



Government of Kerala

# **Administration Manual for Transferred Functions: Primary Health Centre**

(Prepared by KILA under KLGSDP)

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**June 2017**





**GOVERNMENT OF KERALA**

**Abstract**

Local Self Government Department - Kerala Local Government Service Delivery Project (KLGSDP) - Administration Manual for Transferred functions: Primary Health Centre - Approved - Orders issued.

**LOCAL SELF GOVERNMENT (DA) DEPARTMENT**

**G.O.(Rt)No. 1846/2017/LSGD**

Dated, Thiruvananthapuram, **03.06.2017**

Read :- (1) G.O(Rt) No.1652/15/LSGD dated 01.06.2015  
(2) G.O(Rt) No.2420/16/LSGD dated 11.08.2016.  
(3) Letter No. 49/2015/KLGSDP dated 24/05/2017 received from the Project Director, KLGSDP

**ORDER**

As per Government Order read as 1<sup>st</sup> and 2<sup>nd</sup> paper above, a Manual Vetting Committee and a Sub Committee were constituted for vetting and quality assurance of various manuals prepared under Kerala Local Government Service Delivery Project (KLGSDP). After detailed deliberations, the Manual Vetting Committee held on 02.05.17 decided to approve the Administration Manual for Transferred functions: Primary Health Centre in principle subject to the incorporation of certain comments/suggestions of the Committee. In compliance with the directions of the Manual Vetting Committee the manual has been modified and forwarded to Government for apex approval.

2) Government have examined the matter in detail and are pleased to approve the Administration Manual for Transferred functions: Primary Health Centre prepared by Kerala Institute for Local Administration (KILA) under Kerala Local Government Service Delivery Project (KLGSDP).

**By Order of the Governor  
A.K.MOHANA KUMAR  
Joint Secretary to Government**

To

The Project Director, KLGSDP.  
The Director of Panchayats, Thiruvananthapuram,  
The Director, Urban Affairs Department, Thiruvananthapuram.  
The Director, KILA, Thrissur.  
The Director, Local Fund Audit, Thiruvananthapuram.  
The State Performance Audit Officer (SPA0)  
The Secretaries, All Districts Panchayats.(Through Director of Panchayats)  
The Executive Director, IKM, Thiruvananthapuram,  
Office Copy/Stock File

Copy to :-

Private Secretary to M(LSG&WM)  
Personal Secretary to Principal Secretary, LSGD.  
Personal Secretary to Special Secretary, LSGD.

Forwarded/By order,

  
Section Officer



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## ACRONYMS

ADS	- Area Development Society
AIDS	- Acquired Immune Deficiency Syndrome
ANC	- Anti Natal Care
APL	- Above Poverty Line
ART	- Anti Reboviral Therapy
ASHA	- Accredited Social Health Activists
AWW	- Anganwadi Worker
BCG	- Bacillus Chalmette Guerin
BP	- Blood Pressure
BPL	- Below Poverty Line
CDSP	- Centre for Disease Control and Prevention
CDP	- Communicable Disease Programme
CHC	- Community Health Centre
DDT	- Dichloro Diphenyl Trichloroethene
DMS	- District Medical Store
D&O	- Dangerous & Offensive
DOTS	- Directly Observed Treatment for Short Course
DoB	- Date of Birth
DMO	- District Medical Officer
GR	- Grama Panchayat
HI	- Health Inspector
HIV	- Human Immune Deficiency Virus
HMC	- Hospital Management Committee
HS	- Health Supervisor
ICDS	- Integrated Child Development Services
IDSP	- Integrated Disease Surveillance Programme
IEC	- Information Education and Communication
ILR	- Ice Lined Refrigerator
IMR	- Infant Mortality Rate
IQ	- Intelligence Quotient
JHI	- Junior Health Inspector
JP	- In Patient
JPHN	- Junior Public Health Nurse
LHI/LI	- Lady Health Inspector/Health Inspector
LHS	- Lady Health Supervisor
LSGs	- Local Self Governments
MGNREGS	- Mahatama Gandhi National Rural Employment Guarantee Scheme
MSS	- Mahila Swasth Saghi
NCD	- Non Communicable Diseases
NGO	- Non Government Organisation
NHM	- National Health Mission
NVBDC	- National Vector Borne Disease Control Programme

OP	- Out Patient
ORS	- Oral Rehydrate Salt
PHC	- Primary Health Centre
PHN	- Public Health Nurse
PMC	- Project Management Committee
PPTCT	- Presentation of Parents to Child Transmission Services
RCH	- Reproductive and Child Health Programme
RKS	- Rogi Kalyan Samiti
SET	- Survey Education and Treatment
SHGs	- Self Help Groups
SMS	- Short Message Service
STIs&RTI	- Sexually Transmitted Infections Reproductive Tract Infections
TB	- Tuberculosis Bacillus
TT	- Tetanus Toxoid
WHSC	- Ward Health Sanitation Committee



# Introduction

## 1.1. Grama Panchayat Health System

Kerala is a place where scientific treatment methods were in existence from primeval times. Modern Medicine and other medical sciences entered Kerala, during a period when people were dependent on Ayurveda and indigenous medical treatment. Currently, Kerala has a strong health system which comprises Ayurveda, Modern Medicine, Homoeopathy, and other Medical Sciences.

Kerala is a model to other States of India in the Health sector. Kerala has been able to attain achievements comparable to the developed countries. The health indicators like The Child Mortality Rate, Maternal Mortality Rate, and Life expectancy emphasize this. These activities are led by the Primary Health Centers at grass roots level.

## 1.2. Objective and Scope of this Manual

- i. The objective of the manual is to let the Grama Panchayat and the officials transferred from the line department clearly understand their respective roles and responsibilities in carrying out functions which have been assigned to the Grama Panchayat. However, since the functions retained by the State Government are also implemented within the jurisdiction of the Grama Panchayat, it is rational that those will be of interest to the Grama Panchayat. Information on the retained functions will help the Grama Panchayat to align and converge its activities with that of the State Government. Grama Panchayat will also be able to mobilise the people and provide other support in implementation. Keeping that in mind, this manual not only deals with functions transferred to the Grama Panchayats but also mentions the activities

retained by the State Government for taking holistic view of the functioning of the transferred institution.

- ii. Exclusion Clause: The Manual is an evolving document and the Director of KILA and Director of Panchayats will accept and incorporate valid suggestion and feedback.

### **1.3. LSGIs and Modern Medicine Institutions**

The functions, institutions and schemes of Government related to the matters included in the 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> schedule of the Kerala Grama Panchayat Raj Act, 1994 and in the 1st schedule of the Kerala Municipality Act, 1994 has been transferred to the concerned local bodies as per G.O (P) 189/95/LAD dated 18/09/1995 given in **Annexure 1.1** with effect from 2nd October 1995. Government had also directed the heads of the various departments to issue orders showing the details of transfer of institutions to the appropriate LSGIs and the posts transferred from the concerned offices. Based on this various departments have issued orders relating to transfer of institutions, posts etc. to the LSGIs. Guidelines to be followed for the effective implementation of schemes transferred to LSGIs have also been issued by the departments. Accordingly all the hospitals at the block and district level and all Primary and Community Health Centres under Health Department have been transferred to the institutions of local administration with all the wealth, assets and liabilities, posts allowed and employees as per Order No: PLB 1-93596/95/DHS dated 25/10/1995 and order No. PLB 1-93896/95/DHS dated 04/10/1996 of the Director of Health Services, Thiruvananthapuram. Detailed orders on economic powers and power to employ staff on temporary basis were also issued as per G.O. (P) 566/95/HFWD dated 23/12/1995.

### **1.4. Duties, Powers and Functions of Grama Panchayats**

As per Sec. 166 of the Kerala Grama Panchayat Raj Act, 1994 it shall be the duty of the Grama Panchayats to meet the requirements of the Grama Panchayat area in respect of the matters enumerated in the Third Schedule of the Act. As regards the matters enumerated as mandatory functions, the Grama Panchayats are duty bound to render services to the inhabitants of the Grama Panchayat area. Subject to the provisions of the Act and the guidelines and financial, technical or otherwise assistance of the government the Grama Panchayats shall have exclusive power to administer the matters enumerated in the Third schedule and to prepare and implement schemes relating thereto for the economic development and social justice.

The main functions of the Grama Panchayats in the field of Public Health and sanitation as given under the Third schedule are as follows:

#### **A. Mandatory Functions.**

- 1) Maintenance of environmental hygiene.
- 2) Vector control.
- 3) Maintenance of traditional drinking water sources.
- 4) Preservation of ponds and other water tanks.

- 5) Collection and disposal of solid waste and regulations of liquid waste disposal.
- 6) Adopt immunisation programmes.
- 7) Effective implementation of National and State level strategies and programmes for prevention and control of diseases.

**B. General Functions.**

- 1) Collection and updating of essential statistics.
- 2) Awareness building against social evils like drinking, consumption of narcotics, dowry, abuse of women and children.
- 3) Ensuring maximum people's participation at all stages of development.
- 4) Organise relief activities during natural calamities.

**C. Sector-wise Functions.**

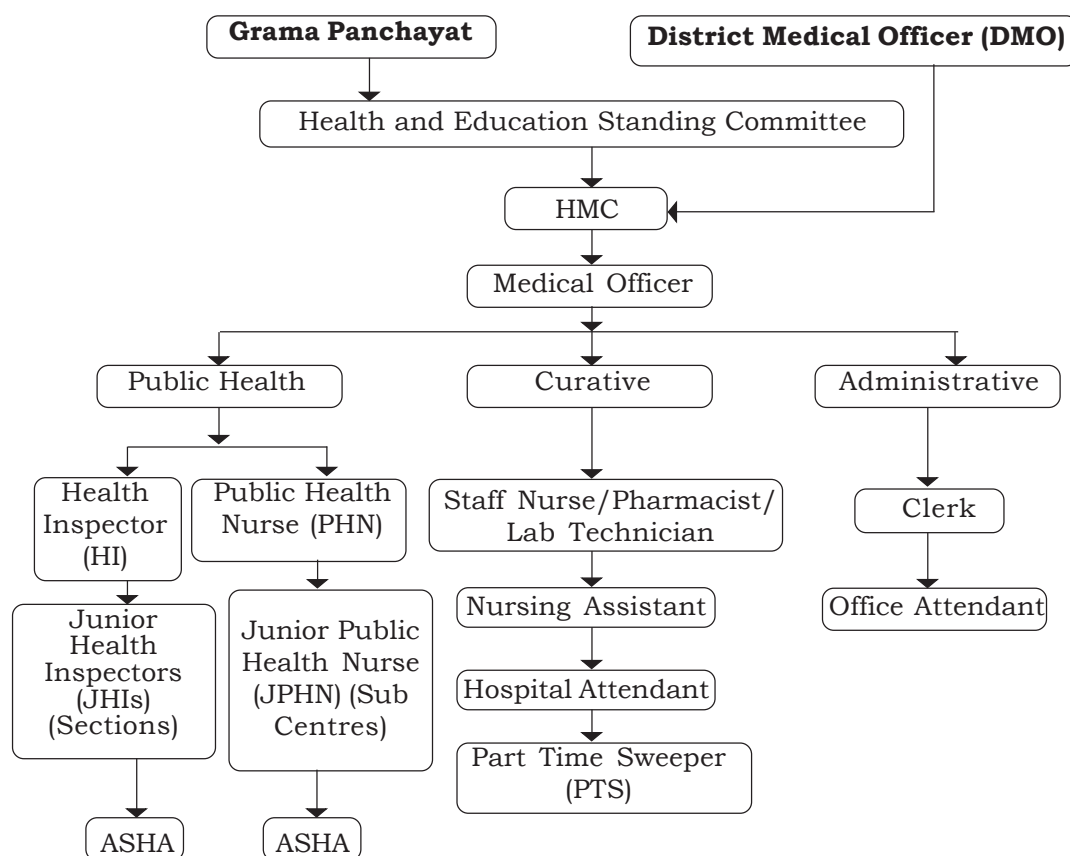
- 1) Public Health and Sanitation: Running of dispensaries, Primary Health Centres and sub-centres (with all systems of medicines)
- 2) Management of maternity and child welfare centres.
- 3) Carry out immunisation and other preventive measures.
- 4) Implementation of family welfare programmes,
- 5) Implementation of sanitation programmes.





# Organisation Structure and Services

## 2.1. Grama Panchayat Level Organisation Structure



### **2.1.1. Hospital Management Committee (HMC)**

Hospital Management committee (HMC) as per Sec.173A of KPRA is the popular arrangement in the Primary Health Centre. The objective of the Management Committee is to ensure people's participation in health related activities and institutional activities. The structure, duties and functions of the Committee shall be as laid down in Kerala Panchayat Raj (Managing Committees for Public Health Institutions) Rules, 2010.

### **2.2. Services**

It shall be the duty of the Grama Panchayat to meet the requirements of the Grama Panchayat area in respect of the matters enumerated in the Third Schedule and to render services to the inhabitants of the Grama Panchayat areas in respect of the mandatory functions (See Para 1.4 of this Manual). The services related to the health sector based on the above functions implemented through the Primary Health Centre, are listed below:

- a. Running of Primary Health Centre.
- b. Supply of essential medicines.
- c. Carry out immunisation and other preventive measures.
- d. Implementation of family welfare programmes.
- e. Implementation of Pain & Palliative Programme.
- f. Co-ordinate activities of ASHA workers.
- g. Protect the environment by making it healthy.
- h. Ensure hygiene of public markets.
- i. Contain the carriers of communicable diseases.
- j. Ensure the quality of traditional drinking water resources.
- k. Ascertain cleanliness in hotels and eateries.
- l. Issue certificate of Sanitary Fitness.
- m. Implement effectively the strategies and programmes of the state and central level for the prevention and control of disease.
- n. Ensure the hygiene of toilets and urinals in public places.
- o. Ensure proper disposal of solid and liquid waste including bio-medical waste.
- p. Co-ordinate health management during fairs and festivals.
- q. Organise relief measures during the occurrence of natural disasters.
- r. Running of Mother and Baby care centres.
- s. Disease prevention and rehabilitation measures.
- t. Conduct the Health Education Class.

The above responsibilities may be classified into tasks as listed below:

- a. Disease prevention
- b. Treatment
- c. Inspecting hotels and eateries
- d. Supervise Health aspects during Festivals & Fairs
- e. Waste Management
- f. Health Education
- g. Mother and Baby care activities
- h. Inspection before granting license to dangerous and offensive trades and factories which are likely to cause health hazard and pollution
- i. Pain & Palliative Programme
- j. Implementation of health programmes of State and Central Governments

### **2.2.1. Disease Prevention**

Disease Prevention activities form a crucial part of the responsibilities of the Primary Health Centre. Data collection is essential for taking up disease prevention activities.

#### **2.2.1.1. Data Collection**

Collection and updating of essential statistics is one of the general functions of the Grama Panchayat enumerated in the Third Schedule. Data collection required for disease prevention may be carried out through the following activities:

- i. Data collected through household visits by field staff
- ii. Data collected during field activity
- iii. Data collected during activity of sub centres
- iv. Data collected during visits to Anganwadies
- v. Data collected from other co-operatives/institutions of the Grama Panchayat
- vi. Data collected from people's representatives and voluntary activists
- vii. The data collected monthly by field staff from other hospitals, and doctors in the Grama Panchayat area. The field workers should collect this and report promptly to the Primary Health Centre.
- viii. Data derived from lay reporting, rumors registry etc.

#### **2.2.1.2. Containing Communicable Diseases**

- i. The Health Inspector should compile the details of diseases reported by field workers as weekly reports.

- ii. The concerned JHI and JPHN should prepare combined sub center-wise calendar of communicable diseases that are likely to spread during different seasons based on reports of previous years.
- iii. The Primary Health Centre should prepare an action programme on the basis of the characteristics of the disease for preventing communicable diseases according to the seasonality calendar and based on the information collection.
- iv. The activities based on this action plan shall be taken up by JPHN, JHI of each area under the leadership of the health inspector of the Primary Health Centre.
- v. Reports should be submitted to the Grama Panchayat and District Medical Officer (DMO) health regarding the communicable diseases found in each area and the preventive measures taken. This action plan should be presented at the monthly review meeting at the PHC. Each and every incident of death due to communicable diseases need to be investigated and the report to be submitted to the Grama Panchayat.
- vi. The copies of the weekly compiled reports should be given to the field workers.
- vii. The information regarding this should be provided to anganwadi workers, teachers of Grama Panchayat schools, management committee members, health promotion team members and ASHA workers. The HI in charge of concerned area should do this.
- viii. Special meetings should be convened as and when required by the Grama Panchayat.
- ix. The Health Inspector should keep the weekly compiled reports at the Primary Health Centre.
- x. The Medical Officer and the Health Inspector should present the compiled report and the weekly report at the District-level and Block-level meetings. They should also inform them about the details of communicable diseases, if any. Field and clinical activity should be organised on the basis of that.
- xi. The Health Promotion team should be equipped with necessary training for disease prevention based on the action plan.
- xii. The services of other Grama Panchayat institutions should be utilised when spreading of communicable diseases occur.

### **2.2.1.3. Treatment for Communicable Diseases**

The disease treatment has an important place in controlling the spread of communicable diseases. The following important activities are to be carried out for treatment of diseases.

- i. The JHI and JPHN should refer information regarding communicable or other diseases they come across during the field activity to Health Inspector of the PHC.
- ii. For the early detection of communicable diseases, IDSP (Integrated Disease Surveillance Programme) is introduced. Every day the warning signals of selected diseases found in the field and PHC should be reported to higher authorities in prescribed forms.
- iii. Temporary clinics should be started at Grama Kendras and treatment provided to needy patients living in remote areas when communicable diseases are spreading.
- iv. The paramedical staff, Anganawadi workers, helper, and other health workers should be informed of when communicable diseases are multiplying. They should be supplied with information regarding symptoms and preventive measures. The JHI of each area should take the lead in these activities.
- v. Medicines and other arrangements should be made available and supplied to the needy.
- vi. Medical camps, special clinics, campaigns, etc. should be conducted as and when required in consultation with the Grama Panchayat.

#### **2.2.1.4. Preventive Vaccines/Medicines**

Various types of vaccinations and drops are available for disease prevention.

- i. The JPHN should keep the register of pregnant women and children of concerned sub-centre area who require vaccinations/preventive medicines updated.
- ii. Immunisation clinics should be conducted on Wednesdays at the PHC. The organising responsibility of this rests with the Public Health Nurse (PHN).
- iii. One clinic should be conducted at the sub centre each month. The JPHN and JHI who are in charge of the sub centre are vested with the responsibility for the same.
- iv. Information regarding when disease preventive medicines and vaccinations have to be administered and when these services are available from the Primary Health Centres and sub centres should be displayed at these centres and Grama Kendras. This should be displayed in such a way that it is easily understandable to the patients visiting the PHCs and sub centres.
- v. Immunisation cards indicating the status of immunization shall be issued to the mothers at the time of first vaccination.
- vi. The JPHN at the sub centre should ensure that the vaccines, which are being administered, are stored in the nature and method as prescribed.

- vii. The hospital and sub centre should have the facility for mothers who visit them to feed their children.
- viii. The recipients/mothers should be made aware of the complications/side effects inherent in administering vaccines.
- ix. The JPHN shall provide information regarding the time and date of subsequent vaccination.
- x. Those who do not take vaccination should be identified. This should be carried out as part of the field work.
- xi. Those who do not receive vaccination should be referred to Primary Health Centres.
- xii. Those who are reluctant to receive vaccination should be made aware of its importance and notified to Education and Health Standing committee.
- xiii. Prophylactic medicines to prevent specific diseases shall be given to high risk groups including MGNREGS and sanitation workers of Grama Panchayat.

#### **2.2.1.5. Lifestyle Disease Prevention Programme**

- i. A Disease Register related to major illnesses like diabetes, cancer, B.P, coronary disease, obesity and psychological diseases should be maintained.
- ii. Weekly NCD clinics shall be conducted at the sub centre and PHC level to screen and follow up of lifestyle diseases. An NCD card shall be issued to the patients identified with lifestyle diseases.
- iii. Data collection should be carried out from Non Communicable Diseases (NCD) camps using the information from field activity and clinic. These data should be updated monthly.
- iv. Each health incidences occurring monthly should be registered at the Primary Health Centres. The incidence of diseases, medicinesprescribed, death, and reasons behind death should be included in the register.
- v. Disease observation: Those who have diseases entered in the register should be monitored continuously.
- vi. Self Help Groups (SHGs)/peer groups should be formed with people who are infected with similar ailments.
  - a. The JHI of each area should take initiative in forming the self-help groups.
  - b. Discussions regarding exercise and diet control should be held in these groups.
  - c. The Group Convener should convene the meeting of SHG once in a month with the knowledge of the JHI.

- d. The JHI is entrusted with the task of providing health education at these monthly meetings.
- vii. Help should be provided to those who are addicted to smoking, drugs, and drinking.
  - a. It is the responsibility of the JHI to locate those who are addicted to drinking and drugs.
  - b. Those addicted to drugs should be referred to Primary Health Centres.
  - c. The Medical Officer should refer them to a suitable de-addiction centre after sufficient check-up.
  - d. The patients who receive treatment should undergo continuous monitoring. The health workers should carry out this as part of the field work.
  - e. The JHI, as part of the field work, should convince the persons having lifestyle diseases of the necessity to reform their lifestyles.
  - f. The JHI can make use of JPHN for finding lifestyle diseases among women and children and convincing them about the need to reform their lifestyle.
  - g. Necessary suggestions and training should be provided to change their lifestyle.
  - h. The diseases and health issues of women should be discussed at the women collectives formed at three or four places under a sub centre. The present Kudumbashree/Self-Help Group/Ayal Sabha collectives may be utilised for this purpose.

#### **2.2.1.6. Medical Camp**

- i. The medical camps should be organised in consultation with the Grama Panchayat when the communicable diseases are spreading and also for early detection of lifestyle diseases including cancer.
- ii. The Medical Officer is entrusted with the task of check-up, prescribing medicines, and overall supervision of the camp.
- iii. Those patients who require specialised treatment should be referred either to the district hospital or to the medical college.
- iv. The pharmacist should arrange for necessary medicines in consultation with the Medical Officer.
- v. The responsibility of organising the medical camp shall be with JHI and JPHN under the leadership of Health Inspector.

#### **2.2.2. Treatment**

Treatment is one of the principal services offered by the Primary Health Centres. This service has various components. They are listed below.

- i. Registering the patients
- ii. Waiting by the patient
- iii. The process of examination
  - a. Physical and medical exam
  - b. Lab exam
- iv. Entering the findings of the examination
- v. Minor procedures/distribution of medicines
- vi. Follow-up
- vii. Issuing certificates
- viii. Referral service

#### **2.2.2.1. Registering the patients**

- i. The patients who visit the PHC for registering names at OP should be provided OP registration and OP ticket. Seating arrangement should be provided so that patients can comfortably wait for their turn to take OP tickets. Adequate seating arrangements should be provided for the patients or those accompanying the patients.
- ii. While issuing the OP ticket, the complete name of the individual, address, age, gender, ward, and phone number should also be entered promptly in the register. A separate column should be provided for entering the details of the disease.
- iii. Pen, paper, and register book should be kept ready at the registration counter.
- iv. A patient who approaches the OP for registration should not be made to wait; instead she/he should be given medical care and attention at the earliest. The OP ticket should be issued within a stipulated time. For this purpose token vending machine may be installed.

#### **2.2.2.2. Waiting for medical check up**

- i. Steps should be taken to reduce the time of waiting for the patient to meet the doctor for medical check-up. Information regarding OP registration, the time for registration should be displayed properly.
- ii. The patients who visit the institutions should be provided with sufficient seating facilities. Separate seats should be specified for women, children and senior citizens.
- iii. Posters and other materials regarding diseases, preventive measures, and other health-related issues to be known by the people should be displayed. These should be displayed prominently so that the patients would be able to read them while waiting for check-up.
- iv. It should be specifically notified by prominently displaying that the time



for getting certificates and attesting copies has been set separately after the OP time. Those who come for the service should be able to know the time in advance and get the service on time.

#### **2.2.2.3. Disease check-up**

- i. The examination room is one of the important things related to disease check-up. The walls of the examination room should be painted with light colors. It should have sufficient privacy.
- ii. While the women are subjected to examination, care should be taken to provide facility to those accompanying them to be present in the room.

#### **2.2.2.4. Registering examination findings/diagnosis**

- i. The Medical Officer should enter details of disease symptoms and disease in the columns specified in the OP register. Entries shall be made on the same day of examination.
- ii. These should be kept in a manner so that they could be used in future when need arises.

#### **2.2.2.5. Medicine Distribution**

- i. Medicines should be distributed from the pharmacy to those who approach the OP for treatment.
- ii. The name of the patient, name of the medicine, and the mode of consumption should be written on the envelope in which medicines are given.
- iii. Medicines should be usually procured from the District Medical Store (DMS) through periodic indents. The Grama Panchayat may make necessary local purchase of medicines in urgent demand which are not available with the DMS and make it available at the pharmacy. The pharmacy should have the facility to store the medicines in good condition.
- iv. The refrigeration facility should be available at the pharmacy for keeping those medicines which require refrigeration.
- v. The stock should be checked periodically by the pharmacist. It should be ensured by the Medical Officer that no medicines which are past the expiry date are present in the stock. Those medicines which have arrived first should be distributed first.
- vi. Stock position should be checked regularly. Necessary medicines should be procured from the District Medical Store as and when the stock is being exhausted and depending on the climatic condition.
- vii. Those medicines which has no use and are expired should be properly disposed off.
- viii. The mode of consuming the medicine should be explained clearly to the patient. This information should be provided in a friendly manner and in a way that can be understood by them. The information should be repeated if found necessary.

- ix. Separate registers should be kept for antibiotic and costly medicines. The pharmacist should keep this register.

#### **2.2.2.6. Continuous Help for the Patient**

- i. The patients who require continued observation and assistance should be identified from among those who approach the PHC using the OP register and the register in which the Medical Officer enters her/his observations.
- ii. Continuous check-up and support for the patients should be provided during field work.
- iii. Visit those patients who require treatment and report their status to the Primary Health Centre.
- iv. If diseases which are to be observed under the National health programmes are brought to the PHC, it should be subjected to continued observation.
- v. If various types of communicable diseases are found, they also should be subjected to follow up observation.

#### **2.2.2.7. Issuing of Certificates**

##### **i. Medical Certificate (MC)**

- a. Those patients who require Medical Certificate should submit application to the Medical Officer together with details of OP registration.
- b. Certificates in a prescribed format as given in **Annexure 2.1** have to be issued to those patients who receive treatment after registering at the OP.
- c. The fees prescribed by Government from time to time for issuing the certificate should be displayed and collected.
- d. The time and day for issuing certificates should be decided in advance and the same should be displayed.

##### **ii. Fitness Certificate**

- a. Those who are in need of Fitness Certificate should apply to the Medical Officer.
- b. The certificate should be issued in a prescribed format as given in **Annexure 2.2**. Prescribed fees may be collected at the time of issuing certificates.
- c. The details regarding the time and day of issuance and fee, if any, of the certificate should be displayed prominently.

##### **iii. Wound Certificate**

- a. The details regarding the wound and the application should be submitted to the Medical Officer.

- b. The Medical Officer should issue the certificate after carrying out necessary examination.
- c. The format of the certificate is given in **Annexure 2.3**
- d. The details regarding the time and day of issuance of the certificate should be displayed prominently.

**iv. Age certificate**

- a. The application should be submitted to the Medical Officer.
- b. The person who requires the certificate should be present with a document which will help in identifying and verifying himself or herself.
- c. The format of certificate is given in **Annexure 2.4**
- d. The Medical Officer should issue the certificate after carrying out sufficient examinations.
- e. The details regarding the time and date of issuance of the certificate should be displayed prominently.

**v. Drunkenness Certificate**

- a. The person who has to undergo the check-up should be present in person.
- b. The certificate will be issued after necessary examination.

**vi. Certificate of Sanitary Fitness**

- a. Those who require the certificate should submit application to the Medical Officer.
- b. The Health Inspector should conduct necessary inspections.
- c. The certificate should be based on the inspections.
- d. The certificate in the prescribed format as given in **Annexure 2.5** may be issued after collecting prescribed fees.

**vii. Vaccination Certificate**

- a. Those who require the certificate should submit application to the Medical Officer.
  - i. The certificate in a prescribed format as given in **Annexure 2.6** should be issued by the Medical Officer after due verification/ vaccination.

**2.2.2.8. Referral Service**

Those patients who require expert treatment should be referred either to the Medical College Hospital or to the District Hospital.

### **2.2.3. Public Health Act**

#### **2.2.3.1. Regulation of Eateries**

##### **2.2.3.1.1. Trading Institutions**

- i. Inspection should be conducted at periodical intervals by the Health Inspector.
- ii. It has to be found out whether unhealthy food items are sold in the shops. If yes, the Health Inspector should take necessary action and give detailed report to the Medical Officer.
- iii. The Medical Officer should submit the same report to the Grama Panchayat and Rural Health officer for actions as prescribed in Public Health Act.

##### **2.2.3.1.2. Prevention of Adulteration of Food**

- i. The JHI should conduct visits to the hotels, bakeries, soft drink production centres, packaged drinking water, soda making units, and other food production units every month and issue initial notice for the defaults found and report to the Health Inspector. The HI should collate the monthly reports and submit to the Medical Officer.
- ii. The Health Inspector should conduct surprise visits to the food production centres.
- iii. The Medical Officer should report food adulteration, if found, to the Grama Panchayat.
- iv. The Grama Panchayat should refer the issue to the Food Safety Officer in charge of the concerned area.

##### **2.2.3.1.3. Inspection of Hygiene Condition**

- i. The Health Inspector and the JHI are entrusted with the task of inspecting the hygiene situation in the food production centres.
- ii. The owners should be given advice to resolve issues in case the situation may cause health issues.
- iii. If the instructions are not followed, a report regarding the issue may be submitted to the Grama Panchayat for taking appropriate action.

##### **2.2.3.2. Supervision of Health Activities during Festivals and Fairs**

- i. The JHI should have prior information regarding festivals of each area. They should prepare an action plan for regulating health and sanitation related issues and conducting inspection in food production and distribution centres.
- ii. The Health Inspector should prepare Grama Panchayat level action plan collating the various action plans prepared by the JHIs.
- iii. The Grama Panchayat should be given a copy of the action plan.

- iv. The Grama Panchayat will discuss this and provide necessary assistance.
- v. The HI has to conduct inspection to ensure the hygiene of food production and distribution centres while festivals and fairs are on. If hygiene is not maintained necessary action may be taken as per Public Health Act and report should be submitted to the Grama Panchayat for taking appropriate actions.
- vi. The JHI is responsible for chlorinating the water sources used for the festivals and fairs.
- vii. The JHI has to ensure that the appropriate measures have been taken for waste disposal. She/he also should make sure that waste disposal does not create any public health problems. If health problems are created, report should be submitted to the Grama Panchayat advising alternative measures for taking necessary action.
- viii. The JHI is responsible for ensuring that the toilets and urinals (built during festivals and fairs) are being cleaned properly and are not creating any health problems. If they are creating health problems, then she/he should try to convince the organizers about the same and report to the Health Inspector for necessary action. Even after this, if no action is taken, then the matter may be reported to the Grama Panchayat recommending follow up action.

### **2.2.3.3. Waste Management**

Solid wastes are of three types. According to the source of production, they may be categorised into Household wastes, Waste Produced in Public/Private Institutions and Liquid Wastes.

#### **2.2.3.3.1. Household Waste**

- i. Activities should be undertaken to process the waste produced at households at the source itself.
- ii. Training/education related to waste processing
  - a. As the processing methods are developed, training sessions should be conducted to make them reach the people.
  - b. The JHI of each area should provide the information about the training, education, and technical assistance on the waste processing methods during the field activity.
  - c. The JHI should make people aware of the health problems if household wastes are not processed properly during the field activity.
    1. The JHI is entrusted with the task of ensuring that the household wastes are processed in the nearby areas of the households.

#### **2.2.3.3.2. Waste Produced in Public/ Private Institutions**

- i. The institutions transferred to the Grama Panchayats, markets, public roads, other Government Institutions, marriage halls, halls, and abattoirs come under the definition of public institutions. The information regarding the place of the functioning of these institutions and their ownership should be kept at the Primary Health Centre.
- ii. The Primary Health Centre should ensure that waste processing is carried out properly in these institutions. It is the responsibility of the PHCs to make sure that the process does not generate any health problems.
- iii. The Health Inspector of the Primary Health Centre should visit each institution quarterly and prepare a report. This should be presented at the monthly review meetings of the Grama Panchayat through the Medical Officer.
- iv. The wastes from public roads and markets should be separated and collected. The responsibility of collecting the waste after separating them is entrusted with the employees who are supposed to clean the public roads in the Grama Panchayats. Steps should be taken to process the waste suitably.
- v. The HI shall also ensure that the waste generated by the private institutions are collected, segregated and disposed of by those institutions.
- vi. The task of providing technical assistance for properly treating the waste is assigned to the agricultural wing of the Grama Panchayat.
- vii. The Health Inspector of the Primary Health Inspector is expected to ensure that waste treatment does not generate any kind of health problems.
- viii. The Krishi Bhavan should provide the technical assistance for the treatment of the bio waste generated from marriage halls and other halls of the Grama Panchayat area. The HI of the Grama Panchayat has the responsibility to make sure the treatment of waste does not create any health problems. Reports should be submitted to the Grama Panchayat every month.
- ix. The Grama Panchayat shall issue license to the slaughter houses only after inspecting the waste treatment facilities available there. The technical assistance for waste treatment should be prepared jointly by Krishi Bhavan and Veterinary Hospital. The Health Inspector of the PHC should inspect the hygiene situation prevalent there and take necessary action and submit a report through the Medical Officer to the Grama Panchayat for meetings every month.

#### **2.2.3.3.3. Liquid Wastes**

- i. The method of treating everything at the source of generation should be adopted for this kind of waste. The JHI of each area is assigned with the

- task of ensuring whether the liquid wastes are utilized for agricultural requirements or treated without causing health problems.
- ii. Polluted water shall be let into the sewerage system only after filtering. The JHI is responsible for inspecting this.
  - iii. The JHI should ensure that contaminated water does not stay on the public places and private lands. If stagnant water is found, inform the owner to drain out the water.
    - a. If contaminated water remains on public places, a report regarding this and suggestions for follow up activities should be prepared and given to the Grama Panchayat.
    - b. If contaminated water remains in private plots, the JHI of each concerned area should make aware of the land owners about its ill effects. The JHI should encourage necessary measures required for the treatment of the waste and should take necessary steps for avoiding health problems.
  - iv. All institutions, families, and residents' associations should prepare steps for the treatment of liquid wastes and submit to the Grama Panchayat through the Medical Officer.
  - iv. The common instructions regarding the disposal of liquid wastes may be printed and distributed. This should be prepared by the PHC and distributed to the employees coming under the Grama Panchayat for suitable dissemination.

#### **2.2.3.4. Preserve Traditional Drinking Water Resources**

- i. The JHI in charge of each area should locate the common drinking water resources in their respective areas.
- ii. A report regarding their status should be prepared.
- iii. The owners should be convinced about the necessity and significance of protecting privately-owned drinking water sources. The JHI should provide them with the instructions for its protection.
- iv. The JHI should prepare the guidelines for protecting the public-owned drinking water resources.
- v. The Grama Panchayat committee should be provided with a copy of the above mentioned report.
- vi. The Grama Panchayat committee, after holding discussions, will entrust the responsibility task to either women's Self-Help Groups, or similar groups, whichever is found more suitable for the task.
- vii. The JHI in charge of each area should supervise the safeguarding of the drinking water resources.
- viii. The Grama Panchayat should be given intimation periodically for cleaning the common wells/public wells.

#### **2.2.3.5. Supervision of Cemeteries and Crematoria**

- i. The Health Inspector should visit the cemeteries once in three months and ascertain the status of hygiene.
- ii. The report regarding this should be submitted to the Grama Panchayat through the Medical Officer.

#### **2.2.3.6. Inspection while giving license to Dangerous and Offensive (D&O) trades**

- i. The Health Inspector should inspect the status of public health once the Primary Health Centre receives the application for Certification of Sanitary Fitness and issue necessary certificate upon satisfaction.
- ii. The D&O institutions functioning like this, their work, status of ownership, number of staff, etc. should be inspected.
- iii. The things to be taken care of while conducting inspection:
  - a. The status of sound pollution
  - b. The possibility of dust
  - c. Possibility of water contamination
  - d. Arrangements for waste disposal
  - e. Hygiene status
  - f. Whether separate toilets are arranged for the use of women, if the institution is employing women.
- iv. Submit report to the Grama Panchayat after verifying these factors.
- v. The Grama Panchayat may take appropriate decision after studying the report.

#### **2.2.3.7. Find solutions to public health related complaints**

- i. If complaints regarding public health are received, they should be given immediate consideration.
- ii. The Health Inspector should visit the site and prepare location map.
- iii. The Health Inspector should prepare a detailed report and submit it to the Medical Officer. The Medical Officer should take appropriate action and keep the Grama Panchayat informed.
- iv. In case of urgent matters, report should be submitted after visiting the location within a week. It should contain follow up measures too

#### **2.2.4. Reproductive and Child Health Programme (RCH)**

- i. The implementation of this programme in the sub centre is vested with the concerned JPHN.
- ii. The pregnant women should be located and they should be provided with necessary assistance and suggestions.



- iii. As part of the sub centre activity, information regarding prenatal care should be provided.
- iv. Information regarding vaccination and its time should be displayed prominently.
- v. Each child should be provided with an immunisation card.
- vi. Find out whether there are children who were not provided vaccination on time. Report regarding this should be submitted to the Grama Panchayat.
- vii. Follow up steps should be taken for preventing possibility of infection.
- viii. These activities have to be carried out by the JPHN as part of field level activity.
- ix. Reminder letters should be sent to eligible students.
- x. Necessary steps should be taken to spread birth control methods.

#### **2.2.4.1. Pre-Marital Counseling**

- i. Those girls who are in their teens and above should be offered education regarding family life. The JPHN should provide this as part of the sub centre functioning.
- ii. Counseling from clinics should be provided to girls who are about to get married. The JPHN is entrusted with the task.
- iii. The JPHN should be able to locate during the field work those girls who are getting married. The JPHN should invite them to the clinic.
- iv. Through the health promotion team workers too, persons in need of counseling should be spotted. The health volunteer corpus is liable to make the information available to the people that this service is available at the family welfare sub centres.
- v. The Grama Panchayat would conduct the trainings necessary for the development of human resources of the field workers for providing this service.
- vi. The JPHN should carry out follow up counseling if found necessary.

#### **2.2.4.2. Post-marital Counseling**

- i. The JPHN should convene the newly married couples of each sub centre area.
- ii. The JPHN should convene the meeting quarterly and talk to them. This should become a forum for finding solutions to their problems.
- iii. This activity should be conducted as the group counseling of newly married couples.
- iv. The JPHN and JHI are responsible for providing assistance for those who is in need of solutions to individual problems.

### **2.2.4.3 Pregnancy Treatment**

The information regarding obstetric management should be provided to the pregnant woman, her husband, and the family members.

- i. The JPHN should give counseling to the pregnant women, for them to understand how to adjust with the status of pregnancy, obstetric care, and other things to be taken care of. Physical environment and other facilities should be made available for giving counselling. Necessary training should be conducted for expanding the human resource capability.
- ii. A clinic should be organised each month at the sub centre.
- iii. The information regarding the clinic should be displayed prominently.
- iv. The periodicity of the check-ups should be explained.
- v. The weight and blood pressure of the pregnant woman should be examined.
- vi. Fungus test should be carried out.
- vii. The JPHN is responsible for spotting the possible complications in advance and referring the same to the Primary Health Centre for examination.
- viii. Those pregnant women who did not undergo check-ups at the prescribed time should be located. Reminder letters may be sent about the check-up time.
- ix. The JPHN should provide the pregnant women necessary treatment and assistance.

### **2.2.4.4. Treatment During Delivery**

Deliveries should be referred to a hospital with adequate facilities.

### **2.2.4.5. Post Delivery Treatment**

- i. The JPHN is entrusted with the task of providing information regarding the treatment of sore nipples to the mothers.
- ii. Advice should be provided regarding regulation of gap between two deliveries. For this, information regarding family planning measures has to be provided.
- iii. The information regarding the vaccination for children, drops, their inevitability, and when they have to be administered should be provided to the parents. This information may be provided during the field visit and when mothers are visiting sub centres.

### **2.2.4.6. Child Care**

- i. The parent should be equipped with the information on preventive medicines to be given to the children and the time for administering them.

- ii. The growth rate of children should be recorded.
- iii. The physical and psychological development of the children should be examined.
- iv. The information regarding the growth, development tasks, and developmental hazards should be supplied to the mothers.
- v. Children who have special needs should be referred to a hospital which has higher facilities.
- vi. Arrangements should be made for making available nutritious food to malnourished children.

#### **2.2.4.7. Family Maintenance**

- i. Provide counseling to each member of the family regarding the duties and responsibilities of their family.
- ii. Give counseling to the possible problems that may occur in the family. For this, the services of Medical Officer, Paramedical Staff, Psychologist, Social activist, and Lawyers may be utilised.
- iii. Suggest solutions and treatment for the post-natal psychological issues that may occur. Extra care should be taken in safeguarding the privacy of the patient.
- iv. Find the mothers belonging to the above said groups and refer them to the clinic.
- v. Legal services and other continued activities and services should be made available to them.

#### **2.2.4.8. Family Planning Methods**

- i. The JPHN is liable for keeping the register of Eligible Couple in the sub centre.
- ii. As part of the field activity, people in need of family planning methods should be found out.
- iii. The JPHN should provide counselling on choice of appropriate family planning methods at the sub centre.
- iv. The family planning methods should be provided during field visits and at the clinic and sub centre.
- v. Observe those who adopted family planning measures through follow up visits.
- vi. Find out if there are any adverse impacts.
- vii. A record regarding them should be maintained and reports should be kept.

### **2.2.5. ICDS**

- i. The anganawadi workers in charge of each area should assess the nutritional status of the children of the anganawadies and JPHN shall monitor the activities.
- ii. The children with severe malnutrition should be found out and they should be referred to the Primary Health Centre.
- iii. The anganwadi workers should be provided with continuous health education for carrying out first aid in cases of minor ailments.
- iv. Participate in the mother's meetings and provide health education. The Anganawadi workers/JPHNs are entrusted with the task of providing the mothers with the knowledge regarding growth of children and physical and psychological growth deviations.
- v. Facilitating ward health and nutrition education activities.
- vi. The Health Inspector/PHN and the Medical Officer should provide necessary trainings to the anganwadi workers aimed at health related human resource development. This could be done at the sector meetings of the ICDS.
- vii. The Anganawadi workers shall collect and collate infant and maternal deaths, Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), and report the same to the Grama Panchayat at the review meeting through the Medical Officer.
- viii. The Anganawadi worker shall provide information to the concerned regarding necessary services to be provided to senior citizens and differently abled persons.
- ix. The teenage club members of the anganwadies should be given health and family life and supplementary nutrition education. The field staff of the sub centres should do this.

### **2.2.6. Health Programmes**

Health programmes have to be implemented in coordination with other health institutions transferred to the Grama Panchayat.

#### **2.2.6.1. School Health Programmes**

- i. The JHI of each area/School Health Nurse should form School Health Clubs and organise health education activities.
- ii. The JHI/School Health Nurse is responsible for organising campaigns through School Health Clubs. One male and female teacher each should be assigned with the task.
- iii. Carry out annual health check-ups (physical and mental) and locate visual impairedness, hearing and loco motor disabilities and facilitate corrective measures.
- iv. The height and weight of children should be measured. Dental check-up should also be conducted.

- v. When the teachers point out those students who are suffering from either physical or psychological problems, the health workers who visit the school have a duty to either provide prompt advice or refer them appropriately.
- vi. The JHI/School Health Nurse should ensure that the First Aid Kit is available in the school.

## **2.2.7. The Implementation of State Health Programmes**

### **2.2.7.1. Pain & Palliative Programs**

The Government of Kerala has declared Pain and Palliative Care policy to guide and facilitate the development of community based home care initiatives under the leadership of Local Self Governments. The initiative under the project aims to identify patients in need, offer guidance for appropriate treatment, provide care at home for the bed ridden and incurably ill and equip the primary health care system to provide care including medicines. As part of this project, Doctors, district coordinators, nurses and auxiliary nurses have been appointed to coordinate home care and other programmes.

- i. Form a team for Home-care activities. Representatives of NGOs, Health activists, members of SHGs other interested activists may be included in this group.
- ii. Give intensive training to the team members on Home based Pain & Palliative caring.
- iii. Form a Project Management Committee for the effective implementation of the Project.
  - a. PMC will consist President of GP, Chairman, Health & Education Standing Committee, Members of Block Grama Panchayat and District Grama Panchayat who are representing from the concerned Grama Panchayat Area Medical Officer, PHC, Medical Officer, Ayurveda and Homeopathy, Vice-Chairman, Working Group for Health, Doctors and Secretaries of Pain & Palliative units registered and working in the Grama Panchayat area, 2 members nominated by the Grama Panchayat out of which one should be a woman, President, Kudumbasree, Community Development Society, 2 trained workers of the team previously formed and Nurse in charge of Home care activities.
  - b. President and Medical Officer will be the Chairperson and Member Secretary respectively.
- iv. Identification of Patients:
  - a. Patients to be included in this scheme shall be found out through two stages. During stage-1, the Neighborhood Members (Ayalkoottam) shall find out the needy patients and prepare a list.
  - b. It shall be compiled in ADS and CDS levels.

- c. The Grama Panchayat will constitute a team for its second verification.
- d. The team will comprise Ward Member, Field officers of PHC and trained personnel for Home care.
- e. Final list shall be placed in the Project Management Committee for approval and they in turn will prepare project for Home care activity.
- v. Home Care Team
  - a. Grama Panchayat will constitute a Home care team with Member, One Member of Health & Education Standing Committee, a trained Auxiliary Nurse in Palliative care and one voluntary worker.
  - b. Home care team shall prepare a plan for visits. Home care team shall visit at least 8 houses in a day.
  - c. They will be provided with necessary Home care kit by the Grama Panchayat.
  - d. The team shall work according to the instructions from Medical Officer and a Home care Report shall be prepared.
  - e. Vehicle shall be provided for the team by the HMC. Expense for vehicle and food for the team shall also be met by the HMC.
- vi. The guidelines regarding the Palliative care is given in G.O.(Rt) 3217/2015/LSGD dt: 29.10.2015.

### **2.2.8. The Implementation of National Health Programmes**

The Central Government is implementing various programmes for maintaining health through the Primary Health Centres. The Grama Panchayat has the responsibility of supervision and evaluation of the State and Central Health Programmes implemented through the Primary Health Centre as PHC comes under the purview of the Grama Panchayats. The programmes are categorized into Communicable and Non-Communicable Diseases.

#### **2.2.8.1. Communicable Disease Programme (CDP)**

##### **2.2.8.1.1. National TB control Programme**

- i. Health classes should be conducted in various parts of the Grama Panchayat regarding symptoms of TB and treatment for the same. The JHI has to organise the campaign activity.
- ii. Information regarding TB should be provided to Self-Help Groups and health promotion team. The JHI is responsible for the same.
- iii. The JHIs in charge of each area should provide training in those areas.
- iv. The JHI should collect the cough of those with symptoms of TB for medical examination.

- v. If the test result is positive, the diagnosed person should be convinced that treatment is possible for curing of TB. Subsequently, treatment should be started.
- vi. Those cases which require expert checkup should be referred to the Primary Health Centre.
- vii. Monthly reports should be prepared and sent to the Grama Panchayat regarding the newly found TB patients. The JHI of each area is responsible for preparing this report. Preparation of Grama Panchayat level report after collation rests with Health Inspector.

#### **2.2.8.1.2. Diarrhea Control Programme**

- i. Health education should be provided regarding the preventive measures that could be taken at home in case of the occurrence of diarrhea.
- ii. Information regarding necessity of using pure drinking water, symptoms of disease and urgent measures to be adopted.
- iii. The JHI and JPHN are responsible for providing the information regarding this to
- iv. Kudumbashree units and sub centres.
- v. The health volunteer in each Kudumbashree unit should be treated as Depot holder of ORS and necessary ORS should be made available with them. Sufficient stock should be made available from the sub centre with the depletion of stock.

#### **2.2.8.1.3. National Vector Borne Disease Control Programme (NVBDC)**

- i. The JHI should locate the area which could be infected with Filaria.
- ii. Blood sample should be collected in the night for spotting the disease. The JHI should carry out this with the assistance of the Grama Panchayat level health committee.
- iii. The blood test should be carried out in association with the Filaria control unit.
- iv. The JHI is accountable for motivating those who are found to be disease carriers to go for treatment. She/he should refer them to the Primary Health Centre.

#### **2.2.8.1.4. National Leprosy Control Programme**

- i. The JHIs, while visiting schools as part of school health programme, should locate skin diseases and spots.
- ii. The JHI should take steps to examine whether the disease is Leprosy or not and if yes, it should be referred to the Primary Health Centre.
- iii. Health awareness classes should be held to identify Leprosy and convincing people that effective treatment is possible for the same.

#### **2.2.8.1.5. National Sexually Transmittable Disease Control Programme**

- i. The potential sexual disease infected groups should be located.
- ii. The JHI and JPHN should provide individual counselling to such people.
- iii. The field workers are accountable for making follow up observations on patients infected with sexually transmissible disease as part of the field activity.
- iv. The Health Inspector should classify and collect the information entered in the register by the doctor regarding the patients visiting the OP.
- v. If sexual diseases are reported in the collated reports the patients should undergo follow up observation. The JHI and JPHN should give the necessary counselling.
- vi. Condoms should be promoted to prevent sexual diseases. The condoms should be made sufficiently available at the sub centres and Primary Health Centres.
- vii. Organising sexual disease-AIDS day observations and awareness programmes forms part of the responsibilities of the Health Inspector.
- viii. The report regarding the activities should be given to the Grama Panchayat.

#### **2.2.8.2. Non-Communicable Disease Programme**

##### **2.2.8.2.1. National Mental Health Programme**

- i. The JHI should collect and maintain information regarding those constantly affected with mental diseases in each area.
- ii. The JHI should provide the family members of the patient about mental disease and its treatment.
- iii. Awareness camps and observation days should be organised regarding suicide and depression. This should be organised under the auspices of Kudumbasree units and Health volunteer corpus. The JPHN and JHI should give leadership to classes and programmes.
- iv. Collective of children should be formed for solving the possible psychological problems of theirs. Kudumbasree units, self-help groups, and resident associations should be encouraged to form such collectives. The JHI should carry out this as part of the field activity.

##### **2.2.8.2.2. National Diabetes Control Programme**

- i. Arrangements will be made at all JHI offices for diabetes test.
- ii. JHI is bound to conduct blood test twice a week at the JHI office as per the decision of the Grama Panchayats.

##### **2.2.8.2.3. Vitamin A Prophylaxis Programme**

- i. The JPHN should ensure those children between nine months and three years of age in the sub centre area receive Vitamin A drops.



- ii. The houses of children who did not receive Vitamin A drops should be visited. This should be carried out as part of the field activity of the JPHN.
- iii. Special care should be taken in the case of colony areas. As part of field activities, it should be ensured that all children between the age of nine months and three years in that area get vitamin drops. The JHI and JPHN should carry out this.
- iv. Those children who did not get vitamin drops should be located and follow up steps should be taken.
- v. The children who are infected with diseases owing to vitamin deficiency should be located. This should be done as part of school health programme and field visit. Children thus spotted should be referred to the Primary Health Centre.
- vi. Health classes should be conducted for making people aware of the plus points of fruits available locally and the importance of leafy vegetables. The JPHN should conduct this as per the demand of various anganwadies and Kudumbasree units. Members of teenage club and HP should also be provided with health education.

#### **2.2.8.2.4. Anemia - Prophylaxis Programme**

##### **2.2.8.2.4.1. Pregnant Women**

- i. The JPHN should keep the register of pregnant women at the sub centers.
- ii. Test should be conducted on the pregnant women who come for checkup to ensure that they are not suffering from anemia.
- iii. The women who visit the Primary Health Centres and sub centres should be supplied with iron tablets.
- iv. While carrying out house visits of pregnant women, iron tablets should be distributed, if necessary.

##### **2.2.8.2.4.2. Teenage Girls**

- i. Adolescent girls who are members of Teenage Clubs should be distributed iron tablets and they should be made aware of the necessity of the same.
- ii. Iron tablets should be made available at sub centres and anganwadies to make easily available them to the needy.

##### **2.2.8.2.4.3. School Visit**

- i. While visiting the schools, boys having anemia should be spotted.
- ii. They should be provided with iron tablets. They should be made aware of the importance of regular consumption of the tablets.

#### **2.2.8.2.5. National Programme for the Control of Blindness**

- i. The early detection of visual impairment and their referral.
- ii. Detection of cataract cases and referral for cataract surgery.
- iii. Provision of Basic treatment of common eye diseases.
- iv. Awareness generation through appropriate IEC strategies for prevention and early detection of impaired vision and other eye conditions.
- v. Greater participation/role of community in primary prevention of eye problems.

#### **2.2.8.2.6. National AIDS Control Programme**

- i. Information Education and Communication (IEC) activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- ii. Organising School Health Education Programme.
- iii. Condom Promotion & distribution of condoms to high risk groups.
- iv. Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

#### **2.2.9. Disaster Management**

- i. All PHCs should have Disaster Management Plan in line with the District Disaster Management Plan.
- ii. All health staff should be trained and be well conversant with disaster prevention and management aspects.
- iii. Surprise mock drills should be conducted at regular intervals.
- iv. Disaster prevention measures:  
Building and the internal structure should be made disaster proof especially earthquake proof, flood proof and equipped with fire protection measures.

# Duties and Responsibilities

## **3.1. Role of Elected Representatives**

- i. The ward member shall chair the Ward Health Sanitation Committee (WHSC).
- ii. The committee shall use the fund given by NHM to deal with public activities within the ward.
- iii. Besides above, the ward members should motivate the people within the ward for timely immunization, prevention and medication for communicable diseases and promotion of good health.
- iv. To keep the Grama Panchayat informed of any incidents concerning public health.

## **3.2. Duties and Responsibilities of Employees**

As per G.O (P) No. 254/2003/H&FWD dated: 9th Dec 2003;G.O (P) No. 180/2004/H&WFD dated: 6th Aug 2004; Order No. EF4-53826/2000/DHS dated: 14.01.2002; the following responsibilities have been assigned.

### **3.2.1. Medical Officer**

#### **3.2.1.1. Common Responsibilities**

- i. Medical Officer will have the complete responsibility of implementation of all activities in connection with the health and family health in the institutional area.
- ii. Apart from the supervision of all employees, the Medical Officer is bound to allocate the responsibilities of the sub staff for the smooth functioning of the institution.

- iii. The Medical Officer in charge will be responsible for all the financial transactions.
- iv. Task of administrative, financial, and disciplinary activities, control over the employees, and the activities in the institution. These responsibilities will be subject to service rules and Government Orders.
- v. Organise monthly staff meetings and attend the meetings at the district level and Grama Panchayat level.
- vi. Execute responsibilities as the head of rural health care. Other powers and responsibilities as per existing statute.
- vii. Conduct performance audit in institutions with the help of audit team formed with the aim of carrying out audit.
- viii. Participate in the meetings of ICDS project at the project level and sector level. Review the work by Anganawadi Workers related to health security. Provide continuing education to the Anganawadi Workers at the project level and sector level.
- ix. Co-ordinate Pain and Palliative activities in the Grama Panchayat.
- x. Conduct organizational level induction training for employees in other sections who have completed a specific time period.

The Medical Officer of the Primary Health Centres has the following responsibilities:

1. Administrative and financial
2. Services related to treatment
3. Responsibility of field activities
4. Supervision, co-ordination and control

### **3.2.1.2. Professional Responsibilities- Treatment services**

#### **Out patient services**

Medical Officer of the Primary Health Centre has responsibilities related to treatment services. She/he is accountable for timely detection of diseases, recommending medicines, studying, curing, providing continuing treatment, and providing services at the outpatient clinics. The Medical Officer should be available during working hours.

### **3.2.1.3. Professional tasks related to field work**

- i. The Medical Officer of the Primary Health Centres is responsible for field work too. Entire charge of field work is vested with the Medical Officer. Field staff should report to the Medical Officer through the Health Inspector and Public Health Nurse.
- ii. The Medical Officer in the Primary Health Centres should regularly supervise the field staff. Each month, the Medical Officer should supervise the work of at least two JPHN staff/members, two JHI staff/members,

and Health Inspector. The details of the supervision should be discussed at the monthly review meetings. The corrective measures occurred during such visits should be followed up and examined.

- iii. Tour Programme should be prepared in advance to conduct field inspection. A copy of the same should be supplied to the Grama Panchayat.
- iv. As per the instruction of the Performance Audit, intervene in the implementation of performance audit of all employees.

#### **3.2.1.4. Implementation of National Health Programmes**

- i. Reproductive Child Health Care Programme  
Medical Officers of Primary Health Care are accountable for the implementation of the programme. The Medical Officer should evaluate the functional progress of the Reproductive Child Health Care Programme.
- ii. National Malaria Eradication Programme
  - a. The Medical Officer should participate actively in the National Malaria Eradication programme.
  - b. Medical Officer should guide the health staff and supervisors in preventive strategies, disease detection, and treatment.
  - c. Provide medical assistance in finding solution to the side effects of medicines, and other problems.
  - d. Medical Officer should examine all the Malaria patients in that area.
  - e. The Medical Officer should evaluate the functioning of the staff and supervisors as per the guidelines of the programme through supervisory visits.
- iii. National Leprosy Eradication Programme
  - a. Help in locating and handling Leprosy patients.
  - b. Provide necessary instructions to health activists and Health Inspectors in the programme activities.
  - c. Give assistance in case of side effects of medicine or after effects of treatment in TB treatment.
  - d. Give support to health study activities and other IEC activities.
  - e. Co-ordinate the activities of the voluntary organization and NGOs who intervene in the Leprosy eradication activities.
- iv. Sexual disease/AIDS Control Programme
  - a. Identify sexual disease at an early stage and provide treatment.
  - b. Arrange health education and study activities for the prevention of spreading of sexual diseases and AIDS.
  - c. Give instructions to JHIs regarding organising health education sessions to prevent sexual diseases and HIV/AIDS.

- d. Target the high risk groups and make interventions as made clear in the National HIV/AIDS control programme.
- v. Renewed National TB Control Programme
  - a. Convince health workers and supervisors that the renewed TB control programme is being implemented through the Public health system.
  - b. Give support in providing medical assistance for DOTS cases. Medical assistance should be provided to the patients on time in case the medicines have side effects. In case of necessity, case should be referred to higher level hospital.
  - c. Encourage health workers in locating the patients, cough test, and referring patients for testing to the microscope centre.
- vi. National Blindness Control Programme
  - a. Coordinate the blindness eradication programmes in the Grama Panchayat area.
  - b. Find those affected with blindness and motivate them for surgery.
  - c. Identify eye ailments and provide treatment and refer the patients to experts if necessary.
  - d. Locate vision problems among children and refer them for expert treatment, and thus cure the disease.
  - e. Organise eye test camps in schools with the assistance of Refractionist and refer those with vision disability.
  - f. Organise special camps for identifying cases of blindness like Cataract and encourage surgery.
  - g. Hold special camps for eye treatment. Carry out the follow up work for organizing the patients and arrange surgery.
  - h. Disseminate the message of eye donation and lead those who are interested in doing so.
  - i. Remove the eyes of those dead persons who were willing to donate eye without delay.
  - j. Convince society about eye care, significance of Vitamin A supplements, food habits, and prevention of possible wounds to the eyes.
- vii. School Health Programme
  - a. Conduct medical test for school children and give necessary services.
  - b. Hold health education sessions in schools; organise classes in healthy lifestyle, national health programme, and other subjects related to health care.

- c. Supervise the school health programmes of Health Inspector and other health workers.
- viii. National Mental Health Programme
- a. Provide support to the treatment of identified mental disease patients.
  - b. Provide referral service to psychological patients.
  - c. Conduct social rehabilitation for patients in the stage of acute disease.
  - d. Systemise the field work of health workers and functioning of voluntary health corpus to spread the message of health habits, other psycho social problems associated with the usage of liquor and drugs in all the households.
  - e. Re-evaluate the work at the monthly review meeting.
- ix. Services for Teenagers
- a. Arrange sessions of health education/counselling for adolescents with the help of the field staff.
  - b. Arrange adolescent clinics and other services for the teenagers. (For further information, refer the guidelines of the Reproduction and child health care programme)
  - c. Provide health classes in the teenage clubs of Anganawadies as requested by the Grama Panchayats.
- x. Service to Older persons
- a. Encourage health department employees to make available services to the senior citizens.
  - b. Collect disease information of old persons in each area with the assistance of field workers. Interventions should be made to solve them.
  - c. Provide old persons with medical assistance and rehabilitation support.
- xi. Services for Physically Disabled
- a. Arrange programmes and activities necessary for the rehabilitation of physically disabled.
  - b. Provide medical assistance and support in case of necessity and also referral services to the physically disabled.
- xii. Other National Health Programmes
- Participate in the implementation of the other national health programmes. Take measures to implement each programme as per the guidelines.

- Give leadership, support, and supervision to health workers, supervisors, and paramedical staff in programme activities.
- xiii. Intervene actively in the organisation of national disease immunisation days (e.g. Pulse Polio), special immunisation camps, etc. as per the directives of the Grama Panchayat Committee.
  - xiv. Health Education Activities
    - a. Give necessary support to District Mass Media Officer/Health Education Officer, and the IEC groups in the Health and Family Planning Education Programme.
    - b. Take necessary steps for the containing of communicable diseases like chickenpox, cholera, diarrhea, typhoid, and other diseases included in the list for preventive measures.
    - c. Carry out investigations regarding the outbreak of communicable diseases and submit report to the Grama Panchayat upon instruction. The Medical Officer should provide a copy of the action plan for the same to the Grama Panchayat.
    - d. The action plan prepared on the basis of data collection and seasonality calendar should be reported to the Grama Panchayat. The action plan should be presented at the monthly review meeting.
    - e. Reports about outbreak of communicable diseases should be reported at the district and block level meetings.
    - f. Give necessary instructions to Health Inspector and other health workers for providing health, family planning, nutritional education.
    - g. Supervise and arrange programmes in connection with public hygiene and waste disposal.
    - h. Find out malnutrition among children and mothers and prevent and treat the same. Provide nutritional services and nutrition education.

#### **3.2.1.5. Other Responsibilities**

- i. Attend the staff meeting of the Primary Health Centre and Grama Panchayat Level Review meeting.
- ii. Participate in the sectoral level and project level meetings of ICDS project. Assess the health care related activities of Anganawadi Workers. Conduct continuing education for Anganawadi Workers at sector level and project level.
- iii. Participate in the meetings of groups by MSS workers and voluntary health workers as demanded by health workers and give training and continuing education.
- iv. Provide support to the supervisors in organising and carrying out induction training for field staff at the institutional level.



- v. Participate in in-service training, other programmes and special activities in connection with the national health programme as instructed.
- vi. Issue certificates related to social security and beneficiary schemes in response to applications within the limits of Medical Officer.
- vii. Issue medical certificate, fitness certificate, and physical fitness certificate after receiving specified fees within the powers of Medical Officer.
- viii. Issue Wound certificate, Age Proof Certificate, and Drunkenness certificate when proper documents are submitted.
- ix. Provide service at the home of the patient and give emergency treatment and advice.
- x. She/he should be present for special duty at festivals, natural calamities, visit of VIPs, and special camps as instructed by the Grama Panchayat Committee.
- xi. If hygiene is not properly maintained in the running of festivals and fairs, the Medical Officer should vet the report submitted by the Health Inspector and report it to the Grama Panchayat.
- xii. The responsibility for supervising and implementing other health activities suggested by the Grama Panchayat.
- xiii. Information related to health issues should be made available within the specified time frame when demanded by the Grama Panchayat.
- xiv. Examine patients at the clinics and other medical camps, which are organized during the outbreak of communicable diseases and suggest necessary treatment.
- xv. Report food adulteration to the Grama Panchayat when reported by the Health Inspector.
- xvi. Give leadership to prepare necessary modules for school health programmes, training for health promotion team.
- xvii. Conduct checking which is to be carried out before issuing license to dangerous and intolerable trades and submit the report of the Health Inspector after vetting, to the Grama Panchayat Committee.

### **3.3. Health Inspector and Public Health Nurse**

#### **3.3.1. Common Tasks**

The Health Inspector/PHN is a first grade multi-purpose supervisor. Health Inspectors/PHN of Primary Health Centres has varied responsibilities as officials engaged in various crucial tasks.

The responsibilities of Health Inspector/PHN are related to the following activities: common control of field workers, co-ordination of primary health activities of a particular area, synchronization of activities with local self-governments, retaining of public contacts, active intervention in issues related to public health, give support

to the Grama Panchayat in the day to day activities of the institution to which she/he is appointed.

### **3.3.2. Area and Jurisdiction**

It has been fixed that for each 25000 to 30,000 population, a Health Inspector should be there. This will also be the work area of a mini Primary Health Centre. Each mini PHC will have a Health Inspector/PHN.

### **3.3.3. Supervisory Tasks**

#### **3.3.3.1. Periodic Supervision**

Periodic supervision is necessary to ensure the quality of the services provided by the field staff. This will help to make possible monitoring and leading their work. It would also help in taking corrective steps and continuing activities. Periodic supervision is significant since quality level is the fundamental principle of programmes like Reproductive child health programme and renewed tuberculosis control programme.

- a. The Health Inspector/PHN should carry out at least six periodic supervisions.
- b. The schedule of this programme should be prepared as part of the advanced tour programme and that should be followed.
- c. The Health Inspector should prepare an advanced tour programme and submit it to the Medical Officer.
- d. The Health Inspector/PHN should submit the report of Supervisory visits to the Medical Officer.

#### **3.3.3.2. Supervision**

The work of the basic level employees could be assessed only through visits. The gap between the visits of health worker to that particular area, their punctuality, and details regarding beneficiaries should be made available to the health inspector/PHN. Gaps in the services provided by the employees should be found out.

A Health Supervisor should conduct at least five supervisory visits once a month. All these should be surprise visits. This may be disclosed only to the Medical Officer who is in charge of that particular institution. The report of such visits should be made available to the Medical Officer through proper channel. Follow up activities of such visits should be carried out and the report about such activities should be submitted once in two months.

The Health Inspector/PHN should report these two types of supervisions at the monthly review meetings. The follow up activities should be discussed publicly so that everyone gets its advantages.

#### **3.3.3.3. Supervisory Tasks**

Apart from supervisory task, the Health Inspector/PHN should carry out the responsibility of day to day monitoring. She/he should be able to lead other

staff in day to day activities, special clinic, and other sessions and should supervise them.

#### **3.3.3.4. Supervision of Reports and Records Keeping**

Help and lead the health workers in preparing accurate reports. The records maintained by them should be examined by the Health Inspector/PHN.

#### **3.3.3.5. Training to the Health Workers**

The Health Inspector/PHN should give training to the health workers who work under them as and when necessary. Provide training to the new employee who is either a fresh appointment or a transferred one. In the case of such health workers, periodical supervisory visits should be conducted in the initial months till they are accustomed to the area and work. The Health Inspector/PHN should keep the copies of the job related responsibilities of those employees working under them and provide necessary information. The Health Inspector/PHN should assign the sub staff the responsibilities regarding new programmes as and when they are emerging. It is the Health Inspector/PHN who should take the initiative in discussing about job responsibilities with the sub staff at the monthly review meetings; she/he is also bound to take steps to increase the knowledge base of the employees.

#### **3.3.4. Organise Meetings and attend them**

##### **3.3.4.1. Meetings at PHC**

Health Inspector/PHN is liable to arrange meetings at the Primary Health Centre and conduct them. She/he is also responsible for organising half day and full day zonal meetings at the Primary Health Centre. Medical Officer need not attend these meetings. So, the report of the above meetings should be submitted to the Medical Officer the very next day. The intervals of these meetings would be intimated periodically. Half day and full day zonal meetings should be held at the sub centre. The venue should be decided based on rotation and the same should be announced at the monthly review meeting. Help organise and run monthly review meeting held at the Primary Health Centre.

##### **3.3.4.2. ICDS Meeting**

Health Inspector/PHN should participate in the sectoral meeting of Anganawadi Workers of the concerned area.

The Health Inspector/PHN should collect the monthly reports from Anganawadi Workers and collate them. The Health Inspector/PHN should conduct continuing education activity in issues of contemporary relevance. Health Inspector/PHN could arrange classes for health workers in subjects which are either related to public health or of interest to the general public.

Participation of all health staff should be ensured in such meetings; the responsibility for the same vests with the Health Inspector/PHN. Action should be taken against those who fail to attend these meetings; follow up actions should also be ensured.

### **3.3.4.3. Meetings together with Local Self Governments**

Health Inspector/PHN should attend the meetings organised by Local Self-Governments as per demand. Such instructions to the Health Inspector/PHN are given through Medical Officer. After attending such meetings, reports should be submitted to the Medical Officer. All the instructions for the Health Inspector/PHN and vice versa are given through proper channel via the Medical Officer. Medical Officer should attend the monthly review meetings organised by the Grama Panchayat. In case of inconvenience, Health Inspector/PHN should be deputed to attend such meetings.

### **3.3.4.4. Other Official Meetings**

- a. As and when instructed, the Health Inspector/PHN should attend other meetings. Meetings of beneficiaries should be held in connection with health and health care. Meetings of leaders in socio political leaders in the public sphere should also be organised.
- b. A uniform pattern for conference and review meetings at various levels of Primary Health Centre Institutions is given in **Annexure 3.1**

### **3.3.5. Activities Related to National Health Programme**

#### **3.3.5.1. Reproductive Child Health Programme**

- i. Assist health staff in preparing programmes.
- ii. Help in organising antenatal, immunisation activities, and family planning activities.
- iii. Ensure that cold chain is used for storing medicines. Give support and assistance in distributing medicines to the beneficiaries. Supervise whether cold chain is used by the health workers for all immunisation activities.
- iv. Supervise whether services as part of the project is being provided or not. Ensure that follow up activities of family planning are being implemented.
- v. Provide support and supervision to the Reproductive child health care programme implemented through the sub centres.

#### **3.3.5.2. National Malaria Eradication Programme**

Encourage the health workers to carry out malaria eradication activities. Supervise in the collection of blood samples. Continue visiting disease infected. Take initiative in spraying DDT in those areas where the disease is spotted and other activities.

Discuss with the Medical Officer and ensure that all patients are getting treatment. Refer those who are susceptible of infection to the Primary Health Centre. Ensure through the health workers that they receive treatment.

#### **3.3.5.3. Renewed National Tuberculosis Control Programme**

This programme is implemented by linking with the health services. As per the guidelines issued by this programme, the Health Inspector/PHN is

responsible for monitoring the work of the employees. Evaluate keenly the health workers who distribute DOTS and other things and report to the treatment centres through the Medical Officer. Assist in locating those who faulted in treatment and bringing them back to treatment. Help in making available medical aid to those who have undergone complexities and problems.

#### **3.3.5.4. Leprosy Control Programme**

Supervise leprosy control programmes of health workers and assist in organizing Pulse Circuit. Provide assistance to the following activities: locate the patients; make treatment available; conduct follow up activities; find out whether the medicines do have any side effects; provide health education; prepare study materials; organise disease diagnosis activities and special camps.

#### **3.3.5.5. Other National Health Programmes**

- i. Supervise preparation of study materials, activities, and health education activities targeted at preventing sexually transmitted diseases. Help identify early detection of reproductive tract infection and sexual diseases. Ensure treatment for those infected with disease with the support of health workers.
- ii. Arrange health education and counselling sessions with the aim of bringing down RTI/STIs and HIV/AIDS infection.
- iii. Supervise and assist activities aimed at detecting various types of cancers early and preventing them.
- iv. Arrange services for cancer patients in the acute stage and supervise it. Arrange palliative care services for those patients who are undergoing chronic pain through grassroots level staff. Collect and collate information regarding patients of a particular area and keep it in a register.
- v. Provide assistance for identifying and handling lifestyle diseases like diabetics, and blood pressure.
- vi. Provide necessary support to the health workers in implementing national health immunisation activities.
- vii. Assist in implementing mental health care programme. Supervise the work by health workers in connection with this programme. Realize the significance of early diagnosing of such diseases and timely handling for preventing them. Provide support for community based rehabilitation of mental patients. Conduct activities to wipe out misconceptions of the society. Provide societal education regarding the ill effects of the usage of addictive. Arrange medical assistance for those who are recognised as addicts.
- viii. Provide aid and instructions to the health workers on the other national health programmes as per the guidelines published from time to time.

#### **3.3.5.6. Services for Senior Citizens**

The number of aged persons is on the rise owing to the peculiar situation in the State; they turn out to be a section requiring special care. The aged is the

most deprived group with regard to health services as they are undergoing physical difficulties. Inspire health workers to make available health services to the aged at their doorsteps.

Try to understand the health care needs of the aged of a particular area and also try to intervene in the functioning of Medical Officers and supervisors. Implement the activities of the health workers and provide assistance, leadership, and supervision to these activities with the support of the health workers.

### **3.3.5.7. Services for the Physically Disabled**

Provide leadership and support to the health workers in preparing a list of physically disabled in a particular area of service. Give them necessary assistance. Help them implement rehabilitation activities.

### **3.3.6. Record Keeping and Reporting**

#### **3.3.6.1. Area Map and Baseline Data**

Keep a map of the service area. This depicts the concerned area allotted for each male and female health worker. The Health Inspector/PHN should keep the data of the specific area periodically updated.

#### **3.3.6.2. Advance Programme and Diary**

The Medical Officer should submit to the Grama Panchayat before the first working day of every month a countersigned advance programme. This should be made approved at the monthly review meeting. This programme should be planned in such a way that it reaches all the sub centres/sections and all health workers. A diary containing details of field visits should be kept updated. Separate space should be provided in each diary to ensure that all sub centre sections are monitored alike.

#### **3.3.6.3. Reports and Registers**

The supervisors should submit the countersigned reports to the Medical Officer. Health Inspector should maintain the following registers.

1. Basic information regarding the area
2. Collated Register
3. Minutes of the meeting, responsibility of the Health Inspector
4. Stock Register
5. Family planning methods, failures and complexities, follow up activity register, responsibility of the Health Inspector/PHN
6. Register of malaria cases, details of follow up activities
7. List of important public health institutions of a particular area
8. Register of public health activities
9. Birth and Death registers

10. Family register
11. Registers necessary for either National Health care programmes or specific activities

#### **3.3.6.4. Other Responsibilities**

i. School Health Programme

Organise School Health Programme with the assistance of Public Health Nurse, Junior Health Inspector, and health workers.

ii. Public Health activities

- a. Conduct checks in places where food is cooked and served. Adopt measures to rectify those mistakes identified.
- b. Conduct checkups in places where hazardous trades and activities creating annoyance for the public are taking place and adopt corrective measures.
- c. Submit reports to the local self-governments through Medical Officers regarding giving licenses to such institutions.
- d. Visit places where fissure is existent related to public health issues like the construction of toilets, wells, drinking water sources, and chicken farms. Submit first information reports regarding such controversies to the Medical Officer.
- e. Provide support to the Medical Officer and supervisor in preparing the technical report regarding public health care activities.
- f. Provide leadership and advice to the people in matters related to public health care.

iii. Learning Activities

Provide support to organise and implement learning activities related to health education activities in connection with the National Health Care programme.

iv. Health work by voluntary organisations and NGOs

Intervene in the health activities of the concerned area and co-ordinate the various activities of health organisations and health workers.

v. Camps and Campaigns

Participate in the camps and campaigns related to health care activities.

vi. Local Self Government Institutions

Work in tandem with the Local Self-Government Institutions in matters of health care activities. Implement various health activities and projects of the LSGs

vii. Should be available round the clock either during exigencies related to public health or when the higher authorities demand.

- viii. Any work related to health as instructed by the higher authorities.
- ix. Responsibility of organizing immunisation clinics at the Primary Health Centres.
- x. The overall organising responsibility vests with the Health Inspector in the case of medical camps.
- xi. Conduct checks to find out whether unhealthy food is sold. If found, the matter should be reported to the Grama Panchayat through the Medical Officer.
- xii. Supervision of health activity during festivals and fairs in the Grama Panchayat area.
- xiii. Verify hygiene of public and private institutions, abattoirs and submit report to the Grama Panchayat.
- xiv. Provide health education, if necessary.
- xv. Should visit cemeteries and crematoria once in three months and submit report to the Grama Panchayat regarding the hygiene prevalent.
- xvi. Conduct necessary checks as per the instruction of the Grama Panchayat before issuing license to hazardous and unbearable trades.
- xvii. Information regarding birth and death should be collated.
- xviii. Prepare detailed report when receiving complaints regarding public health care, after visiting the spot.
- xix. Quarterly reports should be submitted to the Grama Panchayat through the Medical Officer regarding the progress of national health care programmes.
- xx. Quarterly reports should be submitted to the Grama Panchayat through Medical Officer about epidemic containment activities, lifestyle disease control, implementation of preventive vaccinations, usage of family planning methods, services provided to aged, children, and the teenagers.
- xxi. Prepare weekly reports by collating information regarding diseases reported by field staff and those approached the hospital.
- xxii. Prepare Grama Panchayat level action plan compiling the daily action plan prepared by the JPHN for disease prevention.
- xxiii. Ensure that activities are carried out as per the action plan prepared.
- xxiv. Keep the weekly reports and action plan at the Primary Health Centres.

### **3.3.7. Enquiry Report in Connection with D&O Trade license**

In the case of the renewal of all D&O Trade License of the Grama Panchayat, an Enquiry Report from the Health Inspector is necessary. The request for this along with D&O Application should be forwarded by the concerned Grama Panchayat to the Public Health Wing. Application received only from the concerned Gram Panchayat should be enquired. The concerned HI/JHI should enquire this and



submit the Enquiry Report within 15 days to the Grama Panchayat. The concerned Health Inspector should keep a Personal Register in connection with the issuance of the Enquiry Report. The specimen format of Enquiry report is appended as **Annexure3.2.**

### **3.4. Junior Health Inspector**

#### **3.4.1. Area Visits and Reporting**

- i. Area and population will be clarified periodically
- ii. Visit at least 50 houses per day
- iii. Reporting to the concerned Medical Officer through the Health Inspector

#### **3.4.2. Upkeep of Family and Village Records**

- i. Family Village survey: Conduct survey in all the families in the sanctioned area and collect basic information about family - village and area. This has to be carried out collectively by JPHN and JHI.
- ii. Family Village Record: Family Records and Village Records regarding family planning, immunisation drives, main events, public hygiene, local health issues, educational activities, and services provided should be prepared together with the JPHN. These registers should be renewed and used.

#### **3.4.3. Implementation of National Health Care Programmes**

##### **3.4.3.1. National Malaria Eradication Programme**

- i. Identify those infected with fever.
- ii. Collect thick and thin blood smears from patients
- iii. Give initial treatment
- iv. Send these smears to the laboratory weekly either by post or through person.
- v. Record the result of the blood smear test
- vi. Hold widespread smear collection if the disease is located
- vii. Make arrangements for focal spraying
- viii. Provide arrangements and support to the patients found to be infected with malaria for radical treatment
- ix. Collect follow up smears
- x. Provide information to the society regarding blood smear collection of fever infected, insecticide spraying, and malaria treatment
- xi. Submit report in this connection to the health inspector

##### **3.4.3.2. Revised National Tuberculosis Control Programme**

- i. Enquire about individuals who are having either chest diseases or cough lasting more than two weeks and send them to Primary Health Centres.

- ii. Sensitize people regarding cough test and send those with symptoms of infection to the nearest checkup Centre.
- iii. Provide treatment assistance and direct monitoring. Arrange those who are supposed to give the treatment.
- iv. Help them complete treatment till it is over.
- v. Follow up the patients as per the instruction of the Medical Officer. Identify the faults in treatment and bring back the patients to treatment.
- vi. Give BCG vaccine whenever necessary.
- vii. Other tasks suggested as part of containing tuberculosis.
- viii. Provide medical education regarding identifying, preventing, and treating tuberculosis, focusing on DOTS.

#### **3.4.3.3. National Leprosy Control Programme**

- i. Locate people with susceptible spots or non-sensitive spots and refer them either to SET Centre control unit, or Medical Officer or Pulse Circuit.
- ii. Help the patients to start, continue and finish treatment.
- iii. Carry out follow up for the identified disease.
- iv. Provide social education about leprosy, precautions, methods for identifying the disease, and treatment. Try to remove the stigma regarding the disease in the society.

#### **3.4.3.4. Activities of Other Health Programmes**

- i. Locate the aged in an area and prepare a list of those who are 65 years or above of age. Collect information regarding the problems faced by them and ensure services are reaching them without delay.
- ii. Identify those infected with Diabetics and Blood Pressure. Provide health education for preventing occurrence, identifying disease, carrying out treatment, and recognising complexities.
- iii. Form wards wise self-help groups of patients for health education and regular exercise. Give leadership to its activities.
- iv. Help conduct mental health programme. Provide health education for detecting mental ailments early and ensuring treatment for the same. Provide support for following up those who have mental diseases and for social rehabilitation.
- v. Give health education regarding other lifestyle diseases in Kudumbashree units and other self-help groups.
- vi. Give health education about sexual diseases, AIDS, and HIV. Help them access counseling and medical treatment.
- vii. Locate cataract and other reasons for blindness and provide medical support. Give health education about eye care, causes of blindness, and other services as part of National Blindness Control Programme.

- viii. Provide necessary information and support to those who are willing to donate eyes.
- ix. Prepare a list of all handicapped persons in a particular area. Give support to their rehabilitation.
- x. Implement any other health programme as per the periodical instructions. Either deputed to the health worker or suggested as part of the implementation of programmes - mass survey in the area under the Primary Health Centre and distribution of public preventive medicines.

**3.4.4. Reproductive Child Health Care Programme (Main RCH programme provided through sub center, responsibility of JPHN)**

- i. Locate pregnant women and give information to woman health worker refer them either to the nearest Primary Health Centre or to the sub centre.
- ii. Prepare a list of eligible couples. Encourage people to adopt appropriate family planning methods.
- iii. Spread the messages of small family and family planning. Encourage couples to adopt the policy of small family.
- iv. Distribute conventional family planning methods.
- v. Give follow up services to those who adopted family planning methods. Locate complexities and failures and give necessary services and advice.
- vi. Adopt Anganawadies as depot holders and provide necessary information. Give family planning methods as and when the stock depletes.
- vii. Provide support to those who promote family planning.
- viii. Utilise the services of satisfied beneficiaries, teachers, and others to promote family planning programme.
- ix. Encourage men to adopt family planning methods.
- x. Spot grassroots level workers supporting in intervening in the health and family planning activities and carrying out education activities.
- xi. Assist JPHNs in conducting sub centre clinics.
- xii. Generate social awareness about services to be given through sub centres as part of reproductive child health care programme; also provide all support and service for implementing them.
- xiii. Ensure male participation in the Reproductive Child Health Care Programme.
- xiv. Give advice to women who have either reached menopause or are nearing menopause. Give information regarding common disease affecting women and encourage women to undergo periodical medical checkup.
- xv. Provide counseling services to teenagers.

### **3.4.5. Public Hygiene**

- i. Provide support and assistance in implementing public hygiene programmes.
- ii. Provide social education about importance of public hygiene.
- iii. Ensure that solid waste is processed to make certain public hygiene.
- iv. If solid wastes are deposited in an unhealthy manner, report the same to the Grama Panchayat through the Medical Officer.
- v. Prepare action plan for processing of solid wastes and for conducting raids in food distribution centres during the conduct of festivals and fairs and submit to the Health Inspector.
- vi. Provide societal education regarding the following issues:
  - a. Give instructions for construction of solid waste disposal, soakage pits, and kitchen gardens.
  - b. Provide information regarding solid waste processing methods; provide assistance for constructing manure pits and compost pits. Ensure that solid waste is processed.
  - c. Provide information about hygiene at home, its positive aspects, construction methods of sanitary toilets, and its maintenance.
- vii. Carry out checks in food distribution centres during conduct of festivals and fairs.
- viii. Enquiry related to the issuance of Sanitation Certificate for Hotels, Tea stalls, Restaurants, Bakery and other establishments which manufacture, process, store and sell food items of any kind.
- ix. Chlorinate the source of drinking water.
- x. Ensure that waste processing is carried out properly and the toilets and urinals are maintained promptly.
- xi. Provide advice regarding construction and maintenance of wells.
- xii. Give social education about the advantages of purified drinking water.
- xiii. Prepare action plan for protecting common drinking water resources. Give leadership to such activities. Chlorinate common drinking sources during periodical visits.
- xiv. Give advice regarding building cow sheds without cow dung creating problems.
- xv. Verify the waste processing of other institutions under the Grama Panchayats.

### **3.4.6. Containing Epidemics**

- i. Identify cholera, chickenpox, plague, polio, jaundice, measles, Diphtheria, Whooping Cough, Meningitis, and other epidemics like diarrhea, and report the same to the Primary Health Centres.
- ii. Adopt support measures and control methods like ORS distribution. Locate depot holders in Kudumbashree units and Anganawadies to make ORS available.

- iii. Give societal education about the significance of preventing and containing these ailments.
- iv. Report about the stray dogs.
- v. Verify whether the domestic dogs are vaccinated or not during house visits. If not report the same to the Grama Panchayat through the Medical Officer.
- vi. Collect information regarding epidemics from various places and report it to the Primary Health Centre.
- vii. If infected persons are identified, refer them immediately to the Primary Health Centre.
- viii. Prepare action plan for containing epidemics and act accordingly.
- ix. Provide information to the Anganawadi Worker, helper, and voluntary health activists about disease and symptoms in case of the occurrence of communicable disease.

#### **3.4.7. Health Family Education**

- i. Provide societal education about health, ailments, personal hygiene, public hygiene, disease control, and health enrichment during visits and special campaigns.
- ii. Give family health education through personal interview, group discussion, and other methods of education.
- iii. Provide support to film exhibition and other family planning education activities.
- iv. Give support to special educational programmes for specific purposes.

#### **3.4.8. Nutrition Supplementary Services**

- i. Identify malnutrition among children and refer them to nearby feeding centre or Primary Health Centre for either giving nutrients or for treatment.
- ii. Distribute iron tablets to eligible beneficiaries.
- iii. Administer Vitamin A drops or syrup to the children.
- iv. Educate families about the nutritional food for mothers and children. Give education as suggested by the Grama Panchayat at Kudumbashree units and other male and female self-help groups.

#### **3.4.9. Disease Prevention**

- i. Collect information necessary for disease prevention and report to the Primary Health Centre.
- ii. Assist in administering vaccines for those diseases which could be cured by vaccination when instructed by the Grama Panchayat.
- iii. Help in sustaining the cold chain, and preservation and distribution of vaccines.
- iv. Assist in running immunisation camps and implementing school immunization programmes.

- v. Facilitate in implementing immunisation clinics.
- vi. Conduct societal education about the significance and procedures of immunisation. Ensure people's participation in immunisation programs.

#### **3.4.10. Treatment**

Enable options for treating the patients including treatment for minor disease and first aid based on the acquired training and sanction.

#### **3.4.11. Data Collection About Main Events**

- i. Enquire and record birth and death. Hand over information regarding birth to female health worker and info about death to Health Inspector.
- ii. Provide societal education about significance of registering birth and death and its procedures.
- iii. Help the Health Inspector in preparing the report which is to be prepared for reporting birth and death to the Grama Panchayat.

#### **3.4.12. School Health Programme**

- i. Assist in medical checkup of school children when required by the Grama Panchayat.
- ii. Support in organising and implementing immunisation treatment in schools.
- iii. Organise school health programme for school children of the concerned area.
- iv. Conduct hygiene checks in schools and help the teachers in creating healthy environment.

#### **3.4.13. Abortion**

- i. Provide assistance and advice to those who are in dire need of abortion.
- ii. Provide information about availability of abortions and the problems of unsafe abortion methods.

#### **3.4.14. Tasks Related to Public Health Care**

- i. Conduct checks in places where dangerous and intolerable trades are carried out, where food is cooked and sold, and places which create problems to the general public. Suggest corrective measures, if necessary. If action has to be taken either under Public Health Act or any other statute, the matter may be reported to the Grama Panchayat committee through Medical Officer.
- ii. JHI should issue Enquiry Report in connection with the renewal of all D&O Trade licence of Grama Panchayats.
- iii. Assist supervisors and Medical Officer in preparing technical report in connection with public health activities.
- iv. Any other task assigned by the higher authorities related to public health care.

#### **3.4.15. Staff meeting and Conference**

- i. Attend staff meeting and conference convened at Primary Health Centre, block Grama Panchayat office, or in the office as and when suggested or instructed.
- ii. Attend sectoral level meetings of ICDS. Give continuing education for Anganawadi Workers at these meetings. Collect monthly monitoring report from workers and collate it and send to Primary Health Centre.
- iii. Assist female health workers in organising meetings for MSS workers, and other voluntary organisations.

#### **3.4.16. Services for the aged and mentally disabled**

- i. Maintain the register of the aged (those above 65 years of age) promptly and provide assistance. Identify diabetics, blood pressure and make them opt for treatment. Provide follow up services to those cases which are identified.
- ii. Keep the list of physically disabled of the concerned area and provide assistance in rehabilitating and giving aid.
- iii. Provide necessary assistance for implementing mental health programme. Give support to early detecting and making treatment available.
- iv. The format of application for Physically and Mentally Challenged Pension is given in **Annexure 3.3**

#### **3.4.17. Services for preventing sexual diseases, and HIV/AIDS**

- i. Give health education for preventing spread of sexual disease and arrange study materials. Spread the message for preventing the spread of HIV/AIDS infection.
- ii. Intervene among the high risk group as instructed by the National HIV/AIDS control programme.

**3.4.18.** Other services not included in the National Health Programme. Provide services as instructed for the Grama Panchayat health programme and other programs as per guidelines.

#### **3.4.19. Maintenance of Registers and Records**

The JHI should maintain the below mentioned registers.

1. Public data register
2. Family health register showing Index
3. Social education register

These three registers should be maintained by both male and female health workers.

1. Stock register
2. Distribution register of family planning methods to couples

3. Daily case register for clinics and minor disease treatment
4. Daily details of activities, map of the area, and growth chart
5. Field diary
6. Suggestion book
7. Separate registers for national health programmes like National malaria eradication programme, and national leprosy control programme should be maintained.
8. Separate registers for other programmes or projects
9. Should be present for the job for 24 hours if assigned by the higher authorities or in emergency situations.
10. Responsibility of any health related work as instructed by the authorities.

#### **3.4.20. Sanitation Certificate in Connection with D&O Trade license**

For all D & O Trade license in respect of Hotels, Tea stalls, Restaurants, Bakery and other establishments which manufacture, process, store and sell food items of any kind, Sanitation Certificate from the Public Health Wing is necessary. This should be issued by the Health Officer of the respective local authority. The enquiry for this should be conducted by the Junior Health inspector. The request for this along with D&O Application should be forwarded by the concerned Grama Panchayat to the Public Health Wing. They should enquire this submit the Sanitation Certificate within 15 days to the Grama Panchayat. No Sanitation Certificate is necessary for business other than mentioned above. The format of the Certificate is appended as **Annexure 2.5.**

### **3.5. Junior Public Health Nurse**

#### **3.5.1. Field Activity**

- i. Area: Area under a sub centre. In case of necessity, this may be redefined. Entire population of the particular area should be treated as beneficiaries. If a person is staying in the above mentioned land for more than six months, then she/he may be treated as permanent beneficiary. However, this definition should not become a deterrent in availing services for the people. While reporting statement, all those who were beneficiaries should be included disregarding the beneficiary status.
- ii. Visits: Houses in the sanctioned area should be visited at least once in two months.
- iii. Reporting: Has to be given to the concerned Medical Officer through multi-purpose supervisors.
- iv. Supervision: It is the Health Inspectors who supervise the activities of JPHN as multi-purpose health workers.



### **3.5.2. Maintenance of Records and Registers**

- i. Family Village Survey: Comprehensive survey of the houses in the identified sub centre area should be carried out. This should be updated from time to time. Male and female health workers should share the responsibility of conducting the survey (in a way two health workers could keep); this should be updated and kept as a single document at the sub centre. Those families which may turn out to be beneficiaries should register separately. Information should also be collected regarding those who migrated to the sub centre area and those who are wandering in the area, those who visit the area but are homeless. These groups should be subjected to constant monitoring. They should be treated as permanent beneficiaries if they happen to stay for six months continuously.
- ii. Family Village Record: A copy of Family Village Record should be maintained at the sub centre and the same should be used by male and female health workers for planning their work. It should be updated through collective effort.

### **3.5.3. Reproductive Child Health Services (RCH)**

Sub centres are the main institutions for making available RCH services. RCH Plan itself makes it clear that the services are to be made available through sub centres. Sub centre has been treated as an institution where the most basic level health workers; one male and one female are functioning. The services to be provided at sub centre level and social level are listed below:

Vital Reproductive Child Health services to be carried out at the societal level and sub centre level:

#### **3.5.3.1. Registration**

1. Register
  - a. Women between the age of 15 and 45.
  - b. All pregnant women from the onset of pregnancy.
  - c. Women who reached menopause in the concerned area.
  - d. All children and babies through home visits. Information about children should be classified as those below one year and below five years.
  - e. All teenagers of the area with male-female division.
2. Eligible Couple Register
  - a. Register of eligible couple (both the health workers are supposed to do this).
  - b. Register of mothers and children
  - c. Register of those who adopt family planning methods
3. Carry out classification based on the number of children of eligible couple and the age of the mother.

### 3.5.3.2. Field Level Services

JPHNs should provide the following services:-

- i. Provide treatment to pregnant women during pregnancy.
- ii. Give advice to pregnant women and feeding mothers about nutrition.
- iii. Distribute iron tablets to eligible beneficiaries.
- iv. Distribute either Vitamin A tablet or syrup.
- v. Give TT vaccination to pregnant women.
- vi. Test albumin and sugar in urine. Verify the percentage of hemoglobin.
- vii. Identify the problematic cases early and refer them.
- viii. If need arises, conduct deliveries. Encourage deliveries at the hospital and refer deliveries to hospital.
- ix. If demand arises, supervise the delivery being done by the dais.
- x. Refer difficult deliveries to hospitals and provide follow up care.
- xi. Refer new-born with disabilities to concerned institutions and ensure follow up care for them.
- xii. Make at least three post-natal visits to each mother and give necessary advice.
- xiii. Identify eligible couples and provide them with education and inspiration for family planning.
- xiv. Help people choose family planning methods.
- xv. Distribute conventional family planning methods.
- xvi. Provide follow up services to those who adopt family planning methods. Locate hindrances and failures and give services and advice.
- xvii. Examine the growth and development of newborns and take necessary steps.
- xviii. Give advice to women who are either on the verge of menopause or reached menopause. Make them aware of the common issues related to the situation and encourage them to undergo medical checkup periodically.
- xix. Provide counseling services to teenagers. Examine girls for anemia and malnutrition and if found suggest corrective methods. Give sex education and education on family life to those beneficiaries belonging to this section.
- xx. Make arrangements for running various reproductive child care clinics and assist the Medical Officer.
- xxi. Organise clinics at the sub centre promptly for examining the pregnant women and giving preventive medicines. The pregnant women attending the clinics should be undergone regular checkup, marking weight, blood pressure, urine test, quantum of hemoglobin, and pre abdominal test.

- xxii. Teach mothers about family health, mother-baby health, family planning, nutrition, disease prevention, and personal hygiene.
- xxiii. Provide teenagers with education on family life and distribute iron tablets to them.
- xxiv. Give pre-marital counseling to girls who are about to marry.
- xxv. Married couples should be given counseling.

### **3.5.3.3. Service provided to Society**

The JPHN should provide the following services on a societal basis.

- i. Spread the messages of small family and happy family. Encourage eligible couple to adopt small family concept.
- ii. Spot local workers and voluntary health workers and teach them. Make use of their services for implementing reproductive health services.
- iii. Distribute family planning methods and entrust depot holders for distribution. Make Kudumbashree members, health volunteers, and Anganawadi Workers depot holders.
- iv. Attend meetings of Mahila Samajam and Kudumbashree and utilise the situation for educating the women.
- v. Provide necessary arrangements for voluntary organisations and workers to intervene in health and family planning activities.
- vi. Organise and conduct meetings of Mahila Swast Sangham workers and voluntary health workers. Give advice and supervision for carrying out health activities.
- vii. Utilise interested beneficiaries and local level leaders to speed up family planning activities.
- viii. Make available family planning methods to identify problems. Provide prompt follow up activities.
- ix. Provide necessary services for the problems arising out of pregnancy.
- x. Participate in the training given to Dais during necessary occasions.
- xi. Give necessary training to voluntary activists, MSS workers, and Anganawadi Workers on necessary occasions.

### **3.5.4. Nutrition Supplementary Services**

- i. Identify malnutrition among children and refer them to nearest feeding centre or Primary Health Centre for giving nutrition or treatment.
- ii. Supply iron tablets to eligible beneficiaries.
- iii. Give children Vitamin A drop or syrup.
- iv. Visit Anganawadies and Balawadies under ICDS programme and feeding centres under other departments and give support, supervise their activities. Locate the children with malnutrition and refer them to Primary Health Centre.

- v. Examine the nutrition level of children in Anganawadies.
- vi. Teach families about cooking food without losing nutritional values and nutritional food.
- vii. Conduct nutrition education sessions for women and teenagers and help other departments in organising camps and nutrition education session.

### **3.5.5. Disease Prevention**

- i. Function at all level as a chain to provide services.
- ii. The JPHN who works in association with the main centre should measure the temperature level of IR. She/he also should perform duties of other activities connected with storage of medicine, and assist the HI in stock keeping and medicine distribution.
- iii. Transportation of ice packs and vaccines and provide necessary support for keeping and distributing vaccines.
- iv. Give vaccine for those diseases which could be prevented with vaccines while they are distributed with instructions.
- v. Give information about when the vaccine has to be administered next.
- vi. Persuade those who are reticent to adopt vaccines through regular house visits.
- vii. Help in conducting school immunisation camps and other preventive treatment camps.
- viii. Organise disease prevention clinics at some places in the sub centre area or in the sub centre itself. This could be done at least once in a month. Grama Panchayat committee could be reported through medical PO after fixing a puccadate.
- ix. Teach the society about the significance of immunisation, and related activities. Ensure societal participation in immunisation activities.
- x. Organise and conduct special immunisation sessions during essential occasions. National immunisation day, pulse polio programme, have to be conducted.
- xi. Assist the Grama Panchayat in holding immunisation sessions for those diseases which could be prevented by other vaccines which are now not included in the Government schedule. (Hepatitis-B and Meningitis are the examples)
- xii. Spread the message about the latest advancements in the immunisation front. Provide assistance to individuals or organisations which come forward to administer immunisation to those diseases that could be prevented by immunisation.

### **3.5.6. Implementation of Health Programmes**

- i. Collect blood smears of those who are found to have fever during house visits and send it for testing and give treatment. The collected blood smears should be handed over to male health workers.
- ii. Enquire whether a person is infected with cough or other chest disease lasting more than two weeks. Send them to the nearest cough testing centre.
- iii. Implement tuberculosis control programme which is monitored directly. Subject patients who receive treatment for follow up monitoring. Identify those who default in treatment and bring them back to treatment.
- iv. Give health education for preventing and spotting tuberculosis by focusing on DOTS.
- v. Persons with susceptible spots should be identified and sent to the Medical Officer at the SET centre. Visit the medical team during the pulse circuit.
- vi. Collect information regarding cancer or help collect data about cancer when instructions are received.
- vii. Give health education about the common types of cancer occurring among women. Provide knowledge about for detecting it early and seeking treatment.
- viii. Other health programmes and all other duties and activities as suggested by the authorities.

### **3.5.7. Health and Family Welfare Education**

- i. Provide information regarding health, diseases, personal hygiene, disease prevention, and health maintenance.
- ii. Give health and family welfare education about personal interview and group discussion.
- iii. Provide support to film screening and other family welfare education activities.
- iv. Give support to educational programmes held for specific requirements as demanded by the Grama Panchayat.

### **3.5.8. Control of Epidemics**

- i. Collect information about communicable diseases and other diseases which are of significance to public health and report them to the Primary Health Centre. Prepare action plan for controlling them.
- ii. If such patients are located refer them to the Primary Health Centre.
- iii. Provide support to programmes like Cholera control programme, chlorination, ORS distribution, DDT spray, and mass survey.
- iv. Share the acquired knowledge about communicable diseases with the male health workers.

### **3.5.9. Treatment**

Provide services for treating patients including treatment for minor diseases and first aid for ailments on the basis of the training and sanction received.

### **3.5.10. Important Events**

- i. Enquire about births and deaths and record them too. Provide Health Inspector with details of deaths.
- ii. Assist the Health Inspector in providing the Registrar of Birth and Death with details of births and deaths.
- iii. Inform the society about the necessity for registering birth and death and the procedures for the same.

### **3.5.11. School Health Programme**

- i. Assist in organising and conducting health checkups among school children.
- ii. Assist in organising and conducting immunisation measures.
- iii. Organise health education sessions for school children of concerned area.
- iv. Provide family life education to girl students of the school, at least once in three months.

### **3.5.12. Environmental Hygiene**

- i. Provide assistance and support in implementing environmental hygiene programmes.
- ii. Give societal education regarding the significance and necessity of environmental hygiene.

### **3.5.13. Abortion**

- i. Provide suggestions and assistance to those who are in dire need of abortion (as per the Reproductive Child Health Care Programme and Act).
- ii. Give education to women about the availability of service of abortion.

### **3.5.14. Other Tasks**

- i. Identify those above 65 years of age of that particular area and keep a list.
- ii. Locate those with Diabetes and Blood Pressure. Give health education for preventing these diseases, detecting them, treating them, and identifying complexities.
- iii. Help in carrying out mental health programme and give health education for detecting them early and treating them accordingly.
- iv. Give health education for controlling lifestyle diseases.
- v. Give health education about sexual diseases and HIV/AIDS. Help detecting these illnesses early and giving counseling and medical assistance to the infected.

- vi. Identify Cataract and other causes behind blindness and give medical assistance. Provide health education regarding eye care, causes of blindness, and other services as part of the national blindness control programme.
- vii. Prepare a list of all individuals of the concerned area with physical disability. Give essential support for their rehabilitation.
- viii. Carry out other responsibilities assigned by the authorities from time to time.
- ix. Organise sub center wise collectives of women.

#### **3.5.15. Staff Meetings, Conferences**

- i. Attend staff meetings and conferences held at Primary Health Centre, Block, Grama Panchayat office or other office or venue as and when demanded or suggested.
- ii. Attend the sectorial project level meetings of ICDS. Give continuing education for anganawadi workers at the sectoral meetings. Collect monthly monitoring report from anganawadi workers and submit them to the Primary Health Centre through their supervisors.
- iii. Convene regular meetings of SMS and other voluntary health workers and ensure their participation in health activities.

#### **3.5.16. Registers and Records**

JPHN should maintain the following registers.

- a. General information register
- b. A family health survey with content and follow up register
- c. Social Education Register (These registers are common to both male and female health workers)
- d. Register of mother and baby
- e. Adoption of family planning methods - follow up register
- f. Stock register
- g. Register regarding the distribution of family planning methods for each couple.
- h. Daily Case Register about clinic and treatment for other minor ailments
- i. Daily details of activities, map of the area, chart
- j. Field Diary
- k. Suggestion Book
- l. Inspection Book, other registers required for special programmes
- m. Should be available for 24 hours in case of emergencies if required by higher authorities.
- n. Other tasks related to health as suggested by the Grama Panchayat and higher official from time to time.

### **3.6. Staff Nurse**

- i. Staff nurse is accountable for providing necessary assistance to the doctor for treatment.
- ii. For those patients who come for injection, the injection has to be administered by the staff nurse.
- iii. Privacy necessary for the women should be ensured.
- iv. Staff nurse should make sure that the syringe and other equipment used for injection are disinfected.
- v. Ensure that minor surgery equipment, cotton used for healing the wound etc are disinfected.
- vi. Patients who come seeking for injection should be made aware of the necessity and consequences of injection.
- vii. Make sure that medicines are kept properly, and if necessary refrigerated.
- viii. ILR reading should be recorded.
- ix. Give information to the patients about the treatment modes of wounds and diseases.
- x. Staff nurse is required to prepare and maintain an ORS corner in the hospital.
- xi. Make sure that hospital wastes are kept classified.
  - a. Papers, cotton, bandage, and other dressing waste should be kept in the white bucket.
  - b. Plastic waste should be kept in the red bucket.
  - c. Bottles and other glass waste should be kept in the blue bucket.
  - d. Needles and surgery blades should be kept in the black bucket.
  - e. Give instruction to the Nursing Assistant for the proper disposal of these wastes.

### **3.7. Nursing Assistant**

- i. Give necessary assistance to the nurse in treatment.
- ii. Dress the wound with necessary medicines as per the suggestion by the doctor.
- iii. As per the directives of the staff nurse, keep the hospital waste classified.
- iv. De-infect the waste and dispose it.

### **3.8. Pharmacist**

- i. Distribute medicines from the pharmacy based on the prescription of the doctor.
- ii. The patients should be made aware of the mode and time of consuming the medicine in a communicable manner.



- iii. Enter the name of the patient and mode of consuming the medicine on the envelope containing medicines.
- iv. After verifying the stock, it should be ensured that medicines which are past expiry dates are not stocked.
- v. Medicines which are through with the expiry dates should be disposed of promptly.
- vi. Prepare indenton depletion of stock.
- vii. Prepare written minutes of staff meetings and submit to the Medical Officer.
- viii. Bring emergency medicines and distribute them while conducting medical camps and special clinics.
- ix. The details of the illness of the patient should be entered in the specified column in the OP Register. This should be prepared on a daily basis.
- x. The Pharmacist should maintain the stock of medicines and other things of National Health Programme. This should be handed over to the Health Inspector.
- xi. Separate stock register should be maintained for anti-biotic medicines.

### **3.9. Hospital Attendant**

- i. Give necessary assistance sought by the Medical Officer and staff nurse in treatment.
- ii. Render necessary services as requested by the pharmacist in distributing and maintaining medicines.
- iii. Make necessary arrangements for OP registration, keep ready registers and slips.

### **3.10. Part Time Sweeper**

- i. The interior of the hospital should be kept neat every day.
- ii. The surroundings of the hospital should be kept clean.
- iii. Waste generated in the hospital, unused medicines, and other objects should be disposed of.
- iv. While conducting medical camps and special clinics, the venue should be cleaned before and after the camp.
- v. Take collective responsibility for readying necessary arrangements for the camps.

### **3.11. Clerk**

- i. The clerk is required to maintain the files and office register of the office from time to time.
- ii. The letters received from the department and the Grama Panchayat should be filed and kept promptly.

- iii. With the sanction of the concerned Medical Officer, replies should be sent to essential letters.
- iv. Distribute forms for selecting beneficiaries. These forms should be collected back and submitted to the Grama Panchayat after collation.
- v. Monthly activity report should be prepared, collated, and submitted to the Grama Panchayat through the Medical Officer.

### **3.12. Office Attendant**

- i. Assist the clerk in office activities.
- ii. Carry out other activities assigned by the Medical Officer from time to time related to office work.

### **3.13. Laboratory Technician**

- i. All PHC and Subsidiary Health Centre have been provided with a post of laboratory technician/assistant. The laboratory technician will be under the direct supervision of the Medical Officer, PHC.
- ii. The duties of Laboratory Technician are:
  - a. Manage the cleanliness and safety of the laboratory.
  - b. Carry out laboratory investigations
  - c. Ensure that the glassware and equipment are kept clean.
  - d. Handle properly and ensure maintenance of the microscope.
  - e. Sterilize the equipment as required.
  - f. Dispose of specimens and infected material in a safe manner.
  - g. Maintain the necessary records of investigations done and submit the reports to the Medical Officer, PHC.
  - h. Prepare monthly reports regarding his work.
  - i. Indent for supplies for the laboratory through the Medical Officer, PHC and ensure the safe storage of materials received.

### **3.14. Asha Workers**

#### **3.14.1. Activities**

- i. Accredited Social Health Activists (ASHAs) are being deployed for every 1000 population in the state. ASHAs are voluntary workers who are paid incentives based on performance.
- ii. ASHAs will act as a link between the community and health care services and ensure that the primary health care services are accessed. Considering the peculiar Health scenario in Kerala, the role of ASHAs has been extended to other fields like Prevention & Control of Communicable diseases, Identification & Control of NCD's, Palliative care and Community based Mental Health Programme.

- iii. A comprehensive decentralized cancer care programme has also been initiated whereby a community based cancer registry with the help of ASHA, establishing a network of community volunteers and NGOs involving in awareness, early detection, follow up and palliative care activities will be done.
- iv. A comprehensive tracking system of pregnant women and under five children is being introduced to ensure follow up on ANC and prevent immunization drop outs.

### **3.15. Ethics of the Staff**

The manual enunciates the important responsibilities of the employees and elected functionaries. Still, there are several functional attributes that cannot be fully monitored through official mechanism. At the same time, excellence in public service is required. For this each of them has to discharge their assigned responsibilities by maintaining the highest standard of responsibility, honesty, integrity, transparency and accountability. Since each of them is actually serving the local community to which they themselves belong, their selfless service will go a long way in enhancement of the well-being of the local people, to which the Grama Panchayat is committed. So, maintaining high ethical standards in rendering the best possible service with sincerity and dedication is a necessary condition for effective local governance.



# Structure and Office Administration

## 4.1. Physical Infrastructure

Primary Health Centre comes under the control of the Grama Panchayat according to the provisions of the Grama Panchayat Raj Act 1994. Hence, the Grama Panchayat will take care of the betterment of the infrastructure facilities of the Primary Health Centre. Computer with internet facility along with printer shall be provided.

### 4.1.1 Building

The physical infrastructure necessary for the smooth functioning of the Primary Health Centre is given below.

### 4.1.2. Examination Room

This is the room of the Medical Officer. This room should be spacious enough. The room should be arranged in such a way that circulation of air and light is ensured. The room should be fitted with a half door for ensuring the privacy of the patient. A screen also should be installed for the privacy of the checkup. Chair and a table for Medical Officer shall be provided. Chairs should be provided for the use of visitors also. The room should have wash basin and water supply.

### 4.1.3. Room for Public Health Wing

A room to accommodate Health Inspector (HI), Public Health Nurse (PHN), Junior Health Inspector (JHI) and Junior Public Health Nurse (JPHN) shall be provided with necessary furniture.

### 4.1.4. Room for Pain and Palliative Nurse

A separate room shall be provided for Pain & Palliative Nurse. The room should

be so arranged so as to keep the records, articles like water bed, urine tubes, wheel chairs, walking sticks etc. Almirah should also be provided. Enough chairs may be provided for visitors.

#### **4.1.5. Office Room**

The Primary Health Centre should have an office room. The chairs of the clerk and peon should be arranged in this room. Tables and chairs should be arranged for their use in the room. Almirahs for keeping office files should be arranged in this room. A computer with internet facility and printer for office purposes should be installed in this room.

#### **4.1.6. Room for Procedures**

The room having facilities for various procedures such as giving injections, dressing of wounds, etc. shall be provided. Necessary privacy should be ensured by installing a screen.

#### **4.1.7. Immunisation Room**

A separate room shall be provided for immunization purposes with Ice Lined Refrigerator (ILR) and other facilities. The table and chair of the staff nurse too have to be arranged in this room.

#### **4.1.8. Pharmacy**

The pharmacy should have almirahs for keeping medicines. A refrigerator should be arranged for keeping medicines refrigerated. This room should have a table and a chair for the use of the pharmacist. A counter should be arranged in this room for the patients to collect medicines conveniently.

The pharmacy should have an adjacent store room. Medicines and other things have to be kept in this room. A lockable safe room has to be chosen for using as Pharmacy Store.

#### **4.1.9. Seats**

Should be arranged for Nursing assistant and attendant. Facility also should be arranged for feeding mother.

#### **4.1.10. Reception cum OP Counter**

A counter should be arranged near to the main entrance of the Primary Health Centre for Out Patient (OP) registration. Special arrangements including ramp, provision of wheel chair etc. shall be made for differently abled citizens/senior citizens. A computer may be installed for OP registration. The counter should have registration slips and a pen. The OP tickets should be provided from this counter. Arrangements may also be made for display/announcement of token numbers to facilitate patients seeing the doctor in an orderly manner.

Arrangements should be made for the patients to wait for the doctor. The veranda of the institution may be used for this. Bench and chair should be made available for the patients. One of this should be kept apart for the use of women and children this should be displayed prominently. Likewise, one should be kept aside for the use of aged persons. The arrangement should be for queuing up of the patients. Drinking water shall be provided here.

#### **4.1.11. Mini Conference Room**

A room in the PHC may be set apart for using as conference room with a minimum of chairs, tables and audio-visual aids. This room may be used for convening staff meeting and organizing training sessions.

#### **4.1.12. Disposal of Medical Waste**

There should be, to the extent possible, a scientific way of disposal of medical waste generated in the PHC.

#### **4.1.13. Toilet**

The Primary Health Centre should have at least five toilets. One toilet should be arranged adjacent to the room of the Medical Officer and one for the staff. The PHC should have three toilets for the use of the visitors. One of this should be arranged for the exclusive use of women and one for differently abled citizens. One toilet can be kept for other citizens. In the toilet for women an incinerator may also be provided for disposal of sanitary napkins. Along with the toilet for the women, there should be a room for their privacy. Arrangements should be made to ensure that water is made available to all the toilets and wash basins.

#### **4.1.14. Electrification**

Electricity should be made available in all rooms. Necessary lights and fans should be installed in all rooms. The plug points necessary for the functioning of electrical utilities should be installed in all rooms.

#### **4.1.15. Vehicles**

Vehicles/Ambulances purchased/donated for Palliative Care Units/Hospitals/PHC, should be handed over to the HMC for operation and maintenance. Cost of vehicle maintenance, fuel charges, wages of driver etc. should be met by the HMC. The Panchayat shall hire the vehicle/Ambulance from the HMC for rent at the rate fixed by the Government/Transport Department for Palliative Care.

#### **4.1.16. Design**

A preferred type design for a PHC as prescribed in the Indian Public Health Standards is given in **Annexure 4.1**

### **4.2. Office Administration**

#### **4.2.1. Exhibit Institutional Information (Institution Board)**

- i. A wall board detailing the brief and transparent information regarding the office and the institution should be exhibited in the concerned offices. The board should contain the following items:-

Name of the institution

Name of the Grama Panchayat

(Sub centers should be given its own names)

Name of Post office

Pin code

- ii. A sign board indicating the location of the institution must be displayed adjoining the areas of the hospital/highway/main road.
- iii. All signage shall be displayed in Malayalam, English and local languages, if any.

**4.2.2. Display Details of Service (Service Board)**

- i. Details of important services, names of the person providing the service, the procedures to make the services available, should be displayed on the service board along with the vision and mission of the institution.
- ii. Right to Information board indicating the name of the Information Officer and the appellate authority.
- iii. Other boards namely Vigilance and anti-corruption board, no smoking area board, Right to Service board and patient responsibility board shall also be displayed at appropriate places.

**4.2.3. Individual Information (Maintain attendance board)**

The following details should be displayed: the posts of officials, employees, casual part-time employees, apprentices, and staff on daily wages, names of persons working in each of these posts, details of vacant posts, and attendance details of each person. The board should have the facility to record the time of arrival in the office/ institution.

If either the employees or the officials leave the office during office/working hours, the same information should be entered opposite to the names of such persons. The purpose of leave should also be mentioned; for what responsibility or what implementation of duty. If the person is expected back at the office, the time for that should also be mentioned in the board. This step is not only aimed at the general public who approach the office/institution for service, but would help evaluate and monitor the promptness of service of the official/ employee as well. The employee who is assigned by the head of institution should carry out the marking in the register.

**Attendance Board (Model)**

Serial Number	Name of the Employee	Official Designation	Status of Attendance	Information on Leaving the Office for Official Purpose



#### **4.2.4. Details of Fees/Rates (Fees/Rate board)**

In each of the office/institution system, together with the details of services available, the fees regarding the services (wherever applicable), details of various items and exemptions may also be displayed in the Fees/Rate Board.

#### **4.2.5. Public/News Announcements (Notice Board)**

Establish Notice boards in each office/institution for advertising time-bound public announcements regarding office/institution service. The notice boards should be installed in such a place which could be seen by the public, service beneficiaries, and stakeholders. The announcement that pasting other ads and notices in this board is illegal should be mentioned on the Board. Tearing off or defacing of the announcements made in the Board is illegal. This should be mentioned in the Board. The copy of the details of an institution in a Grama Panchayat should be given to the concerned heads of institutions. This should be handed over by the concerned institution head to other heads of institution at the monthly Grama Panchayat level evaluation meeting. Each institutional head should hand over the copy of announcements regarding emergency services in between the evaluation meetings for other institutions to the Grama Panchayat office. Arrangements should be made to make available this information to other offices.

#### **4.2.6. Individual Name Boards**

In each office, in the seats of the officials and employees, the names and their designation, should be displayed. This would help the service holders locate the specific service provider without any confusion or delay.

#### **4.2.7. Suggestion/Complaint Box**

- i. A box should be installed for the general public and service-owners for depositing suggestions in writing, recommendations to improve the working, complaints, and grievances, in a place which could be visible to all.
- ii. In each week, the head of the institution should open the suggestion/complaint box with the key in his possession on the day before the last working day. The complaints/suggestions should be recorded in the register after sorting them item-wise. The service of the office employee who is in charge of communication should be utilised.
- iii. Steps should be taken to implement those suggestions which could be fulfilled at the institutional-level and should be further explained at the weekly office/institutional level meeting. Those suggestions which require the approval of the Grama Panchayat/Department should be sent for the same. Suggestions related to other offices/institutions should be sent to the concerned head of institution through the Grama Panchayat secretary.
- iv. If any grievances or complaints regarding the employees or officials are submitted through the box, the same should be forwarded to the Grama Panchayat President, after entering it in the register. In cases where decision is possible at the official level, the action taken and its practical status should

be made available to the President together with the grievance/complaint. Information regarding other institutions should be made available to their heads through the Grama Panchayat President.

- v. The officials should take action in cases where solution has to be found based on the decision of the Grama Panchayat and in cases where department level solutions which require departmental decisions.
- vi. An index consisting of the announcements regarding the action taken, the time schedule of the action should be made available to the applicant/complainant/aggrieved.
- vii. The people will utilise this arrangement when they are convinced that a system is in place which is accountable to them. As a result they will start monitoring and intervening in the affairs of the institution. This, in turn, would help increase the quality of service of the institution.

#### **4.2.8. Office Documents**

The following documents should be kept at the office:

##### **4.2.8.1. Institutional Level Documents**

- a. Attendance register
- b. Movement register
- c. Salary register

##### **4.2.8.2. Service Related Documents**

- a. Registers
- b. Records
- c. Lists
- d. Receipts
- e. Collected information
- f. Reports
- g. Minutes, etc.

The employees who are entrusted with the specific service-duty should record documents related to each service-duty precisely, clearly, and time-bound; they should index them, keep it safely, and make available the records on demand. The task of ensuring the above said activities and marking them after codifying and annexing signature rests with the higher officials. The collective responsibility for monitoring of the above task, evaluation, corrective steps, and reforms rests with the head of the institution. The concerned Standing Committee Chairpersons and Presidents are entrusted with the power to ensure that such assignments are executed promptly.

### **4.3. Office Management**

#### **4.3.1. Procedures for Resolutions**

The Grama Panchayat Secretary, as well as the heads of the institutions as ex-officio secretaries shall execute various resolutions of the Grama Panchayat. It is the responsibility of the officials to follow the related procedure. In case any lapse or faux pas occurs, which causes loss to the Grama Panchayat, the concerned official will be liable to take up damage.

- i. The Medical Officer should mark his/her opinion on anything coming for the consideration of the Grama Panchayat on files related to health sector.
- ii. The secretary should submit each item before the Grama Panchayat with such clear opinions.
- iii. The Medical Officer has the duty to refer, if necessary, any resolution taken by the Grama Panchayat for the clarification of the Government.
- iv. The Medical Officer may demand the reconsideration of the resolution taken by the Grama Panchayat if she/he feels that the resolution is either illegal or it breaches legally valid limits of power or there is threat to human life, health or public safety, if the resolution is implemented.
- v. On the occasion of reconsideration, the Medical Officers should be present in person and explain his/her opinion.
- vi. If the Grama Panchayat upholds the earlier decision, that may be referred to the Government for clarification under intimation to the President.
- vii. Wait for the clarification for 15 days and the clarification if received should be implemented after intimating the Grama Panchayat. In case the clarification is not received within the stipulated period, the decision of the Grama Panchayat should be implemented and report should be submitted to the Government and Grama Panchayat.

#### **4.3.2. Control Over Officers**

The Government officers and employees whose services are transferred to the Panchayat shall in addition to their function perform other related functions delegated to them by the Panchayat as if they are officers and employees of that Panchayat. They shall be responsible to execute the work including the implementation of any scheme, projects or plans of the Government which are not assigned or delegated to the Panchayat.

The full control and supervision of the institutions and employees so transferred to the Panchayat rests with the Panchayat's concerned. At the same time the concerned Department will also have administration control over the officers.

Whenever any disciplinary proceedings has to be initiated against an officer or an employee who fails to perform his official duty or violates the discipline or refuse to carry out the lawful decisions of the Panchayat or the President of the Panchayat or will fully abstract the implementation thereof, the Panchayat may take disciplinary proceedings against such an officer and may impose on his/her minor penalties observing the provisions contained in the KPR (Control Over Officers) Rule 1997 given in **Annexure 4.2.**



# Plan Formulation and Implementation

## 5.1. Planning Process

### 5.1.1. Annual - Monthly Planning

- i. Effective planning is crucial for making the functioning of the Primary Health Centre more fruitful. Next year's activities are planned after taking into consideration the health requirements of the people in the Grama Panchayat area. For this, services of the management committee should be utilised.
- ii. Annual Plan should be prepared on the basis of the yearly family health survey and other documents relating to communicable and non-communicable diseases, National and State level Programmes.

### 5.1.2. Plan Formulation

- i. Grama Panchayat shall assign a Medical Officer as the convener of the Working Group in the health sector through a resolution.
- ii. The Medical Officer should prepare and present each year a status report of the last year's projects in the health sector at the meeting of the working group for plan formulation.
- iii. Together with the status report, a draft of plan suggestions for the amount set apart by the Grama Panchayat for the Health sector including maintenance plan should also be submitted. The Suggestions will specifically indicate the mandatory projects to be taken up during the year, for which prescribed amounts have to be set apart.
- iv. Thereafter, the responsibility of convening the working group in necessary stages should be taken up by the Medical Officer.

- v. After discussing at the Working Group meeting, a list should be prepared and submitted to the Grama Panchayat together with the status report for the previous year. This list should contain the suggestions regarding the projects to be included in the plan document indicating the priority of projects to be printed and distributed at the Grama Sabha, and an estimate of the amount required for the same.

### **Participate in the Grama Sabha**

- i. The staff of the Primary Health Centre should participate as the co-ordinators of the Grama Sabhas as decided by the Grama Panchayat.
- ii. Apart from this, the officials should attend the Grama Sabhas and Development Seminars and participate in those groups where discussions regarding their institution are held. They should give necessary explanations as and when required.
- iii. The Medical Officer should effect necessary changes in the Plan, taking into consideration the suggestions from the Grama Sabhas and present the same at the Development Seminar.
- iv. The Medical Officer shall prepare projects in the health sector with the approval of the Grama Panchayat as per the suggestions finalised at the Development Seminar. The subordinate staff should provide necessary assistance for executing this task. The Medical Officer should utilise the expertise of the Working Group members in the preparation of projects.
- v. The Medical Officer shall effect suggested alterations in the projects prepared according to the decision of the Grama Panchayat and submit the same for approval.

### **5.1.3. Plan Implementation**

- i. The Medical Officer is the Implementing Officer of the projects in the Health sector (Modern Medicine and Public Health) as decided by the Grama Panchayat.
- ii. The Medical Officer should give requisition to the Grama Panchayat for allocation of necessary amount for the implementation once the Grama Panchayat intimates decision on the implementation after plan approval.
- iii. The Grama Panchayat President should give instruction to the secretary for releasing the amount.
- iv. The Secretary would allot the required amount for plan implementation.
- v. The Implementing Officer should submit report to the secretary regarding the expenditure on the allotment before the 5<sup>th</sup> of each month.

### **Give Explanation to the Audits**

The Medical Officer shall provide documents and explanations during various audit for projects when she/he was the implementing officer.

The Implementing Officer is responsible for giving prompt explanation at the Grama Sabha meetings and other social audit forums to the doubts and questions

regarding the projects for which she/he was in charge. While she/he is unable to present in person subordinate staff should be assigned to be present with required information.

## **5.2. Evaluation Process**

The activities of the Primary Health Centre are being evaluated in two ways- Internal and External.

### **5.2.1. Internal System:**

#### **5.2.1.1. Staff Meetings of the Institution**

- i. In addition to programme related meetings such as Integrated Disease Surveillance Programme (IDSP) weekly review meeting on all Monday afternoons, there shall be regular full day monthly meetings at PHC level organized by Medical Officer on the 1<sup>st</sup> or 2<sup>nd</sup> working day (to be decided region-wise).
- ii. Entire staff of the institution should participate in the monthly meetings.
- iii. Sectoral Supervisor from ICDS and Medical Officer and/or Supervisor representing the Block PHC/CHC shall also participate in the monthly meetings.
- iv. This meeting should be carried out prior to the Grama Panchayat-level monthly review meeting.
- v. Chairperson of the Health and Education Standing Committee shall participate in the monthly meetings.
- vi. The following activities of one month from the last staff meeting should be assessed:
  - a. Review of the field activities, implementation of Central, State and Panchayat programmes.
  - b. Consolidation and approval of reports
  - c. Continuing education
  - d. Approval of plan for the succeeding month
  - e. Review of overall functioning of the centre and any other matters
  - f. Complaints/suggestions related to the PHC which are to be considered internally.
- vii. Either the clerk or any other staff assigned by the Medical Officer should prepare the minutes of staff meetings.

#### **5.2.1.2. Grama Panchayat Level Review Meeting**

- i. Medical Officer should participate in the Grama Panchayat level Review Meeting which is being held before 10<sup>th</sup> of every month. In case of inconvenience, any other official of the institution should be assigned to attend the meeting, dully intimating the Grama Panchayat President about it.

- ii. Medical Officer should present at the review meeting the report prepared by the staff meeting consisting of officials held at the primary health center.
- iii. The report should include the following details: activity of the Primary Health Centre during the previous month, Implementation of central and state programmes, and suggestions/complaints regarding the running of the institution.
- iv. The reporting should also include letters and suggestions received from the Health Department if any related to the institution.

#### **5.2.1.3. Standing Committee Meetings (Health and Education)**

- i. Medical Officer should attend the Standing Committee meeting as the department secretary whenever required.

#### **5.2.2. External Assessment System**

##### **5.2.2.1. Hospital Management Committee Meeting /Rogi Kalyan Samiti Meeting**

- a) HMC/RKS consists of members of the Grama Panchayat, Non-Governmental Organizations (NGOs), elected public representatives and State Government officials. They act as trustees for the hospitals to manage the affairs of the hospital and are responsible for upkeep of the facilities and ensure provision of better facilities to the patients in the hospital. They would have the authority to raise their own resources by way of user fee and utilize the same for improvement of services rendered in the facility.
- b) The meeting of HMC/RKS should be presided over by the Grama Panchayat President. In the absence of the President, concerned Welfare Standing Committee chairperson or the member authorised by the President should preside over the meeting.
- c) Medical Officers shall intimate all management committee members about the venue of meeting, date, and time. Medical Officer may utilise the services of other officials for this purpose.
- d) Activities of the Primary Health Centre and complaints/suggestions received should be discussed at the meeting.
- e) The minutes of the management committee should be prepared and sent to the Grama Panchayat office within five days by the Medical Officer.

##### **5.2.2.2. Complaint/Suggestion Box**

Complaint/Suggestion Box is also a method of an external evaluation.

##### **5.2.2.3. Kudumbashree, Self Help Groups and Voluntary Organisations**

- i. Kudumbashree system in the Grama Panchayat, other self-help group systems, and voluntary organisations will be utilised as arrangements for constantly evaluating institutional activities.



- ii. Grama Panchayat or an agency authorised by the Grama Panchayat will provide necessary training/guidelines for these groups.

**5.2.2.4. Grama Sabhas**

- i. The Grama Panchayat will prepare and present Performance Report for evaluating the institutional functioning at the Grama Sabhas held once in three months.
- ii. Kudumbashree, other self-help groups, and voluntary organisations will present audit reports, if any, evaluating the Primary Health Centre at the concerned Grama Sabha.
- iii. Grama Sabha will function as the external evaluating mechanism to assess the institutional functioning.

**5.2.2.5 Social Audit**

Social Audit shall be conducted in every institution of the Grama Panchayat as per Social Audit Manual.



# **Annexures**



**Annexure:1.1**  
(See Para: 1.3)  
**G.O. (P) 189/95/LAD dated 18/09/1995**



**കേരള സർക്കാർ**  
**സംഗ്രഹം**

അധികാര വികേന്ദ്രീകരണം- കേരള പഞ്ചായത്ത് രാജ് ആക്ട്, കേരള മുനിസിപ്പാലിറ്റി ആക്ട് എന്നിവയിലെ വ്യവസ്ഥകൾ പ്രകാരം സർക്കാരിന്റെ ചുമതലകളും സ്ഥാപനങ്ങളും തദ്ദേശഭരണ സ്ഥാപനങ്ങൾക്ക് കൈമാറ്റം ചെയ്തുകൊണ്ട് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

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**തദ്ദേശഭരണ (സി) വകുപ്പ്**

ജി.ഒ.(പി) നമ്പർ 189/95/ത.ഭ.വ

തിരുവനന്തപുരം, 1995 സെപ്തംബർ 18

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**ഉത്തരവ്**

1. 1994 ലെ കേരള പഞ്ചായത്ത് രാജ് ആക്ടിലെ 166(6), 167(1), 172(5), 173(5) എന്നീ വകുപ്പുകളിൽ വ്യവസ്ഥ ചെയ്തിട്ടുള്ളതു പ്രകാരം, പ്രസ്തുത ആക്ടിലെ മൂന്നാം പട്ടികയിൽ (അനുബന്ധം-1)) പരാമർശിച്ചിട്ടുള്ള സംഗതികളുമായി ബന്ധപ്പെട്ട സർക്കാരിന്റെ ചുമതലകളും, സ്ഥാപനങ്ങളും, പദ്ധതികളും, സംസ്ഥാനത്തെ ഗ്രാമപഞ്ചായത്തുകൾക്കും, നാലാം പട്ടികയിൽ (അനുബന്ധം-2) പരാമർശിച്ചിട്ടുള്ള സംഗതികളുമായി ബന്ധപ്പെട്ട സർക്കാരിന്റെ ചുമതലകളും സ്ഥാപനങ്ങളും പദ്ധതികളും ബ്ലോക്കു പഞ്ചായത്തുകൾക്കും അഞ്ചാം പട്ടികയിൽ (അനുബന്ധം-3) പരാമർശിച്ചിട്ടുള്ള സംഗതികളുമായി ബന്ധപ്പെട്ട സർക്കാരിന്റെ ചുമതലകളും സ്ഥാപനങ്ങളും പദ്ധതികളും ജില്ലാ പഞ്ചായത്തുകൾക്കും 1995 ഒക്ടോബർ-2-ാം തീയതി രാവിലെ മുതൽ പ്രാബല്യത്തിൽ വരത്തക്കവിധം കൈമാറ്റം ചെയ്തുകൊണ്ട് ഉത്തരവു പുറപ്പെടുവിക്കുന്നു.

2. അതുപോലെ, 1994 ലെ കേരള മുനിസിപ്പാലിറ്റി ആക്ടിലെ 30(3) വകുപ്പിൽ വ്യവസ്ഥ ചെയ്തിട്ടുള്ളതു പ്രകാരം, പ്രസ്തുത ആക്ടിലെ ഒന്നാം പട്ടികയിൽ (അനുബന്ധം-4) പരാമർശിച്ചിട്ടുള്ള സംഗതികളുമായി ബന്ധപ്പെട്ട സർക്കാരിന്റെ ചുമതലകളും സ്ഥാപനങ്ങളും സംസ്ഥാനത്തെ മുനിസിപ്പൽ കൗൺസിലുകൾക്കും മുനിസിപ്പൽ കോർപ്പറേഷനുകൾക്കും 1995 ഒക്ടോബർ 2-ാം തീയതി രാവിലെ മുതൽ പ്രാബല്യത്തിൽ വരത്തക്കവിധം കൈമാറ്റം ചെയ്തുകൊണ്ട് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

3. മേൽപ്പറഞ്ഞതു പ്രകാരം കൈമാറ്റം ചെയ്യപ്പെടുന്ന സ്ഥാപനങ്ങളുടെ വിവരം അനുബന്ധം-5ൽ ചേർത്തിട്ടുണ്ട്. സ്ഥാപനങ്ങളോടൊപ്പം അവയുടെ ആസ്തി ബാധ്യതകളും വസ്തുവകകളും അവയിൽ അനുവദിക്കപ്പെട്ടിട്ടുള്ള ഉദ്യോഗസ്ഥന്മാരുടെ തസ്തികകളും ഉദ്യോഗസ്ഥന്മാരും അതതു തദ്ദേശസ്വയംഭരണ സ്ഥാപനത്തിലേക്ക് കൈമാറ്റം ചെയ്യപ്പെടുന്നതാണ്.

4. കൈമാറ്റം ചെയ്യപ്പെടുന്ന സ്ഥാപനങ്ങളുമായി ബന്ധപ്പെട്ട തസ്തികകൾക്കു പുറമെ അനു

ബന്ധം-5ൽ പറഞ്ഞിരിക്കുന്ന പ്രകാരമുള്ള മറ്റു ചില തസ്തികകളും തദ്ദേശസ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക് 1995 ഒക്ടോബർ 2-ാം തീയതി മുതൽ സർക്കാർ വകുപ്പുകളിൽ നിന്ന് കൈമാറ്റം ചെയ്യപ്പെടുന്നതാണ്.

5. ഓരോ സ്ഥാപനവും ഏത് തദ്ദേശസ്വയംഭരണ സ്ഥാപനത്തിലേക്ക് കൈമാറ്റുന്നു എന്ന് വ്യക്തമാക്കിക്കൊണ്ടും കൈമാറ്റം ചെയ്യപ്പെടുന്ന തസ്തികകൾ ഏത് സർക്കാർ ഓഫീസിൽ നിന്ന് കൈമാറ്റുന്നു എന്ന് കാണിച്ചുകൊണ്ടും അതത് വകുപ്പിന്റെ അധ്യക്ഷൻ 1995 സെപ്തംബർ 30-ാം തീയതിക്കു മുമ്പ് ഉത്തരവു പുറപ്പെടുവിക്കേണ്ടതാണ്. അപ്രകാരം പുറപ്പെടുവിക്കുന്ന ഉത്തരവുകളുടെ പകർപ്പുകൾ സെക്രട്ടേറിയറ്റിലെ ബന്ധപ്പെട്ട ഭരണ നിർവ്വഹണ വകുപ്പിലേക്കും തദ്ദേശവകുപ്പിലേക്കും കൂടി അയയ്ക്കേണ്ടതാണ്.

6. തദ്ദേശസ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക് കൈമാറ്റം ചെയ്യപ്പെടുന്ന തസ്തികകളിൽ അതതു സർക്കാർ വകുപ്പുകളിലെ ഉദ്യോഗസ്ഥർ തന്നെ, മറിച്ചൊരുത്തർ ഉണ്ടാകുന്നതുവരെ തുടരേണ്ടതാണ്.

7. തദ്ദേശസ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക് ഏൽപ്പിച്ചുകൊടുത്തിട്ടുള്ള സർക്കാരിന്റെ അധികാരങ്ങളും ചുമതലകളും പദ്ധതികളും ഫലപ്രദമായി നിർവ്വഹിക്കുന്നതിന് സർക്കാർ വകുപ്പുകൾ അവയ്ക്ക് ഓഫീസ് സൗകര്യം ഉൾപ്പെടെയുള്ള ഭരണപരമായ എല്ല സൗകര്യങ്ങളും സാങ്കേതിക ഉപദേശങ്ങളും നൽകേണ്ടതാണ്.

8. തദ്ദേശസ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക് സർക്കാർ ഉദ്യോഗസ്ഥന്മാരുടെ സേവനം വിട്ടുകൊടുക്കുന്നതിന്റെ നിബന്ധനകളും വ്യവസ്ഥകളും സംബന്ധിച്ചും പ്രസ്തുത സ്ഥാപനങ്ങൾക്ക് ആവശ്യമായ ധനസഹായം അനുവദിക്കുന്നത് സംബന്ധിച്ചും ഉള്ള ഉത്തരവുകൾ പിന്നാലെ പുറപ്പെടുവിക്കുന്നതാണ്.

ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം  
ആർ.രാമചന്ദ്രൻ നായർ  
ചീഫ് സെക്രട്ടറി

**Annexure 2.1**

(See Para: 2.2.2.7.i)

**Medical Certificate**

..... (Signature of the applicant)

I (Name) ..... after careful personal examination of the case hereby certify that (Name and official address) ..... whose signature is given above, is suffering from ..... and that I consider that a period of absence from duty of ..... with effect from ..... is absolutely necessary for the restoration of his/her health.

Signature of Medical Officer.....

Registration No. ....

Part of Registration .....

System of Medicine .....

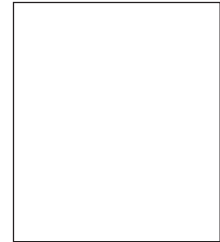
**Annexure 2.2**

(See Para: 2.2.2.7.ii)

**PHYSICAL FITNESS CERTIFICATE**

**(Rule 13 Part 1 KSR)**

**[G.O. (P) No. 20/2011/P&ARD dated 30/06/2011]**



I do hereby certify that I have examined Shri/Smt.....  
.....  
..... a candidate  
for employment in the ..... department and cannot  
discover that he/she has any disease, bodily or constitutional affection ex-  
cept.....

I do not consider this a disqualification for the post of.....  
.....His/Her age is according to his/her own statement  
is.....years and by appearance .....years.

He/She has normal distant vision (.....) and he/she  
is free from colour blindness.

He/She has been vaccinated/re-vaccinated or bears marks of successful vaccination.

Identification marks:

- 1.
- 2.



\*Physical Measurement:

Left hand thumb impression

Height :

Weight :

Chest- Normal :

Expanded :

Signature of Medical Officer

\*In the case of Posts such as Police Constable, Excise Guard, Forest Guard, Jail Warder etc.



**Annexure 2.3**

(See Para: 2.2.2.7.iii)

**ACCIDENT REGISTER-CUM-WOUND CERTIFICATE**

- 1. Serial No. .... 2. Date and hour of Examination .....
- 3. Name ..... 4. Age .....
- 5. Sex ..... 6. Address .....
- 7. Marks of Identification : (1) .....  
(2) .....
- 8. By whom brought and the date and number of the requisition brought by him  
.....
- 9. History and alleged cause of injury .....
- 10. Details of injuries/clinical features :
- 11. Number of additional sheets, if any .....
- 12. Is dying declaration required? .....
- 13. If yes, whether Police/Magistrate is informed .....
- 14. Investigation results, if any .....
- 15. Date of admission as I.P. and I.P. No. ....
- 16. Date of discharge .....
- 17. Condition on discharge .....
- 18. Opinion as to cause of injury .....
- Name of Institution .....

Station .....

Signature of Medical Officer :

Date .....

Name of Medical Officer :

Designation :

Issued to ..... as per his requisition No.  
..... dated .....

Signature of Issuing Medical Officer

**Instructions**

Original wound certificate to be filled up clearly in pencil. May be detached and issued to the police Official when necessary and receipt obtained on the back of office copy. Use carbon paper for copy. The carbon copy to be retained in the wound certificate book as office copy.

When giving details of injuries additional sheets in plain paper may be added. Each page should be signed by the Medical Officer at the bottom and the number of additional sheets noted in the space provided in column 1. If no additional sheets are added write Nil in the above column. The additional sheets should be firmly pasted to the original/office copy of the certificate.

**Annexure 2.4**

(See Para: 2.2.2.7.iv)

**AGE CERTIFICATE**

Certified that I here examined

Name & Address.....

.....and found that he/she  
is aged ..... years by his own statement and by about .....years  
upon examination.

Date:

Signature:

Place:

Seal:

**Annexure 2.5**

(See Para: 2.2.2.7.vi)

**CERTIFICATE OF SANITARY FITNESS**

Affix Recent  
Passport Size  
Color Photo-  
graph of Manag-  
ing  
Proprietor and  
Laminate

No:

Certified that the sanitary arrangements made by the applicant/s

Smt/Sri .....

.....

.....

The Proprietor/s of

.....

.....

.....

in RS No.....of ...../..... village and Building  
No..... Of .....Grama Panchayat are satisfactory to run  
..... at the time of my inspection on  
.....

This Certificate is issued to present before ..... Grama  
Panchayat authorities for obtaining Licenses.

This Certificate will stand canceled on violation of any hygienic condition of Travancore- Cochin Public  
Health Act 1955 and is liable for Prosecution.

Place :

Date :

**Annexure 2.6**  
**(See Para: 2.2.2.7.vii)**  
**Vaccination Certificate**

It is hereby certified that the child/person..... aged  
.....residing at ..... has been vaccinated/revaccinated on  
..... and bears .....marks.

Station :

Signature.....

Date :

Designation .....

### **Annexure 3.1**

(See Para:3.3.4.4)

#### **Uniform Pattern for conferences and review meetings at various levels of Primary Health Care Institutions**

##### **CONFERENCES AT THE SUB CENTRE LEVEL**

Mid Monthly Review Meeting: (Half Day Zonal)	Duration : Half Day (Afternoon) Date: Between 14 <sup>th</sup> and 17 <sup>th</sup> of every month Venue : Sub Centres, In rotation Organized by : LHI/HI Participants : All Field Staff in the Zone Agenda : Review of work till date and modify the plan, if necessary
Full Day Zonal Meeting: Month	Duration: One Full Day Date: Last Working day of every Venue: Sub centres,in rotation Oraganized by: LHI/HI Participants: All Field Staff in the Zone Agenda: Review of Preceding Month activities, consolidation of reports, tentative planning for succeeding.
Month	

##### **CONFERENCES AT THE MINI PRIMARY HEALTH CENTRE**

Monthly Review Meeting	Duration: One Full Day Date: 1 <sup>st</sup> or 2 <sup>nd</sup> working day (to be decided region- wise) Venue: Mini Primary Health Centre Organized by :Medical Officer Participants : All Staff members, Sectoral Supervisor from ICDS and Medical Officer and/or Supervisor representing the block PHC/CHC Agenda : Review of field activities, consolidation and approval of reports, Continuing Education, approval of plan for the succeeding month, review of overall functioning of the centre and any other matters.
ICDS Sectoral Meeting	Duration : Date and Venue fixed by ICDS Sectoral Supervisor
(Though not directly organized by the Health Services, these meetings for Primary Health Care Institutions) and HI and Medical Officer of Mini Officer for the Block Primary Health	Organized: Sectoral Supervisor Are Crucial of ICDS Participants : All JPHNs, JHIs, LHI Primary Health Centre or Medical Centre along with the regular participants from ICDS Centre along with the regular participants from ICDS Activities of Health Staff : Collect and consolidate all the Monthly Monitoring Reports of AWWs , Conduct Continuing Education Session, discuss and Co- Ordinate the field level activities in the sector

### **CONFERENCES AT THE BLOCK PRIMARY HEALTH CENTRE/ CHC LEVEL**

#### Monthly Review Meeting

Duration : One Full Day

Date : 2<sup>nd</sup> and 3<sup>rd</sup> Working day of every month (to be decided region wise)

Venue : Block Primary Health Centre/CHC

Organized by : Medical Officer in charge

Participants : All Staff members including the Medical Officers and Supervisors from all the Mini Primary Health Centres in the areas, Child Development Project Officer(ICDS) and ICDS Supervisors and representative from the District Office.

Agenda : Review of field activities consolidation and approval of reports including those of Mini Primary Health Centres, Continuing Education , Co-Ordination of activities with the ICDS , approval of plans- including those of Mini Primary Health Centres- for the succeeding month, review of overall functioning of the centre and any other matters.

#### Supervisory conference

Duration: Half Day (Forenoon)

Date: 6th Working day (Day following monthly review at the district) Venue: Block Primary Health Centre/CHC.

Organized by: Medical Officer in charge.

Participants: All Supervisors including those from Mini Primary Health Center's.

Agenda: Dissemination of information received during monthly review meeting at the District , with special emphasis on date and timings of various camps etc. Modifications to approval plans, based on such information ICDS Project Level Meeting.

#### ICDS Project Level Meeting

Duration : Date and Venue fixed by ICDS Project Officer

(Though not directly organized by the Health Services, this meeting is crucial for Primary

Date: Between 14<sup>th</sup> and 17<sup>th</sup> of every month

Organized by : Child Development Project Officer

Participants : All Supervisors and the Medical Officer in-Health Care Institutions) charge of Block Primary Health Centre/CHC

Activities of Health Staff: Conduct Continuing Education Session, discuss and Co-Ordinate the field level activities of the Project

### **CONFERENCES AT DISTRICT LEVEL**

#### Monthly Meeting of Supervisory Officers

Duration : One Full Day

Date: 5<sup>th</sup> Working day of every month

Venue: DMO Office

Organized by : District Medical Officer

District Level Programme  
Officers Meeting

Participants : Charge Medical Officers of Block PHCs, Mini PHCs (Only in quarterly meetings), Deputy DMO, Mobile Unit Medical Officers, RCH Officers, LHS, HS, District Programme Officers, Superintendent of Taluk Hospitals and District Hospitals, Medical Officer in-charge of PP Units, District Food Inspector, Social Welfare District Programme Officer, Administrative Assistant, District Mass Media Officer.

Agenda: Review of various programmes, Review of field activities, Assessment of Work, Co-ordination of activities, Plan for month etc.

Duration: Half Day

Date: 1<sup>st</sup> Working day of every month

Venue: DMO Office

Organized by: District Medical Officer.

Participants: Deputy DMO, RCH Officers, District Programme Officers, District Mass Media Officers.

Agenda: Briefing of Senior Medical Officers Conference decisions, Plan for activities in the month etc.

### **Annexure 3.2**

(See Para: 3.3.7)

#### **Specimen Enquiry Report Format**

I hereby report that Sri/Smt.....(Here enter the name and address of the licensee) is running a ..... (here enter the list of items in Schedule 1 of D&O Trade License Rules or details of machinery) in Building No..... of Ward No...../ premises situated in the Resurvey No..... of.....Village situated within the .....Gram Panchayat. He/she is running the business for the last ..... yearswith approximate sales of Rs.....and the premises are hygiene. In my inspection I found that he has displayed the board of the establishment including the place name in Malayalam and English.He is not selling or using prohibited plastics and tobacco items within his premises and able to dispose waste generated from the business unit efficiently. There are ..... workers in the firm. I recommend for the renewal of the D& O trade license for the year.....



**Annexure 3.3**

(See Para:3.4.16.iv)

**ENQUIRY REPORT SUBMITTED TO THE HEALTH INSPECTOR, .....PHC**

SUB: APPLICATION FOR PHYSICALLY AND MENTALLY CHALLENGED PENSION

No.....

1. Applicant's Name & Address :.....  
With Ward and House No.

.....  
..... Ward:..... House No.:.....  
.....

2. Telephone No : Home: Mob:

3. Sex, Age & DoB :

4. Name of Head of the Family :.....  
& total number of members : Total No.of Members .....

5. Disability

i) Muscular and skelted (percentage) : ..... & .....

ii) Deaf (Decibel loss) : ..... & .....

iii) Blind : ..... & .....

iv) Mentally retarded (IQ) : ..... & .....

6. Income (1,00,000/- or below : Rs...../-

7. Resident of Kerala (2 years) : For.....Years.

8. Resident of .....for : For.....Years.

9. Certified that

i) Seen the applicant in person. Application is duly filled and in duplicate.

ii) Applicant has no begging habit and not a destitute residing in a destitute home run by Govt/ Local Authorities or their aid.

iii) Applicant is not getting pension or Grant in Aid form Central Govt, State Govt, Local Au-  
thorities or any other institution receiving their aid.

iv) Applicant's monthly income is below Rs.250/-

v) (a) Copy of Disability Certificate No. .... Dated..... from .....

(b) Original income Certificate No.....Dated.....from village Of-  
fice.....

(c)Copy of ..... to prove Residence

(d) Copy of .....  
to prove Age/ DoB

(e) Copy of ..... to prove identity, are submitted with application.

vi) Applicant belongs to BPL/ APL family as per .....

**The above copies are verified with original documents and found correct.**

Place:

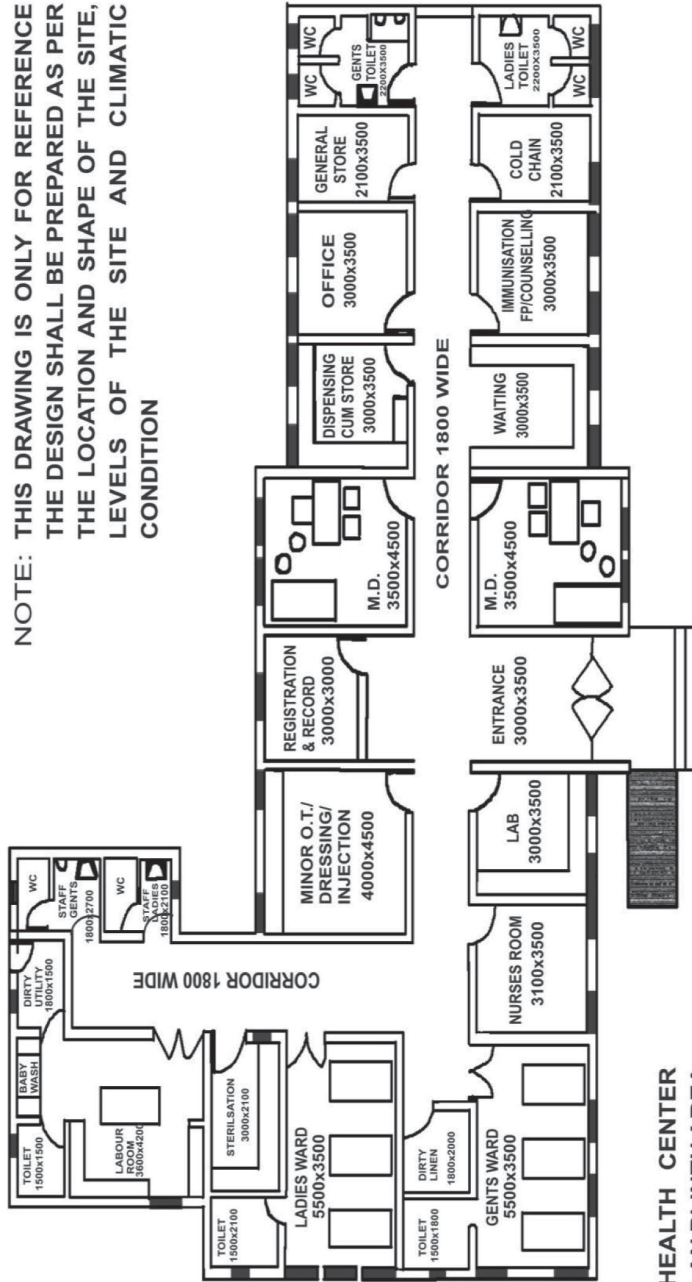
Jr.Health Inspector:

Date:

Section:

.....PHC:

**Annexure 4.1**  
 (See Para: 4.1.1.16)  
**Layout of PHC**



NOTE: THIS DRAWING IS ONLY FOR REFERENCE  
 THE DESIGN SHALL BE PREPARED AS PER  
 THE LOCATION AND SHAPE OF THE SITE,  
 LEVELS OF THE SITE AND CLIMATIC  
 CONDITION

Layout of PHC

PRIMARY HEALTH CENTER  
 TYPICAL PLAN PLINTH AREA  
 385.00 S.M.

## **Annexure: 4.2**

(See Para: 4.3.2)

### **Control Over Officers Rule, 1997**

THE KERALA PANCHAYAT RAJ (CONTROL OVER OFFICERS) RULES, 1997

**S.R.O.No.534/97.**—In exercise of the powers conferred by sub-section (5) of Section 179 sub-sections (8) and (9) of Section 180 and sub-sections (1) and (3) of Section 181 of the Kerala Panchayat Raj Act, 1994 (13 of 1994) read with sub-section (1) of Section 254 there of, the Government of Kerala hereby make the following rules, namely:-

#### RULES

- 1. Short title and commencement.** —(1) These rules may be called the Kerala Panchayat Raj (Control over Officers) Rules, 1997.
  - (2) They shall come into force at once.
- (2) Definitions.**— (1) In these rules unless the context otherwise requires,-
  - (a) 'Act' means the Kerala Panchayat Raj Act, 1994 (13 of 1994);
  - (b) 'Appointing authority' means an Officer or authority authorised by the Government to appoint an employee to the Government Service or Panchayat Service.
  - (c) 'Municipality' means a Municipality constituted under Section 4 of the Kerala Municipality Act, 1994 (20 of 1994);
  - (d) 'Officer' includes the Secretary appointed under Sub-Section (1) of section 179, officers and employees appointed to Panchayat Service as per rules made under sub-section (4) of section 180 or rules made under the Kerala Panchayat Raj Act, 1960 (32 of 1960), and any Government officer or employee whose service has been lent to the Panchayat under sub-section (2) of Section 176 or sub-section (1) of Section 181;
  - (e) 'Section' means a section of the Act;
  - (2) The words and expressions used and not defined in these rules but defined in the Act shall have the meanings respectively assigned to them in the Act.
- (3) Lending of service of Government Officers and employees to the Panchayat.**—
  - (1) The Government may, by a special or general order, lend the service of any Government officer or employee including temporary, full time, part time or contingent officer or employee to the Panchayat under sub-section (2) of Section 176 or sub-section(1) of Section 181.
  - (2) The Government officers and employees lent to Panchayat under sub-rule (1) shall be considered as employees of Government for all matters regarding service and their service and wages conditions shall be continued as if they were continued in the Government service and their salary, allowances and other financial benefits shall be given from the Panchayat fund or contribution for the same shall be given to the Government by the Panchayat:

Provided that the Government may continue to give such salary, allowances and other financial benefits to them from the consolidated fund of the Government till the period as the Government may deem fit.

- (3) The Government officers and employees whose service has been lent to Panchayat shall be under the full control and supervision of the Panchayat and they shall exercise those powers and perform duties as may be determined by the Panchayat for matters coming within the jurisdiction of the Panchayat subject to the general restrictions as may be fixed by the Government.
- (4) Every Government officer or employee whose service has been lent to Panchayat while serving for the Panchayat shall also have the authority to exercise the powers entrusted by the Government and shall be liable to perform the duties.
- (5) The Government officers and employees whose service has been lent to Panchayat shall not be entitled to get deputation allowance.
- (6) The Panchayat shall have authority to appoint by transfer any Government officer and employee whose service has been lent to Panchayat from any office or institution of the Panchayat to office of the Panchayat or to any other office or institution under that Panchayat:

Provided that a Government officer or employee shall not be appointed by transfer from a department to another department:

Provided further that Panchayat shall be liable to comply with the general guidelines regarding the transfer of Government officers issued by the Government from time to time.

- (7) Government may for sufficient reasons take back any Government officer or employee whose service has been lent to a Panchayat for the service of Government or may be appointed by transfer from that Panchayat to another Panchayat or to a Municipality.
- (8) If a vacancy arises due to transfer, leave or any other reason in the post of Government Officer or employee whose service was lent to Panchayat and in the circumstances where the service of another Government Officer or employee is not immediately lent to fill such vacancy, subject to such general guidelines issued by the Government, the Panchayat may appoint another person temporarily in that vacancy, by informing the appointing authority in advance, for a period not exceeding six months or till a Government officer or employee is appointed to such vacancy whichever is earlier,—
  - (a) through employment exchange; or
  - (b) if candidate is not available through employment exchange on contract basis as per the conditions specially provided by the Government:

Provided that in the case of such temporary appointment as school teachers, if necessary, the period of six months may be reckoned, as till the end of respective academic year.

**4. Imposing of minor penalties on officers.**—(1) Where an officer fails to perform his official duty or violates the discipline or refuses to carry out the lawful decision of the Panchayat or will fully obstructs the implementation there of or fails to obey the lawful orders of the President, or for the misbehavior or misconduct of an officer, the Panchayat may take disciplinary proceedings against such officer and may impose on him any one of the following minor penalties, namely:—

- (1) censure,
- (2) fine,
- (3) temporary withholding of increment,
- (4) withholding of promotion,
- (5) recovery of amount from salary.

Notes: —(i) No fine shall be levied on an officer except in the post of last grade, part-time or full-time contingent. Huge amount shall not be levied as fine and trifle fine shall not be levied frequently;

- (ii) the period of with holding of increment shall not be less than three months and not more than three years. There will not be any cumulative effect on with holding of increment and shall not have the effect of postponing future increments;
  - (iii) with holding of promotion shall be temporarily for a specific period and this period shall not be less than six months and not more than three years;
  - (iv) if the period is not specified in the order of with holding of increment or promotion it will be deemed to be three months and six months respectively;
  - (v) in the case where the order of with holding of increment cannot be given effect to the monetary value equivalent to the amount of increments ordered to be with held will be recovered from the salary of the concerned officer;
  - (vi) recovery of amount from salary as a penalty shall be made only when pecuniary loss is caused to the Panchayat by the Act of the officer;
  - (vii) with holding of promotion of the officer concerned shall not entail loss of seniority in the grade for the time being he is working;
  - (viii) an officer whose promotion is with held, shall if and when promoted to a higher grade or to higher time-scale subsequently, on promotion take his place at the bottom of the higher grade or higher time-scale.
- (2) In true case where Panchayat initiates disciplinary action against an officer of the Panchayat referred to in Section 180 for an offence, the Secretary shall not, and in case where the Secretary initiates disciplinary action under clause (ix) of Section 182, the Panchayat shall not imitate disciplinary action against such person for the same offence.
  - (3) Notwithstanding anything contained in sub-rule (1) the concerned appointing authority and disciplinary authority shall have the power to initiate disciplin-

ary action against the Secretary or Government officer or employee whose service has been lent to Panchayat under sub-section of Section 176 or under sub-section(1)of Section 181.

- (4) In the case where Panchayat initiates disciplinary action for an offence, against Secretary or Government officer or employee whose service has been lent to Panchayat, the concerned appointing authority or disciplinary authority and in the case where the appointing authority or disciplinary authority initiates disciplinary action under sub-rule(3) the Panchayat, shall not initiate disciplinary action, against such person for the same offence.
- (5) In the case where the Secretary under clause (xi) of Section 182 or by the appointing authority or disciplinary authority, as the case may be, under sub-rule(3), initiates disciplinary action against an employee whose service has been lent to Panchayat, it shall be in accordance with the Kerala Civil Service (Classification, Control and Appeal) Rules,1960.
- (6) If the Panchayat so decides, the Panchayats may require the Secretary to initiate disciplinary action for any offence against an employee of the Panchayat and the concerned disciplinary authority to intimate disciplinary action against a Government officer or employee whose service has been lent to Panchayat.

**5. Procedure to issue memo of charges.**(1) Where on the basis of available information, the President or the Grama Panchayat *prima facie* is satisfied that an officer has committed an offence referred to in sub-rule (1) of Rule 4 and disciplinary action has to be initiated against him, the Panchayat has to decide, whether disciplinary action has to be initiated against that person and if the Panchayat so decides a notice requiring to show-cause for not initiating such disciplinary action shall be issued to the concerned officer. In the case of Secretary, the notice shall be issued by the President and in the case of an officer other than the Secretary, by the Secretary, as per the orders of the President:

Provided that on urgent occasions, notice may be issued subject to ratification of the Panchayat.

- (2) The grounds proposed for initiating disciplinary action against the concerned officer shall be clearly shown in the notice issued under sub-rule (1) and after the receipt of notice not less than seven days' time shall be allowed to furnish reply.

Note:—vague statements shall be avoided in the notice, for example, a general statement in the nature of “not complied with the direction of President or Panchayat ”shall not be a ground intended to initiate disciplinary action, instead of it shall be specifically stated that what direction in which circumstances has not been complied with.

- (3) The President shall submit, the explanation, if any, received from the officer, with in the specified time to the notice under sub-rule (1) and if no explanation is received, his report regarding the same for the consideration of the Panchayat. In case of an officer other than Secretary, along with the explana-

tion the opinion of the Secretary or head of office, there of, shall also be submitted by the President for the consideration of the Panchayat.

- (4) After considering the explanation or the report mentioned under sub-rule (3) the Panchayat may decide whether the disciplinary action against the concerned officer is to be dropped or
  - (5) In case whether the Panchayat decides to initiate disciplinary action against an officer under sub-rule (4) a memo of specific charges along with a statement of allegations based on charge or charges shall be issued to him and he shall be required there in to furnish written statement with in fifteen days. The memo of charges shall be issued by the President in the case of Secretary and by the Secretary in the case of an officer other than the Secretary/ Under the orders of the President.
  - (6) Memo of charges shall be in the model form appended to these rules and shall be signed by the President or the Secretary, as the case may be.
  - (7) Memo of charges shall be precise and in clear language and the date and time of occurrence of the incident wherever applicable shall be included therein.
  - (8) While issuing of orders regarding disciplinary action, in the statement of allegations on which each charge is based, shall also refer to any other circumstance which is proposed to be considered.
  - (9) A list of documents relied upon in framing the charges shall be listed out at the end of the statement of allegations.
  - (10) Two copies of the memo of charges and statement of allegation shall be issued to the concerned officer and one copy shall be got back with his dated signature and kept in the file.
  - (11) If no written statement is received with in the period specified in the memo of charges, no reminder shall be issued to the concerned officer, and shall continue with further proceedings on the presumption that there is no written statement to be filed. Provided that in the case of application received for, extension of period, if the President is satisfied that reasons stated in the application are acceptable; such period may be extended to a period not exceeding fifteen days.
  - (12) If at any stage of the further proceeding the Officer applies for the perusal and obtaining the copy of any document referred to in the list appended to the statement of allegations he may be Allowed to perusal and obtain, copy of the documents if the President considers that such permission is not against public interest in due supervision.
- 6. Examination of written statement.—** (1) The President shall submit the written statement if any, received with in the stipulated time from the officer to the memo of charges issued to him under sub-rule (5) of Rule 5 and if no written statement is received, his report regarding the same for the consideration of the Panchayat. In the case of an officer other than Secretary, the



President shall also submit written statement, the opinion of the Secretary or head of office there in for the consideration of the Panchayat.

- (2) If, in the written statement received from an officer, it is requested to hear him in person, President shall hear him in person on behalf of the Panchayat and shall submit the matters informed by him along with written statement for the consideration of the Panchayat.

**7. Imposition of minor penalty.**—(1) Where the Panchayat after considering the written statement furnished by the concerned officer to the memo of charges issued under sub-rule (5) of Rule 5, or if no written statement is received, the report of the President in that regard, is satisfied that the concerned officer has committed the offence alleged against him and after considering the nature and gravity of the offence committed, may impose on him any one of the penalties mentioned in sub-rule (1) of Rule 4 and orders with signature shall be issued accordingly on behalf of the Panchayat by the President, in the case of Secretary and by the Secretary in the case of an officer not being the Secretary.

- (2) An order issued order sub-rule(1)-

- (a) In the case of the Secretary, the President shall forward a copy with covering letter to the concerned appointing authority for implementation and for recording the details of penalty in his service register, to Government and if necessary to the Accountant General;
- (b) in the case of a Government employee of the State service, the Secretary shall forward a copy with covering letter to the concerned head of department for implementation and for recording the details of penalty in his service register, to the Government and to the Accountant General;
- (c) in the case of a Government officer of subordinate service the Secretary shall forward a copy with covering letter to the concerned head of office for implementation and for recording the details of penalty in his service register and if necessary to the concerned head of department;
- (d) in the case of Panchayat employee referred to in Section 180, if awarded a penalty except withholding of promotion, the Secretary shall execute by entering the details in his service register and in the case of withholding of promotion a copy of that order shall be sent to the appointing authority.

**8. Suspension.**— (1) If the President is prima facie satisfied that an employee of the Panchayat referred to in Section 180, a Government Officer or employee of subordinate service whose service has been lent to the Panchayat has committed an offence of serious nature, includes misconduct or deserves major penalty, and allowing him to continue in service is against public interest and will obstruct the enquiry being conducted or intending to conduct against him, he may suspend such employee from service subject to detailed enquiry and disciplinary proceeding.

- (2) The concerned employee shall be entitled to subsistence allowance under Rule 55, Part I of the Kerala Service Rules, 1959, during the period of suspension.
- (3) The President shall report the order of suspension and matters leading there to in the next meeting of the Panchayat and shall seek the approval of the Panchayat for the order. If the Panchayat does not approve the suspension, the order of suspension stands cancelled suo moto and the employee suspended shall immediately be reinstated in the employment and period of suspension shall be treated as duty.
- (4) The President shall immediately forward the copy of suspension order and the decision of the Panchayat there on to the appointing authority.
- 5) In the manner without being an obstruction to disciplinary action against the suspended employee, the Panchayat may at any time reconsider his suspension and he may be reinstated to the employment.
- (6) The President shall complete the enquiry against the concerned employee within three months of issue of suspension order and shall submit the enquiry report for the consideration of the Panchayat.
- (7) The Panchayat may decide after considering the enquiry report to drop the disciplinary action in the name of the employee or as the case may be, to initiate disciplinary action under Rule 4 or to forward the enquiry report under Rule 10 to appointing authority or Government, as the case may be.
- (8) In the case where the Panchayat is imposing a minor penalty or dropping disciplinary action in the name of an employee and if the suspension of employee has not been withdrawn till then, together with imposing of minor penalty or dropping the disciplinary action, the suspension shall be withdrawn and how the period of suspension has to be treated shall be determined according to Rule 56 Part I of the Kerala Service Rules, 1959.
- (9) In the case where the enquiry report under Rule 10 is sent to appointing authority or Government, as the case may be and if the suspension has not been withdrawn till then the suspension shall be continued or withdrawn as per the direction of the appointing authority or Government

#### NOTES

*Panchayat Raj (Control Over Officers) Rules, 1997-R.8(6)-The statutory rule is to complete the proceedings at the earliest as evident from sub-rule 6 of Rule 8 which provides the time limit of three months. Therefore the delay is not justified. Since consequence is not provided for not completing enquiry within the time limit, it can be assumed that the said provision is only directory. In other words, the violation of sub-rule 6 may not result in nullification of the entire proceedings as the said rule is only directory. — Pushpavally v. Seethathodu Grama Panchayat - 2002 (2) KLT SN111.*

- 9. Appeal and re-examination.**—(1) The officer concerned may file an appeal in the form annexed as Appendix 2 to these rules against the order issued by the President or Secretary as the case may be, on behalf of the Panchayat imposing minor penalty on an officer under sub-rule (1) of Rule 7, before an

officer authorised by the Government for this purpose within thirty days on receipt of such order:

Provided that if the authority is satisfied that there is sufficient reason for not filing the appeal within the specified time, the appeal received after the time may be considered.

- (2) On receipt of the appeal under sub-rule (1), the authority authorised shall call for and examine the connected records and shall after hearing in person the officer who preferred the appeal and the President on behalf of the Panchayat or any other person authorised by the Panchayat who imposed the penalty which being the ground for appeal, confirm, modify or cancel the order imposing such penalty or issue such orders as may deem fit.
- (3) The Government may require the records relating to every order issued under sub rule(2) either suo-moto or on application and may reconsider such order and pass appropriate order regarding it as they may deemit:

Provided that no application for reconsideration of an order shall be considered if it is received by the Government after thirty days from the date of receipt of such order by the applicant:

Provided further that, an order adversely affecting an officer shall not be passed by the Government without giving an opportunity of being heard:

Provided also that the Government shall not suo-moto reconsider an order after One year from the date of the order.

**10. Procedure on commission of offences which may result in imposing major penalties.**—(1) If the President or the Panchayat believes that an officer has committed an offence which deserves any major penalty, the President, after conducting the enquiry against such officer or employee shall send the enquiry report together with the opinion of the Panchayat there on to the appointing authority in the case of an employee of Panchayat referred to in Section 180 and shall send to the Government in the case of an officer or employee whose service has been lent to the Panchayat under sub-rule(1)of Rule 3.

- (2) The appointing authority or the Government shall examine in detail the report of the President and opinion of the Panchayat, as the case may be, and if necessary after hearing the President or the officer alleged in person shall take suitable decision regarding initiation of disciplinary action and that decision shall be intimated to the President.
- (3) In the case where the appointing authority or the Government decides to initiate disciplinary action against the officer the procedure contained in the Kerala Civil Service (Classification, Control and Appeal) Rules,1960 shall be observed.
- (4) In the case where the alleged officer has been suspended from service under Rule 8, matters as to whether suspension is to be continued or how the period of suspension is to be reckoned shall be examined by the appointing authority or Government, as the case may be, and shall issue suitable order.

- 11. Observation of provisions of other rules.**—In the case of suspension, imposition of minor penalty and appeal, the procedure laid down in the Kerala Civil Service (Classification, Control and Appeal) Rules, 1960 and the Manual of Disciplinary Proceedings of Government of Kerala shall be applicable to matters not mentioned in Rules 4 to 10 and if there is any doubt of dispute arise regarding any of these, the decision of the Government shall be final.
- 12. Confidential report.** —(1) The President shall prepare the confidential report of the Secretary from time to time and send to the appointing authority.
- (2) The Secretary shall, prepare from time to time the confidential report of the employees of the Panchayat for whom it is directed as keep confidential reports and submit to the President for review and shall send to the appointing authority together with review report of the President.
- (3) The President may send report regarding the service of the Government officers or employees whose service has been lent to the Panchayat from time to time to the concerned appointing authority and the said report shall also be taken in to account, while considering such officer or employee for promotion.
- 13. Granting of leave.** —(1) The Secretary may grant leave including casual leave to the employees of Panchayat referred to in Section 80 subject to eligibility and the provisions of the Kerala Service Rules.
- (2) The President may grant casual leave to the Secretary and to the head of office and institutions which have been lent by the Government subject to eligibility.
- (3) The granting of leave except casual leave to officers referred to in sub-rule (2) subject to eligibility and the provisions of the Kerala Service Rules shall be by the Government officer authorised for this purpose.
- (4) Granting of leave including casual leave subject to eligibility and the provisions of Kerala Service Rules to Government officer or employee not referred under sub-rule (2) whose service has been lent to Panchayat shall be by an officer authorised by the Government for this purpose.
- (5) In the case where granting of leave except casual leave to any officer under sub-rules (3) and (4) is by a Government officer whose service has not been lent to Panchayat the leave application shall be sent to the said officer together with the recommendation of the President.

#### **APPENDIX I**

##### MODEL OF MEMO OF CHARGE

[See sub-rule (6) of Rule 5]

##### MEMO OF CHARGE

Charge against Sri/Smt..... (name) working in the post of.....in the..... (place of work, officer, institution etc.) under.....Panchayat.

1. It is seen that you, Sri/Smt..... have committed the offence of.....(here enter the alleged offence or the substance of the offences, relevant date or dates and place).
2. You are required to show cause, if any, in writing within fifteen days, from the date of receipt of this notice, as to why disciplinary action should not be taken against you under Rule 4 of the Kerala Panchayat Raj( Control over Officers) Rules, 1997, and if no such statement is received from you within the said period the matter will be proceeded with the presumption that you have nothing to offer in this matter.

A statement of allegations on which the above charge or charges is/are based is attached here with.

Place..... President/Secretary.  
Date..... For.....Panchayat.

**APPENDIX II**

[See sub-rule(1) of Rule 9]

Appeal against disciplinary actions of.....Panchayat.

1. Name and official address of the appellant :
2. Number and date of the order :  
Appealed against (copy shall be enclosed) :
3. Offence alleged for imposing penalty :
4. Details of penalty awarded :

Reasons based for appeal  
(Enter the reasons in detail)

Place: Signature of the appellant  
Date:

**Explanatory Note**

(This does not form part of the Notification, but is intended to indicate its general purport.) As per sub-section (5) of Section 179, sub-section (9) of Section 180 and sub-section (3) of Section 181 of the Kerala Panchayat Raj Act,1994( 13 of 1994), the Panchayat is competent to impose minor penalties on Secretary, any officer or employee of the Panchayat and Government Officers or employees whose service has been lent to the Panchayat, respectively. The government intends to make rules, presenting the procedure in the matter and specifying the controlling power of the Panchayat over the officers and in the matter of granting of leave. This Notification is intended to achieve the above object.

Place..... President/Secretary.  
Date..... For.....Panchayat