

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



HEALTH DEPARTMENT ANDHRA PRADESH



Dear Reader,

As part of its endeavour 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 A.P., 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 department wise 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 PR 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 Health 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 500 033, for consideration and incorporation in subsequent updations and revisions of the Manuals.

P.V.R.K.PRASAD IAS

Director General

Dr. MCR Human Resource Development
Institute of Andhra Pradesh

&

Ex-officio Spl.Chief Secretary to Government (HRD)

PREFACE

This is the first official document of Functionary Manual containing detailed functions of various functionaries working in different health programmes.

Different functionaries at State, Zone, District and Primary Health Centre and Sub- Centre level functionaries working in the Health Department are covered in this manual along with the standard records and reporting formats to be used in important programmes like Malaria, Tuberculosis and Leprosy.

Hope this manual serves as a guide and reference book for different functionaries in the Department and will be useful for the betterment of their functions to meet the day to day challenges in the field of Health and overall objectives of the Department of Health, individually and collectively.

I am happy to utilise the expertise of Dr. A. Kameswara Rao, Sri.M.S.S.R. Anjaneyulu, Sri C.B. Ramachandra Murthy , Retired officers of this Directorate in preparation of this manual . This manual would not have been completed without the support of Sri. C. Subba Rao, Deputy Director (Vital Statistics). They all have provided valuable information and support in collection, organisation and presentation of the information. Suggestions for improvement are welcome and may be sent to Director of Health or Deputy Director (Vital Statistics) of this office.

Dr. K.S.V. PRASADA RAO
Director of Health
Andhra Pradesh, Hyderabad.

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INTRODUCTION

**FUNCTIONARY MANUAL
FOR
HEALTH DEPARTMENT**

INTRODUCTION

The Director of Health is responsible for control of Communicable and other diseases by implementing the following National and State Health Programmes in the State.

1 a. NATIONAL MALARIA ERADICATION PROGRAMME.

This is a Centrally sponsored and Centrally aided programme implemented in the State from 1958. The main objective of the programme is to eradicate Malaria in the State following the strategy evolved by the Government of India from time to time.

b. NATIONAL FILARIA CONTROL PROGRAMME.

This is also a Centrally sponsored and Centrally aided programme implemented in the State from 1982 with the objective of reducing the incidence of Filaria by adopting control measures as per the guidelines given by the Government of India.

c. NATIONAL LEPROSY ERADICATION PROGRAMME.

This programme started in the year 1956 as a survey programme, was changed as a National Leprosy Eradication Programme sponsored and aided by the Government of India from 1982. Multi Drug Therapy was introduced in the State in two districts of Srikakulam and Vizianagaram in 1983 on Pilot basis. Subsequently the remaining 21 districts have been covered with MDT in stages by 1992. The total case load of 4.9 lakhs with prevalence Rate of 124 /10,000 Population as at 1983 has been brought down to 34824 cases with prevalence Rate of 4.7 /10,000 population as on March 2000. The objective of the Programme is Elimination of Leprosy i.e., less than 1 case per 10,000 Pop by 2000 A.D. with the theme of reaching every patient in every village with MDT.

d. NATIONAL T.B. CONTROL PROGRAMME.

The National T.B. Control Programme was started in the State in the year 1962 . Short course Chemotherapy was introduced in the year 1986 and extended in a phased manner with the objective to reduce active TB cases in the Community by early diagnose and effective treatment.

e. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

This Programme was started in the State in the year 1993 with Central assistance. The objective of the programme is to reduce the prevalence rate of blindness from 1.5 percent to 0.3 percent.

2 PRIMARY HEALTH CENTRE:

The Primary Health Centres were started in the first five year plan with a view to involve Community in the Health Care Systems and to provide curative and preventive aspects of Medicare. The Primary Health Centre render curative services including Maternity and Child Health and Family Welfare Services. Basing upon the needs, some of the Primary Health Centres were upgraded as Community Health Centres/under the Minimum needs Programme providing Medical care facilities to serve the needs of a First level Referral Hospital.

Each Primary Health Centre provides Health care for an approximate population of 40,000 with Medical and Para-Medical personnel. There is a Basic Health Worker both male and female for every 5000 population. All the Health Programmes and measures for control of communicable diseases are implemented through the Primary Health Centre/Community Health Centre. Preventive and control measures for the Communicable diseases like Diarrhoeal and other Water borne diseases are taken up by timely and effective measures through the Primary Health Centres.

For control of other diseases like plague, Guniaworm ,Yaws, Fluorosis, Goitre Control etc., surveillance, control measures adopted when incidence is noted through the Primary Health Centres.

Health Education and environmental sanitation measures are taken up through the Primary Health Centres.

3. REGISTRATION OF BIRTHS & DEATHS.

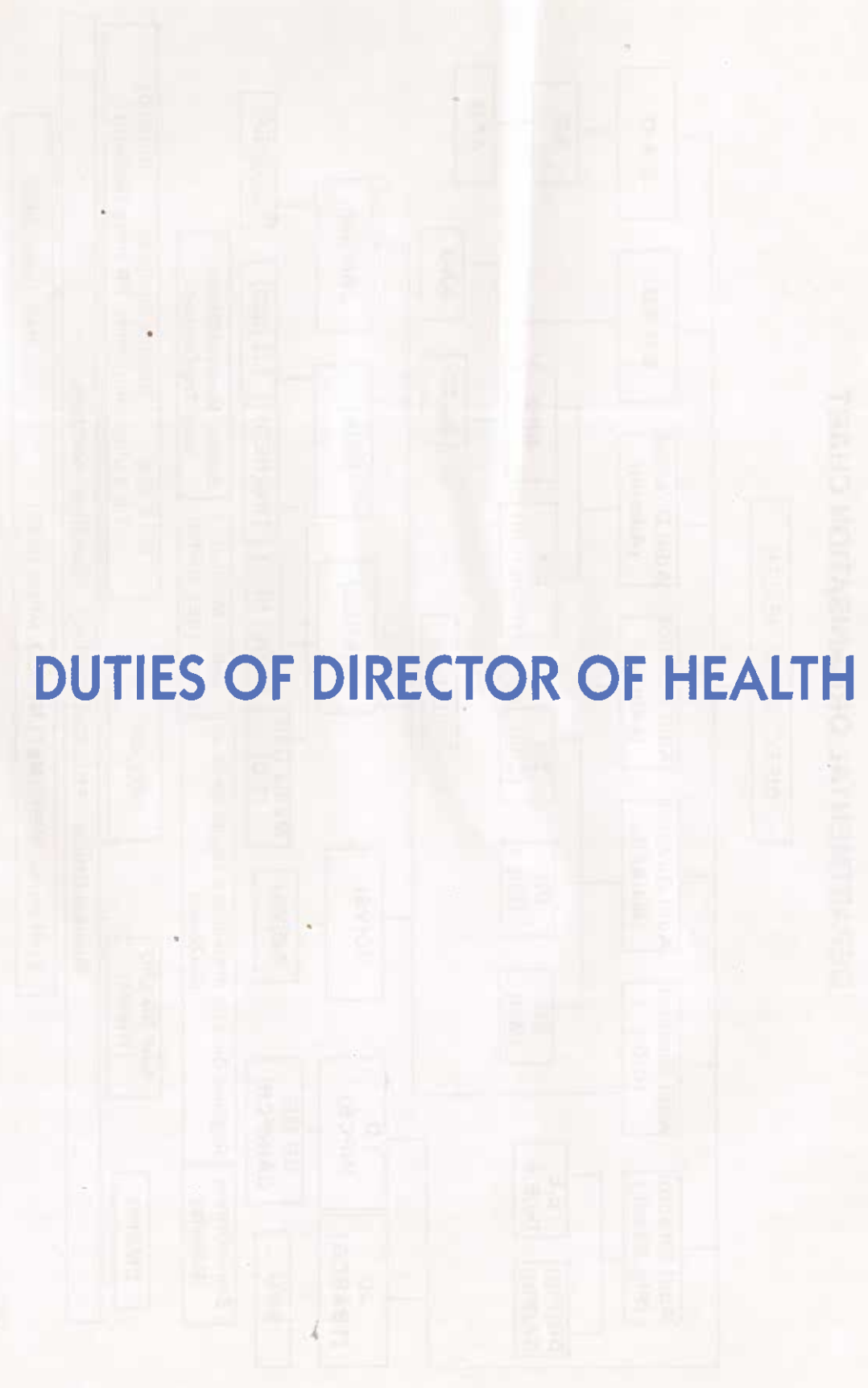
The Director of Health is the Chief Registrar of Births and Deaths in the State, who co-ordinates registration activities being attended by Village Administrative Officers in the Revenue Department, Executive Officers of Notified Gram Panchayats of Panchayath Raj Department and Municipal Health Officers/ Municipal Commissioners in all Municipalities. Health workers of Health Department are the notifying agency for notification of Births and Deaths to the local Birth and Death Registrars.

4. ORIGIN & STATUTES.

Various categories of posts in each National Programme are sanctioned at the time of starting the programmes in the State, as per the pattern and norms prescribed by the Government of India. Hence the origin of each category is the date of implementation of the programme.

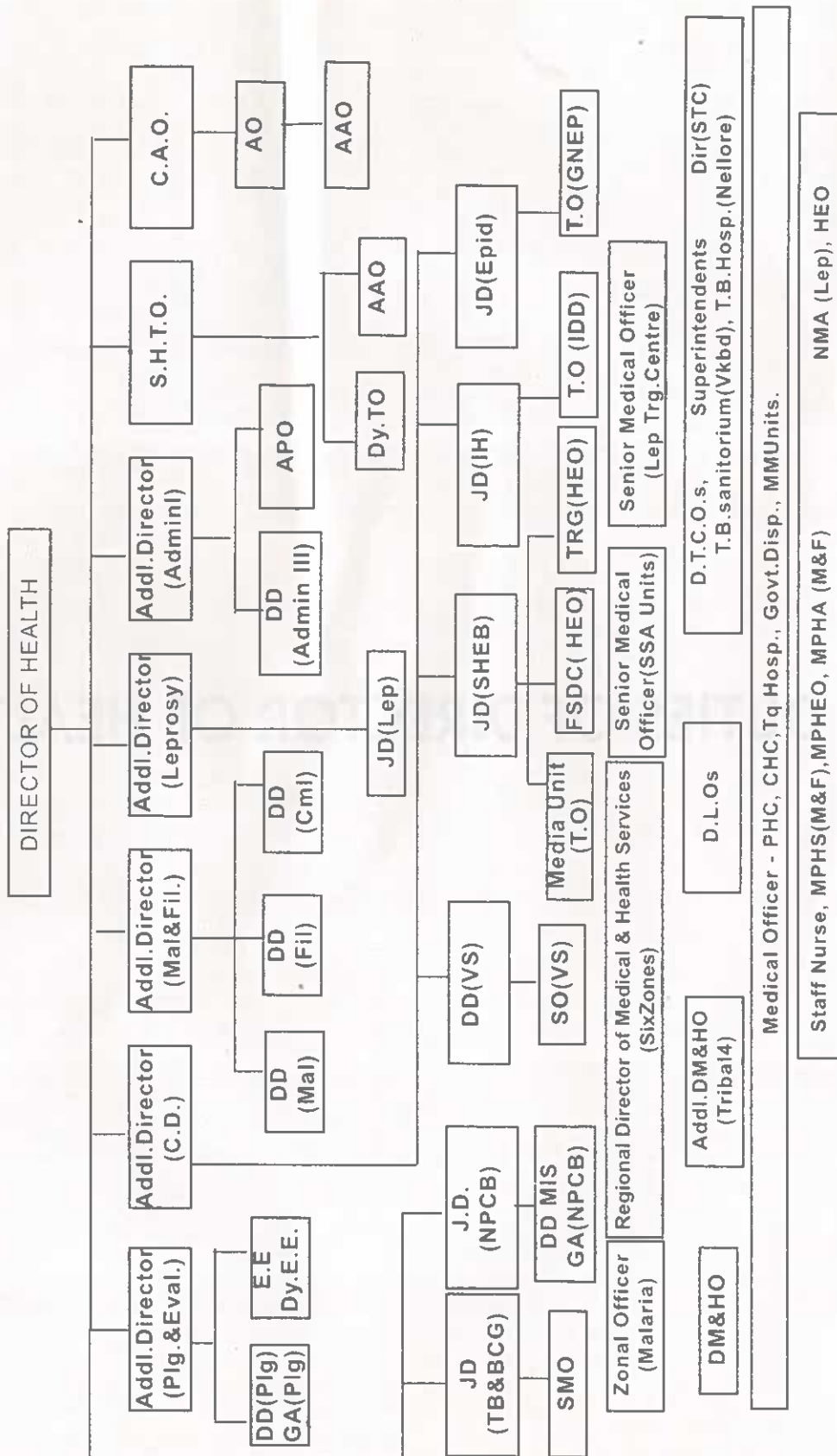
The Government of India issued operational manuals for each National Programme which contain the strategy to be followed and the role to be played by each category in the implementation of the programme. As such, the guidelines given by the Government of India are the statutes for the functions of each functionary in the different National Programmes, which are listed in detail under the functions of each category in the manual.

DUTIES OF DIRECTOR OF HEALTH



DEPARTMENT OF HEALTH SERVICES

DEPARTMENTAL ORGANISATION CHART



DUTIES OF DIRECTOR OF HEALTH

The post of Director of Public Health was originally sanctioned in the year 1919 consequent on introduction of Government of India Act 1919. The post of Director of Public Health existed from that date till 1967, when the Medical, Health Departments were merged. Again it was revived as Director of Health and Family Planning in the year 1978 and renamed as Director of Health after appointing a separate Director for Family Welfare in 1987.

The Director of Health is Head of the Department having jurisdiction over the entire State of Andhra Pradesh.

THE FOLLOWING ARE THE DUTIES OF DIRECTOR OF HEALTH

1. The Director of Health is the head of the Health branch of the Medical & Health Department and is the advisor to Government on all matters relating to Health Department.
2. He is the Chief Registrar of Births & Deaths and the enforcement authority of Birth and Death Registration Act and the rules framed by the State Government.
3. He is the statutory inspector of all Municipal Councils, Zilla Parishads and Panchayat Samithies concerning matters of Public Health.
4. He is the Additional Inspector of factories in the State concerning matters of Public Health.
5. As the head of the department, he is vested with certain powers under the Account Rules, Administrative Rules and various sections of Public Health Act.
6. He is responsible for the proper implementation of the National Health Programmes under his control.
7. In addition to his statutory responsibilities, he is responsible to Government for the due performance of all duties laid down for the executive and subordinate officers of the Health Department.

8. The Health Institutions are inspected by the Director of Health once in a year. He will submit to Government a special report regarding the functioning of these institutions.
9. He should also inspect the field work relating to the National Programmes and issue suitable instructions to the staff.
10. He has got the following ex-officio duties.
 1. Member-Executive Committee of A.P. T.B. Association
 2. Member- Hindu Kust Nivaran Sangh.
 3. Member- Red Cross Society.
11. As a head of the department he shall exercise the statutory functions as defined and delegated in various rules and regulations viz. fundamental rules, A.P.T.A. Rules, Financial Code, Treasury Code, Budget Manual, Pension code etc.

**ADDITIONAL DIRECTOR
ADMINISTRATION**

ADDITIONAL DIRECTOR (ADMINISTRATION)

There were three posts of Administrative Assistants designated as Dy. Director (Admn) to the integrated Medical and Health Department manned by Revenue Divisional Officers from Revenue Department to assist the Director who is a technical person in all administrative matters. In the year 1975, one of the three posts of Administrative Assistants was upgraded as Addl. Director (Administration) in G.O.Ms. No. 391 Dt. 06-05-1975 and an officer in the category of Deputy Secretary in Secretariat Department was posted against the post of Addl. Director (Admn) who will work under the administrative control of the Director of Health.

FUNCTIONS

1. He shall assist the Director of Health in all administrative matters.
2. He shall deal all service matters relating to entire establishment of Directorate of Health both gazetted and non-gazetted. He shall however take the orders of the Director of Health whenever it is necessary either under the rules or under the executive instructions issued by the Government from time to time.
3. He shall ensure proper distribution of work among the officers and staff in the Directorate.
4. He shall examine and give his opinion in all service matters viz appointments, regularisation of services, fixation of seniority, grant of leave or increments appeals on service matters and disciplinary cases in respect of both gazetted and non-gazetted staff working in the department
5. He shall go on tours for the inspection of the offices of the subordinate officers, as per the instructions of the Director of Health.
6. He shall attend to any other work entrusted to him by the Director of Health.
7. He shall give final decision in respect of service matters of non-gazetted staff working in the Directorate as well as in Districts, as per the powers delegated in G.O.Ms. No. 824 Dt.14.08.1975.
8. He is accountable to the Director of Health, Administratively.

2-1. DEPUTY DIRECTOR (ADMINISTRATION)

The post was originally designated as Asst. Director (Admn) to assist the Director in administrative matters, manned by Revenue Divisional Officer from Revenue Department. Subsequently during the year 1976 the post was allotted to the department. A person in the category of Lay Secretary and Treasurer Grade - I is promoted to the post of Assistant Director (Admn). Subsequently, the designation of the post is changed as Deputy Director (Admn) which is manned by departmental person to work under the Direct Administrative control of the Director of Health.

FUNCTIONS

1. He shall assist the Director of Health in administrative matters.
2. He shall also assist the Addl. Director (Admn)
3. He shall attend to any other work entrusted to him by the Director of Health.
4. He shall approach the Addl. Director (Admn)/Director of Health wherever he requires help.

2- 2. ASST. PERSONNEL OFFICER

The post of Asst. Personnel Officer is existing since 1956 to assist the Director in the matters relating to the problems raised by the unions of employees. This post is manned by a person in the category of Lay Secretary & Treasurer Grade - II. He works under the administrative control of the Addl. Director (Admn).

FUNCTIONS

1. He shall deal with all matters relating to the demands and problems raised by various unions of the employees.
2. He shall keep close liaison with the Labour Welfare Departments to solve the problems of the unions.
3. He shall attend to any other work entrusted to him by the Director of Health

CHIEF ACCOUNTS OFFICER

CHIEF ACCOUNTS OFFICER

Consequent on the merger of Medical and Public Health departments in the year 1967, Government have sanctioned the following posts to the Medical and Health Directorate in G.O.Ms. No. 1500 Health Dt.01-08-1967.

1. Chief Accounts Officer
2. Accounts Officer
3. Assistant Accounts Officer

For strengthening the Accounts branch of the integrated department and to assist the Head of the department to render expertise services in dealing with the subjects involving financial implication, as representatives of finance department. The CAO is the head of the Accounts Branch and he is the head of the office for the limited purpose of establishment matters. He is assisted by the following staff members, besides the AO and AAO.

Junior Accounts Officers	-	6
Senior Accountants	-	18
Junior Accountants	-	6
Typists	-	5
Junior Steno	-	1
Shroff	-	1
Record Asst.	-	1
Attenders	-	5

The above officers are posted from the Treasuries and Accounts Department. While the Director of Treasuries and Accounts is the administrative authority in so far as the officers and staff of the accounts branch in the offices of the head of department, the head of the department concerned shall be the immediate administrative controlling authority for day to day work.

The duties and responsibilities of the CAO have been prescribed by the Government in GOMs. No. 209 Fin (Admn -1) Department dated 13-3-63, GOMs.No. 106 Fin (Admn -1) Dept. Dated 22-3-84 and GOMs

No. 34 Fin (Admn -1) Dept. Dated 23-1-89. Government have reissued consolidated instructions in GORt. No. 1416 Fin & Plg. (Fin-Admn -1) Dept. Dated 1-7-97. The first and foremost duty of the head of the Accounts Branch i.e., CAO is to take initiative and advise the head of the department whenever necessary, to Prevent financial irregularities. The status of the CAO will be next to the head of the department irrespective of his pay scale and that of other senior officers in the department.

THE FOLLOWING ARE THE MAIN FUNCTIONS OF THE CAO

1. As a representative of financial department, the head of the accounts branch in the Directorate has to act as a financial advisor to the Head of the Department on all the matters involving financial implications.
2. Fixation of pay of the employees of the department should be dealt with by the accounts branch.
3. To attend to release of increments and maintenance of service registers.
4. Accounts Branch is responsible for maintenance and disposal of pension cases within the department. For this purpose, periodical returns in the prescribed form should be obtained from all the Heads of Medical institutions and to pursue the pension cases at every stage till their finalisation.
5. To scrutinise applications for sanction of Loans and Advances with reference to rules issued from time to time and maintain Registers to watch the seniority of applicants.

6. BUDGET

- I) To prepare number statements and budget estimates of revenue capital and loan accounts under plan and non-plan schemes of the department.
- II) To release budgets under plan and non-plan schemes after approval of the Head of the Department. The relevant files have to be maintained in the Accounts Branch.

- III) To review monthly expenditure with reference to release of funds.
- IV) To prepare proposals for supplementary grants/ re-appropriation and to ensure timely preparation of savings and excesses.
- V) Reconciliation of expenditure / revenue with Accountant General.
- VI) To prepare performance Budgets and prepare departmental budget speech in the Legislative Assembly.

7. MAINTENANCE OF ACCOUNTS

- I) To ensure maintenance of accounts of the Department.
- II) To submit detailed contingent bills in time to Accountant General and to bring cases of delay to the notice of the Head of the Department..
- III) To watch the receipt of utilisation certificates by maintaining a register in the prescribed proforma.

8. INTERNAL AUDIT

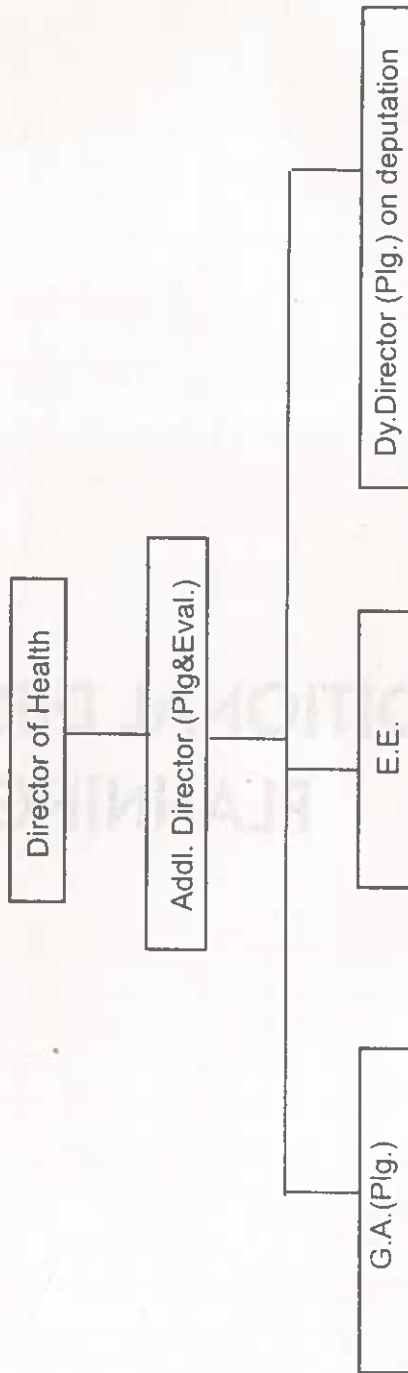
To conduct internal audit of all monetary transactions in the department.

9. To dispose Audit Reports/ Inspection reports and objection book items.
10. To prepare notes on Public Accounts Committee matters.
11. To workout the reimbursement amount and to obtain audit certificates for the centrally sponsored schemes.
12. To report to the Director of Treasuries and Accounts any instances of financial irregularities.
13. The C.A.O. or his deputy shall undertake tours to verify the accounts in the subordinate offices for atleast 5 days a month with the permission of the Head of the department.

14. To maintain full cadre strength particulars under non plan and plan with supporting government orders from year to year and alert the P.A.O/ D.T.Os. not to allow the pay and allowances of the staff not covered in the cadre strength for which there is no sanction of Govt, if the existing posts are abolished. The number statements should be strictly in accordance with the existing cadre strength. The monthly expenditure under pay and allowances should be strictly in conformity with the current cadre strength in the department.
15. To maintain full particulars of cadre strength of the staff paid from contingencies, wages, honorarium, workcharged etc., and release the budget for these categories strictly for the approved number of the posts so that entry through these methods could be effectively checked in the department.
16. To accept the decisions of the head of the department and take action accordingly.
17. He shall take responsibility as Drawing & Disbursing Officer. He may however nominate any Gazetted Officer to do it.

ADDITIONAL DIRECTOR PLANNING

PLANNING BRANCH



ADDITIONAL DIRECTOR (PLANNING)

The Planning section of the Medical & Health Directorate was sanctioned one post of Asst. Director (Planning & Evaluation) in the year 1969. Advent to the implementation of minimum needs programme as a State plan programme, which is designed for the development of the infrastructure of the department, the post of Asst. Director was upgraded to that of Addl. Director (Planning). As a programme officer he has got jurisdiction over the entire State and is responsible for the Director of Health.

FUNCTIONS

1. HE IS A PROGRAMME OFFICER TO ASSIST THE DIRECTOR OF HEALTH ON THE FOLLOWING SUBJECTS.

1. Development of the infrastructure of the department.
2. Upgradation of the Primary Health Centres into Community Health Centres.
3. Establishment of new Primary Health Centres and construction of buildings for Community Health Centres, Primary Health Centres and staff quarters.
4. To work out State and Central plan outlays, expenditure thereon with the help of other programme officers.
5. To work out the other building proposals pertaining to the existing buildings of the department.
6. To monitor the progress of expenditure on each plan scheme sanctioned and implemented.

2. HE IS ASSISTED BY THE FOLLOWING STAFF AT DIRECTORATE LEVEL.

1. Executive Engineer
2. Gazetted Assistant

EXECUTIVE ENGINEER - 1 POST

This post is manned by a person in the rank of Executive Engineer from Roads and Buildings Department on deputation basis. He will keep liaison with the Roads and Buildings Department in the maintenance of all buildings in Medical & Health Department. He will assist the Addl. Director (Planning) in all technical matters relating to the building programme in the department. He is assisted by the following technical personnel at the Directorate level.

- | | | |
|----|---------------------------|--------|
| 1. | Deputy Executive Engineer | 1 post |
| 2. | Assistant Engineer | 1 post |
| 3. | Assistant Architect | 1 post |
| 4. | Draftsman Grade III | 1 post |

FUNCTIONS

1. He shall keep liaison with Roads and Buildings Department and A.P. Medical and Health Housing Infrastructure & Development Corporation. Who executive the work of maintenance and construction of the buildings of the department.
2. He shall monitor the works undertaken by the Roads & Buildings Department & APMHIDC.
3. He shall also assist the Director of Medical Education in the works relating to the buildings under his control.
4. He shall examine the proposals received from the subordinate officers for sanction of rents to the private buildings in which those offices are located.
5. He shall attend to any other technical work entrusted to him by the Director of Health / Director of Medical Education.

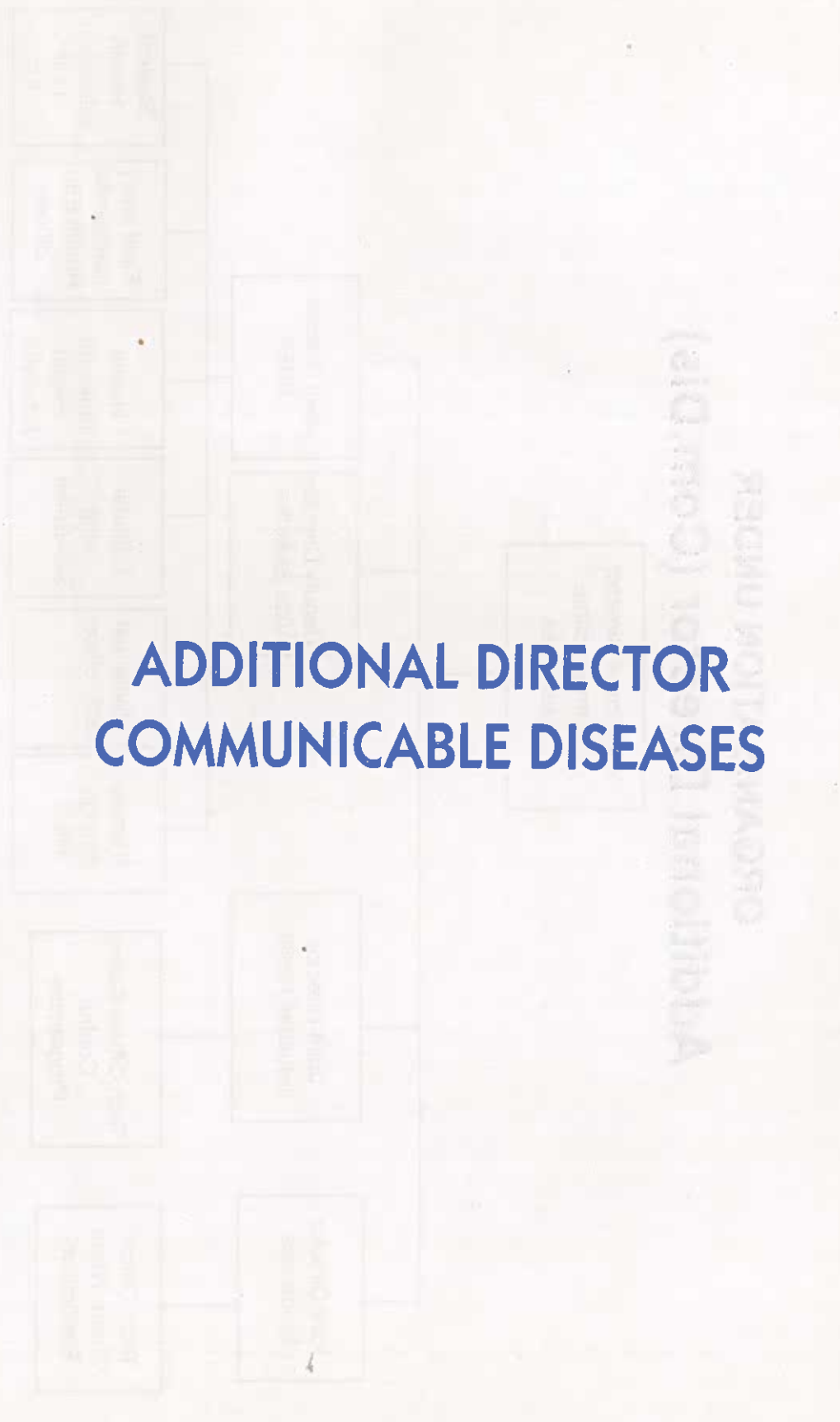
GAZETTED ASSISTANT

An Officer in the category of Lay Secretary and Treasurer Grade - I is posted as Gazetted Assistant. He shall work under the administrative control of the Addl. Director (Planning).

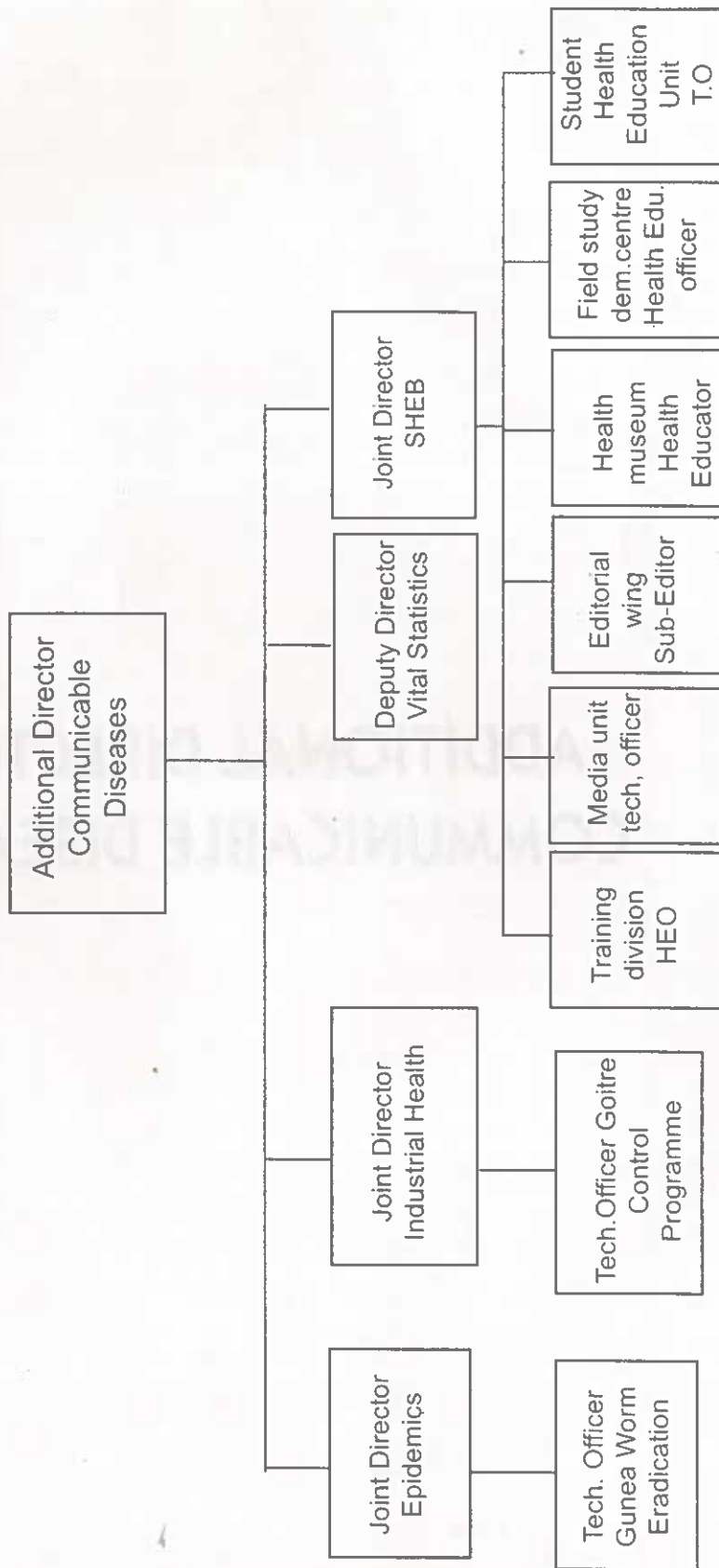
FUNCTIONS

1. He shall supervise the office work in planning section.
2. He shall ensure the receipt of progress reports on plan schemes from the subordinate officers and apprise the Additional Director about the progress.
3. He Shall attend to any other work entrusted to him by the Additional Director (Planning)
4. He is the Drawing and Disbursing officer for the pay and allowances of the staff of the planning branch.

ADDITIONAL DIRECTOR COMMUNICABLE DISEASES



ORGANISATION UNDER Additional Director (Com.Dis.)



ADDITIONAL DIRECTOR (COMMUNICABLE DISEASES)

The post of Addl. Director (C.D.) was created to help the Director of Health in the control of epidemics and other communicable diseases. He is also a programme officer having jurisdiction over the entire state and responsible to the Director of Health on the subjects allotted to him.

FUNCTIONS

1. He is the Additional Registrar of Births & Deaths, and is responsible to assist the Director of Health in the implementation of Births & Deaths Registration Act in the state.
2. He should plan and take measures in case of outbreak of epidemics like cholera, gastroenteritis and other water borne diseases in the districts.
3. He should plan and take measures in case of national calamities like floods, cyclones etc., to avoid outbreak of epidemics and be present at the affected areas and supervise the work.
4. He should plan and take measures in cases of major fairs and festivals to avoid outbreak of epidemics and be present at the spots and supervise the control measures.
5. He is incharge of guinea worm eradication programme in the state.
6. He is incharge of goitre control programme in the state.
7. He is incharge of Health Education programme in the state for which he is assisted by a Joint Director and other technical staff.
8. He will procure the required drugs and disinfectants required for the control of epidemics, cyclones & floods affected areas, and major fairs & festivals and arrange their supplies to the Dt. Medical & Health Officers.
9. He will supervise, guide and provide the support under diarrhoeal disease control programme, including cholera, gastroenteritis under other water borne diseases.

10. He will provide technical support for protected water supply and sanitation facilities in rural and urban areas.
11. He will monitor the survey, detection and treatment of 'Yaws' disease control units functioning at Bhadrachalam in Khammam Dist. and Bhadrachalam in Vizianagaram Dist. and K.R. Puram in West Godavari Dist.
12. He is incharge for control of pollution caused by industries.
13. He is responsible for maintenance of records and reports under epidemics, communicable diseases, vital statistics and health statistics.

JOINT DIRECTOR (EPIDEMICS)

An Officer in the cadre of Civil Surgeon with Public Health qualification as background will be posted as Joint Director to assist the Addl. Director (Communicable diseases) in his technical work. He will work under the administrative and technical control of the Addl. Director (C.D)

FUNCTIONS

1. To plan and take preventive measures in case of outbreak of epidemics in the districts.
2. To organise the control measures in case of floods, cyclones, fairs and festivals etc., to avoid outbreak of epidemics.
3. To assist in guinea worm eradication programme and collect the reports from the primary Health centres and Dt. Medical & Health Officers and prepare the report at state level. He will be assisted by a Technical Officer from Para Medical Services at Directorate level.
4. Though he has to assist the Addl. Director (C.D) mainly in the desk work, he has to visit the districts in organising and supervising the epidemic control works as required by the Addl. Director.

5. He shall attend to any other technical work entrusted to him by the Addl. Director (C.D) and Director of Health.
6. Maintain records and reports under epidemics as prescribed and ensure timely submission to the appropriate authorities.

TECHNICAL OFFICER (GUINEA WORM ERADICATION)

The Guinea Worm Eradication Programme is being implemented in A.P. State from 1983 -84 which is a centrally sponsored and aided programme. The disease was prevalent in 753 villages in 6 districts.

1. Mahaboobnagar
2. Kurnool
3. Cuddapah
4. Anantapur
5. Ongole and
6. West Godavari

with 4461 cases in 1983, after adopting the measures, no new cases are reported in 97-98, yet the following activities are continued.

1. Conversion of un-safe drinking water sources into safe drinking water sources in the villages affected.
2. Continuing the creation of community awareness on the disease through health education.
3. Giving incentive awards to the first information about the patients with the disease if any.

The Addl. Director. (C.D) is incharge of the programme with assistance of Jt. Director (Epidemics) and the Technical Officer. The Technical Officer is senior member of para medical category. He will work under the administrative and technical control of Jt. Director (Epidemics).

FUNCTIONS

1. He is responsible for monitoring and collection of reports on the guinea worm situation in the districts where there was prevalence of the disease.

2. He shall consolidate the reports received from the affected districts and prepare consolidated report due from the Directorate.
3. He shall arrange for conducting two active guinea worm searches in a year as per the guidelines of National Institute of Communicable Diseases.
4. He shall guide and supervise the field staff during periodical active searches and monthly regular surveillance.
5. He shall verify the resources and investigate the inspected cases under the guidance of the nodal officer.
6. He shall arrange collection of information about the cases, from other sources such as practitioners of other systems of medicine local people and other agencies.

JOINT DIRECTOR (INDUSTRIAL HEALTH)

Under sub-section 4(6) of section 264 of A.P. Municipalities Act 1965., the Municipal council before granting permission to establish any factory, workshop or work-place shall consult and have due regard to the opinion of the Municipal Health Officer as regards its suitability. Similar provision is there in Zilla Parishad and Panchayat Samithis Act, which require the opinion of the Dt. Medical and Health Officer, in case of granting permission for the establishment of factories and workshops other than in Municipalities. In case of a dispute between the executive authority and the Health Authority, the matter will be referred to the Director of Health for final opinion. To assist the Director of Health at Directorate level, the post of Asst. Director (I.H) was sanctioned in G.O.Ms. No.853 Dt. 25-07-1974 with the required ministerial staff. The post of Asst. Directors (IH) was designated as Jt. Director (IH) along with other Asst. Directors in 1993.

Consequent on creation of the A.P.Pollution control Board for implementation of Environmental Pollution (E.P) etc., Government have issued orders in G.O.Ms. No.715 Municipal Administration & U.D. Department Dt.27-11-93, dispensing with the procedure of prior consultation of the M.H.O/ DM &HO for according permission for setting up industries.

FUNCTIONS

1. He is a member of the A.P. Pollution Control Board, on behalf of the Director of Health to give opinion on health matters.
2. He will assist in Goitre Control Programme with the assistance of a Technical Officer.
3. He will work under the administrative and technical control of Addl. Director (C.D) and attend any other health related work entrusted to him.

TECHNICAL OFFICER (GOITRE CONTROL PROGRAMME)

Goitre Control Programme is a National Public Health Programme, a centrally sponsored programme. It is otherwise known as Iodine Deficiency Disorder (IDD) control programme. An IDD control cell is functioning in the Directorate for which a Technical Officer with Bio-Chemistry qualification is heading the cell under the administrative and technical control of Joint Director (Epidemics).

FUNCTIONS

1. He shall carry out surveys and checks iodine levels in salt, monitor and ensure distribution and consumption, to create awareness and demands for iodised salt.
2. He shall carry a testing kit to test the iodine contents in the salt.
3. He shall arrange workshops to sensitise the district level officials on the magnitude of the problem in the state and the need to control Iodine Deficiency Disorders in the state.
4. To orient the district officials on programme strategies and interventions.
5. To familiarise on current status of supply of Iodised Salt and the need to ensure regular supply and dietary consumption of Iodised Salt by developing an effective monitoring strategy from production to consumption level.
6. To organise seminars, workshops, health education camps and distribution of IEC materials to make the people aware about Iodine Deficiency Disorders.

STATE HEALTH EDUCATION BUREAU



Director (Health Education)

Division of Health Education

DIKECTOR CHEVICH

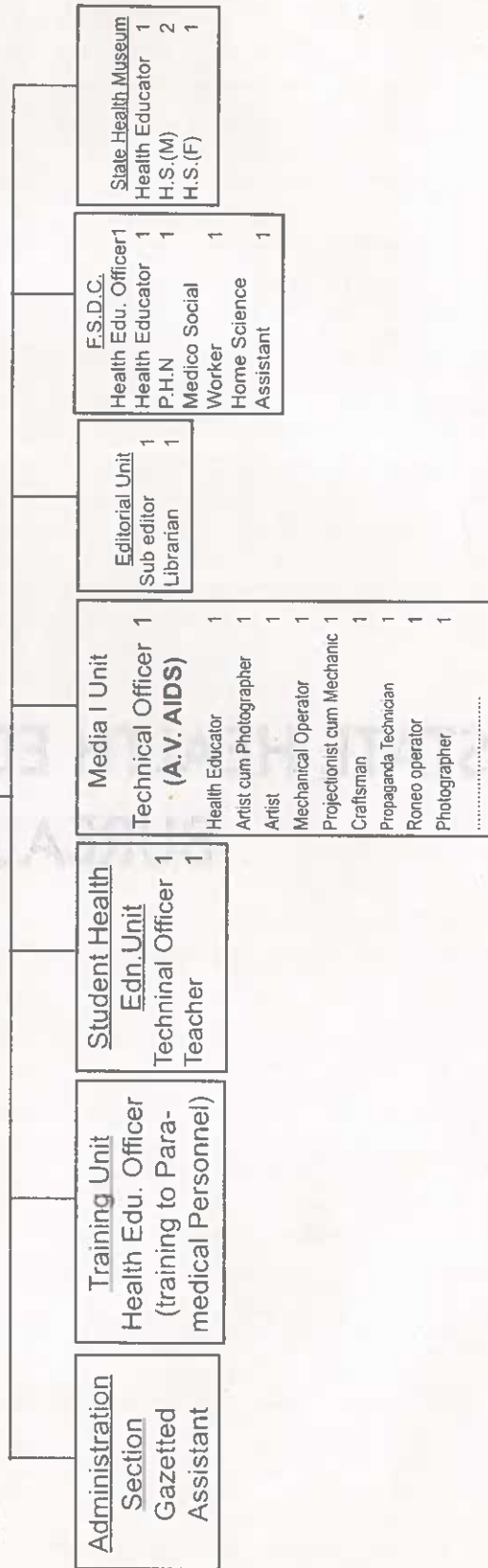
STATE HEALTH EDUCATION BUREAU

STATE HEALTH EDUCATION BUREAU

DIRECTOR OF HEALTH

Addl. Director (Communicable Diseases)

Jt. Director (Health Education)



JOINT DIRECTOR (STATE HEALTH EDUCATION BUREAU)

This post is existing from the formation of the State in the cadre of Civil Surgeon. He was called as Asst. Director, subsequently redesignated as Jt. Director in the year 1993. He works under the administrative and Technical control of Addl. Director.(C.D.)

FUNCTIONS

1. To plan, Organise and guide Health Education activities as an integral part of the state public health programme under the direction of the Director of Health.
2. To provide technical assistance and guidance in Health Education methods and media to the official and voluntary organisations engaged in the Health and Welfare work.
3. To initiate and supervise survey studies, investigations etc, for improving Health Education methods and media.
4. To assist and utilise the services of the various publicity and Mass Education Information Organisations in promoting the work of the Health Directorate.
5. To co-ordinate all Health Education activities, conducted by different departments (education, community welfare etc) and agencies (Red Cross, ICSW, FPA, HKNS, TB. Association, Bharat Sevak Samaj etc) in the state and provide leadership.
6. To institute both instructive and training programmes suitable for different categories of Public Health, Community development and Welfare Workers and for varied problems.
7. To Procure, produce, stock and distribute health education aids and equipments.
8. To edit and publish health magazines.
10. To work as the secretary of (a) State Health Education Council and (b) State School Health Committee.

FIELD SURVEY STUDY AND DEMONSTRATION CENTRE (F.S.D.C)

This State Health Education Bureau was established in the year 1959, as a centrally sponsored scheme with its various components. This centre is one of its components and consists of the following staff.

Health Education Officer (F.S.D.C)

Public Health Nurse

Medico Social Worker

Home Science Assistant

Health Educator (F.S.D.C)

THEY WORK AS A TEAM FOR THE FOLLOWING :

1. To serve as field laboratory and field practice areas in which to study the educational aspects of various health education problems and to develop and test new methods, techniques and procedures in meeting these problems.
2. To develop a demonstrational and training area for the staff of the central and State Health Education Bureau and for other public health and social welfare workers with regard to techniques of carrying out researches and studies of promoting national health campaigns and programmes of training and of administration and organisation in health education.
3. To Provide and develop leadership in the organisation and functioning of a FSDC and develop standards and guidelines for State Health Education Bureau and other related agencies.
4. To Strengthen Health Education Service, Training and Research activities and to promote ultimately Public Health and Social Welfare Programmes.

TO ACHIEVE THE ABOVE OBJECTIVES THE OVER ALL FUNCTIONS OF THE CENTRE WOULD BE AS FOLLOWS

To identify a rural field survey and demonstration area and an urban field study and demonstration area of a considerable population (approximately 10,000).

To conduct a family health survey covering details like reproductive health situation/ Maternal and child Health services, immunisation status of children, environmental sanitation covering sources of drinking water supply, disposal of wastage, availability of personal/ public latrines, nutritional status of people, availability of Health Education facilities, availability of curative services (Government / Private), visits of health personnel for attending services of Malaria, TB, AIDS, Leprosy, Nutrition, Sanitation, Health Education, Family Welfare, Immunisation, Antenatal Registration & Services, Conducting of Institutional deliveries, post natal services. Identification of Educational facilities in the area, availability of Schools Govt/ Pvt and

- Formation of Health Committees
- Identification of Leader Ship
- Identification of Voluntary Organisations if any rendering services in the area of health and family welfare in that area.

The individual functions of the Team are as follows :

HEALTH EDUCATION OFFICER (F S D C)

FUNCTIONS

Planning Organising and conducting all the functions of the Field Study and demonstration centre under the Technical guidance of JD (Health Education).

PUBLIC HEALTH NURSE

FUNCTIONS

To participate in planning conducting and evaluation of work of training section of State H.E.B. with particular emphasis on the Health Education in the field of Public Health Nursing.

HOME SCIENCE ASSISTANT

FUNCTIONS

1. To co - ordinate with the activities of the F S D C team itself and other organisations.
2. To study the food habits and beliefs of the rural dwellers & urban slums and to impart Nutrition Education.
3. To study the existing nutritional status of the vulnerable groups.
4. To study the traditional processes and to demonstrate proper methods of cooking for maximum upkeep of the nutrient values of foods.
5. To encourage home production of articles of daily consumption through raising kitchen gardens and poultry development.
6. To motivate the house - wives to aim towards economy and Health through raising kitchen gardens and poultry development.
7. To help in bringing out effective management of the house.
8. To Create awareness among population about national nutrition policy.

MEDICO SOCIAL WORKER

FUNCTIONS

- a. To participate in programme planning for developing health education programme.
- b. To identify local leaders for programme and study leadership pattern.
- c. To participate with Panchayat Raj institution in planning and implementation of public health programme at District level (F.S.D.C)
- d. To utilise methods of community education and group work in promoting public health programme among communities, groups and individuals.

- e. To prepare and use simple audio visual aids effectively for propagation of health education programmes.
- f. To provide support consultation and assistance in the field for incorporating social work and educational techniques.
- g. To establish liaison with different organisations in the field.
- h. To continuously followup and feed back the action programme in the area.

HEALTH EDUCATOR (FSDC)

FUNCTIONS

1. Primarily to assist the Health Education Officer for educating all the functions of F.S.D.C.
2. To help promote the activities under F.S.D.C.
3. To do supportive work in National Health programmes and develop Health Education activities.
4. He should have personal attributes of Health Education.

HEALTH EDUCATION OFFICER (TRAINING)

FUNCTIONS

1. To assess training load for various categories of Health and Family Planning personnel for health education.
2. To develop annual training calander for health educators training.
3. To develop training curriculum for the various categories to be trained in health education and organise and evaluate this training programme with involvement of SHEBs and RF PTCs.
4. To plan and introduce health education component in the training of para medical personnel in the state.
5. To develop teaching aids suited to local needs in collaboration with the media section.

6. To plan and organise field experience for the training by involving F.S.D.C.
7. To organise orientation training, seminars, workshops and conferences for workers in Community Development Department, Adult Education Centers, Schools, Colleges, Voluntary Organisations and others.
8. To organise orientation educational programmes in the form of seminars, Conferences, Workshops for the members of SHEBs.
9. To conduct simple training related research.

STUDENT HEALTH EDUCATION UNIT

The Student Health Education Unit is another component of State Health Education Bureau which consists of Technical Officer and Teacher.

TECHNICAL OFFICER (HEALTH EDUCATION OFFICER) -STUDENT HEALTH EDUCATION UNIT) S.H.E.B

FUNCTIONS

1. To survey and study the existing curriculum of all stages of education to find the content and methods of teaching and practice of health in schools, colleges and institutions.
2. To develop suitable health education syllabi, text books, teaching manuals, and aids etc., utilising the suggested syllabi of the union ministries of Health and Education.
3. To develop ways and means to integrate health teaching in other core subjects.
4. To plan and conduct training of personnel of the education department and prepare health personnel for undertaking school health education responsibility.
5. To develop suitable extra and co - curriculam activities which help in the formation of sound health habits among students.
6. To serve as a liaison between the Health & Education Departments in initiating organising and strengthening the school health education programme in the state.

TEACHER

Will function under the Technical Officer, Student Health Education unit of the SHEB

DUTIES

1. To plan, develop, conduct and evaluate training in health for school personnel and in school Health Education work for health personnel.
2. To plan and assist in schools in the primary health centre area to integrate health education in the school curricula and activities.
3. To evolve inexpensive health education aids to be used in schools
4. To involve the parents and community in promoting school health progress.

TECHNICAL OFFICER/HEALTH EDUCATION OFFICER (A.V. AIDS)

FUNCTIONS

1. General Supervisor of Technical Staff.
2. Submit plan for cinema section for screening of films every month.
3. Assign quantum of work to photographers, Artists and other technical staff for preparation of A.V. Aids for exhibition and world health day celebrations and other functions of the department.
4. Lay-out work for preparation of A.V. AIDS on various diseases for preparation of posters, pamphlets and booklets.
5. Submit plans for development of District Museums at present.
6. Submit plans for establishment of New district Museums at other Districts.
7. To impart training in A.V. Aids to inservice trainees at Health Museum.

8. To co- ordinate officer incharge in F.S.D.C in Team Work.
9. To implement Health Education programmes in the District with the help of District Health Educators.
10. To involve the voluntary associations for Health Education activities.
11. To assess the requirements of various materials for the use of State Health Education Bureau.

ARTIST CUM PHOTOGRAPHER

FUNCTIONS

1. The Artist will be incharge of the Art Work of the Bureau. He will spend most of the time in visualising various ideas of health, social welfare, the pictorial, graphic and other forms which will effectively convey scientific facts about health and disease of people.
2. He will prepare rough lay outs etc., of the visual aids for the approval of Joint Director of Health Services.
3. He will help the other sections of the Bureau in the initiation of appropriate visual aids and planning their production.
4. He will supervise and guide the work of the section and see that the production done according to the schedule.
5. In consultation with other wings of the Art Section, he will see that the production is done according to the schedule .
6. In consultation with other sections of the Bureau, he will draw annual calender of work of the Art Section and take necessary steps to obtain necessary equipment and material for carrying out the programme
7. He will assist in the pre-testing and evaluation of the Audio Visual aids produced by the Bureau from the Art point of view.
8. He will be responsible for submitting all the reports of progress and other returns connected with the section.

9. He will keep a watch over the stock of material and equipment required for the section and see that all items both expenditure and nonexpenditure are properly accounted for the respective ledgers and see that at any time there is stock enough for six months by indenting them
10. He will also do the final Art Work and complete it for production of the materials.
11. He will also do as and when required any other additional work concerning Art etc. given by the Joint Director of Health Service for the bureau.

ARTIST

FUNCTIONS

1. To assist the Artist cum Photographer in carrying out his work.

SUB EDITOR

FUNCTIONS

1. preparation and production of Health Education material like folders, pamphlets etc.
2. Preparation of script for radio talks, feature articles, script for film strips, film charts.
3. To maintain liaison with local press, Radio, TV. to pass on health education messages to people.
4. Supervision of printing work at the press.
5. Organise a library useful for a Health Education Media section.
6. He will maintain News papers clippings of the news of Public Health importance & Health related aspects.

PROJECTIONIST CUM MECHANIC

FUNCTIONS

1. As required by an operator of cinema projector.

CRAFTSMAN

He will design and prepare material for the Bureau.

HEALTH EDUCATOR (MEDIA UNIT)

FUNCTIONS

1. Over all incharge of cinema section
2. To carry out publicity work under health education programme.
3. To arrange for screening of film shows on health and disease and evaluate the reaction of the community on health problems.
4. To work in liaison with other sections of the State Health Education Bureau and other organisations.
5. To assess the supply and distribution of Health Education material of the Bureau.

MECHANICAL OPERATOR

He is attached to the Cinema Section

FUNCTIONS

1. Screening of Films and Publicity work as assigned by the Health Supervisor (Cinema Section) from time to time.

PROPAGANDA TECHNICIAN

The post is under the Control of Addl. Director (C.D) and deputed to the State Health Education Bureau.

FUNCTIONS

1. Propaganda work, Screening of Films, and Slides, Distribution of folders etc.

STATE HEALTH MUSEUM

HEALTH EDUCATOR

FUNCTIONS

The Health Educator will be a qualified person in the post graduation diploma course (P.G.D.H.E) in Health Education.

He works under the Technical Control of the Technical Officer (Student Health Education Unit).

He will maintain the stock registers of all Health Exhibits in the Health Museum including audio-visual equipment.

He will arrange audio-video film shows in the lecture hall to the visiting students and visitors on preventive, control measures of all communicable, non-communicable diseases, nutritional deficiency disorders.

He will also explain the Exhibits to the visitors and will give Health talks to visitors in the lecture Hall.

He will be over all incharge of the Health Museum and will have the assistance of M.P. Health Supervisor Male, Female, Artist cum Photographer, Craftsman and class IV staff.

He will also maintain cleanliness of Health Museum, updating of Health Exhibits and electrical fittings when required.

M.P. HEALTH SUPERVISORS (MALE & FEMALE)

FUNCTIONS :

He/She will assist the Health Educator in day to day functioning of the Health Museum, maintenance of stock registers, cleanliness and related activities which arise from time to time.

He/She will explain the Health Exhibits to the students & visitors.

He/she will deliver health talks in the lecture hall to the audience.

GAZETTED ASSISTANT / ASST. DIRECTOR (ADMN.)

He is in the cadre of Lay Secretary & Treasure Grade - I. He works under the administrative control of the Jt. Director (HE)

FUNCTIONS

1. He shall assist the Jt. Director in all administrative and financial matters.
2. He shall supervise the work of all the ministerial staff working in Health Education Bureau
3. He is the drawing and disbursing officer for the pay and allowances of the staff working in Health Education Bureau.
4. He shall maintain all the records /registers for the amounts drawn by him.

JOINT DIRECTOR (T.B)



DEPARTMENT OF HEALTH
STATE OF TEXAS

DEPARTMENT OF HEALTH

DIRECTOR OF HEALTH

Jt. DIRECTOR (T.B.)

**STATE TB TRAINING AND
DEMONSTRATION CENTRE**

Directorate Level

District Level

Medical Officer

**Sr. Technical Officer
Programme
Management**

**Sr. Technical Officer
Programme
Evaluation**

**Statistician
LD Computer**

O/o DTCC

M.O.
Treatment Organiser
Treatment Organiser
Radiographer
Lab Technician
Statistical Assistant
Lab Assistant

TB CLINICS
Medical Officer
X-Ray Technician
Lab Technician
Clerks

PHC
Medical Officer and
other PHC Staff

Director
Bacteriologist
Epidemiologist
Radiographer
Lab Technician

**TB Clinics
5**

**Dom
Treat
Service
Centres 9**

JOINT DIRECTOR (T.B.)

One post of Assistant Director in the Cadre of Civil Surgeon was created in the year 1955 to plan and organise B.C.G. vaccination in the state with few vaccination units. Consequent on implementation of National T.B. control programme, District T.B. centres were established to reduce the incidence of T.B. by giving organised treatment to the T. B Patients. The Asst. Director (B.C.G.) is entrusted with the job of supervision of the District T.B. Centres and their work. During the year 1986, Universal Immunisation Programme was implemented in A.P. State and the Programme of BCG Vaccination was also included in the Immunisation programme. The Asst. Director was exclusively managing T.B. Control work contemplated in the National T.B. Programme. The post of Asst. Director was redesignated as Joint. Director (TB) in the year 1993, along with other Assistant Directors. The Joint Director (T.B.) is a Civil Surgeon with Post-Graduate Degree/Diploma in the speciality with sufficient experience. He is the programme officer who will work under the administrative control of the Director of Health.

FIELD FUNCTIONS

1. He shall organise and implement the National T.B. Control Programme in the State with the staff exclusively sanctioned under the programme at District level and peripheral level.
2. He shall supervise and monitor the work carried on by the District T.B. Centre and T.B. Clinics.
3. He shall give proper guidance to the staff working in District T.B. Centres and T.B. Clinics in technical aspects.
4. He shall ensure that all the health personnel working in the programme are trained to enable them to implement the programme as per the guidelines given.
5. He shall ensure proper and timely supply of drugs, X- Rays, Lab materials etc., required for the District T.B. Centres and the T.B. Clinics

DESK FUNCTIONS

6. He shall obtain the due reports and returns from the District T.B. Officers in the State, review and consolidate them and furnish the due reports to the Director General of Health Services in the proper formats.
7. To keep liaison with International agencies, voluntary organisations, Medical Colleges and private practitioners.
8. To ensure proper and accurate management of information and the work done in the programme.

OPERATIONAL JURISDICTION

9. He has got jurisdiction over the entire state. He will inspect the work in the districts and render technical advise to the field staff as and when required.

DISTRICT TUBERCULOSIS CONTROL OFFICER

There are 24 posts of District T.B. Control Officers in 23 Districts of the State. These posts are established for the implementation of the National T.B. Control Programme. He is a Civil Surgeon specialist with a Post Graduate qualification (Degree or Diploma) in T.B. speciality with 5 years experience in T.B. Programme. He is also trained at NTI.

FUNCTIONS

The duties of a DTO. are essentially managerial in nature. However he has to perform certain clinical functions at the DTC. which should only a part of his over all responsibilities.

MANAGERIAL

1. Planning
2. Implementation of DTP. in PHIs
3. Supervision of DTC and Peripheral Health Institution (PHIS)
4. Coordination between different sections of DTC and between DTC and PHIs and between Dist. Administration & Vol. organisations.
5. Procurement and distribution of equipment and supplies.

6. Maintenance of District Tuberculosis cases index and other records.
7. Timely submission of DTP reports to the concerned authorities.
8. Drawing and disbursement of pay and general administration in DTC.
9. Health Education and public relations.

CLINICAL

1. Selection of Symptomatic Out-patient for X-Ray/Sputum examination.
2. Disposal of Out-patients attending the clinical section.
3. Interpretation of X-Ray films.
4. Diagnosis and treatment of T.B. Patients.
5. Case holding, motivation of T.B. patients and defaulter action.
6. DTO also has to train the untrained personnel of DTC and also the MOs and other staff of PHIs.

RECORDS AND REPORTS

DTO is responsible for maintenance and submission of the following reports.

RECORDS

1. CFRF (Case Finding Registration Form)
2. Referral slip
3. Case index register
4. Treatment Card
5. Index Number slip

REPORTS

1. Monthly report.
2. Periodic Report viz. Quarterly, Half yearly, and Annual reports to be sent to Director NTI, DGHS and STO for monitoring.

MEDICAL OFFICER (Dt.TB. CENTRE)

The post of Medical officer is sanctioned as per the staffing pattern of District T.B. Centres. The Medical Officers posted are trained in the speciality at National Institute, Bangalore. He will work under the administrative and technical control of the District TB. Officer.

FUNCTIONS

1. To assist the District T.B. Officer mainly in his clinical work.
2. To assist the District T.B. Officer in preparation of technical reports and maintaining the technical data of the patients attending the clinic.
3. To assist the district T.B. Officer in any other field work /clinical work.

X - RAY TECHNICIAN (RADIOGRAPHER)

He is a qualified person appointed in all Dt. T.B. centres and T.B. clinics, where X Ray plants are provided. He is specially trained at national training institute, Bangalore. He will work under the administrative and technical control of the Dt. T.B. Officer / M.O.TB. Clinic in which he is working . It is an institutional post.

FUNCTIONS

1. To receive X Ray and Dark Room equipment/ accessories and supplies meant for X Ray section of D.T.C. and prepare and inventory up to date.
2. After installation, check proper functioning of X Ray Unit, maintain the unit and the accessories properly - Ensure prompt and satisfactory action for repairs, recheck proper functioning after each repair.
3. Timely Indenting of X Ray films, chemicals and other requirements.
4. Check Fog level of freshly received X Ray film rolls and condition of the chemicals.
5. Take chest photo, Flurogrammes of patients attending X Ray section and processing the X Ray films.

Examine X Ray processed films for Technical faults and ensure that they do not occur again. Place before DTCO the processed X Ray films for reading and old films for comparison along with necessary records.

6. File processed films in systematic manner and store unexposed film rolls in a refrigerator.
7. Register OPs in DTC. on Case Finding Registration Form (CFRF) where no separate registration check is provided.
8. To train and guide the X Ray Technicians of PHIs equipped with vodelka camera according to the manual as required by DTO.
9. perform any other duty allotted by DTO in DTC.

THE X RAY TECHNICIAN (RADIOGRAPHER) HAS TO MAINTAIN THE FOLLOWING RECORDS.

1. CFRF, 2 Treatment card, 3 Referring slips 4. out patient slip, Token cards, 5 Exposure Register and 6. X Ray log books.
2. He has to submit a report on condition of X Ray Unit (RCXU) and report on repairs of X Ray unit (RRU)

TREATMENT ORGANISER

There are two posts of treatment organisers in DTC / T.B. Clinic. Treatment organiser is one of the five key personnel in the set up of the programme. The male treatment organiser in the cadre of Health Inspector and the Female Treatment Organiser in the cadre of Lady Health visitor. They are trained at NTI Bangalore specially to work in T.B. control programme. He /She will work under the administrative and Technical control of the incharge Medical Officer.

DUTIES AND RESPONSIBILITIES OF TREATMENT ORGANISOR

One treatment Organisor responsible for organising treatment of T.B. Patients at DTC and all the participating PHIs in the district and the second TO is for the routine work at DTC.

FUNCTIONS IN DTC

1. Motivation of TB patients.
2. Issue of drugs and identity cards to TB patients.
3. Filling and review of the treatment cards,
4. Maintenance of Book of Treatment Cards (BTC) and Master Book of Treatment Cards (MBTC)
5. Preparation of part II of Monthly Report on TB (MRT)
6. Identification of treatment defaults and defaulter interval.
7. Training and supervision of other staff of Treatment section.
8. Ensuring adequate supply of drugs, cards, and forms in liaison with Statistical Assistant.
9. Any other duty assigned by DTO under the District Tuberculosis Programme (DTP)

FUNCTIONS IN PERIPHERAL HEALTH INSTITUTIONS (PHIs)

10. a) Selection and training of personnel (Pharmacist or Nurse etc) in treatment of tuberculosis patients and case- holding.
- b) Organisation and maintenance of treatment activity by periodic supervision and replenishment of supplies.
- c) For systematic supervision, supervision form for TOs is used. One form for each PHI is to be filled for each visit. Following steps are to be adopted.
 - I) To meet the MO of the PHI and find out if any newly posted staff needs training, subsequent visit is to be made for retraining and replacement training.
 - II) To find the stock position of drugs, cards, and forms and replenishes
 - III) if a new patient is diagnosed at the time of visit the Drug Distributor is asked to motivate the person, observation is made on contents of motivation and corrective action taken.

- IV) Distribution of drugs for patients. If patient is observed as treatment default, corrective action is taken.
- V) Checks the treatment Box , BTC with the help of MBTC and finds the correctness and completeness of the same.
- VI) Discuss the supervision report with the DTO on return to DTC for remedial action.

STATISTICAL ASSISTANT

At present the post is filled up by a Senior Assistant belonging to common category.

FUNCTIONS IN Dt.T.B. CENTRES

1. To receive reports from PHIs and regular maintenance of records DTC.
2. To ensure that the reports received are timely, complete and consistent.
3. To generate and maintain District TB case index. To communicate case index numbers so allotted along with other relevant information to the concerned.
4. To prepare periodical report in the prescribed formats and ensure their timely submission to concerned authorities.
5. To provide necessary feed back for implementation and supervision of PHIs.
6. He has to maintain group index books / cases to avoid duplication of treatment.
7. The SA must have the following :
 - a) A copy of latest District census hand book
 - b) Detailed maps of the District and Mandals
 - c) He is responsible for assessing the requirement of various forms to be used at DTC and PHIs and to indent with the appropriate authorities once in a year.

- d) The periodical DTP report is prepared by SA for each month as well as for quarter from the MRTs and Treatment Organiser of the DTC. He has to prepare the reports and send them to state TB officer by 25th of the following month and annual report by 30th April of the next year.
- f) Statistical Asst. has to check the reports received for the following.
 - 1) Identification particulars of the patient like age, sex, father's name and address
 - 2) Diagnostic particulars like date of X Rays, sputum examination, the number of examinations and result of the examinations are properly entered.
 - 3) The Statistical Asst. has to preserve the records generated and updated periodically.
 - 4) Statistical Asst. has to send reminder letters to PHIs which are not sending MRTs in time. He has to maintain a control chart called reminder chart.

LAB TECHNICIAN

He is a certificate holder in Lab Technician Training . He will work under the direct administrative and technical control of DTCO/ MO, TB Clinic. He will be assisted by Lab Attendant.

FUNCTIONS

1. He will attend to all Lab investigations at DTC and to prepare reports.
2. He will maintain Lab Register in the prescribed format about the work turned out in the Laboratory.
3. He will give training to Microscopists at peripheral level.
4. He will attend medical camps.
5. Cross check sputum examinations done at PHIs.

DTP /1

CASE - FINDING REGISTRATION FORM

USE SEPARATE SHEETS FO X-RAY AND SPUTUM

TYPE OF EXAMINATION : X- RAY/SPUTUM

DTC :

Date	Token Number/ Sputum Smear Number	Name	Father's Name	Age	Sex	Complete Address, including head of the family, house number, street (name), hamlet main village and post office, taluk & district	Referring PHI	New old OBS	If Old/OBS previous film number	Result X-Ray Sputum	Case-Index number
1	2	3	4	5	6	7	8	9	10	11	12

REVERSE

Date	Token Number/ Sputum Smear Number	Name	Father's Name	Age	Sex	Complete address, including head of the family, house number, street (name), hamlet, main village and post office, taluk & district	Referring PHI	New Old OBS	If Old/OBS previous film number	Result X-Ray/ Sputum	Case index Number
1	2	3	4	5	6	7	8	9	10	11	12

To be filled by SA : _____

Dates of : _____

a) Checking summary on CPRF

b) Indexing new TB patients from CPRF

c) Including CPRF in Periods DTP Report :

Signature of SA :

To be filled by XT : _____

X-Ray Examination : New & OBS Follow -up

Registered : _____

X-Rayed : _____

Not X -Rayed : _____

Signature of XT :

To be filled by LT : _____

Sputum Examination : New & OBS Follow up

Examined : _____

Sputum not produced : _____

No. of cases diagnosed : _____

Signature of LT :

DTP/3

Case Index Register					
Case -Index Number	Name	Group No.	Date & Film No.	Date&Sputum Smear No	Remarks
1	2	3	4	5	6
DTP/4					
INDEX CARD					
1. Name			4. Group No.		
2. Father's Name			5. Case -Index No.		
3. Address C/o			6. Age		7. Sex
House Number			8. Remarks		
Hamlet/Street					
Village &P.O Town					
Taluk					
(Size of Index Card -105mmX74mm)					

FRONT

DTP/2

REFERRING SLIP	
1. Name	6. Referring PHI :
2. Age	3. Sex
7. New <input type="checkbox"/> Old <input type="checkbox"/> OBS <input type="checkbox"/>	
4. Father's Name	8. For old TB patients Case Index Number
5. Address :	9. For Out-Patients on observation Previous Film Number
C/o :	10. Come Back on :
House No :	Examination Required
Hamlet /Street :	Sputum <input type="checkbox"/> X-Ray <input type="checkbox"/>
Village * P.O./Town :	Signature of Mo & Date
Taluk :	
District :	

(Size of Referring Slip -105 mmX 74mm)

REVERSE

Results of Examinations	
11. X-Ray Film No.	
New and OBS Out-patients	
N	NT
OBS	TBP
PLEF	TBHA
TI	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Old TB Patients	
C	I
D	S
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
12. Sputum	
Date	Smear No. | Result
13. New TB patient Case Index No.	
14. Remarks (including advice on treatment)	
Date:	Signature of DTO
	DTP/2

DTP/5

TUBERCULOSIS TREATMENT CARD

1. Name		2. Father's Name		3. Age		4. Sex		5. Index No.																								
6. Address C/o (in full)		7. Occupation		8. Previous treatment (Drug and duration)																												
Under DTP		Out side DTP				Disease Classification																										
Land Mark		Smear Pcs. <input type="checkbox"/>		Extra Pul <input type="checkbox"/>		Specify																										
Change in Address		Suspect <input type="checkbox"/>		Date		9. Current TTT																										
Diagnosis		Place		Date		Place I																										
Place		Date		Place II		Intensive Phase (Tick Regimen Prescribed)																										
10. Type of Patient		New <input type="checkbox"/>		Re.TTT <input type="checkbox"/>		Tmsfrd <input type="checkbox"/>		R ₁																								
MONTH		DATE	DATE	DATE	DATE	DATE	DATE	Sig.M.O.	R _A																							
0									E=800mg H=300mg T(E) = 150 (800)mg (2Months daily)																							
3									R ₂																							
6									S=0.75g H=300mg T(E) = 150 (800)mg (2Months daily)																							
12 AND MORE									R _B																							
11. Result of examination		SMEAR NO.		RESULT		X-RAY NO.		RESULT																								
12. Intensive Phase(Make entries for starting R ₂ also) check the strength of tablets every time before issuing		DATE		DATE		DATE		DATE																								
Month	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Continuation Phase (Tick Regimen Prescribed) check the strength of tablets before issuing

Reg. 1. H = 300mg T(E)=150(800)mg daily Sig.of.Mo 10 months	Reg. 2. H = 300mg T(E) = 150(800)mg daily Sig.of.Mo 10 months	Reg.A. H = 300mg T(E) = 150(800)mg daily Sig.of.Mo 6 months	Reg.B. S = 0.75 gm H = 600 mg R = 600 mg Sig.of.Mo Bi-weekly 4 months
---	---	---	---

Continuation DTP/5

Month	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

Completed TTT	Cured	Lost	Transferred	TTT Failure	TTT Stopped	Dead	Total Collections (for DTC use only)	Sig of S.A. with date
---------------	-------	------	-------------	-------------	-------------	------	---	-----------------------

13. Remarks

IDENTITY CARD

TB. Can be cured

1. This is an important document to get treatment.
2. Dont lose it, if lost get a new one issued.
3. If you collect the drugs on in due dates and take the drugs regularly then only you can be assured of a permanent cure.
4. Follow the instructions given about treatment and subsequent examination.

In Local Language

Size of Identity Card : Post Card 140 mm X90mm

<ol style="list-style-type: none"> 1. Name Age. Sex 3. Film number and date 4. Index No. 6. First follow up month & year Film No./Sputum No.&Date 7. Second follow up month and year Film No . Sputum No. & Date 8. OBS out patient film No.& Date 	<p style="text-align: center;">Reverse</p> <ol style="list-style-type: none"> 2. Father's Name Sputum smear No. Date..... 5. Drug Regimen 9. Come back on (Date)
--	--

Work Sheet for preparing DTP Reports for PHIs(Monthly/Quarterly)

District : Period :

Name of the PHI	No. of PHI Monthly Reports included	New out-patients	Examinations				New TB Patients detected			
			X-Ray		Sputum		Sputum Pos.	Sputum Neg. but X-Ray Pos.	Extra Pulmonary	Total
			Total	New	Total	New				
1	2	3	4	5	6	7	8	9	10	11

Tuberculosis patients put on Standard Regimen [Excluding sputum positive patients put on Short Course Chemotherapy (SCC)]						
Name of the PHI	New Patients started treatment During the period	Put on retreatment	Transferred from other facilities	Regimen Changed from SCC to Standard Regimen	Completed treatment	Patients on treatment at the end of the period
12	13	14	15	16	17	18

Sputum positive patients put on Short Course Chemotherapy (SCC)										
Name of the PHI	TB Patients put on ttt During the period		Transferred from other facility	Regimen changed from SCC to Standard	Completed treatment (Regimen A)	Patients on ttt at the end of the period	No. of supervision visits by		Remarks	
	A	B					DTO	LT		
	19	20	21	22	23	24	25	26	27	28	29

Note: i) Work sheets may be prepared separately for PHIs implementing SCC and only SR to facilitate entries in Monthly/Quarterly Reports. List out XCs first, Followed by MCD and RCs
 ii) Various columns in the work sheet may be entered on a separate sheet or a register to transfer the information from MRTs
 iii) Spacing of the columns may be adjusted according to convenience.

DTP/8

MONTHLY REPORT ON TUBERCULOSIS FOR THE MONTH OF 19.....

Name of the PHJ :

Category : XC/MC/RC*

Whether Implemented under SCC: YES/NO*

PART I : Information on case -finding activity during the month

i) Total new out-patients registered New Old

ii) a) No. of X-Rays taken

b) No. of sputum smears examined

c) No. of sputum smears referred

(iii) PARTICULARS OF NEW TB PATIENTS DIAGNOSED (INCLUDING EXTRA PULMONARY)

Date	Sputum Smear No./X-ray Token No.	Name	Father's Name	Age	Sex	Complete residential address including head of the family, house number, street, hamlet, village & P.O./Town, Taluk & District	Result Sputum X-Ray Extra - Pul	Case Index Number
1	2	3	4	5	6	7	8	1

* Strike out whichever is not applicable
 Note: 1. Part I&II are to be filled in by PHJ s & Part II only by Treatment Section of DTC.
 2. This report is to be prepared on the last working day of the month and sent to DTC(Statistical Assistant) by 5th of the next month at the latest.

PART II : INFORMATION ON TREATMENT ACTIVITIES DURING THE MONTH.....		
Details	Sputum positive patients put on Short Course Chemotherapy	TB patients put on standard regimen
1	2	3
<ol style="list-style-type: none"> 1. TB patients under treatment (TTT) at the beginning of the month 2. TTT cards prepared / received during the month <ol style="list-style-type: none"> a) For new TB patients starting treatment b) For TB patients put on retreatment c) For TB patients transferred from other centres/facilities d) For TB patients for whom regimen was changed from SCC to SR 3. TTT cards despatched to DTC for transfer of treatment including transfer cards sent along with this report 4. Other TTT cards despatched to DTC with this report (TB patients lost from treatment, reported dead, completed optimum treatment period, treatment stopped by MO including for those on prolonged treatment, change of regimen from SCC to standard regimen) 5. TB patients under TTT at the end of the month 6. No. of TB patients completing intensive phase under SCC(Regimen A). 	<p style="font-size: 2em; margin: 0;">X</p>	<p style="font-size: 2em; margin: 0;">X</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Special remarks by M.O. of PHI on availability and use of :</p> <ol style="list-style-type: none"> a) Microscope b) X-Ray equipment c) Anti TB drugs d) Chemicals, stains etc. <p>Date : Signature of MO</p> </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; color: blue;">TO BE FILLED BY SA AT DTC</p> <p>Dates of :</p> <ol style="list-style-type: none"> a) Receipt of MRT b) Checking MRT c) Indexing new TB patients from MRT d) Including this MRT in <ol style="list-style-type: none"> i) Monthly DTP Report ii) Quarterly DTP Report <p style="text-align: right;">Signature of SA.....</p> </div> </div>		

DTP/9-SCC

MONTHLY/QUARTERLY DTP REPORT TO BE FURNISHED BY DISTRICTS WHERE SHORT COURSE CHEMOTHERAPY (SCC) IS INTRODUCED.

District.....	XC	MC	RC	TOTAL
Section A: Report on implementation.				
1. Number of PHIs - in the District.				
2. Number of PHIs implemented so for : Under SCC;				
Under Standard Regimen:				
3. Number of PHI Monthly Reports included.			Standard Regimen.	
Section B: BCG Vaccinations Performed:				
			0-12 Months	Above 1 Year:

Section C: Report on Case-finding :

	New Out-patients.	Examination				New Tuberculosis patients detected			
		X-Ray		Sputum		Sputum Positive	X-Ray+ Ve but sputum negative	Extra-Pulmonary	Total
		Total	New	Total	New				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
DTC									
PHIs*									
Health Workers									
Total									

*Excluding performance by Health Workers.

SECTION D (1) : Report on Treatment-Sputum Positive patients put on SCC:

	T.B. Patients put on TTT during the period		Under TTT at the beginning of the period	Transferred from other facilities	Regimen changed from SCC to standard	Transferred to other facilities	Lost from TTT	Reported dead	Completed Treatment	Total No. of T.B. patients under TTT at end of the period
	A	B								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
DTC										
PHIs										
Total										

Patients completing intensive phase during the period:

Regimen.

A	B

DTC.

PHIs.

Total.

DTP/9-SCC

SECTION D (2) : Report on Treatment -T.B. Patients put on Standard Regimen :
(Excluding sputum Positive patients put on SCC)

	New T.B. Patients put on treatment during the period	Tuberculosis patients							Total No. of T.B. patients under TTT at the end of the period.
		Under TTT at the beginning of the period	Transferred from other facilities TTT resumed	Regimen changed from SCC to Standard	Transferred to other facilities	Lost from Treatment	Reported dead	Completed TTT	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
DTC									
PHIs.									
Total									

SECTION E : Position of Key Personnel and Equipment at the District TB. Centre:
(i) Key Personnel :

Sl. NO.	Key Personnel	Name	Whether NTI trained (Yes/No)	if trained	
				Course	Year
1	District T.B Officer				
2	Statistical Assistant				
3	Treatment Organiser				
4	X-Ray Technician				
5	Lab Technician				

(ii) Equipment :

SL. No.	Equipments	Available (yes/No)	If out of order since when
1	X-Ray Equipment with Odelca Camera		
2	Microscope		
3	Refrigerator		
4	D.T.C. Vehicle		

Remarks :

Place :

Date :

Signature of D.T.O

DTP/9-SCC

SECTION F : DETAILS FOR EACH PHI (LIST ALL PHIs) IMPLEMENTED UNDER SCC FIRST, FOLLOWED BY PHIs UNDER STANDARD REGIMEN, CATEGORY-WISE.

Name of the PHI	No. of Monthly reports included	New out patients	FROM OP OF PHIs				Health Workers		Sputum+Ves put on SCC	On treatment at the end of period		Supervision visit by		
			Total	New	Total	Sp. Positive	Sputum smears prepared	Spcc+Ve detected		Short Course chemotherapy	Standard Regimen	DTO	TO	IT
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

DTP/10

ANNUAL REPORT ON COHORT ANALYSIS

(To be sent by DTC to higher authorities by 30th April of the following year)

State: DTP : @ Year of Report :

Period of diagnosis of Cohort * : 1st January 19..... 31st December 19.....

Section A : Report on Treatment (Cohort) Analysis - for Standard Regimen

- 1. No. of TB patients diagnosed during cohort period specified
- 2. a) No. of smear positive patients diagnosed
- b) No. of smear positive patients initiated treatment under standard regimens
- 3. No. of treatment cards of TB patients at SL.No.2(b) available
- 4. Out of SI.No.e. No. of treatment cards not considered for analysis due to :
 - a) Migration of TB patients (immigration and emigration)
 - b) Duplicate treatment cards found
 - c) Illegible entries with regard to collection of drugs
 - d) Total (ato c)
- 5. No. of treatment cards considered for cohort analysis (item 3 minus 4 (d))
- 6. Distribution of smear positive patients (SI.No.5) according to number of collections made:

Details	Number of monthly collections made											
	12	11	10	9	8	7	6	5	4	3	2	1
No. of smear +ve TB patients												
Cumulative distribution												
Cumulative as % of TB patients under-gone treatment												

- 7. Final follow up examination of smear positive cohort patients at the end of treatment period :
 - a) No. of TB patients for whom smear was examined
 - b) No. of TB patients for whom smear was found positive

Note : @ year of report will be calendar year
 * The cohort period will be January to December of the previous calendar year
 No. of 'O Collection' cases :

P.T.O.

SECTION B : Report on treatment (cohort) analysis - Patients put on SCC - Regimen A

1. No. of smear positive patients put on SCC Regimen A (2EHRZ/6TH) in the cohort period (1st January to 31 st December of previous calendar year)
2. No. of treatment cards available in respect of TB patients at SI.No.1
3. Out of treatment cards at SI. No. 2, No. of treatment cards not considered for analysis due to :
 - a) Patients migrated (immigrated/emigrated)
 - b) Duplicate ttt cards found
 - c) Illlegible entries with regard to collection of drugs
 - d) Change of regimen from SCC to SR
 - e) Total (a to d)
4. No. of treatment cards of patients considered for cohort analysis (SI. No. 2 minus 3 (e))
5. Analysis of drug collection in respect of ttt cards at SI. No. (4) :

	No. of fortnightly collections made										Total
	Intensive Phase				Continuation Phase						
	1	2	3	4	6	8	10	12	14	16	
1	2	3	4	5	6	7	8	9	10	11	12
No. of TB patients											

Cols. 2-5 refer to fortnightly collections in the Intensive Phase (2 months)
 Cols. 6-11 refer to monthly collections in continuation phase (3rd to 8th month)
 Each monthly collection is counted as 2 fortnightly collections.

6. Final follow-up examination of smear + ve patients at the end of treatment period :
 - a) No. of patients for whom smear was examined
 - b) No. of cases where smear was found positive

Remarks :

Name of D.T.O

Signature of D.T.O

Date :

**TOUR REPORT OF DTC LABORATORY TECHNICIAN
(SUPERVISION FORM)**

A. General

- 1) Name of PHI..... 2) X-Ray /Microscopy / Referring Centre
3) Date of last visit 4) Date of current visit.....

B. Information to be collected at DTC before proceeding on tour

- 1) Points to be observed during this visit (From para D.3 of the last Tour Report):
- 2) Examine Part I of MRT(s) received from this PHI since the last visit and note the number of sputum smears examined :

	Pos.	Neg.	Total
--	------	------	-------

- i) New Cases
ii) Old Cases (Follow up)*

- 3.) Note regularity of submission of MRT(s) during the last 6 months : (State period for which particulars are collected)

	Name of months	Number
--	----------------	--------

- Received on time
- Received late
- Not received

Part I not included

C. Observations to be made at the time of the visit

- 1) Sputum examination:
- 1.1 Is the person trained by LT in position Yes/No
- 1.2 Are there any tasks being done by untrained person? Yes/No
- 1.3 Observe sputum examination procedure in respect of one person, step by step and record deviations from the manual.

* Positives and negatives will not be available from M.RT.

TOUR REPORT OF DTO

1. GENERAL

- 1.1 Name of PHI..... 1.2 X-Ray /Microscope/ Referring Centre
 1.3 Date of last visit 1.4 Date of current visit.....

2. INFORMATION TO BE COLLECTED AT DTC BEFORE PROCEEDING ON SUPERVISION VISIT

- 2.1 Points to be observed during this visit (From para 7.3 of the last Report)
 2.2 Review the last supervision reports, of LT and TO regarding the PHI and note the points to be cheked (if necessary , carry MBTC and the file of supervision reports) :

3. OBSERVATION TO BE MADE AT THE TIME OF THE VISIT

- 3.1 Selection for sputum examination Number
 i) Total new out-patients during the preceding months
 ii) Out-patients eligible for selection
 iii) Out-patients selected for sputum examination
 iv) Comments
- 3.2 Selection for X-Ray examination (at XC only)
 i) Out -patients selected for X-Ray examination
 ii) Out-patients diagnosed as tuberculosis out of (i)above
 iii) Diagnosis confirmed by sputum examinations among (ii) above
 iv) Comments :
- 3.3 Check drug regimen prescribed in Treatment Cards of newly diagnosed TB patients? (during supervision visit)

YES/NO/OBSERVATION NOT MADE BY SUPERVISOR

4. SUPERVISION BY TO/LT

Whenever the DTO accompanies TO andLT to the PHI, he should check whether TO and LT are supervising according to their respective tour report forms.

YES/NO/INADEQUATE

5. HIGHLIGHT IMPROVEMENT, IF ANY, WITH REFERENCE TO THE POINTS NOTED UNDER 2.1
6. CORRCTIVE ACTIONS :
7. FOLLOW UP ACTION
- 7.1 Points needing discussion with DHO at monthly meeting:
 7.2 Actions required to be taken at DTC by DTC staff:
 7.3 Points to be observed during the next visit (para 2.1 of next report):

Date:.....

Signature of DTO.....

SUPERVISION FORM FOR DISTRICT HEALTH/MEDICAL OFFICER IN DTP

Name of the PHI visited : Date of visit.....

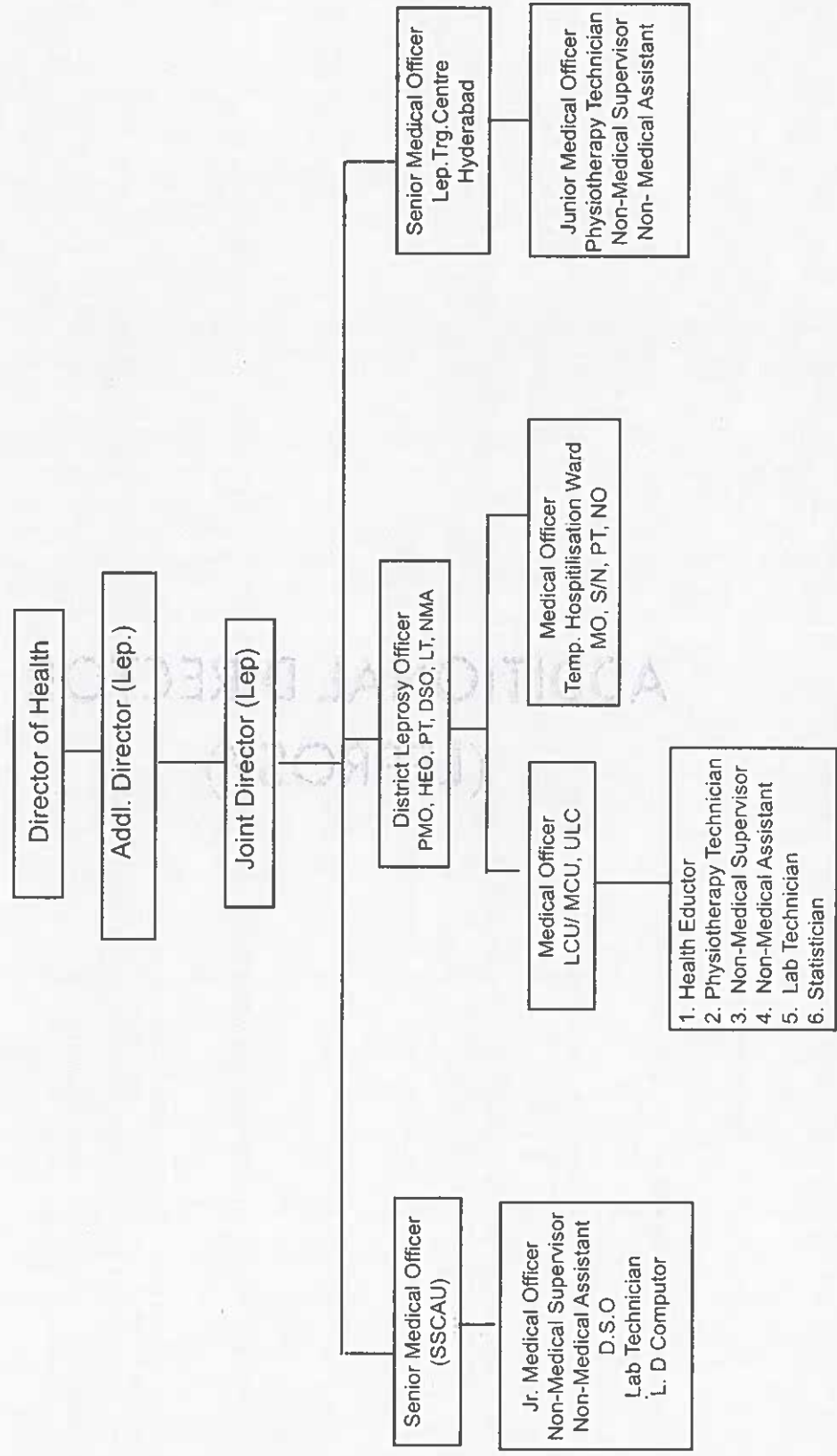
1. **CASE-FINDING** Yardstick for matching observed performance *
- a) Number of sputa examined during last month 1(a) Potential - (2% of new OPD attendance)
- b) Number of sputum positive TB patients diagnosed during last month 1(b) Potential - (10% of (a))
2. **TREATMENT** 2. 80% -90% of treatment cards should be in the compartments "collectedrug"&"visit awaited" First action is taken by posting a letter next morning, if the patient does not report for drug collection on due date second action is taken on the 4th day by house visit or letter.
- Were defaulter actions taken for those who did not collect drugs on due date?
YES/ NO
3. **GENERAL**
- a) Are the supplies adequate?
- Reagents YES/NO
 - Service stamps YES/NO
 - Anti-TB drugs YES/NO
- b) Date on which the PHI was last visited by DTO/DTC Team.....
4. **REMARKS / INSTRUCTIONS TO DTO FOR FOLLOW -UP ACTIONS**

Signature of DHO/DMO.....

* Normally, all new out-patients with chronic cough, fever, pain in chest of 2 week or more duration and haemoptysis are to be offered sputum examination. On an average 2% -3% of the daily new out -patients may need sputum examination. With a Centre of 50 new general OPD attendance per day, about 1-2 new sputum examinations could be expected to be carried out daily.

**ADDITIONAL DIRECTOR
(LEPROSY)**

LEPROSY CONTROL PROGRAMME



ADDITIONAL DIRECTOR (LEPROSY)

The Leprosy Control programme is being implemented in AP state under the supervision of one Assistant Director (civil surgeon cadre) from 1956. The National Leprosy Control Programme was expanded in consecutive plan periods by establishing Leprosy Control Units, SET centres, Urban Leprosy Clinics etc. Consequent on introduction of Multi Drug Therapy (MDT) programme as a national policy after 1982, the post of Additional Director was created in the Directorate of Health to man this National Programme as per the recommendations of Govt. of India , to meet the needs of the expanded programme.

The Additional Director (Leprosy) is the State Leprosy Officer incharge of the implementation of the National Leprosy Eradication Programme in AP state.

He is a State Officer having jurisdiction over entire State.

FUNCTIONS

1. He is responsible for the implementation of the National Leprosy Eradication Programme in the state with the infrastructure of staff at deferent levels.
2. He shall work under the direct administrative control of the Director of Health.
3. He shall plan and organise all the anti leprosy activities in the state.
4. He shall plan the operations and implementation of multi drug treatment in the state.
5. He shall plan procurement of drugs, -equipment required for the programme.
6. He shall provide necessary guidance to the District Leprosy Officers in technical matters to enable them to implement the programme.
7. He shall visit the districts to assess the work and solve the problems of the field staff.

8. He shall enlist the coordination of the N.L.E.P. Govt. of India / WHO consultant at Hyderabad for implementation of programme.
9. His operational jurisdiction is the entire state.
10. He shall tackle any technical problem in the implementation of the programme independently with the coordination of WHO consultant. He shall however take decision in administrative problems, with approval of Director of Health.
11. The Director General of Health Service, New Delhi has communicated guidelines for National Leprosy Eradication Programme which is to be followed for implementation.
12. He shall be accountable to the Director of Health administratively.
13. He shall obtain the monthly programme report from the D.L.Os in the prescribed proforma and ensure the dispatch of the consolidated state report to the Director General of Health Services, New Delhi on the dates prescribed. Similarly he shall obtain the annual report (from 1st April to 31st March) from the D.L.Os and furnish the consolidated report of the state to the Director General of Health Services in the prescribed proforma on the due date. He should ensure the accuracy and completeness of the report as well as their timely submission.
14. He should ensure timely action to obtain the central assistance due for the programme.

One NLEP consultant appointed by Govt. of India / WHO is available at state head quarters to guide and coordinate the state Leprosy Officers in the operational aspect of the programme.

JOINT DIRECTOR (SPECIAL OFFICER) LEPROSY

Since the inception of Leprosy Programme in the state there was a post of Assistant Director (Leprosy) in the Directorate. Even after the creation of Additional Director (Lep) post, this post of Assistant Director (Lep) is redesignated and continued as special officer (Lep) to assist the Additional Director (Lep). Till 1984. District Leprosy Officer Hyderabad was also looking after the duties of special officer. Subsequently the D.L.O. Hyderabad was delinked and a separate post of special officer was created.

FUNCTIONS

1. He shall assist the Additional Director (Lep) at state level in the Directorate in all technical matters.
2. He shall assist the Additional Director in planning and organising the programme.
3. He shall obtain the progress reports of the programme and assist the Additional Director while sending the due reports to the Govt. of India.
4. He shall have jurisdiction over the entire state
5. He shall inspect the work in the districts as required by the Additional Director.
6. He is responsible to the Addl. Director.
7. He shall discharge any other duties entrusted to him by the Additional Director.
8. In case of any help he shall approach the Additional Director.

DISTRICT LEPROSY OFFICER (D.L.O)

The post of District Leprosy Officer was created as per the pattern prescribed by the Govt. of India during the year 1983 for the implementation of the Multi Drug Therapy (M.D.T.) programme in the district. He is the district programme officer. His operational jurisdiction is the entire district.

The D.L.O. is technical adviser to the District Medical and Health Officer (DM & HO). He is administratively supervised by the DM& HO but technically answerable to the state Leprosy Officer .

The Govt. of India / WHO has appointed one National Leprosy Eradication Programme (NLEP) consultant to provide support and guide the D.L.O. in the operational aspect of the programme.

MANAGERIAL DUTIES

1. Planning and organisation of all the anti - leprosy activities in the district.
2. Planning of operations and implementation of multi drug treatment.
3. Planning of drugs, equipments and logistics management.
4. Organising periodic meetings and interaction between various organisations engaged in leprosy control in the district.
5. Planning, organising and supervising circuit systems of drug delivery in consultation with Medical Officers of Leprosy Control units.

ADMINISTRATIVE DUTIES

6. Requisition and timely despatch of drugs and checking of actual delivery.
7. Timely despatch of orders, maintenance of accounts and control of expenditure.
8. Routine correspondence (horizontal and vertical)
9. Supervision and disciplinary proceedings.
10. Timely payment of incentives etc.
11. Maintenance of equipments, vehicles etc.
12. Completion of office records and timely submission of periodicals.
13. Preparation of leave rosters and approval of work schedules.

SUPERVISORY AND TRAINING DUTIES

14. Delegation of authority to Medical Officers of L.C.U, U.L.C, T.H.W. and Leprosy Hospitals.
15. Supervise and assists Medical Officers in operational and organisational planning.

16. Evaluate the functions of various units by checking at least 10 percent of cases every six months.
17. Inspects records and verify reports of all the units.
18. Assess attitude, capacity and performance of Medical Officers, Non Medical Supervisors, Health Educators, Lab Technicians, Physio-therapy technicians, Para Medical workers etc.,.
19. Identify areas for training of various categories of workers.
20. Organise, plan and conduct reorientation training for Workers directly involved in leprosy eradication and for those who are not directly involved in leprosy eradication.
21. Organise and supervise Health education activities.

CRITICAL PROVISIONS

As per the instructions of the Govt. of India, in their letter MT- 11011/ 1/86 - ccd dt. 24-7-1986, District societies have been formed in all the districts for rationalisation /simplification of Accounting procedure for financing the following vital components of the programme.

Payment of incentives to the staff already engaged under the programme while attending additional duties under multi drug regiment.

Expenditure on P.O.L. and maintenance of vehicles both supplied under the programme as well as under the project.

Expenditure on production of special items of health education, mass education and community participation, and Office and contingent expenditure including printing of forms, purchase of laboratory material, electricity, telephone, etc as well as welfare of the patients.

The society should be registered under the societies registration act with the following members.

- | | | |
|----|--|------------------|
| 1. | District Collector | Chairman |
| 2. | State Leprosy Officer | Member |
| 3. | Dt. Medical & Health Officer | Member |
| 4. | Consultant cum epidemiologist | Member |
| 5. | Dt. Education / social Welfare Officer | Member |
| 6. | Representative of the local Vol Orgn. | Member |
| 7. | Dt. Leprosy Officer | Member Secretary |

This society is responsible to over see the implementation of the programme and directly financing for the above vital items. The grant -in -aid admissible as per the norms will be sanctioned to the society so constituted. The society will be fully responsible for these grants-in-aid and will render accounts to the Govt. of India. An accounting procedure to be followed has been formulated with the approval of the Controller General of Accounts, Govt. of India and communicated to the societies.

The D.L.O. as a member secretary is responsible to maintain the accounts of the society maintaining the prescribed registers.

RECORDS

The following records are to be maintained by the District leprosy Officer in the prescribed formats.

Survey Register

Running case Register

Clinical attendance Register.

Contact Register

Deformity Register.

The Manual giving the guidelines for multi - drug treatment in endemic districts of 1993 issued by the Director General of Health Services. (Leprosy Division) contain the formats of various registers.

DUTIES OF MEDICAL OFFICER (Leprosy Control Unit)

He is the Chief executive of the programme with necessary field staff. He is given certain territory in the District to cover the sizable Population of 1 to 1.25 lakhs.

He will work under the administrative and technical control of the D.L.O.

A. ADMINISTRATIVE AND MANAGERIAL

1. Operational planning to determine and organise survey - Education, treatment centres and points and their timings for his leprosy control unit in consultation with the District Leprosy Officer.
2. Organise smooth functioning of vehicles, drugs etc, proper planning of drugs, chemicals, equipment and health education.
3. Timely requisition, delivery and accounting.
4. Assure timely availability of the above staff, vehicles etc.
5. Ensure maintenance of vehicles and equipment by timely repairs servicing and safe custody, avoiding misuse.
6. Prepare monthly, quarterly and annual reports in the prescribed formats.
7. Advice District Leprosy Officer on leave rosters of leprosy control unit staff.

B. SUPERVISORY

8. Delegate authority to the staff like Non Medical Supervisor, Health Educator etc. monitoring their work
9. Identify problems and difficulties of Health Educators, Non Medical Supervisors and Multi Purpose Health Workers.
10. Supervise registration of patients and related activities.
11. Verify validity of information and records.
12. Supervise laboratory staff and ensure smooth functioning
13. Supervise health education

C. MEDICAL FUNCTIONS

14. Make final diagnosis and classification of a leprosy case, preparation of standard case cards and ensuring their use by all the units in District.
15. Decide on type of treatment and supervise treatment
16. Make six - monthly clinical examinations of all leprosy cases
17. Arrange for periodic random smear checking
18. Diagnosis of drug reactions, lepra reactions by type .
19. Define and classify disabilities.
20. Decide when disease inactivity has occurred
21. Decide when patient can be released from treatment and patient can be declared cured.
22. Decide the period of surveillance after a case is declared cure.
23. Determine the type of preventive measures ad rehabilitation required by individual patients and ensure that they receive the care, Communication, Health Education and talking with patients.
24. Educate patients about the disease and expected outcome of treatment.
25. Build up confidence in treatment.
26. Motivate for regularity of treatment
27. Family counselling for families with leprosy patients.
28. Encourage and motivate the staff at all levels.
29. Improve their technical skills and knowledge.
30. Support and counsel staff members and help them by solving their problems

MONITORING AND EVALUATION

31. Staff performance
32. Operational aspects: identify trouble spots and bottlenecks and suggest solutions to District Leprosy Officer.
33. Case findings, drug delivery, compliance, drug side effects, Health Education, prevention and vocational rehabilitation components.
34. Recording, reporting and analysis of the data.
35. Giving regular feed back to all the units after checking and analysing their reports.

MEDICAL OFFICER TEMPORARY HOSPITALISATION WARD

20 bedded temporary Hospitalisation wards were constructed in all the District Head quarters Hospitals, teaching hospitals and in certain Taluk hospitals (non teaching hospitals). There are 29 such wards in the state to treat the patients admitted for treatment including Surgery. The Medical Officer with other ancillary staff will serve the leprosy patients as per the case.

FUNCTIONS

1. Planning of admission criteria for leprosy patients in consultation with District Leprosy Officer.
2. Organising smooth functioning of the ward (leave rosters, work schedule, deployment of drugs, equipment, timely requisition, delivery and accounting)
3. Preparing the monthly, quarterly and annual reports.
4. Liaisoning with the Medical Officer of Leprosy unit, urban Leprosy center and the District Leprosy Officer about admission and discharge of the patients in their field areas.
5. Providing treatment and any other medical care to the patients on the pattern of National Leprosy Eradication Programme.

6. Giving effective counselling to the patients about curability of leprosy, its causes, etc. to ensure regular treatment in the office.
7. Keeping close contact with the District Leprosy Officer.
8. Arranging the basic orientation training of staff in consultation with District Leprosy Officer.
9. He will work under the administrative control of the District Leprosy Officer.
10. He will maintain all the registers and records in the prescribed formats ward wise and ensure the monthly reports to the District Leprosy Officer.
11. He is also the drawing and disbursing officer for his staff working in temporary hospitalisation ward and maintain all records pertaining to accounts he operates.
12. He is provided with following staff to man the wards
 - I) Staff Nurses
 - II) Male Nursing Orderly
 - III) Female Nursing Orderly

They will work under the direct administrative control of the Medical Officer Temporary Hospitalisation ward.

DUTIES OF NON - MEDICAL SUPERVISOR

The post was created when the leprosy Control programme was launched during 1956 with an objective of early detection and treatment of patients in the district where the endemicity is high. The main purpose of creating this post is to supervise the work of Non Medical Assistants during the Survey, Detection and Treatment given by them to the leprosy patients.

He is a trained person and will work under the administrative and technical control of the Medical Officer.

He will supervise the work of 5 -6 Non - Medical Assistants who cover a population of 20 to 25 thousands.

FUNCTIONS

PLANNING AND SUPERVISION

1. Plan the work of para - medical workers in case detection, mobilisation of cases for treatment and follow - up treatment and coordinate with health educators.
2. Plan and supervise the work, performance of para -medical workers including pre -clinic drives, mobilisation and response of patients at treatment points, absenteeism, seeing of contacts, population and schools surveys etc.
3. Supervise the para- medical workers activity in their work and verify their records, reports and drug sheets.
4. Plan and guide para-medical workers in organisation and conducting of surveys.

MEDICAL

5. Diagnose leprosy in all suspected cases
6. Make provisional classification of patients.
7. Recognise and refer patients with complications
8. Recognise and refer cases with drug side effect and lepra reaction
9. Treat minor ailments in leprosy patients.
10. Promote knowledge of leprosy and its treatment during all contacts with patients and families, school children and public in general.

DUTIES OF NON MEDICAL ASSISTANT

The post of Non-Medical Assistant was created when the leprosy control programme was launched in the state during 1956 with an object to conduct survey of the leprosy patients and giving them treatment under the guidance of the Medical Officer. He is the basic worker in the programme.

He is a trained person. He is given an area covering population of 20 to 25 thousands. He will work under the administrative and technical control of the Medical Officer incharge of the unit.

FUNCTIONS

1. Plan daily activities in advance to optimise time use and patients coverage in conformity with performance of treatment circuits and survey and health education activities or assessment of cases.
2. Detect and make lists of people with suspicious signs of Leprosy and make provisional diagnosis to be confirmed by Non-Medical Supervisor and Medical Officer.
3. Make tentative classification according to treatment delivery points in consultation with Non Medical Supervisor and Medical Officer.
4. Make lists of cases according to treatment delivery points in consultation with Non Medical Supervisor and Medical Officer.
5. Take skin smears and send them to the laboratory.
6. Suspect and report possible complications and refer all such cases to Non-Medical Supervisor/Medical Officer.
7. Suspect drug side effects and lepra reaction and refer to Non Medical Supervisor/Medical Officer.
8. Motivate patients for regularity of attendance at clinics.
9. Trace and motivate absentees.
10. Examine healthy family contacts.
11. Organise and execute general population surveys.
12. Organise and execute school surveys.
13. Keep up to date and correct records for all patients.
14. Write correct reports.
15. Treat minor common ailments and refer to Primary Health Centre when necessary.
16. Recognise and exploit all opportunities in the community about leprosy, utilising all health education and communication skills.

17. Have liaison with other health workers of the particular village such as Multipurpose Health Workers, male and female, Anganvadi Workers, village health guide and trained dais.
18. contact every patient in the area at regular intervals to educate them for treatment regularity etc.

DUTIES OF HEALTH EDUCATOR

The post of health educator was created in year 1983, when the MDT programme was started in Andhra Pradesh state, for educating the patients to accept the treatment provided and also the public to change their attitudes, beliefs towards the leprosy disease and the patients and to create awareness to make them accept the treatment so as to eradicate the disease.

He is also a trained person and works under the administrative and technical control of the Medical Officer of the units. There is one Health Educator attached to the District Leprosy Officer and one for the control unit.

FUNCTIONS

A. District Health Educator

The senior Health Educator of the District Leprosy units will have specific responsibility for planning, organising and monitoring of the health education components. He will work under the overall guidance and coordination of the District Leprosy Officer.

AS A MEMBER OF THE TEAM HE WILL ;

1. Plan the educational campaign according to the objectives, activity guidelines contained in the project appraisal report.
2. Mobilise and utilise existing resources within the government health and other departments as well as offices in the voluntary sector and (eg. Mass Education & Information Officers and their deputies, field publicity officers All India Radio / relevant officers of social welfare & Adult Education departments etc.) for planning, supervising and monitoring the education component.

3. Through field visits and discussions with the patients, the public, field workers and others, collect information on local beliefs, attitudes, and practices about leprosy for use in the health education efforts.
4. Participate in planning and production of simple health education and training materials. Organise and participate in pre-testing of materials, documents feed back on use and effectiveness.
5. Assess the needs for health education and training materials at district, L.C.U. and P.H.C levels, Procure materials, ensure timely and adequate supplies and arrange training in use of materials.
6. Supervise and guide the educational work of the leprosy control units, and primary health centers.
7. Be responsible for preparing simple reports on the progress of the programme.

HEALTH EDUCATOR - LEPROSY CONTROL UNIT

The health educator will have the specific responsibility for organising the educational activities of the leprosy control Unit according to approved plans of the Medical Officer. The health educator is responsible for.

1. Organising timely distribution of health education materials to the staff and seeing to their proper interpretation, maintenance and use during health education talks.
2. Organising community-based educational programmes to ensure that each school and each family in the area is covered by personal contacts with health educational materials once in a year.
3. Prepare simple materials for local use.
4. Ensuring participation in all exhibition and melas by holding health education camps in the area.

5. Supervising and guiding the health education activities of field staff and ensuring they make optimum use of their health education and communication skills.
6. Help field workers in motivation for case detection, case holding and family counselling.
7. Collecting information on local beliefs, attitudes and practices about leprosy for use in health education efforts.
8. Preparing simple reports on the progress of the educational component of the programme.
9. Ensuring health education for defaulter cases.

DUTIES OF PHYSIOTHERAPY TECHNICIAN / PHYSIOTHERAPIST

The post of Physiotherapy Technician is also created under the M.D. programme in the year 1983 with a view to assist the Medical Officer in giving treatment and physiotherapy to the leprosy Patients with the special techniques in which he was trained.

He is a specially trained person in the field of physiotherapy and he will work under the administrative and technical control of the Medical Officer of the units. There is one physiotherapist in each leprosy control unit.

FUNCTIONS

1. To assist the Medical Officer to find out thickening of the trunk and cutaneous nerves
2. To test anaesthesia .
3. To find out the weakness of muscles that has newly set in.

4. TO TREAT NEURITIS (WITHOUT ANY PARALYSIS)

- I) Warm bandage to the whole course of the nerve
- II) To give rest to the nerve by sling or proper positioning of the limb.

5. TO TREAT NEURITIS WITH EARLY PARALYSIS

- I) same as in (4)
- II) Functional splint to the appropriate parts
 - a) P.O.P slabs for foot and hand
 - b) Wire splints for hands
 - c) Adhesive plaster strapping for face.
- III) Gentle exercise (active, passive) for hands, feet , face
- VI) For lagophthalmos, instillation of paraffin oil in the eyes at night and providing eyepad or goggles.
- V) simple circular massage for facial muscles.

6. TO TREAT ESTABLISHED DEFORMITIES TO PREVENT CONTRACTURES AND HARDENING OF THE SKIN BY.

- I) Passive exercise for hands, feet
- II) Soaking in water for half-an-hour and application of oil for hands, and feet

7. TO TREAT SWOLLEN HANDS AND FEET IN REACTION

- I) Functional position splints
- II) Elevation of the part
- III) Gentle movements like flexion, extension inversion, eversion and circum duction 10 times every hour.

8. TO TREAT ULCERS.
 - I) By soaking and cleaning of feet in a basin water for half-an- hour in the mobile treatment clinics
 - II) Trimming of hard fibrous tissue around ulcers and healed scars
 - III) Dressing with antiseptics
 - IV) For appropriate cases, apply mini plaster casts, mini plaster boots below knee plaster casts as necessary.
9. To take measurements of footwear and to check how it fits, and to suggest modifications such as support, metatarsal bar and heel bar according to need.
10. Educate patients for prevention of injuries by explaining causes and advice treatment on the earliest moments by giving them adhesive zinc plaster tape or gentian violet solution if plaster is not available.
11. Wherever there are surgical facilities the physiotherapist can look after the pre and post operative care of the patients.
12. Wherever wax bath and electrical stimulator are available they can be utilized for the treatment of early paralysis.

LABORATORY TECHNICIAN

This post was sanctioned one for each control unit and two posts for District Leprosy Office during the year 1983, when the MDT programme was started implementing in the state.

He is a trained person who will work under the administrative and technical control of the Medical Officer of the unit. It is an institutional post.

FUNCTIONS:

1. He will examine all the slides of skin smears taken by the Non-Medical Assistants in the field and sent to the Laboratory attached to the unit.

2. He will be in charge of the laboratory.
3. He will ensure that all material and consumables required for the laboratory are provided.
4. He will conduct the other laboratory tests like urine for protein and sugar, blood for hemoglobin and sputum for bacilli, liver function test etc., for the patients as prescribed by the Medical Officer .
5. He will follow the technical guidelines given in the MDT manual in conducting the tests.
6. He will maintain the register in the prescribed form for all the laboratory tests he conducts.

SENIOR MEDICAL OFFICER (SAMPLE SURVEY CUM ASSESSMENT UNITS)

The medical reports prepared out of the records maintained by the regular National Leprosy Eradication Programme setup were found some inevitable shortcomings usual in such reports, which affect the reliability of the information and limit their use for adequate evaluation and monitoring of the NLEP. An independent setup to evaluate the programme on the basis of well designed sample surveys was recognised by the Government of India as a necessary component of the programme as a whole. In recognition of the need six Sample Survey Cum Assessment Units. (SSCAU) were established in the year 1987 - 88 in Andhra Pradesh State.

Each SSCAU will be headed by a Senior Medical Officer in the cadre of District Leprosy Officer to look after 2 to 4 endemic districts with the supporting staff. These units will work under direct administrative and technical control of the State Leprosy Officer.

FUNCTIONS:

1. Planning and organisation of the survey work
2. Organising smooth functioning of the units.
3. Organise periodical meetings and interaction with various organisations

4. Confirmation of cases
5. Supervision and assistance in work
6. Supervision of the work of the unit.
7. Maintenance of equipment and vehicles.
8. Verification of records and reports
9. Maintenance of account and control of expenditure.
10. Routine correspondence.
11. Timely preparation & dispatch of survey reports interim and final.

The following office staff of the SSCAU will work under the administrative and technical control of the Sr. Medical Officer.

JUNIOR MEDICAL OFFICER.

1. Assist Senior Medical Officer in planning and organisation of work
2. Coordinate the activities of the team.
3. Daily meeting with team members.
4. Verify records
5. Confirmation of cases
6. Assist Senior Medical Officer in preparing reports
7. Supervision of the staff
8. Encourage and motivate staff
9. Improve their technical skills and knowledge
10. Support and help them to solve problems
11. Monitor staff programme
12. Assist Senior Medical Officer & support Statistical Assistant in analysing the data.
13. Any other job entrusted to them by Senior Medical Officer

NON-MEDICAL SUPERVISOR

1. Organise smooth functioning of the team
2. Assist Senior and Junior Medical Officer in preparing work schedules & planning the work.
3. Confirmation of cases detected by para medical workers.
4. Supervision of performance of para medical workers by observation and checking of records
5. Examination of 10 percent of healthy population for detecting missing cases
6. Assist Senior and Junior Medical Officer in preparation of interim report.

NON-MEDICAL ASSISTANT

1. Plan his daily routine in advance in conformity with work schedule
2. Enumeration of sample population
3. Detect and list people with suspicious signs. Make provisional diagnosis and get them confirmed by NMS/SMO/JMO.
4. Take skin smears from confirmed cases
5. Repeat visits to 20 percent of non-respondents.
6. Maintain records and registers as prescribed.
7. Compilation at the end of the day
8. Liaison with other co-workers in the area.

DEPUTY STATISTICAL OFFICER (Statistical Assistant)

1. Assist the Senior Medical Officer in selecting the sample during various stages of survey as prescribed.
2. Scrutinise and validate the data collected
3. Matching the records of Leprosy Control Unit with data collected by Survey Assessment Unit.

4. Tabulation of the data collected by the para medical workers as per the prescribed tabulation scheme and complete various indices as prescribed with the help of the computer.
5. Preparation of various monthly and annual returns.
6. Analyse the data and check for their consistency and validity.

L.D.COMPUTOR

1. Consolidation of data collected by Sample Survey Cum Assessment Unit as per the direction of the Deputy Statistical Officer.
2. Help the Deputy Statistical Officer in all the work carried on by him.

LABORATORY TECHNICIAN

1. He will conduct all laboratory tests prescribed by the Medical Officer.
2. He will maintain the records of laboratory work done in the prescribed format.

LEPROSY TRAINING CENTRE HYDERABAD

The leprosy training centre is established under this programme in the year 1983, to give inservice training to all para medical workers in the programme with the latest techniques in all aspects of the programme. This centre consists of the following staff.

- | | | |
|------------------------------|---|---|
| 1. Senior Medical Officer | - | 1 |
| 2. Junior Medical Officer | - | 1 |
| 3. Physio-therapy Technician | - | 1 |
| 4. Non Medical Supervisor | - | 2 |
| 5. Lab Technician | - | 1 |

NATIONAL LEPROSY ERADICATION PROGRAMME - INDIA
MONTHLY PROGRESS REPORT FOR ENDEMIC/ NON - ENDEMIC DISTRICT/STATE

District : _____ Reporting Month : _____
 State : _____ Year : _____
 Date of starting MDT : _____ Population : _____

At inception of MDT (Pre-MDT)				From inception till the end of reporting month (Cumulative)								
No. of Active cases on register			PR/ 10000 (Recorded)	No. of cases detected since MDT starting			No. of cases (pre- MDT + New cases) inducted on MDT			No. of cases (pre- MDT + New cases) discharged as RFT		
PB (1)	MB (2)	Total (3)	(4)	PB (5)	MB (6)	Total (7)	PB (8)	MB (9)	Total (10)	PB (11)	MB (12)	Total (13)

- | | | | | |
|---|-------|-------|-------|-------|
| 1. No. of registered cases at the end of
Previous year 31st March | SSL | PB | MB | Total |
| 2. No. of cases newly detected during the current
year till the end of reporting month (from 1st April)..... | | | | |
| A. No. of grade II disability cases among item 2 | ..... | ..... | ..... | ..... |
| B. No. of child cases among item 2 | ..... | ..... | ..... | ..... |
| C. No. of single Lesion Cases among item 2 | ..... | ..... | ..... | ..... |
| D. Positive Cases among item 2 | ..... | ..... | ..... | ..... |
| 3. No. of cases newly detected during
reporting month | | | | |
| 4. No. of cases newly inducted on MDT
from 1st April up to end of reporting month | | | | |
| 5. No. of relapsed/PLR/Restarted treatment
from 1st April to till the end of month | | | | |
| 6. No. of cases discharged during the current year
from 1st April upto the end of reporting month | | | | |
| A. RFT after MDT among cases under item 6 | ..... | ..... | ..... | ..... |
| B. Other discharges among cases under item 6 | ..... | ..... | ..... | ..... |
| 7. No. of cases balance on register
at the end of reporting month
(1+2+5+6) | | | | |
| A. Deformity Cases among item 7 : | | | | |
| B. Child Cases among item 7 : | | | | |
| C. Positive Cases among item 7 : | | | | |

8. No. of cases under MDT out of item 7 :
are under MDT
9. Have you submitted Audited report of previous year : Yes/No
Utilization certificate of previous year : Yes/No
i) If Yes, when & to Whom ?
ii) If No, give reasons ?
10. Position :

A) Drugs (BCP)	Balance in stock at the end of Month
MB (A)	
MB (C)	
PB (A)	
PB (C)	
ROM	

11. Position of MDT funds

- a) Amount brought forward from previous year :
b) Amount spent in current year :
c) Balance in hand :

12. Any other Comments :

Note : Items 9 and 11 are meant for Districts only .

Name :

Designation :

Postal Address :

NATIONAL LEPROSY ERADICATION PROGRAMME

Annual Reporting Form

State / Ut/District

Year

PART A

	Urban MB	Rural PB	Total Total
1. Estimated midyear population			
2. Population examined during the year			
i. By survey			
ii. By other method			
4. No. of child cases newly detected during the year			
5. No. of cases registered			
i. At the end of previous year			
ii. During the present year			
iii. Total			
6. Bacteriological status of the registered cases			
i. No. of bacteriologically positive cases			
ii. No. of bacteriologically negative cases			
iii. No. with unknown bacteriologically of status			
7. Treatment status of cases during the year			
i. No. who received D.D.S			
ii. No. who received M.D.T.			
iii. Total			
vi. No. who took regular treatment (24/36 or 6/9)			

8. No. of patients released from treatment during the year
9. No. of cases under surveillance at the end of the reporting year
10. No. of cases detected during the year with disability (grade -2)
11. Cases referred in the year
 - i. For surgery :
 - ii. For sus. resistance
 - iii. For eye complication
 - iv. For reactions
 - v. Total
12. No. of cases provided with footwear in the year

PART B

-
13. Distribution of cases according to the districts / P.H.Cs/ villages
-

	Districts	P.H.Cs	Villages
i. Total number			
ii. No with no active cases			
iii. No. with P B cases only			
iv. No. with MB cases Only			
v. No. with MB & PB cases			
vi. No. with no data			

PART C (LOGISTICS)

Infrastructure end	No. at the beginning of the year	Current year		No. at the of the year
		Target	Achievements	

1. Establishment :

- (a) LCU
- (b) ULC
- (c) SET centres
- (d) THW/No. of beds
- (e) Rec. surg. unit
- (g) Others (specify)
- (h) No. of Leprosy beds
- (i) No. of voluntary organizations
working in Leprosy

2. Vehicles position

Total numberNo in working condition

3. Staff position

Category No.	Sanctioned	No. in Position	No. trained
1.	SLO		
2.	ZLO/DLOs		
3.	MOs		
4.	NMS		
5.	Health educators		
6.	Physiotherapy Technician		
7.	Statistical Assistant		
8.	PMW/NMA/etc		
9.	Lab. technician		
10.	Dispensers		
11.	Clerical staff		
12.	Drivers		
13.	Group D		
14.	Others		

4. Stock Position of drugs :

<i>Drugs</i>	<i>Quantity at the beginning of the year</i>	<i>Quantity consumed during the year</i>	<i>Quantity required for next year</i>
Dapsone	100mg		
	50 mg		
	25 mg		
Rifampicin	300mg cap		
	150 mg cap		
Clofazimine	100 mg		
	50 mg		

5. Microscope facilities

No of microscopes... No in working condition

6. Building position

Building constructed / acquired (specify)

Signature of the reporting officer

Name

Date :

Designation

Place

Postal address

N.B. The figures given against column 8 and 9 Part A shall be furnished separately for RFT cases after monotherapy and MDT. MDT districts shall also furnish the cases expected to be surveillanced and actually surveillanced in column No.9.

National Leprosy Eradication Programme
(Special monthly reporting form for MDT districts)

District State Month & year of starting
MDT .
Population (latest Census)
Month under report

	MB	PB	Total
1. No. of cases on record before MDT			
2. Prevalence rate before MDT			
3. No. of active cases			
i. At the commencement (MDT)			
ii. New cases detected			
iii. Total			
4. No. of cases put under treatment			
i. No under M.D.T			
ii. No under monotherapy			
iii. Total			
5. No. of cases discharged			
i. As cured with MDT			
ii. As cured with DDS			
iii. As dead			
iv. As migrated			
v. As otherwise			
vi. Total			
6. No. of new cases aged 14 years or less detected			
7. No of new cases detected with deformity			

8. No. of cases on record at the end of the month under report
9. Prevalence rate at the end of the month under report
10. No of cases under surveillance at the end of the reporting month
11. No. of cases relapsed
12. Issues that require immediate attention.
 - i. at state level
 - ii. at central level

(Figures from the commencement of MDT till the last day of the reporting month are to be given at 3,4,5,6,7 & 11)

Date

Name & address of DLO

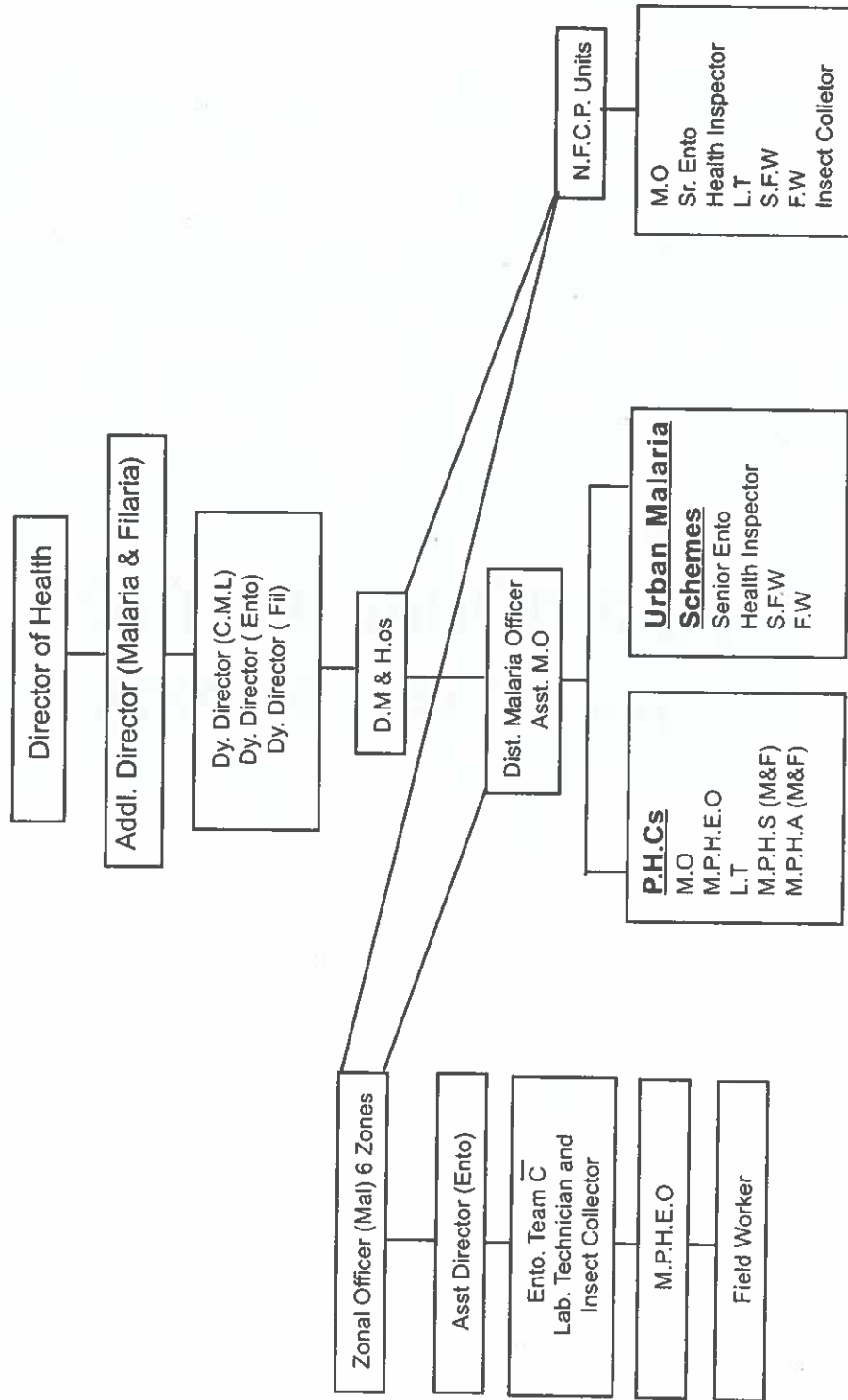
To

Deputy Director General (L)
Director General of Health Services
Nirman Bhavan. New Delhi.

State Leprosy Officer.
W.H.O. consultant.
District coordinator
District consultant.

**ADDITIONAL DIRECTOR
(MALARIA & FILARIA)**

NATIONAL MALARIA ERADICATION PROGRAMME ORGANISATIONAL CHART



ADDITIONAL DIRECTOR (MAL & FIL)

From the date of formation of Andhra Pradesh state there was a post of Assistant Director of Health exclusively for National Malaria Eradication Programme in the Directorate of Health. The Assistant Director (Malaria) was also called as a State Malariologist a programme officer at the state level. He provides technical assistance to the Director of Health for the implementation of the programme.

The National Malaria control programme was implemented from 1953 to 1958. The success of Malaria Control Programme led to launching of National Malaria Eradication Programme (NMEP) in the country and in A.P. State with effect from 1958. Subsequently, the vertical NMEP was merged with the basic health services resulting in a gradual increase of the incidence of Malaria. So the programme was reviewed in depth and the Modified plan of operation was introduced in 1977 which led to significant reduction in Malaria incidence by 1984. Hence the same was continued till 1995. During the year 1994 resurgence of Malaria was occurred in some states with epidemics and increase in mortality due to Malaria and it was decided to identify the problem areas and formulate specific studies to tackle such problems. The expert committee suggested specific measures to be taken for different paradigms on Malaria. Accordingly Malaria Action Programme (MAP) was launched from 1995.

Consequent on implementation of Modified Plan of operations in A.P. State in 1977 the post of State Malariologist which was in the cadre of Assistant Director (Civil Surgeon Cadre) was upgraded to the cadre of Additional Director of Medical and Health Services as per the recommendation of the Government of India to meet the needs of the programme.

The Additional Director (Mal) is also the programme Officer for National Filaria Control Programme. He is designated as Additional Director (Malaria & Filaria)

FUNCTIONS:

1. He is the Programme Officer for implementation of National Malaria Eradication Programme and National Filaria Control Programme in the State.

2. He is under the Administrative Control of Director of Health.
3. He shall get the National Programmes implemented through various categories of field staff and supervisory officers from zonal level to peripheral level.
4. He shall give necessary technical guidance to the Zonal Level Officers and district level officers under Malaria and Filariasis.
5. He shall review the work done in the state periodically and guide them properly.
6. He shall inspect the work of the subordinate officers in the field, regularly as per the slide positivity rate and Malaria incidence.
7. He shall obtain the progress of work from the District Officers and Zonal Officers and furnish the returns to DGHS in time, in the prescribed formats..
8. He shall also appraise the Director of Health and the Government about the performance in the programme periodically.
9. He shall have the jurisdiction over entire state and he shall make frequent visits to the field in different districts and guide the field staff.
10. He shall enlist the co-operation of Regional Co-ordinating Organisation of Government of India in case of technical problems and Director of Health in case of Administrative problems.
11. He shall submit the monthly technical reports to the Director, NMEP New Delhi, in time, in the prescribed proforma.
12. Prepare action plan for high risk and epidemic prone areas and submit to Secretary to Government, Health, Medical and Family Welfare Department. A.P. and also to Ministry of Health, Government of India.
13. Submit Budget and Expenditure statement to claim Central assistance.
14. Conduct periodical review meetings to review the blood smear collections and the incidence of positive cases and progress of work.

DUPUTY DIRECTOR (CENTRAL MALARIA LABORATORY)

This post was created under modified plan of operations in the state as part of the national policy in the year 1977 to assist the Additional Director (Mal & Fil). He is under the administrative and technical control of the Additional Director (Mal & Fil). He is a promotee from the category of Chief Entomologists (Asst. Director). He is the head of CML..

FUNCTIONS:

1. To deal with administrative matters including sanctions.
2. To manage Central Malaria Laboratory.
3. To review the tour reports of Zonal Officers (Malaria) District Medical & Health Officers and District Malaria Officers.
4. To maintain stores and procurement of stocks.
5. To attend budget, accounts and audit objections.
6. To attend to L.A Qs and the like.
7. To organise supplying logistics and surveillance.
8. To attend to miscellaneous items.
9. To supervise spray operations in all Zones .

DUPUTY DIRECTOR (ENTOMOLOGY)

This post was also created in 1977 under the modified plan of operation, to assist the Additional Director (Mal & Fil) in his technical duties. This is a promotional post from chief entomologist (Asst Director) cadre. He will work under the administrative and technical control of the Additional Director (Mal & Fil).

FUNCTIONS:

1. To attend Entomological services.
2. To deal with matters relating to urban Malaria Services.
3. To deal with project Malaria Operations.

4. To impart training programmes at Central Malaria Laboratory.
5. To deal with Japanese Encephalitis.
6. To deal with fever out breaks
7. To supervise spray operations in all Zones.
8. To collect and consolidate technical reports / weekly reports.
9. To deal with laboratory services at districts and Primary Health Centres.

ZONAL OFFICER (NMEP)

This post is created in the year 1977 when the modified plan of operations started in the State. He is in the rank of Civil Surgeon.

FUNCTIONS:

1. Zonal Officer will work under the administrative and technical control of Additional Director of Medical & Health service (Malaria).
2. He will exercise technical supervision of NMEP work in the entire zone. He shall have a thorough knowledge of epidemiological situation and shall ensure prompt and effective action depending on the needs.
3. He will act as a liaison between the districts and the Director of Health. He shall ensure proper interpretation of various circulars issued and their expeditious implementation.
4. He will ensure preparation of spray schedule after taking into consideration the month-wise incidence of malaria and other epidemiological and logistic factors. He shall also ensure that the spray schedule is followed scrupulously.
5. He will supervise NMEP work in the entire Zone and personally achieve the targets indicated below every month.

Tour days _	15
Night Halts _	10
Sub units to be inspected _	6
P.H.C.s to be inspected _	8
Sectors to be covered _	8
sections to be covered _	4
Villages to be checked _	40
Houses to be visited _	200
Positives to be investigated/verified _	20
Passive agencies to be contacted _	6
Fever treatment Depots to be verified _	8

6. Reviews to be made a) Tour of the Dt. Malaria Officer b) Weekly reports in M.F-II c) Progress of work assessed from MF4, MF5, MF6, in the monthly technical reports.
7. He will ensure by regular services and frequent supervision, that active and passive surveillance is in good shape and the targets fixed are achieved.
8. He will ensure proper functioning of the entomological wing which carries out susceptibility studies as per instructions issued from time to time. Their services can also be utilised for making any special studies based on the need of the situation.
9. He will receive the following reports from the Dt. Malaria Officers and review the same.
 - a) Tour report of the Dt. Malaria Officer (MF12 through the Dt. Medical & Health Officer)
 - b) Consolidated weekly report in MF-11 form.
 - c) Consolidated monthly technical report in MF 4, 5 & 6 forms
 - d) Consolidated monthly stock report from the District Malaria Officer.
 - e) Weekly spray report in MF6 form from selected sub-units.

10. He will submit the following reports to the Addl. Director (Malaria)
 - a) Tour report in prescribed proforma duly filled in, by Registered Post to the name address of the Addl. Director (Mal).
 - b) Review of the tour reports of the Dt. Malaria Officers by 15th of the succeeding month.
 - c) Review of the technical report of the Dt. Malaria Officers by the end of the succeeding month.
11. He will exhibit data in his office so as to enable any visiting officer to get a clear picture of the activities in the zone. The data exhibited shall include.
 - a) Map of the zone showing the headquarters, jurisdiction of the districts, sub-units and P.H.Cs
 - b) In this map, areas in general spray shall be indicated in red colour and the other yellow.
 - c) Organisation chart indicating the number of districts, sub-units, Primary Health Centres, laboratories, sectors, sections and spray staff.
 - d) Month-wise, District-wise, source-wise blood samples collected and examined.
 - e) Month-wise, District-wise, source-wise positives detected indicating species.
 - f) Progress of spraying. This data shall be given sub-unit wise indicating number of sections to be sprayed, date of spraying actual date of spraying, number targetted and achieved and insecticides spent.
 - g) District-wise, month-wise cross check variations detected by Central Malaria Laboratory and regional coordinating organisation.
 - h) Chart showing general data of the zone, giving district-wise area, number of Mandals, Primary Health Centres, Sub units, sectors, sections and population.
 - i) Details of focal out-breaks ,investigation, control measures and investigation reports of deaths due to Malaria.

DISTRICT MALARIA OFFICER

This post is created in the year 1977, when the modified plan of operations were implemented in the state. He is a qualified Entomologist, after acquiring sufficient knowledge in the field work.

The District Malaria Officer is in complete charge of all NMEP activities in the district. He shall have a thorough knowledge of all aspects of NMEP work in the district and shall be able to achieve not only the targets fixed but also the objectives of the modified plan. He shall ensure that various aspects of programme are implimented efficiently and effectively and be able to keep the D.M.& H.O, Z.O(Malaria) and Additional Director (Malaria) informed of the updated the progress. His job functions are as follows.

FUNCTIONS:

1. He will work under the Administrative and Technical Control of Dt.Medical & Health Officer.
2. He is technically responsible to the Zonal Officer (Malaria)
3. He shall exercise technical supervision over NMEP work in the entire district.

SURVEILLANCE:

1. He will ensure that the targets under active and passive surveillance are achieved by all the agencies in the district.
2. He will ensure that the work of the Surveillance Inspector / Basic Health Worker is reviewed once in a month by the Medical Officer, Primary Health Centre.
3. He will review the work of Surveillance Inspector / Basic Health Worker once in a month and make copy to the Zonal Officer.
4. He will arrange for a review of passive surveillance work of all the agencies by the Dt.Medical & Health Officer. For this he shall prepare the review and obtain the approval of the Dt.Medical & Health Officer and time orders.
5. He will ensure that the action is taken on all the defaulters without fail

SPRAYING :

1. He will finalise spray programme for different sub-units well in advance. While preparing the programme, he shall take into consideration both epidemiological and logistic factors.
2. He will also take advance action to provide adequate number of pumps, spare parts and other auxiliary items to all the sub-unit Officers.
3. He will intensively tour to ensure that a good spray is done. Towards this he shall also arrange necessary training to all the staff recruited.
4. He will take steps to spray through contract system as per the present policy of Government.
5. He will take care to ensure that is no pilferage of DDT for which he shall frequently check up the stocks both in sub-unit offices and in the field.
6. He will review the weekly and monthly reports to be submitted by the sub-unit officers.

LABORATORY

1. He will ensure that every primary health centre has a laboratory. He shall ensure that all peripheral laboratories function in a proper manner by frequent inspection and every laboratory is inspected by him or by his Assistant Malaria Officer once in three months.
2. He will convene periodical meeting of the laboratory technicians both to assess the quantum of work and also the pendency if any. He shall arrange in this meeting to direct the excess blood slides in any laboratory to any other laboratory technician so that the pendency is cleared off.
3. He will particularly take care to see that buffer water is kept at the laboratory and the stains are filtered every day. He shall ensure that full capacity of laboratory technician is utilised and that all primary Health Centre laboratories maintain the various registers and records up to date and submit returns in time. He shall pay particular attention for maintenance of MF 9 and submission of weekly reports in MF11 form.

RETURNS

1. He will submit his monthly tour report in MF 12 to the District Medical & Health Officer and after obtaining his remarks submit one copy to the zonal officer and another copy to the Additional Director (Mal) before 10th of every succeeding month.
2. He will furnish a copy of the review of work of surveillance/Basic Health Inspector every month to the zonal officer.
3. He will furnish a copy of the review of the work of sub unit officers including spraying every month to the zonal officer.
4. He will furnish consolidated weekly report in MF11 form to the Zonal Officer with copy to the Addl. Director (Mal) every week. This should be dispatched on every Tuesday. He shall furnish monthly technical report in MF 5 and 6 to the Addl. Director (Mal), Zonal Officer and Director, Regional Coordination organisation G.O.I Hyderabad and the Addl. Director, (NMEP). This should be dispatched before 20th of every month. He shall also furnish the supplementary reports of the previous months, along with monthly reports.
5. He will furnish the epidemiological report by 5th to the Addl. Director (Mal).
6. He will submit investigation reports on deaths due to Malaria to Additional Director and also report on out break, containment measures if any promptly.
7. In case of out breaks sends daily reports to Directorate.

ACCOUNTS

1. As a Drawing and Disbursing Officer, he shall be conversant with the accounts knowledge and maintain all the basic records like cash book, U.D. Pay Register, contingent register etc, and submit monthly expenditure statement after reconciling the departmental figures with the treasury figures of accounts.
2. He will also carryout physical verification of stocks prescribed in rules, every year.
3. He shall watch regularly for the date of expiry of drugs and pesticides and inform the Directorate sufficiently well in advance to arrange diversion.

PHYSICAL TARGETS

1. He shall personally achieve the following physical targets every month
 - a) Tour days 20
 - b) Night Halts 12
 - c) Sub-units to be inspected 4
 - d) PHCs including laboratories to be inspected 6
 - e) Sectors to be inspected 12
 - f) Sections to be inspected 24
 - g) Villages to be inspected 48 In each village atleast 10 houses to be checked
 - h) passive agencies to be contacted 8
 - i) Investigations / Verifications of positives 24

REGISTERS AND RECORDS

1. He shall ensure that the following registers and records are maintained

1. MF 9 Register
2. MF 7 Register
3. MF 10 Register

ASSISTANT MALARIA OFFICER

He is in the cadre of Entomological Assistant.

FUNCTIONS:

1. The Assistant Malaria Officer will work under the Technical control of District Malaria Officer.
2. He will assist in carrying out fortnightly domiciliary visit of Multi Purpose Workers.

3. He will help in selection of FTD / DDC /vol link worker.
4. He will help in working out insecticide requirements, their dumping programme and other aspects of logistics.
5. He will help in organisation and supervision of spray operations.
6. He will carry out consecutive and concurrent supervision of both case detection and spray operation during field visits.
7. He will help in preparation of reports and returns and ensure that these are sent regularly.
8. He will help District Malaria Officer in all other technical and administrative functions connected with Malaria control in the District.
9. He will be the next in command in the office of District Malaria Officer.

SUB- UNIT OFFICER

He is in the cadre of Multipurpose Health Extension Officer (Senior Health Inspector)

The sub -unit officer will be completely responsible for general spray. During non-spray season., he shall check up surveillance work and laboratory service and furnish his findings to the Medical Officers of the Primary Health Centre with copy to the District Malaria Officer. The important items of his job chart are.

ADMINISTRATIVE

1. He will work under the administrative and technical control of the District Malaria Officer.
2. He will have close coordination with the Medical Officers of the Primary Health Centres in his jurisdiction.
3. He will exercise technical supervision over the surveillance staff and furnish his findings to the concerned Medical Officer with copy to the District Malaria Officer.

4. He will have administrative and technical control over the spray staff in his sub-unit.
5. He will extend necessary co-operation and guidance to the Zonal Entomological team for the Entomological work.

SPRAYING

1. He is completely responsible for general spraying.
2. He will carry out the spray as per approved programme.
3. He will ensure that the expenditure of insecticide is not more than the Prescribed norms.
4. He will take adequate precautions for safe custody of insecticide in his sub-units as well as in dumping places. He shall maintain insecticide Dumping register.
5. He will furnish weekly and monthly reports in MF 6 to the District Malaria Officer.
6. He shall carry out any technical instructions issued by the zonal officer.
7. He shall ensure token system of insecticide suspension supply in the field with necessary Geru marking about spray status.

SURVEILLANCE

1. During non-spray season he shall check up the work of surveillance / Basic Health Inspector and surveillance/Basic Health Worker
2. He will furnish a copy of his findings to the Medical Officer, Primary Health Centre.
3. He will visit the Primary Health Centres and check up laboratory work. Before checking the laboratory he shall contact the Medical Officer and have preliminary discussions. At the end of the visit he shall give his findings to the Medical Officer and mark a copy to the District Malaria Officer.

4. He will visit as many passive agencies as possible to persuade correction of blood smears and also to ensure regular replenishment of drugs and microslides.
5. He will conduct preliminary investigations of positive cases in sections not covered by general spray.
6. He will also check the remedial measures by surveillance/Basic Health Inspectors.

REGISTERS AND RECORDS

HE SHALL MAINTAIN THE FOLLOWING REGISTERS AND RECORDS IN OFFICE.

1. Diary

Date	Villages visited	No. of Houses Supervised Spray		surveillance		Missing visits of the worker noted	No. of positive cases verified	Fever cases attended / treated	No. of passive agencies contacted
		Concurrent	Consequitive	Concurrent	Consequitive				
1	2	3	4	5	6	7	8	9	10

Month wise totals shall be given at the bottom:

2. He shall maintain MF6 register (Daily spray register)
3. He shall maintain upto-date stock registers
4. He shall maintain MF7 Register obtaining particulars from Surveillance Inspector / Basic Health Inspectors.
5. He shall maintain MF9 register so as to have effective monitoring.

PHYSICAL TARGETS

1) Tour days	20	
2) Night Halts	12	
3) Sectors covered	6	
4) Sections to be covered	12	(3 Sections shall be inspected concurrently)
5) Passive agencies to be contacted	8	
6) Verification of positives	10	
7) Laboratories to be visited	3	

REGISTERS AND RETURNS

1. Diary in proforma is submitted to Dt.Malaria Officer by 10th of every succeeding month.
2. Weekly spray reports in MF6 to DMO and MO PHC concerned.
3. Monthly spray report in MF6 to DMO & M.O. PHC concerned by 10th of succeeding month.
4. Spray completion report within one week of completion of the round.
5. Monthly stock report of insecticides to DMO by 10th of succeeding month.
- 6) In case of outbreaks, daily report on control measures shall be submitted to the DMO / DM & HO.

LABORATORY TECHNICIAN

He is a qualified person in Laboratory work having a certificate course or trained specially in the laboratory. He will work in the Malaria laboratory attached to Dt.Malaria Officer /sub unit.

FUNCTIONS :

1. To record the particulars of all blood slides received in appropriate register, to stain and examine them.
2. To inform daily about all slides found positive on examination to all concerned officers.
3. To complete daily diary and get it signed by the Medical Officer-in-charge.
4. To keep upto date information about anti-malaria tablets and slides. To receive necessary report from MPHS / MPHWS and to supply clean glass slides (old and new) to them during the periodic meeting held at PHC.
5. To fill up necessary graphs and charts regularly and display them in the laboratory.
6. To send reports promptly at the specified time.
7. To send blood slides for cross checks as asked for within 24 hours after receipt of the code number
8. To inform Medical Officer PHC and D.M.O in case of increase in backlog and to follow their instructions.
9. To inform the Medical Officer PHC and DMO immediately if there is abnormal increase in the number of positive cases.
10. To inform the concerned officer if for a long time no slides are received from any particular village or section.
11. To examine 60 slides per day.

REGISTERS

1. To enter information about receipt and examination of blood slides in MF8.
2. To enter information about positive slides and the treatment in MF7
3. To enter monthly epidemiological information section wise and village wise in MF9

REPORTS

1. To send weekly epidemiological report (MF11) every Saturday
2. To send monthly technical report in MF 4-5
3. To send monthly passive agencies and FTD reports in MF10.
4. To send fortnightly positive report (1st to 15th, 16th to 30th)

CHARTS AND GRAPHS

1. To prepare master chart about active collections and positive blood slides for every section.
2. To prepare master chart about passive agencies with number of fever cases treated, blood slides collected and positive blood slides detected.
3. To prepare backlog chart of blood slides which have not been examined.
4. To prepare a radical treatment backlog chart in which number of cases given Radical Treatment should be given as compared to positive cases detected every month.
5. To prepare graphs showing monthly blood slides collection and number of positive cases.

ASSISTANT DIRECTOR (ENTOMOLOGY)

He is a qualified Entomologist. He is called Assistant Director (Entomolgy), When he is posted in Zonal Malaria Office.

FUNCTIONS :

1. He shall be in over all charge of the entomological work to be carried out in his zone. He shall obtain data of Annual Parasitic Index(API) from the various districts in his zone. In areas where API is more than two, he shall carry out susceptibility tests against the vectors according to the priorities laid down.
2. He should ensure that his laboratory technician and insect collectors have received the prescribed training and get them trained if not.
3. He will see that the Zonal laboratory is set up with proper equipment and materials are available.
4. He will get the required charts and maps prepared and demarcate the areas of priorities.
5. He will prepare calendar of activities for the whole year and get it approved by the Additional Director (Mal).
6. He will maintain movement register showing tours undertaken by him and the staff.
7. His studies will be carried out Taluks/Sub-Unit wise as per the technical guidelines given.
8. He will supervise the work in the field and he himself participate in the collection of vectors etc., and ensure that the results are correct.
9. He will make observations regarding any unusual prevalence of the secondary vectors where the known vector is responsive.
10. He will report any change in the resting habits of vectors in areas where API is over and the vector is responsive.
11. He will keep record of all the work done in proper registers

BIOLOGIST (URBAN MALARIA SCHEME)

He is a qualified Entomologist. He is called "Biologist" of the cadre of Senior Entomologist. When he is posted to Urban Malaria unit, he is called as "Biologist". He will work under the administrative and technical control of the Municipal Health Officer.

FUNCTIONS :

1. He is completely in-charge of all the control operations and appraisal of results of the area assigned to him.
2. He will acquaint himself with all the aspects of work assigned to him. He should familiarise himself with a) Area, b) The epidemiology of malaria in his area. c) Study the breeding habits of the mosquitoes, d) The known vectors. e) Breeding sources both temporary and permanent chartered and numbered, f) Low laying areas where water is logged in rainy season which require particular attention during rainy season.
3. He will see that the programmes as approved by the Additional Director(Mal) are carried out correctly and according to the schedule by the staff assigned to him.
4. He will divide the area under control into sectors and sections taking into consideration of houses, accessibility by road, type of local terrain, types of breeding sources of mosquitoes and assign the work to the field staff.
5. He will periodically scrutinise the daily record of work, diaries of the Inspectors and superior field workers.
6. He will make concurrent and consecutive supervision of the anti-larval operations as a routine and pay surprise visits periodically. He shall visit the problem areas particularly and test check the breeding places properly treated.
7. He will keep a close liaison with the Municipal Health Officer.
8. He will draw up a schedule of daily, weekly and monthly returns to be submitted by his staff and submit his reports to the Additional Director (Mal) in time.

FUNCTIONS OF DM&HO WITH REFERENCE TO NMEP

The District Medical and Health Officer who is the administrator of all health programmes in the district will supervise the work of District Malaria Officer and also discharge the following functions relating to the NMEP.

ADMINISTRATIVE

1. The District Medical and Health Officer will be in over all charge of all Malaria activities in the district with the assistance of District Malaria Officer.
2. He will have close co-ordination with the zonal officer (NMEP) having jurisdiction over the district.
3. He will exercise administrative and technical control over the District Malaria Officer and through him on Malaria staff working in the district.
4. He will see all the vacancies in NMEP are filled in according to cadre strength and following the recruitment rules and ensure their service matters without giving scope for any complaints.

TECHNICAL

1. He will ensure adequate blood-smear collection by active vigilance through monthly visits by the field staff. The collection shall be on the average not less than 7 per thousand population per month.
2. He will ensure proper passive surveillance in all the medical institutions in the district including PHCs and private practitioners.
3. He will ensure that adequate equipment and drugs are provided to the workers and institutions.
4. Remedial measures for all positives shall be carried out absolutely without any time-lag, fixing the responsibility on Medical Officer of PHCs.
5. He will ensure adequate men, material and equipment for local spray through PHCs.

6. He will assess the progress of the programme once in a week by visiting the D.M.O's office/laboratory.
7. He will inspect the malaria work when he visits the Primary Health Centre and report his findings to the Additional Director (Mal)
8. He will ensure that the periodicals prescribed are received from the Primary Health Centre in time and see they are consolidated and dispatched to the Zonal Officer and Additional Director (Malaria) in time.
9. He will personally review the passive surveillance in the district and furnish the same to the name address of the Additional Director (Mal) in the following proforma.

PROFORMA

Name of the : District _____ Month to
which report related to _____

Sl.No	Name of the Institution	No. of total new cases treated in the month	No. of cases with fever or history of fever	No. of blood smears collected	O/o of blood smears collected to total new cases treated
1	2	3	4	5	6

10. He will watch that prescribed percentage of blood smears examined in the PHC Laboratory are sent to the Regional Director and to the Central Malaria Laboratory in the first week of every month.
11. He will record his remarks on the tour report of the District Malaria Officer immediately on receipt of the same.
12. He will pay particular attention to ensure the submission of weekly reports in MF11 by all the Primary Health Centres to the District Malaria Officer.
13. He will pay attention to maintenance of village-wise epidemiological register in MF9 in all PHCs.
14. He shall submit his tour report in MF 13 &14 to the name address of the Additional Director (Mal) on or before 10th of the succeeding month.

FUNCTIONS OF MEDICAL OFFICER PRIMARY HEALTH CENTRE UNDER NMEP

Under the modified plan, all NMEP activities will be carried out by the Primary Health Centres (PHC) with the only exception of general spraying in sections where the annual parasite incidence is two or more. In view of this, the job chart is common for all the Medical Officers of PHCs irrespective of the fact whether they are located in erstwhile maintenance, attack or consolidation areas. The Medical Officer will be incharge of NMEP activities, besides their other duties and answerable to the District Malaria Officer both technically and administratively. The important items of their job chart relating to NMEP are as follows:

FUNCTIONS :

ADMINISTRATION:

1. He will exercise administrative and technical control over the Malaria Staff working in the Primary Health Centres including laboratory technician, surveillance / Basic Health Inspectors / Basic Health Workers.
2. He is competent to sanction casual leave, allow FTA and initiate disciplinary action for lapses found on the malaria staff.
3. He is responsible for Dt. Medical & Health Officer and District Malaria Officer as far as NMEP activities are concerned.
4. He will coordinate with the sub-unit officer in general spraying and shall ensure that all the surveillance staff are made answerable to the sub-unit officer for general spraying. He shall extend all necessary facilities to the sub-unit officer for general spraying. He shall extend all necessary facilities to the sub-unit officer to check up surveillance activities and laboratory services in his PHC
5. He shall also carryout any technical instructions issued by the Zonal Officer, Malaria in regard to NMEP.

PASSIVE SURVEILLANCE

1. He shall arrange for collection of blood smears from all cases of fever or history of fever that attend the out patients in the PHC. The approximate collection of blood smears shall be not less than 15 percent of all new cases treated.
2. He shall get all the blood smears collected, stained and examined immediately and start radical treatment, if the case is positive for malaria. If negative he shall arrange treatment eliminating malaria.
3. He shall note in the O.P register in all cases of fever or history of fever that blood smear is collected by marking B.S using the stamp supplied by NMEP to ensure that all fever cases are screened.
4. He shall maintain a chart in his room in the following proforma.

PROFORMA

Sl.No	Name of the Month	Total new cases treated	Total cases with fever or history of fever	Blood Smears collected	O/o of blood smears to total new cases treated
1	2	3	4	5	6

ACTIVE SURVEILLANCE

1. One surveillance / Basic Health Worker is provided for approximately 10,000 population and his jurisdiction is called section. The M.O PHC shall ensure that these malaria workers carry out their duties by field inspection and also checking their records and registers.
2. He shall ensure that all workers visit all the houses once in a fortnight according to the fixed programme and attend to wall stencilling.
3. Each section shall be divided into 10 groups and all the houses visited once in a fortnight enquiring persons with fever or history of fever and collect blood smears using proper technic from all such personal.

4. Every case of fever or history of fever shall be administered presumptive treatment giving proper dosage of chloroquine.
5. The blood smears collected shall be dispatched by the worker to the laboratory with MF2 in triplicate.
6. He shall ensure that focal spraying and mass contact and follow-up survey is carried out for all falciparum cases detected between June and November in sections not covered by general spray.

EPIDEMIOLOGICAL INVESTIGATION

1. He shall carryout epidemiological investigation whenever a malaria positive is detected in sections not covered by general spray and take appropriate steps under intimation to the DM & HO and DMO
2. He shall maintain a clean and tidy laboratory.
3. He shall checkup the work in the laboratory and provide all material required for the smooth functioning of the laboratory.
4. He shall be responsible for the proper function of the laboratory and the records and returns of the laboratory.

REGISTERS AND RETURNS

1. MF2 register for blood smears collected under passive surveillance
2. Copies of MF2 received from the field staff.
3. Copies of the tour programmes of the field staff in MF3 and MF3 (a) forms.
4. Office copies of MF4 and MF5 forms.
5. Copies of MF6 received from sub-unit offices.
6. Copies of MF7,8&9.

HE SHALL ENSURE THAT THE FOLLOWING RETURNS ARE SUBMITTED REGULARLY.

- i) Weekly report in MF 11 to the D.M.O.
- ii) Tour reports of surveillance staff in MF3 along with his remarks to the D.M.O. before 10th.
- iii) Review of the performance of surveillance staff shall be made every month indicating the FTA deduction if any with copy marked to the DMO before 10th of every month.
- iv) Monthly technical report MF 4 & 5 to the DMO.
- v) Monthly stock report to the DMO by 10th of every month.

MULTI PURPOSE HEALTH EXTENSION OFFICER OF PHC.

The Multipurpose Health Education Officer working in PHC will attend to the following duties relating to NMEP work under the multipurpose programme while attending other duties.

FUNCTIONS UNDER NMEP :

1. He will supervise all activities of multipurpose workers (MPW) (Male)
2. He will do concurrent and consecutive supervision of domiciliary visit of MPW (Male) and MPHS (Male)
3. He will ensure that DDCSs /FTDs /Voluntary link workers are contacted regularly by the MPW (M) If the post of MPW (M) is vacant, he will contact the FTDs / DDCSs
4. He will administer medical treatment to all positive cases in his area.
5. He will refer seriously ill cases to the referral centres.
6. He will help in organising and supervision of spray operations in his area wherever required.
7. He will ensure that the MPW gives advance information on spray to the villages.
8. He will ensure the quality of spray operations and keep record of insecticide consumption.
9. In case of refusal, he will motivate the householder for-accepting spray.

MULTIPURPOSE HEALTH WORKER (MALE)

He is a qualified Health Inspector / Multipurpose Health worker trained person. He has to attend the following work relating to NMEP under multipurpose scheme besides his duties under other P.H. Programmes.

FUNCTIONS UNDER NMEP:

1. He shall have a village wise population register of his sub centre for which MFI of NMEP should be adopted and updated every January.
2. He will have a fortnightly domiciliary house to house visit schedule developed by the Medical Officer PHC in consultation with the Dist. Malaria Officer.
3. He will collect blood smears (thick and thin) from fever cases with history of fever during domiciliary visits to house holds and keep the records in MF2.
4. He will administer presumptive treatment to all cases from whom blood smears are collected and shall ensure that the tablets are swallowed in his presence.
5. He will advise seriously ill cases to visit PHC for immediate intensive treatment. All the fever cases with Sensorium must be referred to PHC by him. The cases shall be referred after collection of blood smear and administration of presumptive treatment.
6. He will contact all FTDs/DDCs/ Voluntary link workers of his area during his visit to the village and collect blood smears and MF2 for transmission to laboratory.
7. He will replenish the stock of microslides and drugs to FTDs and DDCs wherever necessary.
8. He will keep the records of blood smears collected and patients given anti materials in MF2.
9. He will take precautions to use properly sterilised needles and clean slides while collecting blood smears.
10. He will put stencil on the wall of each household with date and signature at the time of fortnightly domiciliary visits.

SPRAY OPERATIONS

11. He will supervise the spray operations of 2 to 4 squads.
12. He will make an abstract of spray output showing insecticide consumed, squads utilised human dwellings sprayed, missed, locked, refused and rooms sprayed/ rooms missed in the proforma prescribed.
13. He will ensure the quality of spray in the human dwellings. The spray should be uniform.

MULTIPURPOSE HEALTH WORKER (FEMALE)

She is a qualified auxiliary nurse midwife (ANM). Her duties mainly relates to maternity and child health, family planning. She has to attend the following duties also under NMEP.

FUNCTIONS UNDER NMEP :

1. She will be responsible for collecting blood smears from all antenatal and postnatal cases under her care as well as from infants.
2. During her antenatal and postnatal follow - up visits, if a pregnant woman has history of fever or has fever she shall collect from her thick and thin blood smear and keep record in MF2.
3. She will administer the prescribed presumptive treatment immediately.
4. If any other fever cases or case with history of fever is found among the members of the house hold, she will collect blood smear for microscopic diagnosis and give presumptive treatment.
5. She will take the blood smears to the nearest Malaria Clinic / P.H.C on priority within 24 to 48 hours.
6. She will obtain the results of blood smears and give radical treatment to malaria positives with the following exception:
Radical treatment should not be administered to pregnancy woman and during post partum period of 45 days and also to infant below one year.
7. She will refer the seriously ill cases immediately to the P.H.C/ other near by referral centre for proper treatment.
8. She will participate in IEC activities.

DY DIRECTOR (N F C P)

This post was created in the year 1982 to assist the State Malaria Officer in the supervision and implementation of the programme. An officer in the rank of Civil Surgeon was manning the post. During the year 1992, the post of Deputy Director (NFCEP) was suppressed and his duties are entrusted to the Deputy Director (Entomology), of NMEP who is a qualified entomologist having rich experience in the field work and organisational experience in the programme.

FUNCTIONS :

1. He shall function as an epidemiologist and collect data, watch the progress, assess the results from time to time and make necessary changes in the pattern of organisation and methods that may be found necessary.
2. He will make frequent visits for on- the - spot technical guidance seek public cooperation by meeting prominent people and remove administrative and technical bottlenecks in smooth implementation of the programme.
3. He will have close supervision and coordination of the activities of the different agencies like industry, railways etc., for the control of filariasis.
4. He shall be responsible for scrutinising from public health point of view the drainage schemes and should work in close cooperation with public health engineering section and the local bodies.
5. The responsibility of proper liaison towards eliminating the existing mosquitogenic conditions and prevention of new areas is vested with him.
6. He should also coordinate with curative branch of health services to obtain maximum benefit from filaria clinics.
7. Ensure adequate supply of all items of material and equipment required for the programme.

SENIOR ENTOMOLOGIST / FILARIA OFFICER

He is also a qualified Entomologist in the cadre of Senior Entomologist, When a senior entomologist is posted as filaria Officer. He will discharge the following duties.

He will work under the administrative control of the Dist. Medical & Health Officer and the Zonal Officer (Malaria)

FUNCTIONS :

1. He is in complete charge of all the areas assigned to him. He should acquaint himself with all aspects of work assigned, familiarise himself with the area and by means of available data determine the epidemiology of filaria in the area.
2. He will see that the programme as approved by the Addl. Director/ Deputy Director is carried out correctly according to the schedule by the staff of the unit.
3. He will be familiar with the technical details of the day to day work along with the other standing orders of Government employees accounts etc.
4. He will assign the areas of field work to the workers properly to achieve the results.
5. He will submit weekly, monthly returns to the state office on due dates after careful scrutiny.
6. He will see that the larvical programme is carried out correctly and according to the schedule by the staff under him. He shall be responsible for the discipline of the personnel and for proper carrying out the daily work.
7. All the staff in the units shall work under his direction and supervision.
8. He will arrange duties to field staff.

SENIOR FILARIA INSPECTOR

He is qualified sanitary inspector who will work under the administrative and technical control of the Filaria Officer.

FUNCTIONS :

FOR ANTI-LARVAL

1. The senior filaria inspector will be responsible for the proper output of the work by filaria inspectors under him.
2. He will ensure that the equipment under his charge is in proper working condition and necessary requirements of larvicide is in stock.
3. He will ensure that proper dosage of oil is supplied and wastage or dishonesty in the use of larvicide do not occur.
4. He will maintain account of consumption of oil etc., daily received from the workers under him.
5. He will spot out the undetected breeding places and inform the concerned for including and numbering the same and subsequently treated.
6. He will undertake daily consecutive and concurrent checking of the work of field staff.
7. He will undertake the independent cross checking of larval density as well as adult density with his gang of workers.
8. He will be responsible for the officer-in-charge of the unit only.
9. He will submit his findings to the officer-in-charge for the appropriate action.
10. He will be assisted in his work by insect collector superior field workers and field workers.
11. He will draw up his programme in such a way that all the breeding places in his area be checked atleast once a month.
12. He will undertake a thorough geographical reconnaissance of the mosquitogenic area from time to time. Spot new breeding places and notify the same to the Biologist for proper recording and necessary action.
13. He will identify the mosquitoes collected, work out the density and submit the report to the Biologist for further action.

SUPERIOR FIELD WORKER.

He is only a trained worker. He will work under the administrative control of the senior Filaria Inspector

FUNCTIONS :

1. Each superior field worker is incharge of one squad of 5 field workers.
2. He should be thoroughly acquainted with the sector allotted to him and the nature and purpose of work entrusted to him.
3. He shall carry maps of his sector and sub-sectors showing all the permanent breeding places and the quantities of each of the larvicide used given by the inspector incharge.
4. He with his oiling gang shall always carry a dipper with him and frequently check for the mosquito breeding and get it treated on the spot.
5. He shall be responsible for the equipments supplied to him and shall take proper care of it.
6. He shall distribute the work to the field workers in such a way that the responsibility of each one of them could be pinned down and at the same time he should be able to see each one of them from time to time while on work.
7. On returning to the unit office at the end of the day's work the equipment and stores should be carefully checked and returned to the inspector.
8. He shall be required to carry out the work as directed by the Inspector in the case of cross checking and work in the laboratory as directed by the laboratory incharge.

FIELD WORKER

He is a trained worker who will work under the administrative control of the superior field worker.

FUNCTIONS:

1. After the morning roll call the field workers should help the superior field workers in collecting the material and equipment for the day's work.
2. He should check that the equipment is in working order.
3. He should treat with larvicide very thoroughly the mosquito breeding places assigned to him.
4. He should not allow any mosquito breeding into advanced stage.
5. He should keep the drains and water collections free of vegetation.
6. He should obey the instructions of the superior field worker for all sorts of duties connected with antilarval measures assigned to him.

LABORATORY ASSISTANT / TECHNICIAN

He is a trained person who will work under the administrative control of the Filaria Officer.

FUNCTIONS:

1. He shall ensure that the blood smear is properly taken and proper numbering is done.
2. He shall also assist in the collection of slides in the night blood smears.
3. Fixation, staining and examination of all blood smears for microfilaria and other laboratory duties assigned to him by the incharge of the unit.
4. Dissection and identification of the vector species brought in from the field by insect collectors to record the density, infection and infectivity rates.
5. Maintenance of records in the laboratory and display of various indices in the form of charts and diagrams.
6. Proper maintenance care and cleanliness of the laboratory and equipment in his charge.

INSECT COLLECTOR

He is a trained worker who will work under the control of the superior field worker.

FUNCTIONS:

1. He will be very honest in the collection of data or else the data collected by him will be useless.
2. He should thoroughly familiarise himself with the technic of collection of mosquito adult and larval.
3. He should obtain the necessary equipment and carry with him while on duty.
4. All routine collection work should be done between 6 A.M. and 10 A.M. Larval collections could be done in the morning and in the afternoon.
5. He will visit every catching station allotted for the day and spend 15 minutes in each station on actual collection of mosquitoes. He will collect mosquitoes from 5 fixed and 5 random catchings per day.
6. He will notify his arrival to the house holder and arrange to have male member of the family during his stay in the house.
7. Before starting the work in each station, he will note the time and record the same in the note book and start the collection.
8. He will use separate test tubes for different catching station and the test tubes containing mosquitoes should be wrapped in wet cotton lint to keep them cool.
9. Where there is no provision for laboratory technician he will undertake mosquito dissection as well.
10. He will identify the mosquito on the same day and submit the same with detailed report to the senior inspector.
11. In the afternoon he will assist the inspector in the cross checking work.

M.F-1

FAMILY HEALTH REGISTER

House No.

Area / Village (Locally)

Name of PHC

District State

S. No.	Name of the Family Member	Name of the Head of family	Whether usual resident (Yes/No)	Age with Sex(Date of birth if Possible)	Marital Status	Education	Occupation	Annual Income (in Rs.) M/F	Number of living Children
1	2	3	4	5	6	7	8	9	10

Instructions For Filling up of Family Health Register

- Col.1 This should be running number starting from (1) for each family separately.
- Col.2 Names of all the members of the family should be given in this column. Casual members may also be shown in this column, if they stay for long.
- Col.3 Head of the family shall be the same for casual members also. Relationship of the members shown in column (2) to the head of family should be mentioned here likewise.
- Col.4 Nature of stay of members may be shown here. In case of wife, son/ daughter, etc., it will be a permanent stay and in case any other relation stays for sometime it will be called as temporary stay.
- Col.5 The age of each member should be entered in complete in years against his/her name. As far as possible the date of birth of the member may

M.F.-2

**FOR REPORTING OF BLOOD SMEARS BY SURVEILLANCE WORKER/MULTIPURPOSE
WORKER / PASSIVE AGENCY HI / MI**

Name of subcentre : Name of the PHC :
 Head quarters :
 Population :
 Code Number :

Village	No. of the house	Name of the head of the family	Name of Patient / Person	Age & Sex	Sr. No. of Blood Smear	Treatment No. of tablets Given (amino)	Date of Collection	Results				If +ve Progressive Case No.	
								P.F.		P.V.	P.M.		Mixed indiate stage
								R	RG				
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Note: This Proforma should be in triplicate and three copies forwarded to PHC Laboratory Technician who will retain one copy and send the other two to the Surveillance Inspector / Malaria Inspector.

Signature of Microscopist _____ Date of Examination by the Microscopist _____ Signature of Surveillance Worker/ MP/ MPW/ SI/ MI
 Passive Agency

M.F.-3

TOUR JOURNAL CUM WORK STATEMENT OF SURVEILLANCE INSPECTOR/ BASIC HEALTH INSPECTOR / MALARIA INSPECTOR

PHC : Name of the Inspector : Month :

Date	Village Visited	Sub Centre	Group No.	if Concurrent contacted MPW/ SW	if Consecutive missing visits of MPW/ SW	No. of Positives grouped for RT (PC No)	No. RT Given	B.S Collected from fever cases	B.S. Collected		B.S Follow up + ve cases	B.S Total	Antimalaria used		No. of passive agencies FTD s contacted	Focal spray		Community therapeutic measures (MST) if done -No
									mass	Contact			4.A.O.	8 A.O.		Rooms	Cattle Sheds	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

* Cattle Sheds are not to be sprayed as per the expert committee Report on Malaria - 1995

M.F.-3-A

TOUR JOURNAL CUM WORK STATEMENT OF MULTIPURPOSE WORKER/ S.W OF SUBCENTRE

For the Month of : Name of the PHC :

Name of the subcentre : Code No :

Headquarters :

Population :

Date	Group No	Village Visited	No. of families		Population		No. of fever cases treated without B.S.	No. of B.S. Collected	Tablets used 4 A.O.	R.T. done P.C.No.	Tabs used 8 AQ	Date of despatching of B.S.	Passive agency FTDs Panchayats teachers contacted	No. of drugs given 4 AQ
			Allotted	Visited	Allotted	Visited								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Months's Total														

BALANCE STOCK IN HAND

a) Chloroquine : d) Amodiaquine :

b) Sulpha + Pyn : e) Glass slides :

c) Primaquine : f) Service stamps :

Signature of MPW/SW

Certified that I visited all the families & entries in my diary are true

M.F.-4

MONTHLY REPORT OF MALARIA PROGRAMME OF PRIMARY HEALTH CENTRE

Name of the State :

Name of the District :

Total Population :

Sl. No.	Name of PHC/ Sub centre	Type of Malaria paracitgm	Total POP.	ACTIVE			MASS CONTACT			PASSIVE			TOTAL			AGEWISE POSITIVES			RT Done			Death due to mal. Only clinically diagnosed			
				Blood Slides			Blood Slides			Blood Slides			Blood Slides			Under 1 Yr.	5-15	15+	Under 1 Yr.	5-15	15+				
				Collected	Examined	Positive	Collected	Examined	Positive	Collected	Examined	Positive	Collected	Examined	Positive								1-4	5-15	15+
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Total																									

N.B. THE ENTRIES IN COL.25 ARE NOT BE REPEATED IN COL.26

M.F.-5

MONTHLY REPORT OF MALARIA PROGRAMME OF PRIMARY HEALTH CENTRE

Name of the State :

Name of the District :

SL.NO.	NAME OF PHC	NO. POSITIVES		SPECIES				No.RT Given	Total focal spray of rooms	Total fever cases treated with 4-AQ tabs Single dose with B.S.	Mass therapeutic measures				Balance Tablets						
		MALE	FE. MALE	Pv.	R	Pf	RG				Others	Total	Single dose 4-AQ* 8-AQ 600*45 mg mg	Single dose Sulpha+ Pyri	RT 5 Days	Total	4-AQ	8-AQ	sulpha + Pyri	Quinine	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
TOTAL																					

M.F.-6

MONTHLY REPORT OF MALARIA PROGRAMME (PROGRESS & ASSESSMENT OF SPRAYING)

Name of State : Name of the PHC :

Name of the Dist : Selected for Spray :

Name of the Malaria Inspector : Total Subcentres :

Head quarters : Population :

Sl. No.	Name of Sub Centre	Population	Insecticide used	Period of spraying	Targeted Rooms	Achievements		Balacne of Insecticide in M. Tons			
						No. Sprayed	Coverage in %	D.D.T. 50% wp	B.H.C. 50% wp	Malathian 25% wp	Synthetic Pyrethroids (Specify)
1	2	3	4	5	6	7	8	9	10	11	12
A. 1.			1st Rd 2nd Rd 3rd Rd								
2.			1st Rd 2nd Rd 3rd Rd								
3			1st Rd 2nd Rd 3rd Rd								
B.	Non-Sprayed Subcentres										
TOTAL											

M.F-7

DETAILS OF POSITIVES AND REMEDIAL MEASURES

Subcentre : District / PHC
 Population :
 Code No :

Sl. No.	P.C. No.	Sr. No.	Group No.	Village	Name of the Head of the family	Name of the patient	Age	Sex	Code B.S. No.	Date of collection	Date of examination	Species	Date of receipt of results by MPW	Radical Treatment		If died date of Death and species
														From	To	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

B.S. Collected			FOCALSPRAY			TIME LAG BETWEEN			Follow-up smear number and date	
Contract No.	Mass		Targeted Rooms	Sprayed Rooms	% of coverage Rooms	Collection & R.T.	Collection and Focal spray	28		
	No.	Results							Date	Results	Rooms
18	19	20	21	22	23	24	25	26	27	28

M.F.-8

REGISTER OF BLOOD SMEARS RECEIVED & EXAMINED (SUBCENTRE - WISE)

Name of Subcentre : Name of the PHC :
 Population : Year :
 Code No :

Date of Receipt	Name of MPW or other agency including FTD etc.	Fever treated w.o.B.S M.S.T done	Active (A)		Passive (P)/FTD		Mass & Contact		Date of Examination	Number of B.S. Examined Positive			Positive Species					S.L. No. of Positive cases	Date of despatch of report				
			Si.No.	Total B.S.	Si.No.	Total B.S.	Si.No.	Total B.S.		A	P	M & C	PV	PF	RG	Pm	Mixed						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Total for the Week																							

* In col No. 15, 16, 17 the no of B.S. examined from Active(A) Passive (P) and Mass & Contact (M&C) are posted. Below these the positives among them are posted in a circle.

M.F.-9

EPIDEMIOLOGICAL EVALUTION MASTER REGISTER (SUBCENTRE -WISE , VILLAGE-WISE & MONTH -WISE)

Name of the State : Name of the subcentre :
 Name of the District : Code No :
 Name of the PHC :

Sl. No.	Name of Village	Population	Target	Fort Night Active	Agency -Wise, Sex-Wise Positives						Age -wise Positives						TOTAL Positive	A.P.I						
					Active		Passive		Mass & Contact		Total		P.f. & Mixed		Pv & Others									
					Male	Female	Male	Female	Male	Female	Male	Female	Under 1-Yr	1-4	5-14	15+			Under 1-Yr	1-4	5-14	15+		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	A			1																				
2	B			2																				
		Total for the month (Blue ink) (Monthly Report)																						
		Total in the next Month (Red ink) (Supplementary Report)																						

*Separate page for each month from columns 5-23 though the list of villages remains common on first page.

M.F.10

PASSIVE AGENCIES INCLUDING FEVER TREATMENT DEPOTS REPORT

Name of PHC..... For the month of

S.No.	Name of agency / FTD	OPD - New cases	No. of fever cases	Fever cases treated with 4-AQ without B.S	B.S. Collected	Number Positive	4-AQ consumed	Number R.T.give	8-AQ Consumed		Balance of drug	
									8-AQ	Consumed	4--AQ	8-AQ
1	2	3	4	5	6	7	8	9	10	11	12	

Note : FTD will fill up column 5 to 8, and 11.

M.F.11

SAVINGRAM FROM PRIMARY HEALTH CENTRE

Name of PHC..... Population

S.No.	Name of the Sub-centre	Fever treated	B.S. Collected	Positives	SPECIES						Backlog Smears
					Pv	Pf		Pm	Mixed	RG	
						R	RG				
1	2	3	4	5	6	7	8	9	10	11	

Copy forwarded to :

1. Zonal Officer (Malaria)
2. Dist. Malaria Officer
3. Malaria Inspector

MEDICAL OFFICER

M.F. 12

TOUR REPORT OF DISTRICT MALARIA OFFICER

For the month of _____ Name of PHC _____

A. GENERAL

1. Name of the District
2. Name of the Officer
3. Period since when he is working in the present district
4. Name of the month to which the report relates.

B. TOUR PARTICULARS

1. Total number of tour days
2. Total number of night halts made outside headquarters
3. Number of workers whose is inspected concurrently
(Give Subcentre names)

C. SURVEILLANCE UNDER ACTIVE

1. Number of villages }
Where surveillance }
is inspected }

With in 1.5 km (One mile) from road	with in 1.5 to 4.5 kms (1-3 miles) from road	Over 4.5 kms (Three miles) from road
--	---	---
- a) Consecutively :
- b) Concurrently :
2. Number of houses inspected _____
3. Average collection of Blood smears per worker during the previous month
(Month _____ Year __ in the PHC)
4. Number of workers on whom memos were earlier given for inadequate collection and the level of improvement
5. Number of workers on whom disciplinary action taken by way of

- i) Cutting of F.T.A or M.T.A
 - ii) Removal from service
6. Number of surveillance inspectors whose work is inspected.
 7. Whether tour reports of S.I received for the month.

D. SURVEILLANCE UNDER PASSIVE

1. Number of passive agencies including FTD in the PHC.
2. Number from whom reports received.
3. Action taken on those who have not furnished the reports.
4. Number of agencies where blood smear collection is more than 15% of all the cases is treated.
5. Action taken on the others
6. Number of passive agencies contacted.

E. SPRAYING

	With in 1.5 km (One mile) from road	with in 1.5 to 4.5 kms (1-3 miles) from road	Over 4.5kms (Three miles) from road
--	-------------------------------------	--	-------------------------------------

1. No. of villages inspected for focal spraying
2. No. of villages inspected for regular spraying and percentage of coverage
3. Steps taken to have full spray staff in position.

F. LABORATORY : PHC

1. Whether register MF-8 maintained, if not, what action taken to improve.
2. Whether epidemiological evaluation register MF-9 up to date, if not what steps taken
3. Whether charts are maintained. if not, what action taken to improve

4. Number of cross-check variations received from State lab, ROH &FW lab. During the month.
5. Remedial measures taken for cross check of positives.

G. REMEDIAL MEASURES

1. Number of positives detected in the PHC during the month
2. Number of positives investigated and verified himself
3. Number of cases where remedial measures were inspected and verified.

H. PERIODICALS

1. Monthly technical report received from the PHC and if not, what steps taken.
2. Is Savingram epidemiological situation being sent regularly?

I. PEOPLE'S PARTICIPATION

Panchayat's, teachers, youth organisation etc.

Whether account of drug received alongwith the report, if not, what steps taken.

J. ANTIMALARIALS

Quantity of drugs issued to PHC are checked Vis-a-vis B.S collected and fever treated and deficiency detected, measures taken.

K. GENERAL

Brief highlights of important events in the PHC
Any subcentre showing abnormal rise in cases
Reasons and action taken.

M.F.13

**MONTHLY REPORT OF NMEP WORK DONE BY
DISTRICT MEDICAL AND HEALTH OFFICER**

1. Name of the District
2. Name of the month to which the report relates
3. Particulars of Passive Surveillance in medical Institutions visited by DM & HO during the month

S.No.	Name of Institution	Total new cases treated during the year from, Jan up to date of visit	Total B.S collected during the year from Jan, up to date of visit	Action taken for collection of less than 15% of the new cases treated in OPD	Whether subcentre FHW / ANM involved in B.S. collection and R.T
1	2	3	4	5	6

DIST. MEDICAL & HEALTH OFFICER

M.F.14

PARTICULARS OF PRIMARY HEALTH CENTRE VISITED

S.No.	Name of PHC	No.of MPWs	B.S collection by the MPWs from the beginning of the year up to date of visit.	Average collection per worker per month	Positives recorded during the year	Number to which R.T. given	Whether Laboratory maintained properly as per instructions	Whether Cross-check smears are sent to State lab and ROH & FW lab regularly.
1	2	3	4	5	6	7	8	9

THE SAME PROFORMA MAY BE USED BY
DY. CMO (H)

**ZONAL OFFICERS ACTIVITIES REPORT FOR
THE MONTH OF..... DISRTICT VISITED.....**

Zone _____ Period of visit from _____ to _____

PART -1

1. STAFF POSITION

(Complete or deficient, if deficient action taken to fill up the same)

2. Surveillance data up to the end of the month
(Enclosure No.1) _____
Enclose separate statement

3. No. of subcentres collecting bloods slides _____
(a) No. of subcentres collecting more than target. _____
(b) No. of subcentres collecting less than target _____
(c) Investigations for increase and shortfalls _____
and action taken by the zonal office to rectify defects _____

4. Laboratory data up to the end of previous month Technicians others
a) No. of personnel examining the blood slides with training status _____
b) No. of microscopes and their condition _____
c) No. of blood slides cross - checked _____
1. State of Central cross-checking _____
Negative _____
Positive _____

2. ROH & FW

Negative _____
Positive _____

Action taken to pinpoint the defaulters

d) Backlog of slides under :

Active Passive Mass & Contact

- e) Timelag between :
Collection of blood slides & receipt in the Laboratory _____
5. Maintenance of stock register up to the end of Previous month :
- A) Insecticides _____ Balance on _____
- B) Antimalarials : Balance on _____
4-A.Q., _____ 8 A.Q., _____ Sulpha + Pyri _____
Quinine Tab : _____ Any other (Specify) _____
- C) Vehicles position :
- i) No. of vehicles off road _____
- ii) Measures taken to make road worthy _____
- a) Monthly Technical reports submitted up to _____
Action taken if delay in submitting _____
- b) Annual report submitted for the Year _____
Reasons for non-submission & Action taken _____

PART -II

Field work for the current month :

- Number of days toured by the Dist. Malaria Officer _____
- Number of night - halts made in the district _____
- (a) Name of the villages visited in PHC,
for checking spray and surveillance _____

Name of PHC	within 1.5 km (1 mile) from road	within 1.5 to 4.5 Kms (1 to 3 miles) from road	Over 4.5 kms (3 miles) from road
1	2	3	4

- b) For spraying schedule spray timings and deviations with reasons _____
- c) Epidemiological investigations carried out during the month in PHC and the number verified by himself.

4. Institutions visited for passive surveillance checking
- PHC _____
- Hospitals _____
- Dispensaries _____
- Steps taken if shortfall _____
5. Contacts made with the District Collectors / Chief Medical Officers / Panchayats etc.,
- a) Progress in Drug Distribution through Panchayats / Teachers.
- b) Assistance in spraying from Panchayat.

PART -III : ADMINISTRATIVE

1. Punishment awarded / recommended to State / Malariologist against any member of the staff, if reported no, and data of communication

2. Pending reference on which action is required by the State Malariologist

3. Any other point which the Zonal Officer wants to bring to the notice of the DHS/ State Malariologist _____

Zonal Officer (MAL)

M.F.16

**FOR REPORTING DRUG DISTRIBUTION CENTRES
FEVER TREATMENT DEPOTS AND MALARIA CLINICS**

Name of the State _____ Report for the month of _____

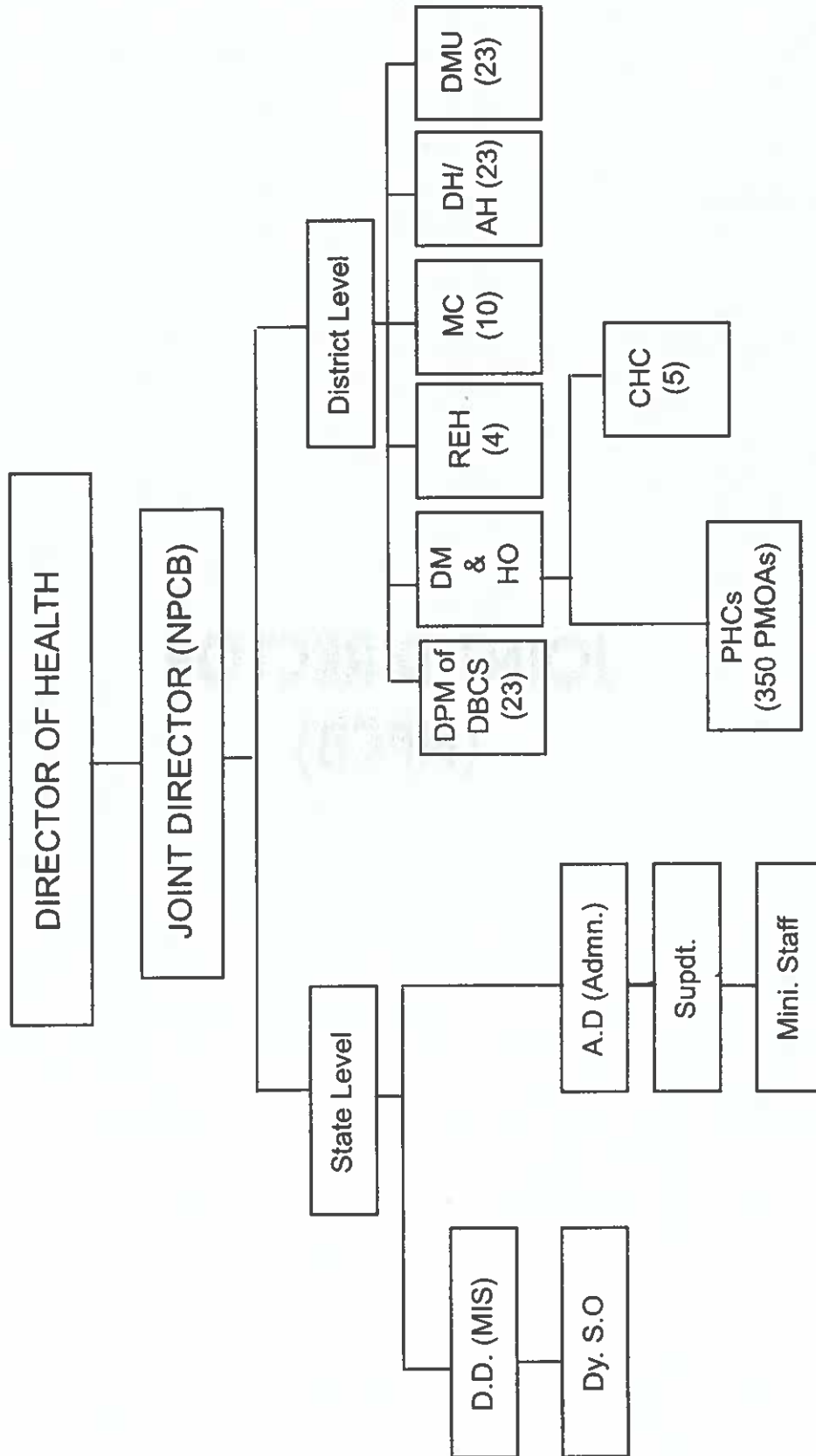
S.No.	District	DRUG DISTRIBUTION CENTRES			FEVER TREATMENT DEPOTS			MALARIA CLINICS					
		Number required	Number established	No. of cases attended during the month	Cumulative No. of cases attended up to date	Number required	Number established	No. of cases attended during the month	Cumulative No. of cases attended up to date	Number required	Number established	No. of cases attended during the month	Cumulative No. of cases attended up to date
1	2	3	4	5	6	7	8	9	10	11	12	13	14

JOINT DIRECTOR (NPCB)



1

ORGANISATIONAL STRUCTURE OF NPCB



JOINT DIRECTOR (NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS)

The Post of Joint Director (NPCB) is also called State programme Officer for Blindness Control. This Programme is implemented in AP State from 1993, which is sponsored and assisted by Government of India. The post of Joint Director is created under this national programme to implement the programme under the administrative control of Director of Health. He is a state officer having jurisdiction over entire state. He should implement the programme as per the jurisdiction given by the Government of India. As a state programme officer he will be responsible for the coordination of man power for the programme implementation for smooth and effective operation of the National Programme in the Districts.

FUNCTIONS :

1. Ensure the availability of basic infrastructure and adequate manpower for the programmes, needed funds from the state/central Government and donor agencies and update them when the need arises.
2. Supervise and monitor the programme operations and assess performance of each operational phase.
3. To take timely and swift decisions for solving operational problems.
4. Assure proper utilization of the resources available for the programme.
5. Exercise effective co-operation with Government departments connected with the programme.
6. To keep liaison with central authorities of National Programme for control of Blindness, Voluntary agencies and Donor agencies.
7. Carry out periodic meetings with District Programme Managers to review implementation.
8. To obtain the progress reports from the districts and furnish the due reports to Government of India in the prescribed formats.
9. To obtain the progress of expenditure and take action to obtain the central assistance due to the programme.

DEPUTY DIRECTOR (MIS)

This Post is created in the year 1993 under the N.P.C.B. Programme. He will work under the administrative control of the Joint Director (NPCB). He is having jurisdiction over the entire state.

FUNCTIONS:

- 1) Review, Monitor performance and assists in implementation of the project.
- 2) To monitor the functioning of DBCS including financial status, expenditure, performance of Government and NGOs sector and ensure quality of service.
- 3) To conduct evaluation surveys of project activities.
- 4) To ensure preparation of village-wise registers of blind persons and preparation of action plan.
- 5) To monitor progress in civil works, supply of equipment and maintenance.
- 6) To organise orientation/training courses of various personnel involved.
- 7). To monitor timely reporting of monthly/quarterly/annually of NPCB activities and feed back.
- 8). To conduct review meeting of DBCSs., Technical Advisory committee.

DISTRICT PROGRAMME MANAGER

To implement the programme of N.P.C.B. District Blindness Control Societies (DBCS) are formed with the District Collector as chairman with 20 members consisting of both officials and non-officials. This committee will appoint a District programme Manager (D.P.M.), on a monthly honorarium of Rs. 5000/- per month. He is member secretary of the D.B.C.S. The two key members of the DBCS are the District Ophthalmic surgeon and the District Programme Officer. The DPM would primarily be responsible for planning, organising and conducting eye care services in the district. He is an experienced person, who knows the district well. He enjoys credibility and respect in the society and is equipped with managerial staff required for eye care services.

FUNCTIONS:

1. To understand the problem of blindness in the district in terms of its causes backlog and new cases, past performances and priorities.
2. To assess all resources like infrastructure, manpower and beds in Government, voluntary (N.G.O.) and private sector in respect of availability, capacity and utilisation.
3. Analyse the performance against capacity and identify factors responsible for low utilization and low level of acceptance.
4. Be responsible for the preparation of the annual plan of action and budget for the approval of the District Society (DBCS)
5. As a member secretary of the DBCS perform all duties pertaining to his position.
6. To liaison with the Central and State Governments on behalf of the DBCS.
7. To ensure the involvement of Government, N.G.Os. and private organisations from health and other relevant sectors to blindness control activities.
8. To promote information, education and communication (IEC), social Marketing and community participation approaches, leading to mobilisation of patients to eye care services.
9. Enable smooth functioning of eye care services by providing/procuring adequate supplies like consumable items instruments and equipments and maintenance there of.
10. Ensure the training of different categories of manpower involved with the programme.
11. Organise implementation of all activities as per the District Plan of action under the broad frame work of N.P.C.B
12. To take initiative, assist and support any activity of NPCB in the district.

13. Implement the Management information system and ensure that reports are available in the prescribed formats on the due dates.
14. Review monthly progress and organise quarterly review meetings with implementing agencies to monitor quantity and quality of eye care services.
15. Facilitate evaluation as and when required.
16. Maintain financial accounts as per the guidelines of DBCS.
17. To furnish the monthly progress reports of the programme to the State Programme Officer in the prescribed format.

DISTRICT OPHTHALMIC SURGEON

This post is created under the N.P.C.B. programme to render clinical services to achieve the objects of the programme. He is a District Officer with jurisdiction over the entire District. He is responsible for the State Programme Officer for achievement of the targets fixed. He will provide technical leadership in the implementation of programme in the district.

FUNCTIONS:

1. Attend to the patients in outpatients departments and referrals from mobile eye care units and Primary Health Centres, Community Health Centres and other Subsidiary Health Centres.
2. Perform intro-ocular and extra-ocular surgical interventions.
3. Train field workers, community leaders, teachers, parents, and students in eye-care.
4. Initiate periodic screening programme of the population including organisation of screening of school children.
5. Survey visual status of the workers in local industries and advice them on safety measures.
6. Assess requirement of ophthalmic equipments, including equipments required in operation theatres, drugs and other consumable items in all facilities in the district.

7. Approve holding of eye camps by Government/Non-Government organisations.
8. Assess quality of ophthalmic services being provided in facilities and mobile camps.
9. Conduct training courses for medical and para-medical staff engaged in eye health care work.
10. Provide leadership, supervision and guidance to Primary Health Centres and rural hospitals.
11. To take all steps to minimise complications during or after surgical interventions in facilities as well as during mobile eye camps.
12. Organise follow up services of operational cases in facilities as well as through mobile services.
13. To investigate complications following surgery, if any, in the district and take all steps to prevent these in future.
14. To furnish the due reports of the progress of the programme in due formats to the D.P.M. and the State programme Officer.
15. To furnish the monthly expenditure to the DPM and State Programme Officer.

OPHTHALMIC ASSISTANT

This post is created under the National Programme for Control of Blindness in the year 1993 in all the Government Institutions where eye care services are provided and also in 350 Primary Health Centres in the State.

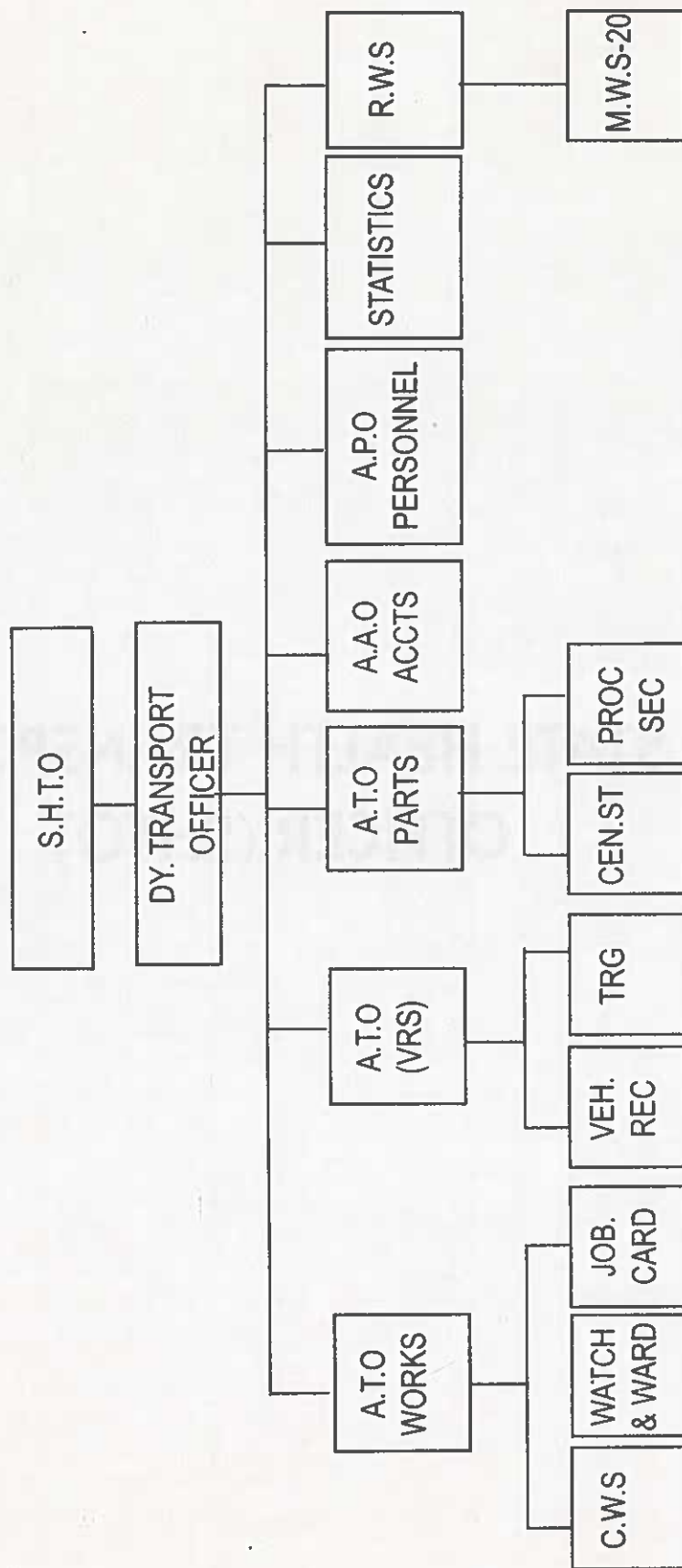
FUNCTIONS:

1. Conduct the eye out patients and handing all eye cases where there is no qualified Medical Officer in the speciality.
2. Perform refraction check up and prescribing eye glass.
3. To assist the Medical Officer/Ophthalmic surgeons routine diagnostic and investigating procedure.

4. To assist mobile unit team conducting eye camps in his area and distribution of spectacles to the cataract operated cases during follow -up visit.
5. To assist and organise units eye camps based at Primary Health Centres under the supervision of the District Surgeon or Medical Officer.
6. To organise school clinics for early detection of eye diseases and train school teachers, and maintain a record of school children with poor vision (school-wise).
7. To assist Mobile Units Team in survey and maintenance of all records pertaining to the mobile units.
8. To assist in the training of peripheral staff (Para Medical) and volunteers in respect of eye care.
9. To assist in eye Health Education Activities.
10. To refer the serious cases to the ophthalmic surgeon in District Hospitals and General Hospitals.
11. The Ophthalmic Assistants posted in the District Hospitals, Mobile units and PHCs shall assist the respective ophthalmic surgeons and to conduct screening camp independently in areas of P.H.C. Where posts of PMOA is not sanctioned.
12. To maintain a register of private eye surgeons and eye care nursing homes existing in the districts and collect information on cataract operations done every month in each of them and to send a consolidated report to the District Ophthalmic Surgeon and D.P.M. Who in turn will consolidate the district figures and send them to the State Programme Officer. He should also maintain Blind register, village-wise, for each PHC in the district.
13. To consolidate vitamin A distribution at PHC and send it to the State Programme Officer through the DM & HO.
14. His services are ment exclusively for ophthalmic purpose.

**STATE HEALTH TRANSPORT
OFFICER (SHTO)**

STATE HEALTH TRANSPORT ORGANISATION



STATE HEALTH TRANSPORT OFFICER (SHTO)

The post of State Health Transport Officer was created during the year 1963 in the cadre of superintending engineer, to organise and manage the State Health Transport Organisation.

He will work under the administrative control of the Director of Health. He is the technical authority to guide the functioning of the Central and Regional work shops and the Mobile units / provided with the necessary technical personnel to attend to the repairs, replacements and maintenance of a fleet of 1639 vehicles deployed in the Medical, Health, Family Welfare, A.P. Vaidya Vidhana Parishad, Medical Education, Insurance Medical Services, Indian Medicine and Institute of Preventive Medicine.

FUNCTIONS :

A. FIELD FUNCTIONS:

1. He shall ensure proper functioning of the central workshop, 4 regional work shops and 20 Mobile work shops in the state under the organisation.
2. He shall ensure the procurements of tyres, tubes, batteries and other spare parts required for the maintenance of the vehicles.
3. To attend promptly major and minor repairs to the vehicles.
4. Ensures prompt supply of spare parts to the Regional and Mobile workshops ascertaining their need to enable them to attend to the repairs and replacements of the vehicles.
5. He shall ensure proper and timely technical advise to the workshops under his control.

B. DESK FUNCTIONS:

1. He is the head of the office of the State Health Transport Organisation and will attend to all correspondence relating to the organisation with the concerned Directors.
2. To keep liaison with the UNICEF and other agencies who extend aid to the Health Transport Organisation.
3. To ensure maintenance of proper records and registers regarding the work done in the organisation.

OPERATIONAL JURISDICTION:

He has got the jurisdiction over the entire state. He can give independent decisions on the technical matters and in case of special events, he shall inform the concerned Director for advise.

RULES AND REGULATIONS:

He can sanction expenditure on repairs or procurement of spares within his financial powers. Where the expenditure involved exceeds his financial limits, he shall approach the concerned authority for sanction. In case of administrative or financial matters he shall approach the concerned Director for final decision.

Registers

He shall maintain the registers in the proper format indicating the particulars of the repairs and replacements carried out, vehicle wise for record and future guidance.

ASSISTANT TRANSPORT OFFICER (ATO)

This post was also created with the establishment of the SHT Organisation to attend the technical work of repairs and replacements of the vehicles referred to the workshops.

He will work under the administrative and Technical control of the SHTO.

The ATO in the central workshop, where there are 3 posts, will have functionary distribution of work 1. One for works, 2. One for VRS and 3. One for parts.

The ATO in the Regional workshop is the head of the Regional workshop.

FUNCTIONS:

ASSISTANT TRANSPORT OFFICER (REGIONAL WORKSHOP)

1. He shall ensure the proper functioning of the regional workshop.
2. He shall attend all repairs to the vehicles referred to him by the programme officers. In case the repairs required are of major in nature, he shall refer them to the central workshop.

3. He shall ensure procurement of spare parts required for the workshop.
4. He shall visit the Mobile Workshop in the districts under his jurisdiction and provide them proper technical advice in repairs and other maintenance work.
5. He shall keep liaison with the programme officers of the districts in his jurisdiction, as regards the maintenance of their vehicles.
6. He shall maintain proper records of the work done and the condition of vehicles in the fleet under his jurisdiction.
7. He shall maintain proper account for the stocks of spare parts received from the SHTO in the prescribed proforma.
8. He shall attend to all correspondence relating to the Regional workshop.
9. He shall maintain the office account of the Regional Workshop.

DEPUTY TRANSPORT OFFICER :

The post of Deputy Transport Officer was created in the year 1963 when the State Health Transport Organisation was established, to assist the State Health Transport Officer in his technical and administrative work.

FUNCTIONS:

1. He shall assist the State Health Transport Officer in the Management of the Central and Regional Workshops and Mobile Workshops.
2. He can tour over the entire state to inspect or guide the Regional Workshop and Mobile Workshops with the approval of the SHTO.
3. He, being a technical person, shall guide the technical staff in attending to the repair work of the vehicles.
4. He shall carry out any other technical functions assigned by the SHTO.
5. He shall discharge the function of SHTO during his absence.
6. He is accountable to the SHTO.

ASSISTANT PERSONNEL OFFICER

A person in the category of Lay secretary & Treasurer Grade ii is posted in the post. He will work under the administrative control of the State Health Transport Officer and shall assist him in all administrative matters and is the head of the ministerial staff working in the SHTO Office.

FUNCTIONS :

1. He shall supervise the work of all members of the ministerial staff working in the office of the SHTO.
2. He shall see all files relating to administrative matter before they are sent to the SHTO.
3. He shall have sound knowledge of all services rules, office procedures, legal matters etc., and guide the SHTO properly giving the facts and rule position.
4. He shall ensure the general discipline of the ministerial staff.

ASSISTANT ACCOUNTS OFFICER

This post is manned by an officer in the category of Assistant Accounts Officer from Treasuries and Accounts department. Though the Director of Treasuries and Accounts is the Administrative Authority, the SHTO shall be the immediate administrative AUTHORITY.

FUNCTIONS:

1. As a representative of finance department, he shall act as a financial Adviser to the SHTO on all matters involving financial implication.
2. He shall be the drawing and disbursing officer for the pay and allowances of the staff working in the Health Transport Organisation and contingent expenditure provided in the budget.
3. He shall attend to the fixation of pay, release of increments, finalisation of pension papers in respect of the staff for whom he is the drawing officer.
4. He shall prepare the number statements and Budget estimates of Revenue Capital and Loan Account

5. Review the monthly expenditure with reference to release of funds.
6. Prepare proposals for supplementary grants/re-appropriate and ensure timely preparation of saving and excesses.
7. Reconciliation of expenditure/revenue with Accountant General.
8. Prepare performance budget.
9. To ensure proper maintenance of accounts in the prescribed registers.
10. Disposal of Audit Reports/Inspection reports and objective book items.
11. To prepare notes on Public Account committee matters.

SERVICE ENGINEER

This post is also created along with the establishment of the organisation to attend and supervise the work of repairs to the vehicles.

He will work under the technical and administrative control of the ATO, if he works in central or Regional workshop.

If he works in the Mobile workshop, he will be head of the Mobile workshop under the technical supervision of the ATO concerned and administrative control of the District Medical & Health Officer.

FUNCTIONS: (IN MOBILE WORKSHOP)

1. He shall be responsible for the proper and efficient functioning of the Mobile Workshop.
2. He shall attend all repairs to the vehicles referred by the programme officers in the district.
3. In case of any technical problem and where the repairs required are of major in nature which cannot be done in the mobile workshop, he shall act as per the technical advise of the concerned ATO and send the vehicle either to the Regional workshop or central workshop for repairs.

4. He shall maintain the particulars of the vehicles in his fleet and attend to their maintenance.
5. He shall examine the vehicles sent to Mobile workshop, assess the defects, prepare the estimate of spare parts, repair work and other necessities of the vehicle obtain the sanction of the competent authority and get the work executed with the technical assistance provided to the Mobile workshop.
6. He shall maintain the record of work done in the mobile workshop.
7. He shall maintain the stock accounts of the spare parts etc., supplied to the Mobile workshop.
8. He shall attend to the correspondence relating to the Mobile workshop.
9. He shall give proper advise to the drivers of the vehicle about the upkeep of the vehicles wherever required.
10. He shall furnish any other information required by the DM&HO / ATO of the region / SHTO as and when called for.

OTHER TECHNICAL STAFF

The following technical staff, in the Central, Regional and Mobile workshops will not have any specific function. They shall attend to the repairs, replacements and maintenance of the vehicles, under the technical guidance of the head of the workshop via Assistant Transport Officer / Service Engineer.

1. Foreman
2. Chageman
3. Skilled Artisan
4. Driver Cum Mechanic
5. Artisan
6. Helper cum cook
7. Un skilled artisan.

All of them will work under the direct administrative and technical control of the incharge officer of the concerned workshop.

COST ACCOUNTANT

He is a qualified person who will assist the S.H.T.O. in the accounts relating to the organisation.

FUNCTIONS:

1. To obtain the expenditure particulars on repairs, replacements and other maintenance charges incurred on the vehicles.
2. To assess the per capita expenditure incurred on each vehicle to enable the S.H.T.O. to claim the maintenance charges due to the organisation from various branches of Medical and Health Department.

DEPUTY STATISTICAL OFFICER

He will assist the SHTO in monitoring the activities of the organisation.

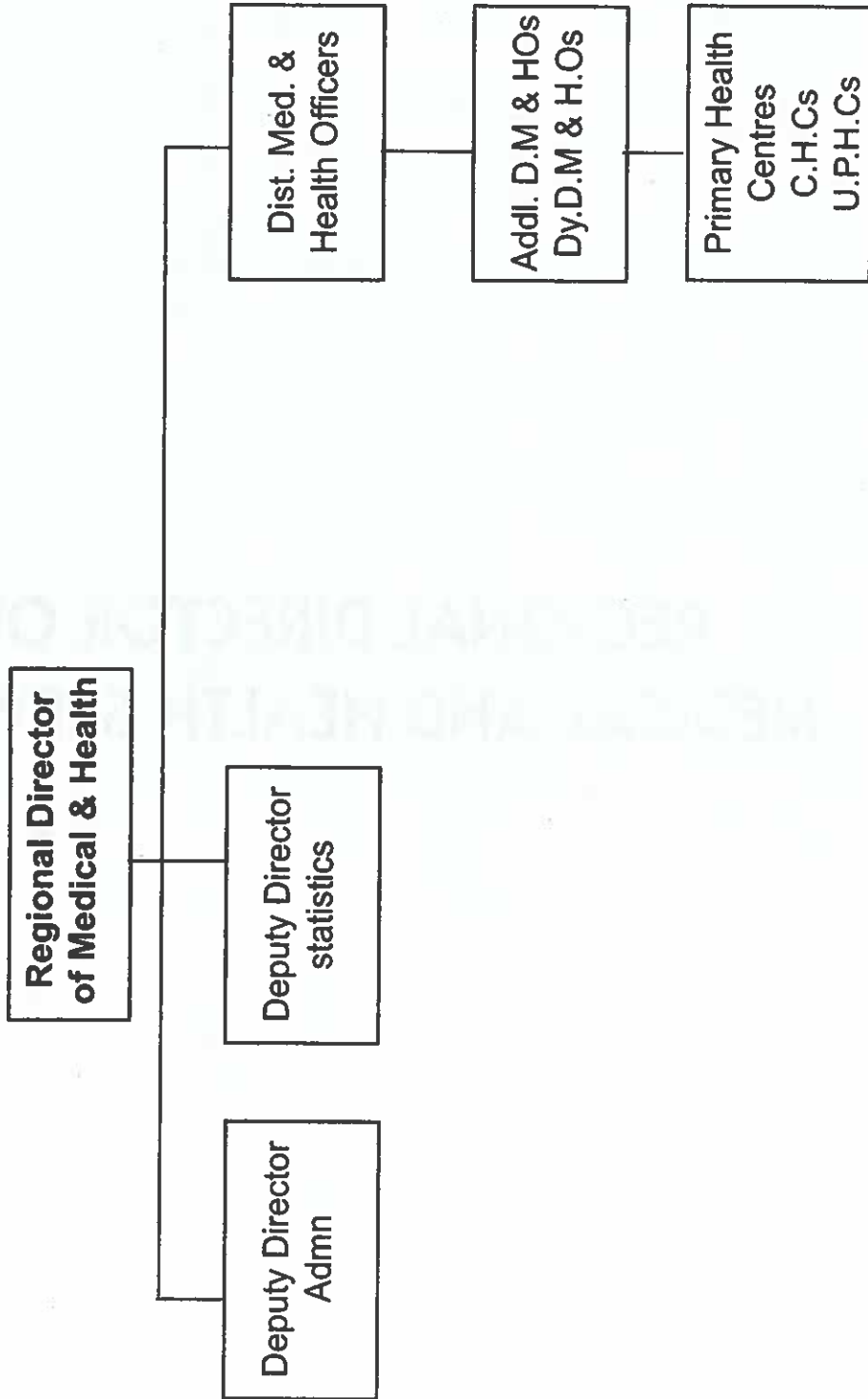
FUNCTIONS:

1. To obtain the reports of the work done in the Regional work shops and the Mobile workshops.
2. To compile the reports received from the units and prepare the consolidated report of the work done in the organisation every month and furnish to the S.H.T.O. for information and to plan the future plans of operation.
3. Analyse the data related to vehicles under Medical, Health and Family Welfare Department, their Number, functional status, major repairs, spare parts under each Directorate.
4. Presentation of Charts, Maps and progress of activities.

REGIONAL DIRECTOR OF MEDICAL AND HEALTH SERVICES



Regional Director of Medical and Health Services



REGIONAL DIRECTOR OF MEDICAL & HEALTH SERVICES

Consequent on implementation of six point formula in the state under presidential orders, all non-gazetted posts brought under zonal/district cadres, which called for decentralisation of powers hither to exercised by the Director of Health. In order to implement the six point formula and also to achieve close and effective supervision of the developmental schemes in the zones, regional officers of the rank of Addl. Director with necessary supporting staff were created in G.O. Ms, No. 797 M&H Dt.23-08-1976 for each of the six zones. They are called Regional Director of Medical & Health services. They are located at Visakhapatnam, Rajahmundry, Guntur, Cuddapah, Warangal and Hyderabad.

FUNCTIONS:

1. To deal with all service matters of all the categories coming under the localisation scheme, which include appointments, transfer, posting, disciplinary cases relating to the staff working in the zone excluding specified gazetted category.
2. Administrative supervisory control over the staff other than those discussed in item (1) above.
3. All financial and technical powers vested in various Government orders, codes and acts of the Medical and Health department including Municipalities hither to exercised by the Addl. Director of Medical and Health Services in the Directorate.
4. To be responsible in the implementation of plan, Non-plan and National Health Schemes of the departments and compilation of data of the zones.
5. To sanction leave to the categories of staff mentioned in item 2 above along with substitute arrangements.
6. To transfer personal coming under category (2) with in the zone under intimation to the Director.
7. To monitor and evaluate the implementation of National Health Programmes including Family Welfare and Child Survival Safe Motherhood programmes.
8. To conduct and attend review meetings in the Zone
9. To carry out any other instructions issued by the Director of Health or Director Family Welfare.

DEPUTY DIRECTOR (ADMN)

This post is also sanctioned along with the post of Regional Director, when the regional offices were formed in G.O.Ms .No.797 M&H Dt. 23-08-1976. He will work under the administrative control of the Regional Director.

FUNCTIONS :

1. He will assist the Regional Director in his administrative work
2. He will guide the Regional Director in the office work.
3. He will also attend any other work entrusted to him by the Regional Director.

DEPUTY DIRECTOR (STATISTICS)

FUNCTIONS :

He will work under the administrative control of Regional Director of Medical & Health Services.

He will :

1. Ensure collection compilation and analyse the information under various health schemes.
2. Monitor the information according to the prescribed forms and ensure smooth flow of information from the pripheral service units to the state level.
3. Review and evaluate the implementation of health programmes at districts and regional levels and provide feed back information to the districts.
4. Organise periodical training programmes on the latest development in various health programmes at districts and regional levels to update the knowledge of Medical and Para-Medical personnel working at various levels.
5. Organise, conduct and supervise special studies pertaining to medical and health services at different levels and to asses the morbidity and mortality in the community so as to suppliment the hospital morbidity and mortality data.

6. Guide and supervise the statistical units at districts, municipal and primary health centre levels and medical record units in hospitals to ensure timely and systematic, compilation and maintenance of statistics.
7. He will inspect Birth and Death Registration Centres in the Zone and take steps for effective Registration & timely flow of Returns from the Registration Centres to Chief Registrar of Births & Deaths.
8. Tour extensively with in the region for a period of at least 15 days in a month to discharge the above mentioned functions.

HEALTH - EQUIPMENT REPAIR UNIT

The following posts were created for each region in GOMS No. 745 HM & FW. Department Dated 6-10-82 to attend to maintenance and repairs to various kinds of health equipment in Medical and Health Institutions.

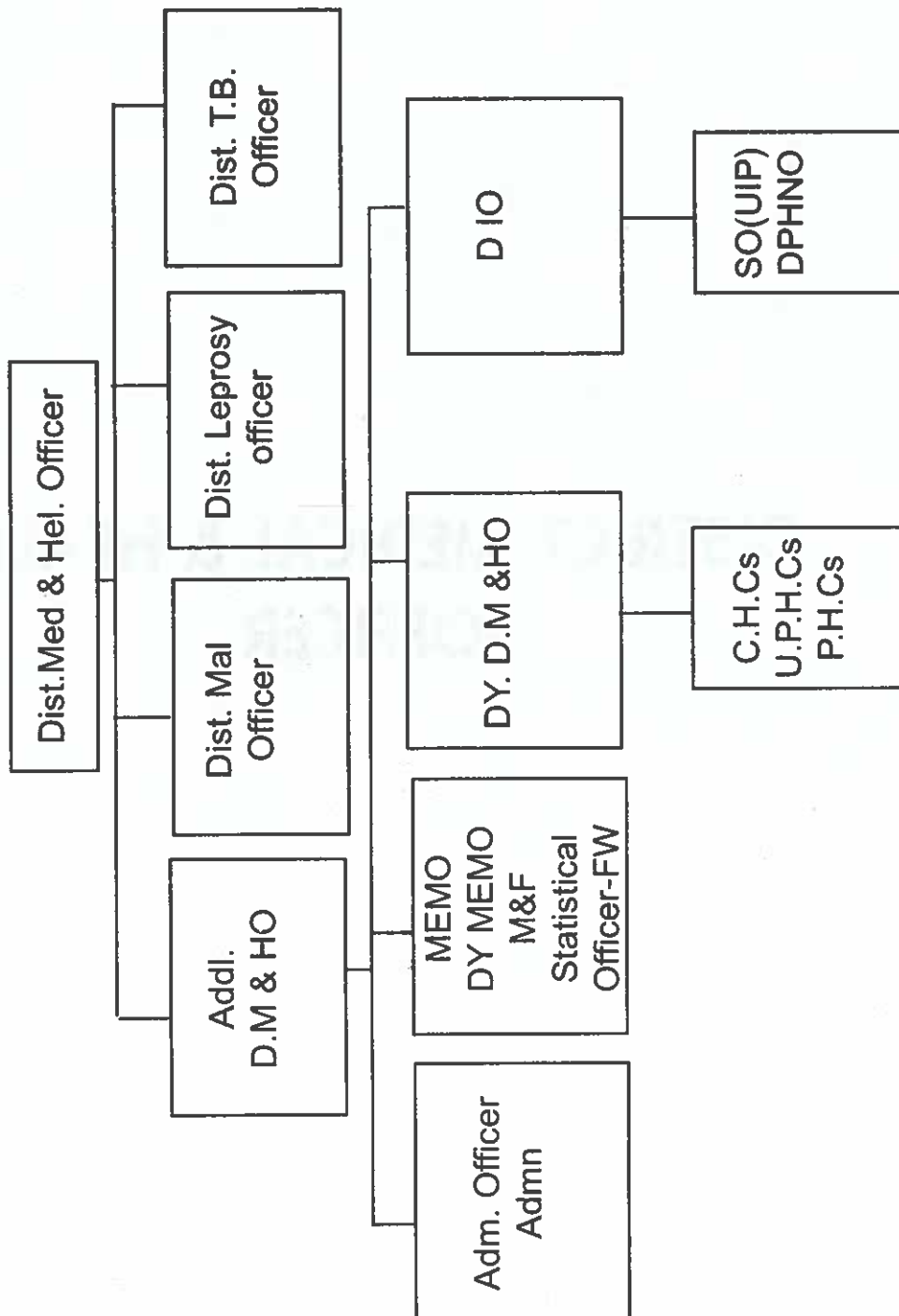
1. Junior Engineer.
2. Mechanical Engineer.
3. Electrical Supervisor
4. Helper

The unit functions under the control of the Regional Director of Medical and Health Services concerned. The Junior Engineer is the head of the unit.

DISTRICT MEDICAL & HEALTH OFFICER



District Medical & Health Officer



DISTRICT MEDICAL & HEALTH OFFICER

This post of District Medical & Health Officer was created in the year 1967, consequent on merger of Medical and Public Health departments. The functions and powers of the former District Health Officer were entrusted to the District Medical & Health Officer. After the transfer of District Headquarters Hospitals and Taluk Hospitals to the control of A.P.V.V.P, the job of the District Medical & Health Officers were confined to the job of former Dt. Health Officers. He is the District level officer with the following job chart.

1. The DM&HO is the executive head of the Public Health department of the Zilla Parishad and is responsible for its efficient management subject to the general control of the executive authority. He will deal with all matters relating to Public Health and the entire public health staff of the local bodies will work directly under his control and supervision. He is also the executive head of the public health department of all panchayats within the district which do not employ a separate health officer.
2. The DM&HO shall be on tour for not less than 60 days in a quarter but consistent with proper performance of his duties and public interest in reference to epidemic diseases.
3. Every DM&HO shall be thoroughly conversant with the provision of public Health Act, District Municipalities Act, Zilla Parishad and Panchayat Samithies Act, places of Public Resort Act, and all other acts relating to Public Health and the rules, regulations and by laws issued there under and all departmental orders and instructions relating to Public Health. He shall carry out all the duties and exercise the powers vested with him under these Acts and Rules.
4. He is responsible for the implementation of the National Programmes like Family Welfare, NMEP, NLEP, NFCEP, NPCB, TB, control etc., through the District Programme Officers.
5. He shall inspect CHCs, PHCs dispensaries and offices of the programme officers under his control, the work of the Medical Health institutions under the local bodies in his district, atleast once in a year. In case he cannot do all the inspection himself,

he may entrust such of the work to one of his Dy.DM&HOs in case of local body areas, a copy of his inspection report shall be forwarded to the local authority concerned for information and necessary action. If the local authority fail to carry out defects if any pointed out therein, he shall report the matter to the Director of Health.

6. The duties of the DM&HO will include the following:

- i) A study of the circumstances and conditions affecting or threatening to affect the Public Health of any local area under his control and submission of suitable proposals there after.
- ii) The examination and verification of village vital statistics by scrutiny of the registers and by house to house enquiry as far as possible.
- iii) The submission of proposals to remedy sanitary defects and intimation of proposals for improving the supply of drinking water where he considers necessary.
- iv) Control and supervision of important fairs and festivals and submission of proposals to the authorities concerned regarding the temporary and permanent sanitary arrangements necessary on such occasions. He should be present on the spot when major festivals are celebrated and guide the executive authority.
- v) Inspection of places where infectious or epidemic diseases are prevalent, where out breaks are threatened, institute enquiries into the cause and circumstances of such outbreaks and the inspection of measures to prevent the spread of the diseases. A report should be made immediately in all such cases to the local authority with recommendation for preventive or remedial action, with a copy to the Director of Health.
- vi) Periodical inspection of schools, factories, mines, D&O trades and places of Public Resorts in the district and the submission of proposals when necessary for the improvement and maintenance of their sanitation.
- vii) The education of public in matters relating to public health and about their statutory obligation.

7. The DM & HO shall inspect all municipalities not employing Health Officers once in a year and send his inspection report to the Director of Health and with necessary recommendation to the executive authority in the following cases.
 - i) prevalence or threatened outbreak of epidemic disease in the area.
 - ii) Sanitary and other arrangements to be made in respect of major festivals in the area.
 - iii) Selection of sites for extension of water supply, trenching grounds, slaughter houses, residential and industrial areas.
 - iv) Registration of Births and Deaths, and vital statistics returns.
 - v) When an infectious disease is prevailing in an epidemic form or where the outbreak of such disease is threatening in the area, give necessary advise and instruction to the executive authority.
8. The DM&HO shall examine as part of his duty, all Government schools situated in local area and Municipalities where there is no Health Officer, for the issue of sanitary certificates. He should comply with the request of managers of schools under private management for inspection and issue of sanitary certificates. He shall inspect all schools under Government, local body or private managements during his tours and report sanitary defects to the educational authorities where necessary.
9. The DM & HO shall be responsible for the proper conduct of maternity and child welfare work of the local authority.
10. The DM&HO in mining districts shall inspect the mines in their jurisdiction at least once a year with particular reference to the health of the employees, particularly of the women and children and the sanitation of the mines and to furnish their notes of inspection to the District Collector.
11. In case of natural disasters like cyclones and floods, he shall act in a similar manner to prevent outbreak of epidemics.
12. He shall attend Zilla Parishad and Panchayat Samithies meetings whenever requested by the Chairman, to discuss matters on Public Health and give his advise. Similarly he shall attend the other meetings when called for by the Dist. Collector to discuss Public Health subjects.

13. He shall exercise all powers vested with him in financial matters, administrative matters and technical matters under various acts, rules and regulations.
14. He shall submit to the Director of Health, not later than first of March every year, a full report on the Public Health Administration of the District during the preceeding calendaryear. The reports should follow as closely as possible the lines on which the Director of Health's Annual Report is written. Special mention should be made under specific heads of all interesting phenomena that have been noted during the year specifying epidemic and endemic diseases. Any special investigation relating to epidemics and endemicity of diseases should be attached to the report as an appendix and use should be made of graphs and spot maps for illustrating the course of these diseases. A Copy of the report shall also be sent to the concerned Regional Director of Medical & Health Services.
15. a) The Dist. Medical & Health Officer may correspond directly with the Director of Health except in the service matters of local and district cadre employees for whom the concerned Regional Director is the administrative authority.
b) In the matters which require the approval of the executive authority or the local authority or which involve any commitment of expenditure from the funds of the local authority the correspondence should be though the executive authority.
16. When a DM&HO arrives at Hyderabad on leave or on duty, he shall report his arrival and departure in person at the office of the Director of Health.
17. The DM&HO shall maintain a diary in which he should make brief daily entries as to the work done.
18. The DM & HO shall submit an advance tour programme to the Director of Health & Regional Director. He may depart from the programme if urgent circumstances necessities his presence else where .In such cases he shall report the fact to the Director of Health and Regional Director.

ADDITIONAL DISTRICT MEDICAL & HEALTH OFFICER

The post of Addl. District Medical & Health Officer was originally created as District Family Planning Officer in the year 1965 when the department of Public Health was exiting separately and when the Family Planning programme was implemented in the state. After the integration of Medical & Health Departments and created the post of Dist. Medical & Health Officer, the post of Dt. Family Planning Officer was re-designated as Dy. District Medical & Health Officer in the year 1967, assigning a revenue division, to look after the Medical and Health activities in the division. Subsequently when the Family Planning Programme was switched over to Family Welfare Programme, this post was upgraded to civil surgeon cadre and designated as Addl. Dist. Medical and Health Officer to look after the family welfare Programme in the entire district. The headquarters of the Addl. Distt. Medical and Health Officer is located at District Headquarters in the Office of the Dist. Medical & Health Officer, Besides looking after the work of Family Welfare Programme of the entire District, he will also look after all other health activities in a revenue division of the district allotted to him.

FUNCTIONS:

1. He will work under the administrative and technical control of the Dist. Medical & Health Officer and is responsible for the Dist. Medical & Health Officer.
2. He will inspect the health activities and the implementation of National Programmes in the revenue division allotted to him.
3. As a divisional officer, he will have control over the officers and staff of health institutions in the division and as a district officer, he will have control over the entire staff as regards family welfare programme.
4. He shall discharge any other duties entrusted to him by the Dist. Medical & Health Officer.
5. In the absence of Dist. Medical & Health Officer, he will discharge the duties of Dist. Medical & Health Officer.

6. His main function is implementation of Family Welfare and CSSM programme in the district under the supervision of DM&HO.
7. He is responsible for the achievement of planned performance in the district under FWP.
8. He will monitor and evaluate the FW performance by various service units in urban and rural areas in the district.
9. He will make inspection visits to PHCs and urban health and FW centres.
10. He will ensure maintenance of progress reports on performance in the district under Health and Family Welfare.

DEPUTY DISTRICT MEDICAL & HEALTH OFFICER

Prior to the merger of Medical & Public Health Department, there was a post of District Health Officer in Public Health Department and Asst. Dist. Medical Officer in the Medical Department. After the integration of the two departments, and creating the post of Dist. Medical and Health Officer, the above two posts in the cadre of civil Asst. Surgeon were re-designated as Deputy Medical and Health Officer locating their headquarters at the Revenue Division headquarters with a view to have close supervision of the work of the field staff in a compact area of a revenue division. Subsequently, when an intermediary cadre of Dy. Civil Surgeon was created in the year 1975, the two Dy. DM&HOs were identified for the above cadre and since then Dy. Civil Surgeon are being posted as Dy. Dist. Medical and Health Officers, so that they could have a better supervision status.

FUNCTIONS:

1. He will work under the administrative control of Dist. Medical & Health Officer and is responsible to him.
2. He will have jurisdiction of a revenue division in the district and will supervise the work of all the primary health centres in the division.
3. He will have the technical control over all the staff working in the health institutions located in the division.

4. He will ensure proper functioning of the health institutions in the division, and submission of due reports of the institutions to the Dist. Medical & Health Officer in time.
5. He will assist the Dist. Medical & Health Officer in the control of epidemics and implementation of National Health Programmes in the division.
6. He shall visit the health institutions in his division frequently and render technical guidance to the field staff whenever necessary and bring the bottlenecks to the notice of the Dist. Medical & Health Officer for remedial measures.
7. He shall carry out any other duties assigned by the Dist. Medical and Health Officer.

PHARMACY SUPERVISOR

This post was created in GOMS No. 447 HM&FW (K2) Department Dated 20-07-91. It is a promotion post from Pharmacist Grade-1 Category and one post is created in each of the office of District Medical & Health Officer. He/She will work under the direct administrative and technical control of the DM&HO.

FUNCTIONS:

1. The Pharmacy Supervisor will be inspecting all the Medical Institutions under the control of DM&HO and supervise the maintenance of Medical stores in all the institutions.
2. Scrutinisation of purchasing indents by the incharge of Medical and Surgical Stores on the rate contract and non-rate contract firms and watch whether the conditions of rate contract are being followed.
3. To check on the adulterated drugs.
4. To prevent the mis-branded drugs in to the Government Institutions and also to prevent the wastage of drugs.
5. To observe proper preservation of drugs and medicines and supervise proper distribution in most scientific manner.

6. To assess the authorities in selection of medicines and also to implement the resolutions of the committee.
7. To collect samples periodically and observe their analytical report received to ensure quality of drugs being supplied by the firms.
8. To check the drugs on receipt from the suppliers whether required specifications like quality, quantity strength and stamping under entry in the ledgers etc., are observed or not.
9. Physical verification of stores and verify the date of expiry and their utility.

1.DUTIES OF MEDICAL OFFICER, PRIMARY HEALTH CENTRE

GENERAL

The Medical Officers of Primary Health centre (PHC) will divide the area among themselves on a geographical basis and will be responsible for all the activities under Health & Family Welfare Programme in their respective areas. However, ultimate responsibility will lie with Medical Officer Incharge of the PHC. The M.O. will be in addition, administrative head of Primary Health Centre.

Block M.O./M.O.,IC/PHC is responsible for implementing all activities grouped under Health and Family Welfare delivery system in PHC area. It is not possible to enumerate all his tasks, however, by virtue of his designation, it is implied that he will be solely responsible for the proper functioning of the PHC. He may assign any job to any health functionary in his team, which is deemed essential by him towards achieving National Health goals.

I. CURATIVE WORK

1. The Medical Officer will organise the dispensary out-patient department and will allot duties to the ancillary staff to ensure smooth running of the O.P. Department.
2. He will make suitable arrangement for the distribution of work in the treatment of emergency cases which come outside the normal O.P. Hours.

3. He will organise laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of doubtful cases.
4. He will make arrangements for rendering services for the treatment of minor ailments at community level and at the PHC through the agency of Community Health Officer, Health Supervisors Health Workers and others.
5. He will attend to cases referred to him by Health Supervisors, Health Workers, Health Guides, Dais or by the School Teachers.
6. He will screen cases needing specialised medical attention including dental care and nursing care in the treatment of minor ailments.
8. He will cooperate and/or coordinate with other institutions providing medical care services in his area.
9. He will visit each sub- centre in his area at least once in a fortnight on a fixed day not only to check the work of the staff but also to provide curative services.

II. PREVENTIVE AND PROMOTIVE WORK

He will ensure that all the members of his Health Team are fully conversant with the various National Health & Family Welfare Programmes to be implemented in the area allotted to each health functionary. He will further supervise their work periodically both in the clinics and in the community setting to give them the necessary guidance and direction.

He will prepare operational plans and ensure effective implementation of the same to achieve the laid-down targets under different National Health Family Welfare Programmes.

He will keep close liaison with Block Development Officer and his staff, community leaders and various social welfare agencies in his area and involve them to the best advantage in the promotion of health programme in the area.

Wherever possible, he will conduct field investigation to delineate local health problems for planning changes in the strategy of the effective delivery of Health and FW services.

1.PACKAGE OF SERVICES UNDER MATERNAL AND CHILD HEALTH PROGRAMME

Package of services under MCH are:

- i. MCH Services
 - ii. Prophylaxis schemes.
 - iii. Immunisation Programme.
 - iv. Oral Rehydration Therapy in diarrhoeal diseases.
 - v. Acute Respiratory Infection Control programme .
 - vi. School Health.
 - vii. Family Planning.
- 1.1. He will provide leadership and guidance for special programmes such as in nutrition, prophylaxis against nutritional anaemia amongst mothers and children (1-5 years) prophylaxis against blindness and vitamin A deficiency amongst children (1-5 years).
 - 1.2 He will provide basic MCH services.
 - 1.3 He will plan implement UIP in line with the latest policy and ensure maximum possible coverage of the target population in the PHC.
 - 1.4 He will ensure adequate supplies of vaccines and miscellaneous items required from time to time for the effective implementation of UIP.
 - 1.5 He will ensure proper storage of vaccines and maintenance of cold-chain equipment.
 - 1.6 He will ensure through his health team early detection of diarrhoea and dehydration.
 - 1.7 He will arrange for correction of moderate and severe dehydration through appropriate treatment.
 - 1.8 He will ensure through his health team early detection of pneumonia cases and provide appropriate treatment.
 - 1.9 He will supervise the work of health supervisors and health workers in treatment of mild and moderate ARI.

- 1.10 He will 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 found to have defects.
- 1.11 He will be responsible for proper and successful implementation of family Planning Programme in PHC area, including education, motivation, delivery of services and after care.
- 1.12 He will squarely responsible for giving immediate and sustained attention to any complications the acceptor develops due to acceptance of Family Planning methods.
- 1.13 He will extend motivational advice to all patients he sees in the OPD.
- 1.14 He will get himself trained in tubectomy, wherever possible, and organise tubectomy camps.
- 1.15 He will organise and conduct vasectomy camps.
- 1.16 He will seek help of other agencies such as District Bureau, Mobile Van and other associations/Voluntary organisations for tubectomy/IUD camps and MTP services.
- 1.17 The following duties are common to all the activities coming under Package of services for MCH.
 - (I) He will provide leadership to his team in the implementation of Family Welfare Programme in the PHC area.
 - (II) He will ensure adequate supplies of equipment, drugs, educational material and contraceptives required for the services/programmes.

2. MATERNAL AND CHILD HEALTH

- 2.1 He will provide MCH services such as antenatal, intranatal and postnatal care of mothers and infants and child care clinics at the PHC and subcentres.
- 2.2 He will actively involve his health team in the effective implementation of the Nutrition Programme and administration of vitamin A and Iron & Folic Acid tablets.

3. UNIVERSAL IMMUNISATION PROGRAMME (UIP)

- 3.1 He will plan and implement UIP in line with the latest policy and ensure cent-percent coverage of the target population in the PHC (i.e., Pregnant mothers and new born infants).
- 3.2 He will ensure adequate supplies of vaccines and miscellaneous items required from time to time for the effective implementation of UIP.
- 3.3 He will ensure proper storage of vaccines and maintenance of cold-chain equipment, planning and monitoring of performance and Training of staff.

4. NATIONAL MALARIA ERADICATION PROGRAMME (NMEP) AND VECTOR CONTROL PROGRAMME

N.M.E.P

- 4.1 He will be responsible for all NMEP operations in his PHC area and will be responsible for all administrative & technical matters.
- 4.2 He should be completely acquainted with all problems and difficulties regarding surveillance and spray operations in his PHC area and be responsible for immediate action whenever the necessity arises.
- 4.3 The Medical Officer will guide the Health Workers on all treatment schedules, especially Presumptive and radical treatment with Chloroquine & Primaquine. He should investigate all Malaria death cases and institute necessary measures in this connection. He should ensure that prompt remedial measures are carried out by the Health Supervisors about positive cases detected in their areas.
- 4.4 He will check the microscopic work of the Laboratory Technician and arrange for despatch of prescribed percentage of slides for cross check to the Zonal Organisation/Regional Office for Health and Family Welfare (Government of India) and to Central Malaria Laboratory for cross checking as laid down from time to time.

- 4.5 He should, during his monthly meetings, ensure proper accounts of slides and anti-malaria drugs issued to the Health Workers.
- 4.6 The publicity material and mass media equipment received from time to time will be properly distributed and utilised properly.
- 4.7 He should consult the booklet on "Management and Treatment of Cerebral Malaria" and treat cerebral malaria cases in PHC.
- 4.8 He should ensure that all categories of staff in the periphery administering radical treatment to the positive cases should observe the instructions laid down under NMEP on the subject and in case toxic effects are observed stop treatment and such cases are brought to his notice for follow up action/advice if any.

Where Kala-Azar and Japanese encephalitis are endemic the following additional duties are expected from him.

KALA-AZAR

- i) He will be responsible for all anti Kala-Azar operations in his area and will be responsible for all administrative and technical matters.
- ii) He should be completely acquainted with all problems and difficulties regarding surveillance, diagnosis and treatment and spray operations in his PHC areas and be responsible for immediate action whenever the necessity arises.
- iii) He will guide the health workers and health assistants on all treatment schedules, criteria for suspecting a case to be of Kala-Azar and the approaches for motivation of the people for accepting Kala-Azar control activities, complete treatment and to approach from immediate medical care.
- iv) He will check the Microscopic/Aldehyde test conducted by the Laboratory Technician
- v) He will organise and supervise the Kala-Azar search operation in his area.

- vi) He should, during his monthly meetings ensure proper accounts of drugs, chemicals, Glassware etc.
- vii) He will be responsible for all health education activities in his area.
- viii) He will be overall responsible for all Kala-Azar control activities in his areas including spray operations. For the purpose, he may identify one Medical Officer who can be made solely responsible for Kala-Azar control.
- ix) He will be responsible for regular reporting to the District Malaria Officer/Civil Surgeon, monitoring, record maintenance, maintenance of adequate provisions of drugs, chemical etc.

JAPANESE ENCEPHALITIS (J.E.)

- i) He will be responsible for all anti Japanese Encephalitis operations in his area and will be responsible for all administrative and technical matters.
- ii) He should be completely acquainted with all problems and difficulties regarding surveillance, diagnosis, treatment and spray operations in his PHC area, be responsible for immediate action whenever the necessity arises.
- iii) He will guide the Health Workers and Health Assistants on all treatment schedules, criteria for suspecting a case to be of J.E and the approaches for motivation of the people for accepting J.E control activities and to approach for immediate medical care to prevent death.
- iv) He will arrange to collect and transport sera sample to the identified virology lab.
- v) He will be responsible for all health education activities in his area.
- vi) He will be overall responsible for all J.E control activities in his areas including spray operations. For the purpose, he may identify one Medical Officer who can be made solely responsible for J.E control.
- vii) He will be responsible for regular reporting to the District Malaria Officer/Civil Surgeon, Monitoring, record maintenance, maintenance of adequate provisions of drugs etc.

5. CONTROL OF COMMUNICABLE DISEASES.

- 5.1 He will ensure that all the steps are being taken for the control of communicable diseases and for the proper maintenance of sanitation in the village.
- 5.2 He will take the necessary action in case of any outbreak of epidemic in his area.

6. LEPROSY

- 6.1 He will provide facilities for early detection of cases of Leprosy and confirmation of their diagnosis and treatment.
- 6.2 He will ensure that all cases of Leprosy take regular and complete treatment

7. TUBERCULOSIS

- 7.1 He will provide facilities for early detection of cases of Tuberculosis, confirmation of their diagnosis and treatment.
- 7.2 He will ensure that all cases of Tuberculosis take regular and complete treatment.

8. SEXUALLY TRANSMITTED DISEASES(STD)

- 8.1 He will ensure that all the cases of STD are diagnosed and properly treated and their contacts are traced for early detection.
- 8.2 He will provide facilities for VDRL test for all pregnant women at the PHC.

9. SCHOOL HEALTH

- 9.1 He will 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 found to have defects.

10. NATIONAL PROGRAMME FOR PREVENTION OF VISUAL IMPAIRMENT AND CONTROL OF BLINDNESS

- 10.1 He will make arrangements for rendering:
 - a) treatment for minor eye ailments and
 - b) testing of vision.
- 10.2 He will refer cases to the appropriate institutes for specialised treatment.
- 10.3 He will extend support to mobile eye-care units.

11. DIARRHOEAL DISEASE CONTROL PROGRAMME

- 11.1 Proper management of the cases of diarrhoea and referral of serious cases to the hospitals.
- 11.2 Adequate stocks of ORS to ensure availability of ORS packets throughout the year.
- 11.3 Monitor all cases of diarrhoea specially for children between 0-5 years.
- 11.4 Recording and reporting of all deaths due to diarrhoea specially for children between 0-5 years.
- 11.5 Organise wells to be chlorinated and coordination with Sewage agency for sanitation.
- 11.6 Training of all health personnel like VHGs, Anganwadi Workers, Dais and others who are involved in health care regarding ORT Programme.

III. TRAINING

1. He will organise training programmes including continuing education with the assistance of the Community Health Officer under the guidance of the District Health Authorities and Health & FW Training Centres under the scheme of re-orientation training of Medical and Para Medical Personnel and School Health Services Scheme.
2. He will educate the community as to the selection of Health Guides and will take the necessary steps to train the Health Guides from his area.
3. He will also make arrangements/provide assistance to the Health Supervisor Female and Health Worker Female in organising training programmes for indigenous Dais practising in the area.

IV. ADMINISTRATIVE WORK

1. He will supervise the work of staff working under him.
2. He will ensure general cleanliness inside and outside the premises of the PHC and also proper maintenance of equipment under his charge.

3. He will ensure to 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.
4. He will get indents prepared timely for drugs, instruments, linen, vaccines, ORS and contraceptives etc. sufficiently in advance and will submit them to the appropriate health authorities.
5. He will check the proper maintenance of the vehicle given in his charge.
6. He will scrutinize the programmes of his staff and suggest changes if necessary to suit the priority of work.
7. He will get prepared 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.
8. He will hold monthly staff meetings with his own staff with a view to evaluating the progress of work and suggesting steps to be taken for further improvements.
9. He will ensure the regular supply of medicines and disbursement of honorarium to Health Guides.
10. He will ensure the maintenance of the prescribed records of PHC level, under FW, MCH, Malaria, TB, VS and other programmes. He will maintain OP Register.
11. He will receive reports from the periphery get them compiled and submit them regularly to the District Health Authorities.
12. He will keep notes of his visits to the area and submit every month his tour report to the CMO/DM & HO.
13. He will discharge all the financial duties entrusted to him.
14. He will discharge the day-to-day administration.

2. JOB RESPONSIBILITIES OF COMMUNITY HEALTH OFFICER

NOTE : One Community Health Officer will be posted at each new Primary Health Centre and will cover 30,000 population (20,000 in tribal and hilly areas). He will be under direct administrative and technical control of M.O Incharge of the PHC.

The Community Health Officer where ever exists will carry out the following duties.

1. CONTROL OF COMMUNICABLE DISEASES.

- 1.1 Ensure that all necessary steps are being taken for the control of the communicable diseases in the village.
- 1.2 He should report any outbreak of an epidemic to Medical Officer incharge.
- 1.3 Assist the Medical Officer of the Primary Health Centre in taking the necessary action in case of any outbreak of an epidemic in the PHC area.

1.4 WHERE KALA-AZAR IS ENDEMIC

He will carry out the activities connected with community involvement and health education, training, management and supervision in the context of Kala-Azar also. He should be responsible for Search operations, diagnosis and treatment of Kala-Azar patients and spray activities in his area and for this purpose he will work under supervision of Medical Officer Incharge of PHC.

1.5 WHERE JAPANESE ENCEPHALITIS IS ENDEMIC

He will carry out the activities connected with community involvement and health education, training, management and supervision in the context of J.E also. He should also be responsible for J.E search operations, diagnosis and treatment of J.E patients and spray activities in his area and for this purpose he will work under supervision of Medical Officer In-Charge of PHC.

2. MATERNAL AND CHILD HEALTH

- 2.1 Supervise and guide the Health Supervisors and Health Workers and actively involve the Health Guides and trained Dais in the effective implementation of the programme for Maternal and Child Health.

3. SCHOOL HEALTH

- 3.1 Visit schools in the PHC area at regular intervals and arrange for Medical check-up by the M.O., PHC, immunization environmental sanitation and health education.
- 3.2 Make arrangements for the treatment and follow up of those students found to have defects.

4. UNIVERSAL IMMUNIZATION PROGRAMME

- 4.1 Supervise and guide the Health Supervisors and Health Workers and actively involve the Health guide and Trained Dais in the effective implementation of the Universal Immunization Programme.
- 4.2 He/She will be responsible for supplies, monitoring and co-ordination of the programme activities.

5. FAMILY PLANNING

- 5.1 Supervise and guide the Health Supervisors and Health Workers and actively involve the Health Guides and trained Dais in the effective implementation of the Family Planning Programme.

6. NUTRITION

- 6.1 Supervise and guide the Health Supervisors and Workers and actively involve the Health Guides and trained Dais in the effective implementation of the nutrition programme, such as administration of vitamin A and Iron and Folic Acid tablets.

7. ENVIRONMENTAL SANITATION

- 7.1 Help to ensure that all steps are being taken for the provision of safe drinking water and for the improvement of environmental sanitation in the villages.

8. TREATMENT OF MINOR ELIMENTS

- 8.1 Provide guidance to the Health Supervisors, Health Workers, Health Guides and Primary School Teachers in the treatment of minor ailments as carried out by them, and ensure early referral to the M.O.PHC.

9. COMMUNITY INVOLVEMENT AND HEALTH EDUCATION

- 9.1 Participate in the Village Health Committee/Village Panchayat meetings to assess the health needs of the community to discuss the health programmes with the community, and to enlist their cooperation in these programmes.
- 9.2 Maintain a close liaison with the Mandal Development Officer and his staff and with other development programme workers such as those under the National Adult Education Programmes, the Nutrition Programme and the Programme for Safe Water Supply and environmental Sanitation.
- 9.3 Work closely with the community leaders and community organizations such as Mahila, Farmers' clubs, and other Voluntary Organisations and involve them to the advantage in the promotion of health programmes in the area.
- 9.4 Organise camps, meetings, health education talks, demonstrations display of posters, exhibitions of films and involve the Health Supervisors, Health Workers and Health Guides in these activities.

10. TRAINING OF HEALTH PERSONNEL AND COMMUNITY LEVEL WORKERS

- 10.1 Educate the community about the Health Guide scheme and take the necessary steps to train the Health Guides from the PHC area.
- 10.2 Under supervision of Medical Officer PHC, he should organise and conduct training for Health Guides, Primary School Teachers and Dais, be responsible for field training of these community level workers and utilise the Health Supervisors and Health Workers in these training Programmes.

- 10.3 Be primarily responsible for continuing education of Health Guides, Primary School Teachers and trained Dais and be assisted in this by the Health Supervisors and Health Workers in the PHC area.
- 10.4 Assist the M.O. PHC in staff development programmes for the Health Supervisors and Health Workers, at the PHC as well as in the field.
- 10.5 Be actively involved in the training of Health Supervisors, Health Workers, and other health personnel at the Community Health Centre level.
- 10.6 Assist the M.O PHC in monthly group activities at the PHC, subcentre and community levels.
- 10.7 Be actively involved in the field training components of basic and refresher training programmes conducted by the institutes for basic training or various categories of health personnel.
- 10.8 Be actively involved in the field training components of training programmes conducted by the Health and Family Welfare Training Centres for various categories of health personnel.

11. MANAGEMENT AND SUPERVISION

- 11.1 Assist the M.O PHC in conducting field investigation to delineate local health problems for planning changes in the strategy for effective delivery of health services.
- 11.2 Ensure that the subcentres are properly maintained and managed by the Health Workers and Health Supervisors.
- 11.3 Ensure that supplies and equipment such as drugs, contraceptives vaccines, nutritional supplements, bleaching powder, health educational materials, etc., are supplied in time to the subcentres to enable the Health Supervisors and Health Workers to carry out their functions effectively.

- 11.4 Ensure the regular replenishment of kits and the supply of drugs and dressings for the Health Guides, Primary School Teachers and trained Dais and ensure regular disbursement of stipends/honorarium to the Health guides, Primary School Teachers and Dais.
- 11.5 Scrutinise the work plans of the Health Supervisors and Health Workers.
- 11.6 Supervise the maintenance of the prescribed records at subcentre level.
- 11.7 Obtain the reports from the periphery, analyse and interpret the data available, and utilise the findings for improving the implementation of the health programmes in the PHC area.
- 11.8 He should organise monthly staff meetings, not only for evaluating the progress of work and suggesting steps to be taken for further improvement but also as a means of staff development and continuing education.
- 11.9 He should organise meeting at regular intervals with the community level workers for discussing their activities and for providing continuing education.
- 11.10 keep notes of his activities in the PHC area and submit his tour report at regular intervals to the M.O. PHC.
- 11.11 Any other duty assigned by Medical Officer should be carried out by CHO.

12. VITAL STATISTICS

He/she will visit Mandal Revenue Office twice in a month to ensure collection of Birth and Death returns from v.A os, proper filling up of these Returns and onward transmission of them to the Director of Health & Chief Registrar of Births and Deaths in time.

3. JOB DESCRIPTION OF MULTIPURPOSE HEALTH EXTENSION OFFICER

The Multipurpose Health Extension Officer will function under the technical supervision and guidance of Dist. Extension & Media Officer/ Dy. DEMO. However, he would be under the immediate administrative control of the Medical Officer I/C PHC. One of his primary responsibilities is to promote community participation for ensuring self reliance in the community. He will be responsible for providing support to all National Health & Family Welfare Programmes in the PHC.

DUTIES AND FUNCTIONS :

I. MAINTENANCE OF DATA

1. He will have with him all information on Women and Child Development, Rural Development, Education & non conventional energy programmes & activities in the Mandal and utilize the same for programme planning.
2. He will collect information on population, literacy levels, age at marriage, couple protection and immunisation Rates, Crude Birth Rate, Crude Death Rate at PHC level and utilize the same in planning and organising Health Education and Extension activities.
3. He will be responsible for regular maintenance of records of educational programmes daily diaries and other registers and ensure preparation & display of relevant maps & charts in the PHC.

II. TRAINING

4. He will assist the Medical Officer -in-charge in conducting training of Health Workers in various schemes.
5. He will organise in cooperation with local voluntary agencies, orientation training for Health & Family Welfare workers, opinion leaders, aganwadi workers, members of women groups, local medical practitioners, school teachers, dais and others involved in Health & Family Welfare Work.
6. He will maintain a complete set of educational aids for his own use and for training purpose.

III. INTER-SECTORAL COORDINATION

7. He will be a member of the local Mandal level Health Committees.
8. He will ensure proper functioning of all Health Committees in the PHC area.
9. He will maintain liaison with media units of the other departments, including those of voluntary organizations and will organize mass communication programmes like, filmshows, exhibitions, lectures and dramas with the help of Dist. Extension & Media Officer.

IV. IEC WORK

10. He will be responsible for all educational motivational & communication programmes in PHC area.
11. He will supply and ensure utilization of information and education material to health workers & development functionaries including those of voluntary agencies.
12. He will under take health education campaigns and other control measures for control of epidemics. He will under take training activities for school children in health and hygiene. In case of natural calamities, he will be in readiness to attend the health and rehabilitation activities.
13. He will support, guide and supervise the field workers in the area of information dissemination, education and motivation.
14. He will adequately tour with a minimum of one night halt in every health workers area. While in tour, he will ensure proper utilization of educational materials, provide support & guidance to Health Workers in their educational activities.

V. VITAL STATISTICS

He will visit Mandal Revenue Office twice in a month to ensure collection of Birth & Death Returns from VAOS, proper filling up of these Returns and onward transmission of these Returns to Director of Health & Chief Registrar of Births & Deaths, Hyderabad in time.

4. JOB RESPONSIBILITIES OF HEALTH SUPERVISOR (MALE)

Under the Multipurpose Workers Scheme a Health Supervisor Male is expected to cover a population of 30,000 (20,000 in tribal and hilly areas) in which there are six subcentres, each with one Health worker Male.

The Health Supervisor Male will carry out the following functions :

1. SUPERVISION AND GUIDANCE.

- 1.1 Supervise and guide the Health Worker Male in the delivery of Health Care services to the community.
- 1.2 Strengthen the knowledge and skills of the Health Worker Male.
- 1.3 Help the Health Worker Male in improving his skills in working with the community.
- 1.4 Help and guide the Health Worker Male in planning and organising his programme of activities.

- 1.5 Visit each Health worker Male at least once a week on a fixed day to observe and guide him in his day-to-day activities.
- 1.6 Assess monthly progress of work of the Health Worker Male and submit an assessment report to the Medical Officer of the Primary Health Centre.
- 1.7 Carry out supervisory home visits in the area of the Health Worker Male.

2. TEAM WORK

- 2.1 Help the Health Workers to work as part of the Health team.
- 2.2 Coordinate his activities with those of the Health Supervisor Female and other health personnel, including the health Guides and Dais.
- 2.3 Coordinate the health activities in his area with the activities of workers of other departments and agencies and attend to meetings at PHC level.
- 2.4 Conduct staff meetings fortnightly with the Health Workers in coordination with the Health Supervisor Female at one of the subcentres by rotation.
- 2.5 Attend staff meetings at the Primary Health Centre.
- 2.6 Assist the Medical Officer of the Primary Health Centre in the organisation of the different health services.
- 2.7 Participate as a member of the health team in mass camps and campaigns in health programmes.
- 2.8 Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel.

3. SUPPLIES AND EQUIPMENT

- 3.1 In collaboration with the Health Supervisor Female check at regular intervals the stores available at the subcentre and ensure timely placement of indent for and procure the supplies and equipment in good time.

- 3.2 Check that the drugs at the subcentre are properly stored and that the equipment is well maintained.
- 3.3 Ensure that the Health Worker Male maintains his kit in the proper way.

4. RECORDS AND REPORTS

- 4.1 Scrutinise the maintenance of records by the Health Worker Male and guide him in their proper maintenance.
- 4.2 Review records received from the Health Worker Male, consolidate them and submit reports to the Medical Officer of the Primary Health Centre.
- 4.3 He will maintain the following Registers.
 - a) Malaria Parasite Positive Register
 - b) Daily diary
 - c) Stock and issue Register

5. MALARIA

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

6. WHERE KALA-AZAR IS ENDEMIC, SPECIAL DUTIES ARE

- 6.1 He will supervise the work of health worker male during concurrent visit and will check whether the worker is performing his duties.
- 6.2 He should check minimum of 10% of the houses in a village to verify that the health worker male really visited those houses and carried his job properly. He has to identify suspected Kala -Azar cases and ensure complete treatment.
- 6.3 He will carry with him the proper record forms,diary and guidelines for identifying suspected Kala-Azar cases.
- 6.4 He will be responsible for ensuring complete treatment of Kala-Azar patients in his area.
- 6.5 He will be responsible for ensuring complete coverage during the spray activities and search operations.
- 6.6 He will also under take health education activities particularly through interpersonnel communication, arranging group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

FOR JAPANESE ENCEPHALITIS WHERE IT IS ENDEMIC SPECIAL DUTIES ARE.

- 6.7 He will supervise the work of health worker male during concurrent visit and will check whether the worker is performing his duties.
- 6.8 He should check minimum of 10% of the houses in a village to verify that the health worker male really visited those houses and carried his job properly and his job of identifying suspected encephalitis cases and ensuring motivation of community has been done properly.
- 6.9 He will carry with him the proper record forms, diary and guidelines for identifying suspected encephalitis cases.
- 6.10 He will be responsible for ensuring complete coverage during the spray activities and search operations.
- 6.11 He will also under take health education activities particularly through interpersonnel communication, arranging group meetings with leaders and organizing and conducting training of community leaders with the assistance of health team.

7. COMMUNICABLE DISEASES

- 7.1 Be alert to the sudden out break of epidemics of diseases such as diarrhoea/dysentery, fever with rash, jaundice encephalitis diptheira, whooping cough, tetanus, poliomyelities, tetanus neonatarum, acute eye infections and take all possible remedial measures.
- 7.2 Take the necessary control measures when any notifiable disease is reported to him.
- 7.3 Carry out the destruction of stray dogs with the help of the Health Worker Male.

8. LEPROSY

- 8.1 In suspected cases of Leprosy, takes skin smears and send them for examination.
- 8.2 Ensure that all cases of Leprosy take regular and complete treatment and inform the Medical Officer PHC about any defaulters to treatment.

9. TUBERCULOSIS

- 9.1 Check whether all T.B cases are taking regular treatment, motivate defaulters to take regular treatment and bring them to the notice of the Medical Officer PHC.
- 9.2 Ensure that all cases of Tuberculosis take regular and complete treatment and inform the M.O. PHC about any defaulters to treatment.

10. ENVIRONMENTAL SANITATION

- 10.1 Help the community in the construction of
 - (a) Safe water sources.
 - (b) Soakage pits
 - (c) Kitchen gardens.
 - (d) manure pits.
 - (e) Compost pits.
 - (f) Sanitary latrines.
 - (g) Smokeless chulhas and supervise their construction.
- 10.2 Supervise the chlorination of water sources including wells

11. UNIVERSAL IMMUNISATION PROGRAMME

- 11.1 Conduct immunisation of all school going children with the help of the health worker Female.
- 11.2 Supervise the immunisation of all children from one to five years and pregnant women.

12. FAMILY PLANNING

- 12.1 Personally motivate resistant cases for family planning.
- 12.2 Guide the Health Worker Male in establishing male depot holders with the assistance of the Health Worker Male and supervise the functioning.
- 12.3 Assist M.O. PHC in organisation of Family Planning camps and drives.
- 12.4 Provide information on the availability of services for medical termination of pregnancy and refer suitable cases to the approved institutions.
- 12.5 Ensure follow-up of all cases of vasectomy, tubectomy, IUD and other Family Planning acceptors.

13. NUTRITION

- 13.1 Ensure that all cases of malnutrition among infants and young children (0-5 years) are given the necessary treatment and advice and refer serious cases to the PHC.
- 13.2 Ensure that Iron and Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.

14. CONTROL OF BLINDNESS

- 14.1 Ensure all cases of blindness including suspected cases of cataract are referred to Medical Officer of Primary Health Centre.

15. VITAL EVENTS

- 15.1 Collect and compile the weekly report of births and deaths occurring in his area and submit them to the Medical Officer Primary Health Centre. Ensure notification of Births and Deaths occurred in the area to the Birth and Death Registrar of the local area by the Health Worker Male & Female.
- 15.2 Educate the community regarding the need for Registration of Vital Events.

16. PRIMARY MEDICAL CARE

- 16.1 Ensure that treatment for minor ailments and first aid for accidents is provided and refer cases beyond his competence to the PHC or nearest hospital.
- 16.2 Attend the cases referred by the Health Workers and refer cases beyond his competence to the PHC or nearest hospital.

17. HEALTH EDUCATION

- 17.1 Carry out educational activities for control of communicable diseases, environmental sanitation, MCH, Family Planning, Nutrition, Immunisation, Dental Care and all other National Health Programmes.
- 17.2 Arrange group meetings with leaders and involve them in spreading the message for various health programmes.
- 17.3 Organise and conduct training of community leaders with the assistance of the Health Team.

5. JOB RESPONSIBILITIES OF HEALTH SUPERVISOR (FEMALE)

NOTE : Under the Multipurpose Workers Scheme a Health Supervisor Female is expected to cover a population of 30,000 (20,000 in tribal and hilly areas) in which there are six subcentres, each with one health Worker Female. The Health Supervisor Female will carry out the following duties

1. SUPERVISION AND GUIDANCE

- 1.1 Supervise and guide the Health Worker Female, Dais and female Health Guides in the delivery of health care services to the community.
- 1.2 Strengthen the knowledge and skills of the Health Worker Female.
- 1.3 Help the Health Worker (Female) in improving her skills in working in the community.
- 1.4 Help and guide the Health Worker Female in planning and organising her programme of activities.
- 1.5 Visit each subcentre at least once a week on a fixed day to observe and guide the Health Worker Female in her day-to-day activities.
- 1.6 Assess fortnightly the progress of work of the Health Worker Female and submit an assessment report to the Medical Officer of the Primary Health Centre.
- 1.7 Carry out supervisory home visits in the area of the Health Worker Female with respect to their duties under various National Health Programmes.
- 1.8 Supervise referral of all pregnant women for VDRL testing to CHC/ Sub-Divisional Hospital.

2. TEAM WORK

- 2.1 Help the Health Workers to work as part of the health team.
- 2.2 Coordinate her activities with those of the Health Supervisor Male and other health personnel including the Dais and Health Guides.
- 2.3 Coordinate the health activities in her area with the activities of workers of other departments and agencies and attend meetings at PHC level.
- 2.4 Conduct regular staff meetings with the Health Workers in coordination with the Health Supervisor Male.

- 2.5 Attend staff meetings at the Primary Health Centre.
- 2.6 Assist the Medical Officer of the Primary Health Centre in the organisation of the different health services in the area.
- 2.7 Participate as a member of the health team in mass camps and campaigns in health programmes.

3. SUPPLIES, EQUIPMENT AND MAINTENANCE OF SUBCENTRES

- 3.1 In collaboration with the Health Supervisor Male, check at regular intervals the stores available at the subcentre and help in the procurement of supplies and equipment.
- 3.2 Check that the drugs at the subcentre are properly stored and that the equipment is well maintained.
- 3.3 Ensure that the Health Worker Female maintains her general and midwifery kit and Dai kit in the proper way.
- 3.4 Ensure that the subcentre is kept clean and is properly maintained.

4. RECORDS AND REPORTS

- 4.1 Scrutinise the maintenance of records by the Health Worker Female and guide her in their proper maintenance.
- 4.2 Maintain the prescribed records and prepare the necessary reports.
- 4.3 Review reports received from the Health Workers Female consolidate them and submit monthly reports to the Medical Officer of the Primary Health Centre.

5. TRAINING

- 5.1 Organise and conduct training for Dais with the assistance of the Health Worker Female.
- 5.2 Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel.

6. MATERNAL AND CHILD HEALTH

- 6.1 Conduct weekly MCH clinics at each subcentre with the assistance of the Health Worker Female and Dais.
- 6.2 Respond to calls from the Health Worker Female, the Health Worker Male, the Health Guides and the trained Dais and render the necessary help.
- 6.3 Conduct deliveries when required at PHC level and provide domiciliary and midwifery services.

7. FAMILY PLANNING AND MEDICAL TERMINATION OF PREGNANCY

- 7.1 She will ensure through spot checking that Health Worker Female maintains up-to-date eligible couple registers all the times.
- 7.2 Conduct weekly family planning clinics (along with the MCH clinics) at each subcentre with the assistance of the Health Worker Female.
- 7.3 Personally motivate resistant cases for Family Planning.
- 7.4 Provide information on the availability of services for medical termination of pregnancy and for sterilisation. Refer suitable cases for MTP to the approved institutions.
- 7.5 Guide the Health Worker Female in establishing female depot holders for the distribution of conventional contraceptives and train the depot holders with the assistance of the Health Worker Female.
- 7.6 Provide IUD services and their follow-up.
- 7.7 Assist M.O., PHC in organisation of Family Planning camps and drives.

8. NUTRITION

- 8.1 Ensure that all cases of malnutrition among the infants and young children (0-5 years) are given the necessary treatment and advise and refer serious cases to the Primary Health Centre.
- 8.2 Ensure that Iron and Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.
- 8.3 Educate the expectant mothers regarding breast feeding.

9. UNIVERSAL IMMUNISATION PROGRAMME

- 9.1 Supervise the immunisation of all pregnant women and children (0-5 years).
- 9.2 She will also guide the H.W. (female) to procure supplies, organise immunisation camps, provide guidance for maintaining cold chain, storage of vaccine, Health Education, and also in immunisations.
- 9.3 Supervise the immunisation of all pregnant women and infants.
- 9.4 Follow the directions given in Manual of Health Worker(Female under National Immunisation Programme).

ACUTE RESPIRATORY INFECTION.

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

SCHOOL HEALTH

1. Help the Medical Officer in School Health Services.

10. PRIMARY MEDICAL CARE

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

11. HEALTH EDUCATION

- 11.1 Carry out educational activities for MCH, Family Planning, Nutrition and Immunisation, control of blindness, dental care and other National Health Programmes like leprosy and tuberculosis with the assistance of the Health Worker Female.
- 11.2 Arrange group meetings with leaders and involve them in spreading the message for various health programmes.
- 11.3 Organise and conduct training of women leaders with the assistance of the Health Worker Female.
- 11.4 Organise and utilise Mahila Mandal, teachers and other women in the community in the family welfare programmes, including ICDS personnel.

6. JOB RESPONSIBILITIES OF HEALTH WORKER (MALE)

Note : Under the MPW scheme, one Health Worker Male and one Health Worker Female are posted at each subcentre and are expected ultimately to cover a population of 5,000 (3,000 in tribal and hilly area).

The Health Worker Male will visit each family once a fortnight. He will record his visit on the main entrance to the house according to the instructions.

His duties to different National Health Programmes are:

1. MALARIA

1.1 From each family, he shall enquire about

- i) Presence of any fever cases.
- ii) Whether there was any fever case in the family in between his fortnightly visits.
- iii) Whether any guest had come to the family and had fever.
- iv) Whether any member of the family who had fever in between his fortnightly visits had left the village.

1.2 He shall collect thick and thin blood smears on one glass slide from cases having fever or giving history of fever and enter details in MF-2 and put appropriate serial number on the slide.

1.3 He shall begin presumptive treatment for Malaria after blood smear has been collected. He will follow the instructions given to him regarding administration of presumptive treatment under NMEP.

1.4 He shall contact the village Health Guide during his fortnightly visit to the village and (i) collect blood smears already taken by the village Health Guide ii) also collect details of each case in MF-2 iii)replenish both drugs and glass slides and look into the account of consumption of antimalarial drugs.

1.5 He shall despatch blood smears along with MF-2 collected from the village Health Guide/Multipurpose Worker Female of the Subcentre and also those collected during his visit in his area to the PHC Laboratory twice in a week, or as instructed by the Medical Officer PHC.

- 1.6 He shall verify the presumptive treatment administered by the Health Guide, if any during his visit.
- 1.7 He shall administer radical treatment to the positive cases as per drug schedule prescribed and as per instructions issued by the Medical Officer PHC and take laid down action if toxic manifestations are observed in a patient receiving radical treatment with primaquine.
- 1.8 He shall intimate each household in advance regarding date of spray on the basis of advance spray programme given to him and explain simultaneously the benefit of insecticidal spray to the villagers.
- 1.9 He shall contact the village Health Guide and inform him of the spray dates and request him to motivate the community and prepare them for accepting the spray operations.
- 1.10 Assist the Health Supervisor Male in supervising spraying operations and training of field spraying staff.

2. WHERE KALA-AZAR IS ENDEMIC

- 2.1 From each family he shall enquire about :
 - a) Presence of any fever cases of more than 15 days duration.
 - b) He will identify the fever cases detected by him during visits and not responding to anti malarials.
 - c) Whether any guest had come to the family and had fever Kala-Azar.
 - d) Whether any member of the family/guest who had fever of more than 15 days duration and left the village.
- 2.2 He will guide the suspected cases to the nearest diagnostic and treatment centre (Primary Health Care Centre or Community Health Centre) for diagnosis and treatment by the Medical Officer.
- 2.3 He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through Health Supervisor during the visit.
- 2.4 He will carry a list of all Kala-azar cases in his area for follow up and will ensure administration of complete treatment.

- 2.5 He will assist during the spray activities in his area.
- 2.6 He will conduct all health education activities particularly through interpersonnel communication by carrying proper charts etc. and also assist Health Supervisors and other functionaries in their health education activities.

WHERE JAPANESE ENCEPHALITIS (J.E...) IS ENDEMIC

- 2.7 From each family, he shall enquire about presence of any fever cases with encephalitic presentation.
- 2.8 He will refer the suspected cases to the nearest diagnostic and treatment Centre (Primary Health Care Centre or Community Health Centre) for diagnosis and treatment by the Medical Officer.
- 2.9 He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through Health Supervisor (M)during his visit.
- 2.10 He will carry a list of all JE cases in his area for follow up.
- 2.11 He will assist during the spray activities in his area.
- 2.12 He will conduct all health education activities particularly through inter personnel communication by carrying proper charts etc. and also assist Health Supervisor and other functionaries in their health education activities.

3. COMMUNICABLE DISEASES.

- 3.1 Identify cases of diarrhoea, dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough, tetanus, poliomyelitis neonatal tetanus, acute eye infections and notify to the Health Supervisor and M.O PHC immediately about these cases.
- 3.2 Carry out control measures until the arrival of the Health Supervisor Male and assist him in carrying out these measures.
- 3.3 Give Oral Rehydration Solution to all cases of diarrhoea/dysentery/vomiting.
- 3.4 Educate the community about the importance of control and preventive measures against communicable disease and about the importance of taking regular and complete treatment.

- 3.5 Identify and refer cases of Genital sore or urethral discharge or non-itchy rash over the body to Medical Officer.
- 3.6 Identify and refer all cases of blindness including suspected cases of cataract to M.O. PHC.
- 3.7 Report the presence of stray dogs to the Health Supervisor Male and assist him in carrying out the destruction of stray dogs.

4. LEPROSY

- 4.1 Identify cases of skin patches, especially if accompanied by loss of sensation and take skin smears from these cases. Refer those cases to M.O. PHC for further investigation.
- 4.2 Check whether all cases under treatment for leprosy are taking regular treatment. Motivate defaulter to take regular treatment and bring them to the notice of the Health Supervisor Male.

5. TUBERCULOSIS

- 5.1 Identify persons especially with fever for 15 days and above with prolonged cough or spitting of blood and take sputum smears from these individuals. Refer these cases to the M.O. PHC for further investigations.
- 5.2 Check whether all cases under treatment for tuberculosis are taking regular treatment. Motivate defaulters to take regular treatment and bring them to the notice of the Health Supervisor Male.
- 5.3 Educate the community on various health education aspects of tuberculosis programme.
- 5.4 Assist the village Health Guide in under taking the activities under TB programme properly. Provide the list of the TB patients living in a village to the village Health Guide so that he is further able to motivate the TB patient in taking regular treatment.

6. ENVIRONMENTAL SANITATION

- 6.1 Chlorinate public water sources including wells at regular intervals.
- 6.2 Educate the community on (a) the method of disposal of liquid wastes; (b) The method of disposal of solid wastes; (c) Home sanitation; (d) Advantage and use of sanitary type of latrines; (e) Construction and use of smokeless chulhas.

7. UNIVERSAL IMMUNISATION PROGRAMME

- 7.1 Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children in his area in collaboration with Health Worker Female.
- 7.2 Assist the Health Worker Female in administering tetanus toxoid to all pregnant women.
- 7.3 Assist the Health Supervisor (Male & Female)Health Worker Female in the school immunisation programme.
- 7.4 Educate the people in the community about the importance of immunisation against the various communicable diseases.

8. DIARRHOEA CONTROL PROGRAMME

- 8.1 Educate community on home management of diarrhoea.
- 8.2 Report any outbreak of diarrhoeal disease.
- 8.3 Measures such as chlorination of drinking water to be carried out.
- 8.4 Proper sanitation to be maintained.
- 8.5 Encourage use of latrines.

9. FAMILY PLANNING

- 9.1 Utilise the information from the eligible couple and child register for the family planning programme.
- 9.2 Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- 9.3 Distribute conventional contraceptives to the couples.
- 9.4 Provide facilities and help to prospective acceptors of sterilisation in obtaining the services,if necessary by accompanying them or arranging for the Health Guide to accompany them to the PHC/ Hospital.

- 9.5 Provide follow up-services to male family planning acceptors, identify side effects, give treatment on the spot for side effects and minor complaints and refer those cases that need attention by the physician to the PHC/Hospital.
- 9.6 Build rapport with satisfied acceptors, village leaders, Health Guide, teachers and others and utilise them for promoting Family Welfare Programmes.
- 9.7 Establish male depot holders in the area. Help the Health Supervisor Male and Female in training them all. Provide continuous supply of conventional contraceptives.
- 9.8 identify the male community leaders in each village of his area.
- 9.9 Assist the Health Supervisor male in training the leaders in the community and in educating and involving the community in family welfare programmes.

10. MEDICAL TERMINATION OF PREGNANCY

- 10.1 Identify the women requiring help for medical termination of pregnancy, refer them to the nearest approved institution, and inform the Health Worker Female.
- 10.2 Educate the community on the availability of services for medical termination of pregnancy.

11. HEALTH EDUCATION

- 11.1 Educate the community about the availability of Maternal and Child Health Services and encourage them to utilise the facilities.

12. NUTRITION

- 12.1 Identify cases of malnutrition among infants and young children (zero to five years) in his areas, give the necessary treatment and advice or refer them to the anganwadi/balwadi for supplementary feeding and refer serious cases to the Primary Health Centre.

- 12.2 Distribute Iron and Folic Acid as prescribed to children from zero to five years, pregnant and nursing mothers and family planning acceptors.
- 12.3 Administer Vitamin A solution as prescribed to children from one year to five years.
- 12.4 Educate the Community about nutritious diet for mothers and children from locally available foods.

13. VITAL EVENTS

- 13.1 Enquire about births and deaths occurring in his area, record them in the births and deaths register and notify them to the Birth and Death Registrar of the local area.
- 13.2 Educate the Community on the importance of Registration of Births and Deaths.

14. PRIMARY MEDICAL CARE

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

15. RECORD KEEPING

- 15.1 Survey all the families in his area and prepare/maintain maps and charts for the villages.
- 15.2 Prepare, maintain utilise family and village records.
- 15.3 With the assistance of the Health Worker Female prepare the eligible couple and child Register and maintain it up to date.
- 15.4 Maintain a record of cases in his area who are under treatment for tuberculosis and leprosy.
- 15.5 Prepare and submit periodical reports in time to the Health Supervisor Male.

7. JOB RESPONSIBILITIES OF HEALTH WORKER (FEMALE)

NOTE: Under Multipurpose Workers Scheme, one Health Worker Female and one Health Worker Male are posted at each subcentre and are expected ultimately to cover a population of 5,000 (3,000 in tribal and hilly areas.) She will carry out the following duties.

1. MATERNAL AND CHILD HEALTH

- 1.1 Register and provide care to pregnant women throughout the period of pregnancy.
- 1.2 Test urine of pregnant women for albumen and sugar and estimate haemoglobin level during her home visits and at the clinics.
- 1.3 Ensure that all pregnant women get VDRL test done.
- 1.4 Refer cases of abnormal pregnancy and cases with medical and gynaecological problems to the Health Supervisor Female or the Primary Health Centre.
- 1.5 Conduct about 50% of total deliveries in her area.
- 1.6 Supervise deliveries conducted by Dais and assist them whenever called in.
- 1.7 Refer cases of difficult labour and newborns with abnormalities, help them to get institutional care and provide followup to the patients referred to or discharged from hospital.
- 1.8 Make at least three post-natal visits for each delivery conducted in her area and render advice regarding care of mother and care and feeding of the new born.
- 1.9 Assess the growth and development of the infant and take necessary action required to rectify the defect.
- 1.10 Educate mother individually and in groups in better family health including maternal and child health, family planning, nutrition, immunisation, control of communicable diseases, personnel and environmental hygiene.
- 1.11 Assist Medical Officer and Health Supervisor Female in conducting antenatal and postnatal clinics at the subcentre.

2. FAMILY PLANNING

- 2.1 Utilise the information from the eligible couple and child registers for the family planning programme. She will be squarely responsible for maintaining eligible couple registers and updating at all times.
- 2.2 Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- 2.3 Distribute conventional contraceptives and oral contraceptives to the couples, provide facilities and to help prospective acceptors in getting family planning services if necessary, by accompanying them or arranging for the Dai to accompany them to hospital.
- 2.4 Provide follow-up services to female acceptors, identify side effects, give treatment on the spot for side-effects and minor complaints and refer those cases that need attention by the Physician to PHC/Hospital.
- 2.5 Establish female depot holders, help the Health Supervisor Female in training them, and provide a continuous supply of conventional contraceptives to the depot holders.
- 2.6 Build rapport with acceptors, village leaders, Health Guides, Dais and other and utilise them for promoting Family Welfare Programme.
- 2.7 Identify women leaders and help the Health Supervisor Female to train them.
- 2.8 Participate in Mahila Mandal meetings and utilise such gatherings for educating women in Family Welfare Programme.

3. MEDICAL TERMINATION OF PREGNANCY

- 3.1 Identify the women requiring help for medical termination of pregnancy and refer them to nearest approved institution.
- 3.2 Educate community of the consequences of septic abortion and inform them about the availability of services for medical termination of pregnancy.

4. NUTRITION

- 4.1 Identify the cases of malnutrition among infants and young children (zero to five years), give the necessary treatment and advice and refer serious cases to the Primary Health Centre.
- 4.2 Distribute Iron and Folic Acid tablets as prescribed to pregnant and nursing mothers, infants and young children (zero to five years) and family planning acceptors.
- 4.3 Administer vitamin A solution as prescribed to children from 1 to 5 years.
- 4.4 Educate community about nutritious diet for mothers and children.

5. UNIVERSAL IMMUNISATION PROGRAMME

- 5.1 Immunise pregnant women with tetanus toxoid.
- 5.2 Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children.
- 5.3 Maintain report of all eligibles, those vaccinated and follow up defaulters.

6. DIARRHOEA CONTROL PROGRAMME

- 6.1 Educate mothers regarding home management of diarrhoea with ORT.
- 6.2 Provide and Indent ORS.
- 6.3 Monitoring of cases of diarrhoea, if any increase, report to Medical Officer.
- 6.4 Record deaths due to diarrhoea and give monthly report.
- 6.5 Arrange for mother's meeting and work closely with anganwadi and other health workers.

7. DAIS TRAINING

- 7.1 List Dais in her area and involve them in promoting Family Welfare.
- 7.2 Help the Health Supervisor Female in the training Programme of Dais.

8. COMMUNICABLE DISEASES.

- 8.1 Notify the M.O. PHC immediately about any abnormal increase in cases of diarrhoea/dysentery, Poliomyelitis, Neonantal tetanus, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness which she come across during her home visits, take the necessary measures to prevent their spread, and inform the Health Worker Male to enable him to take further action.
- 8.2 If she comes across a case of fever during her home visits she will take blood smears, administer presumptive treatment and inform Health Worker Male for further action.
- 8.3 Identify cases of skin patches, especially if accompanied by loss of sensation, which she comes across during her home visits and bring them to the notice of the Health Worker Male for skin smears.
- 8.4 Assist the Health Worker Male in maintaing a record of cases in her area, who are under treatment for tuberculosis and leprosy and check whether they are taking regular treatment, motivate defaulters to take regular treatment and bring these cases to the notice of the Health Worker Male or Health Supervisor Male.
- 8.5 Give Oral Rehydration solution to all cases of diarrhoea/ dysentery/vomiting.
- 8.6 Identify and refer all cases of blindness including suspected cases of cataract to M.O. PHC.
- 8.7 Where Kala-azar is endemic
 - i) She will assist Health Worker Male in identifying suspected Kala-azar cases and guiding them to the nearest diagnostic and treatment centre.
 - ii) She will ensure follow up of all the Kala-Azar cases in her area for complete treatment.
- 8.8 Where Japanese Encephalitis (J.E) is endemic
 - i) She will assist the Health Worker Male in identifying suspected encephalitis cases and guiding them to the nearest diagnostic and treatment centre.
 - ii) She will ensure follow up of all J.E cases in her area.

9. VITAL EVENTS

9.1 Record births and deaths occurring in her area in births and deaths register and notify them to the local Birth and Death Registrar.

10. RECORD KEEPING

10.1 Register (a) pregnant women from three months of pregnancy onward (b) infants zero to one year of age; and (c) women aged 15 to 44 years.

10.2 Maintain the pre-natal and maternity records and child care records.

10.3 Assist the Health Worker Male in preparation of the eligible couple and child register and maintaining it up-to-date.

10.4 Maintain the records as regards contraceptive distribution, IUD insertion, couples sterilized, clinics held at the subcentre and supplies received and issued.

10.5 Prepare and submit the prescribed monthly reports in time to the Health Supervisor Female.

11. PRIMARY MEDICAL CARE

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

12. TEAM ACTIVITIES

12.1 Attend and participate in staff meetings at Primary Health Centre/ Community Development Block or both.

12.2 Coordinate her activities with the Health Worker Male and other Health Workers including the Health Guides and Dais.

12.3 Meet the Health Supervisor Female each week and seek her advice and guidance whenever necessary.

12.4 Maintain the cleanliness of the subcentre.

12.5 participate as a member of the team in camps and campaigns.

12.6 Work as a team with Anganwadi Worker in ICDS block/VHG/TBA

ACUTE RESPIRATORY INFECTIONS

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

SCHOOL HEALTH

1. Help the Medical Officers in School Health Services.

8. JOB RESPONSIBILITIES OF LABORATORY TECHNICIAN

Note : All Primary Health Centres and Subsidiary Health Centres have been provided with a post of Laboratory Technician/Assistant. The Laboratory Technician will be under the direct supervision of the Medical Officer, Primary Health Centre. The Laboratory Technician will carry out the following duties.

I. GENERAL LABORATORY PROCEDURES

1. Maintain the cleanliness and safety of the laboratory.
2. Ensure that the glassware and equipment are kept clean.
3. Handle and maintain the microscope.
4. Sterilize the equipment as required.
5. Dispose of specimens and infected material in a safe manner.
6. Maintain the necessary records of investigations done and submit the reports to the M.O. PHC.
7. Prepare monthly reports regarding his work.
8. Indent for supplies for the laboratory through the M.O. PHC and ensure the safe storage of materials received.

II. LABORATORY INVESTIGATIONS.

1. Carry out examination of urine
 - i. Specific gravity and PH
 - ii. Test for glucose
 - iii. Test for protein(albumen)
 - iv. Test for bile pigments and bile salts
 - v. Test for Ketone bodies
 - vi. Microscopic examination.
2. Carry out examination of stools
 - i. Macroscopic examination
 - ii. Microscopic examination.
3. Carry out examination of blood
 - i. Collection of blood specimen by finger prick technique.
 - ii. Haemoglobin estimation
 - iii. RBC count
 - iv. WBC count (total and differential)
 - v. Preparation, staining and examination of thick and thin blood smears for malaria parasites and for microfilariae.
 - vi. Erythrocyte sedimentation rate.
 - vii. VDRL

4. CARRY OUT THE SPUTUM EXAMINATION

1. Preparation, Staining and examination of sputum smears for Mycobacterium tuberculosis.

5. CARRY OUT EXAMINATION OF SKIN AND SMEARS OF LEPROSY PATIENTS

- i. Preparation, staining and examination of skin smears of Mycobaterium leprosy
- ii. Preparation, staining and examination of nasal smears for Mycobaterium leprosy

6. CARRY OUT EXAMINATION OF SEMEN

- i. Macroscopic examination
- ii. Sperm count and motility

7. PREPARE THROAT SWABS

- I. Collection of throat swab and examination for diphtheria

8. TEST SAMPLE OF DRINKING WATER

- I. Testing of sample for gross impurities
9. i. In addition to the Laboratory investigations already listed, he will conduct orthotolidine test.
 - ii. He will maintain all records of sera samples drawn, orthotolidine test conducted, positives etc.
 - iii. He will also assist in Kala-azar search operations.
 - iv. In addition to the Laboratory investigations already listed, he will collect sera samples from suspected encephalitis cases.
 - v. He will maintain all records of sera samples drawn and their results from Virology Lab.

III. MAINTENANCE OF RECORDS AND REGISTERS UNDER NMEP

1. He will maintain all record of slides examined by him must get the positive slides confirmed by the Medical Officer of PHC.
2. Daily progress and output register of blood slide examination.
3. The back-log chart of pending radical treatment vis-a-vis collected slides.

9. STAFF NURSE

She works under the technical and administrative control of Medical Officer of Primary Health Centre.

FUNCTIONS :

1. O.P.D:

- She will assist the Medical Officer to ensure smooth running of the O.P.D.

2. Administration of Drugs:

- She will be responsible for the administration of drugs (Oral and Parenteral) to O.P and I.P cases as prescribed by the Medical Officer.

3. In Patient Ward .

- She will give nursing care to all In-Patients.
- She will maintain the In-Patient census.
- She will maintain the Ward Sanitation.
- She will maintain In-Patients records.
- She is responsible for the maintenance of instruments / equipment of the ward.

4. labour Room :

- She will help the Medical Officer in maintaining the labour room in aseptic condition.
- She is responsible for conducting normal deliveries and giving immediate care to the mother and child. She is responsible for maintaining parturation register and labour room stock subregisters. She is responsible for autoclaving the required material and keep drugs needed in the labour room.

5. Operation Theatre :

- She is responsible for fumigation of operation theatre for conducting operations.
- She will assist the Medical Officer in conducting the operations.

- She will keep ready adequate supply of equipments, materials (Sterile) required for the operations.
- She is accountable for swab and instruments count during operations.
- She is accountable for swab and instruments count during operations.

6. Maintenance of Stores :

- She will prepare indent for the equipments, materials, linen and drugs etc, needed for operation theatre, labour room and I.P. ward etc., obtain them and maintain the stock and issue register.
- She will help the Medical Officer in periodical verification of the stores.

7. Records and Reports :

- She will maintain the prescribed records for O.P., I.P., Labour room and Operation Theatre services.
- She will assist the Medical Officer in preparation and submission of monthly returns.

10. PHARMACIST

FUNCTIONS :

1. He will dispense medicines as prescribed by the Medical Officer to the patients.
2. He will maintain the stock register of medicines and vaccines received by him.
3. He will maintain the medical stores.
4. He will assist the Medical Officer in preparation of indents for medicines and vaccines etc., as and when required.
5. He will maintain watch register of medicines indicating expirydate, batch No. and condition of drugs received by him. He will bring to the notice of the Medical Officer excess stock of any medicine with nearing expiry date for re-distribution.

6. He will attend to the dressing of injured patients as per the advice of the Medical Officer.
7. He will prepare the daily abstract of O.P cases-old cases Male, Female Total and Children - New cases Male, Female, Total and Children - and prepare dialy abstract of diseases treated. he will prepare monthly report of communicable and non-communicable diseases treated sex wise in the prescribed proforma.

11. JOB RESPONSIBILITIES OF COMPUTOR

WORKING RELATIONSHIP

The computer is a member of the health team of the Primary Health Centre. He must keep close contact with the various Health Worker in the team. He will function under the supervision and guidance of the Medical Officer, Primary health Centre. He will receive technical support and guidance from the Statistical Assistant at district level.

DUTIES AND FUNCTIONS

1. He will collect information on various components of Health and Family Welfare Programmes (including mass education and media activities) from the subcentre and the Primary Health Centre levels and will scrutinise and consolidate the information collected for the entire PHC area.
2. He will compile and send such monthly reports and ad-hoc returns on Malaria, T.B, Leprosy, Blindness, Dental care and Family Welfare Programmes and other National Health Programmes. (also, Neonatal tetanus and Poliomyelities)
3. He will maintain records of various activities mentioned at item 1 above.
4. He will compile the updated information regarding the Eligible couple and child Registers in all the villages received from the subcentre staff and will also compile village-wise information regarding the number of eligible coupies, number of couples using different family planning methods and the number of couples to be motivated along with the information on their parity, the number of child covered by different immunisation programmes, and those still to be covered under these programmes.

5. He will compile data on the characteristics of family planning acceptors from the Sterilisation and IUD Acceptors registers.
6. He will assist the Statistical Assistant at district level in sample verification of acceptors in the area under the jurisdiction of the Primary Health Centre. He will participate in special studies on certain aspects of Health and Family Welfare Programmes in the PHC area as part overall activities of programme evaluation and research.
7. He will maintain a register of vital events in the area from the register of births and deaths of the village registers and also from reports of the vital events observed by Health Workers in the area.
8. Where ever CHO/MPHEO Post is not there, he will visit Mandal Revenue Office twice in a month to ensure collection of Birth & Death Returns from V.A.Os proper filling up of these Returns and onward transmission of these Returns to Director of Health & Chief Registrar of Births and Deaths, Hyderabad in time.
9. He will also help to coordinate and maintain up-to-date village records and House hold and Family records as envisaged in the Management Information and Evaluation system for use by various National Health and Family Welfare Programmes.
10. He will prepare charts and graphs depicting (1) the progress of various Health and Family Welfare Programmes and (2) analytical review of the data collected under the guidance of the M.O PHC and/or statistical staff at District/State levels.
11. He will carry out any other statistical functions assigned by the Medical Officer, PHC.

MODIFICATIONS

(AMENDMENTS/EXECUTIVE INSTRUCTIONS Etc.)

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**Duty performed
with Knowledge, Faith and Devotion,
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