సంతకము చేసే అధికారి  
 రిమార్కులు సంతకం  
 (కౌంటర్ సైన్ అధారిటి)

కెయిముదారు జతపరుచవచ్చిన ఏవేని ద్రువపత్రాలు

1. ....
2. ....
3. ....



11

(120A/2. 1990-91) C.F. Old 119-B. New A.P.T.C. 20-50, 000 Bks. 30-11-92

Andhra Pradesh Financial and Account Code Form - 54

# REGISTER OF UNDISBURSED PAY, ETC.,

(For watching the disbursement of monies drawn from the treasury which are not disbursed on the same day)

Date	Annual Serial number	Description of bill or cheque originally cashed	Amount of the bill or cheque		Amount undisbursed	Date of subsequent disbursement	Amount disbursed		Balance	Date	Number of receipt item from which disbursed	Particulars of payment		Amount		
			(4)	(5)			(6)	(7)				(8)	(9)		(10)	(11)
(1)	(2)	(3)	Rs.	P.	Rs.	P.	Rs.	P.	Rs.	P.	(10)	Rs.	P.	Rs.	P.	



# STOCK

Name \_\_\_\_\_

Date	Received from or Issued to	Inv.No. or Issue	RATE		Receipts	Issues	Balance	REMARKS
			Rs.	Ps.				

# REGISTER

Name \_\_\_\_\_

Date	Received from or Issued to	Inv.No. or Issue	RATE		Receipts	Issues	Balance	REMARKS
			Rs.	Ps.				





*Personal Register*.....

<b>Sl. No.</b>	<b>Current Number</b>	<b>Date of receipt by clerk</b>	<b>Title</b>	<b>from whom</b>	<b>Outside Number &amp; Date</b>	<b>Submitted to Office</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

Clerk, .....Section .....Department

Returned to Section	Reference issued			Reply of further Communication			Nature number and date of final disposal
	From and Sub-Number	Date	To whom	Current Number and date	From whom	Outside Number and Date	
8	9	10	11	12	13	14	15



यदैव विद्यया करोति श्रद्धयोपनिषदा  
तदैव वीर्यवत्तरं भवति

**Duty performed  
with Knowledge, Faith and Devotion,  
becomes really effective**

**Dr. MCR Human Resource Development Institute of Andhra Pradesh**

Road No. 25, Jubilee Hills, Hyderabad-500 033. Phone : 3548487, 3543727 Fax : (040)3548887