

**Modifications in the updated Indian Public Health Standard (IPHS)
for Community Health Centre (CHC) document
(Major changes have been highlighted in yellow colour)**

- A. The newly revised IPHS (CHC) has considered the services, infrastructure, manpower, equipments and drugs in two categories of Essential (minimum assured services) and **Desirable** (the ideal level services which the states and UT shall try to achieve).
- B. **Services:** Standards of existing services under programmes were updated based on the inputs from various programme division.
- i. New born stabilization unit added.
 - ii. MTP facilities for second trimester pregnancy (desirable)
 - iii. The Integrated Counselling and Testing Centre (ICTC), Blood storage, link Anti Retroviral Therapy centre added
- C. Standards added for following newly developed (non communicable) disease programmes.
- i. National Programme for prevention and control of deafness.
 - ii. National Mental Health Programme.
 - iii. National Cancer control programme.
 - iv. National program for prevention and control of Diabetes, Cardio Vascular Disease, and Strokes.
 - v. National Iodine deficiency Disorders control program
 - vi. National program for prevention and control of Fluorosis : in-affected Districts
 - vii. National Tobacco Control program
 - viii. National program for health care of Elderly
 - ix. Oral Health
 - x. Physical medicine and rehabilitation services.
- D. **Infrastructure:**
- i. Signage.
 - ii. Barrier free access.
 - iii. disaster prevention measures (desirable for new upcoming facilities),
 - iv. Residential quarter for the staff.
 - v. Functions and space requirements are updated.
- E. **Manpower:** the new IPHS recommends the changes in manpower at CHC
- i. Part time cancer surgeon / physician (under Public Private Partnership mode) is desirable.
 - ii. On lady health visitor (desirable)
 - iii. One dietician (desirable)
 - iv. One dental assistant.
 - v. One cold chain and vaccine logistic assistant
 - vi. Multi rehabilitation worker / community based rehabilitation worker (on essential and one desirable)
 - vii. One counsellor (desirable)
 - viii. Three drivers for the facility vehicles. (out sourced)
- F. **Drugs:** the list of *essential drugs* updated; the drug list for *obstetric care* and sick newborn & child care (for First Referral Unit (FRU) / CHC) incorporated in these guidelines.
- G. **Equipment:** List updated.
- H. Reporting format under Integrated Disease Surveillance Project included in annexure.

- I.* Facility based MDR (Maternal Death Review) is added as annexure and is supposed to be one of the essential services at CHC
- J.* Annexure for new born care corner and new born stabilization unit added.
- K.* Annexure for Referral transport model is deleted.

Draft

**Indian Public Health Standard
(IPHS)
For
Community Health Centres
(Revised 2010)**



**Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India**

Executive Summary

The Community Health Centres (CHCs) which constitute the secondary level of health care were designed to provide referral as well as specialist health care to the rural population. These centres are however fulfilling the tasks entrusted to them only to a limited extent. The launch of the National Rural Health Mission (NRHM) gives us the opportunity to have a fresh look at their functioning.

In order to provide Quality Care in these CHCs, Indian Public Health Standards (IPHS) are being prescribed to provide optimal expert care to the community and achieve and maintain an acceptable standard of quality of care. These standards would help monitor and improve the functioning of the CHCs.

Service Delivery:

- All Essential (Minimum Assured Services) as envisaged in the CHC should be available, which includes routine and emergency care in Surgery, Medicine, Obstetrics and Gynecology, Paediatrics, Dental and AYUSH in addition to all the National Health Programmes.
- States/UTs must also aspire to achieve the ideal levels which have been indicated as 'Desirable'.
- Appropriate Guidelines for each National Programme for Management of routine and emergency cases are being provided to the CHC.
- All the support services to fulfill the above objectives will be strengthened at the CHC level.

Minimum requirement for delivery of the above-mentioned services:

The following requirements are being projected based on the assumption that there will be average bed occupancy of 60%. The strength may be further increased if the occupancy increases with subsequent up gradation. As regards Manpower, 2 specialists, namely, **Anaesthetist and Public Health Programme Manager will be provided on contractual basis in** addition to the available specialists, namely, Surgery, Medicine, Obstetrics and Gynecology and Paediatrics.

The support manpower will include a Public Health Nurse, ANM, **Dental Assistant and Cold Chain and Vaccine Logistic Assistant** in addition to the existing staff. An Ophthalmic Assistant will also need to be provided in centres where currently there is none. One Ophthalmologist (MS or **Diploma** in Ophthalmology) for every 5 CHCs is recommended in addition to existing Provisions. One Dental Surgeon, 6 GDMOS, one AYUSH specialist and one AYUSH general doctor are also recommended in this IPHS.

Facilities:

The equipment provided under the Child Survival and Safe Motherhood Programme (CSSM) is deemed adequate. Physical Infrastructure will be remodeled or rearranged to make best possible use for optimal utilization. New Constructions will follow the specifications provided in this document. Space requirements for different functional areas has been listed out.

Human Resource Management:

Capacity Building will be ensured at all levels by periodic training of all cadres.

Accountability:

It is mandatory for every CHC to have “Rogi Kalyan Samiti” (RKS) to ensure accountability. Every CHC shall have the Charter of Patients’ Rights displayed prominently at the entrance. A grievance redressal mechanism under the overall supervision of RKS would also be set up.

Quality of services:

Every CHC shall also have the Standard Operating Procedures and Standard Treatment Protocols for common ailments and the National Health Programmes.

Social audit by involvement of the community through RKS is being recommended. To maintain quality of services, external monitoring through Panchayati Raj Institutions and internal monitoring at appropriate intervals will be advocated. Guidelines are being provided for management of routine and emergency cases under the National Health Programmes so as to maintain uniformity in Management in tune with the National Policy.

Indian Public Health Standards (IPHS) for Community Health Centres

Introduction:

Health care delivery in India has been envisaged at three levels namely primary, secondary and tertiary. The secondary level of health care essentially includes Community Health Centres (CHCs), constituting the First Referral Units (FRUs) and the District Hospitals. The CHCs were designed to provide referral health care for cases from the Primary level and for cases in need of specialist care approaching the centre directly. 4 PHCs are included under each CHC thus catering to approximately 80,000 populations in tribal / hilly/ **desert** areas and 1,20,000 population for plain areas. CHC is a 30-bedded hospital providing specialist care in Medicine, Obstetrics and Gynaecology, Surgery, Paediatrics, Ophthalmology, Dental and AYUSH. **There are 4276 CHCs functioning in the country as per Rural Health Statistics Bulletin published in July, 2009.** These centres are however fulfilling the tasks entrusted to them only to a limited extent. The launch of the National Rural Health Mission (NRHM) gives us the opportunity to have a fresh look at their functioning.

NRHM envisages bringing up the CHC services to the level of Indian Public Health Standards. Although there are already existing standards as prescribed by the Bureau of Indian Standards for 30-bedded hospital, these are at present not achievable as they are very resource-intensive. Under the NRHM, the Accredited Social Health Activist (ASHA) is being envisaged in each village to promote the health activities. With ASHA in place, there is bound to be a groundswell of demands for health services and the system needs to be geared to face the challenge. Not only does the system require up-gradation to handle higher patient load, but emphasis also needs to be given to quality aspects to increase the level of patient satisfaction. In order to ensure quality of services, the Indian Public Health Standards (IPHS) are being set up for CHCs so as to provide a yardstick to measure the services being provided there. **This document provides the essential requirements for a Minimum Functional Grade of a Community Health Centre and the desirable requirements needed for an ideal situation.**

Objectives of Indian Public Health Standards (IPHS) for CHCs:

- To provide optimal expert care to the community
- To achieve and maintain an acceptable standard of quality of care
- To ensure that service at CHC are commensurate with universal best practices and are responsive and sensitive to the client needs/expectations.

Service delivery in CHCs:

- **OPD Services and IPD Services: General, Medicine, Surgery, Obs. & Gynae., Paediatrics and AYUSH, fixed day services by Ophthalmologist & Dentist (Essential) and daily basis (Desireable).**
- **Emergency Services**
- **Laboratory Services**
- **National Health Programmes**

Every CHC has to provide the following services which can be known as the *Assured Services*. *They have been indicated as Essential and Desirable. All States/ UTs must ensure the availability of all Essential services and aspire to achieve Desirable services which are the ideal that should be available.*

I. Care of routine and emergency cases in surgery

Essential

- This includes dressings, incision and drainage, and surgery for Hernia, Hydrocele, Appendicitis, Haemorrhoids, Fistula, and stitching of injuries.
- Handling of emergencies like Intestinal Obstruction, Haemorrhage, etc.,
- Other management including nasal packing, tracheostomy, foreign body removal etc.
- Fracture reduction and putting splints/plastic cast.

II. Care of routine and emergency cases in medicine

Essential

- Specific mention is being made of handling of all emergencies like Dengue Haemorrhagic Fever, Cerebral Malaria and others like snake bite cases, Poisonings,

Congestive Heart Failure, Left Ventricular Failure, Pneumonias, meningoencephalitis, acute respiratory conditions, status epilepticus, Burns, Shock, acute dehydration etc. In case of National Health Programmes, appropriate guidelines are already available, which should be followed.

III. Maternal Health :

Essential

- Minimum 4 ANC including Registration : As some antenatal cases may directly register with CHC, the suggested schedule of antenatal visits is reproduced below
1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up
2nd visit: Between 14 and 26 weeks
3rd visit: Between 28 and 34 weeks
4th visit: Between 36 weeks and term
24-hour delivery services including normal and assisted deliveries.
- Managing labour using Partograph.
- All referred cases of Complications in pregnancy, labour and post-natal period must be adequately treated.
- Ensure post-natal care for 0 & 3rd day at the health facility both for the mother and new-born and sending direction to the ANM of the concerned area for ensuring 7th & 42nd day post-natal home visits
- Minimum 48 hours of stay after delivery, 3-7 days stay post delivery for managing Complications.
- Proficiency in identification and Management of all complications including PPH, Eclampsia, Sepsis etc. during PNC.
- Essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions

IV. New Born Care and Child Health:

Essential

- Essential New Born Care and Resuscitation by providing Newborn Corner in the Labour Room and operation theatre (where caesarian takes place). Details of New Born Corner given at **Annexure 1.**
- i) Early initiation of breast feeding within one hour of birth and promotion of exclusive breast-feeding for 6 months.

- **New Born Stabilization Unit (Details given at Annexure 1A)**

- Counseling on Infant and young child feeding as per IYCF guidelines.
- Routine and emergency care of sick children including Facility based IMNCI strategy
- **Full Immunization of infants and children against Vaccine Preventable Diseases and Vitamin-A prophylaxis as per guidelines of Govt. of India.**
- Prevention and management of routine childhood diseases, infections and anemia etc.

V. Family Planning. :

Essential

- Full range of family planning services including IEC, counseling, provision of Contraceptives, Non Scalpel Vasectomy (NSV) & Laparoscopic Sterilization Services and their follow up
- Safe Abortion Services

Desirable

- **MTP Facility approved for 2nd trimester of pregnancy**

VI Other National Health Programmes (NHP): (Essential except as indicated)

All NHP should be delivered through the CHCs. Integration with the existing programmes is vital to provide comprehensive services. The requirements for the important NHPs are being annexed as separate guidelines with the document and following are the assured services under each NHP.

Communicable Diseases Programmes

- **RNTCP:** CHC should provide diagnostic services through the microscopy centres which are already established in the CHCs and treatment services as per the Technical Guidelines and Operational guidelines for Tuberculosis Control (**Annexure 2**).
- **HIV/AIDS Control Programme:** The services to be provided at the CHC level are (**Annexure 3**)
 - **Integrated Counseling and Testing Centre;**
 - **Blood Storage Centre¹,**
 - **Sexually Transmitted Infection clinic,**

¹ Blood storage units should have atleast number of units equal to double of the average daily requirement/consumption.

Desirable

- Link Anti Retroviral Therapy Centre
- **National Vector Borne Disease Control Programme:** The CHCs are to provide diagnostic/linkages to diagnosis and treatment facilities for routine and complicated cases of Malaria, Filaria, Dengue, Japanese Encephalitis and Kala-azar in the respective endemic zones (Annexure 4).
- **National Leprosy Eradication Programme (NLEP):** The minimum services that are to be available at the CHCs are for diagnosis and treatment of cases and complications including reactions of leprosy along with counselling of patients on prevention of deformity and cases of uncomplicated ulcers (Annexure 5).
- **National Programme for Control of Blindness:** The eye care services that should be available at the CHC are as given below.

Essential

- Vision Testing with Vision drum/ Vision Charts
- Refraction
- The early detection of visual impairment and their referral.
- Awareness generation through appropriate IEC strategies and involving community for primary prevention and early detection of impaired vision and other eye conditions.

Desirable

- Intraocular pressure measurement by Tonometers.
- Syringing and probing
- The provision for removal of Foreign Body.
- Provision of Basic services for Diagnosis and treatment of common eye diseases.
- surgical services including cataract by IOL implantation

One eye surgeon is being envisaged for every 5 lakh population i.e one eye surgeon will cater to 5 CHCs. (Annexure 6)

- **Under Integrated Disease Surveillance Project,** CHC will function as peripheral surveillance unit and collate, analyse and report information to District Surveillance Unit on selected epidemic prone diseases. In outbreak situations, appropriate action will be initiated (Annexure 7).

National Programme for Prevention and Control of Deafness (NPPCD):

CHC will provide following services.

- The early detection of cases of hearing impairment and deafness and referral
- Provision of Basic Diagnosis and treatment services for common ear diseases.
- Awareness generation through appropriate IEC strategies and greater participation /role of community in primary prevention and early detection of hearing impairment/deafness.

National Cancer Control Programme (NCCP)

Essential

- Facilities for early detection and referral of suspected cancer cases
- Screening for Cervical, Breast & Oral Cancers
- Education about Breast Self Examination and Oral Self Examination

Desirable

- PAP smear for Cancer Cervix
- Basic equipment (Magna Visualiser, Indirect Laryngoscope, Punch biopsy forceps) and consumables for early detection of common cancers.
- Public private partnership for laboratory investigations (biochemical, pathological (including biopsy), microbiological, tumor markers, mammography etc. which are related to cancer diagnosis).
- Investigations to confirm diagnosis of cancer in patients with early warning signals through Public Private Partnership mode.

National Mental Health Programme (NMHP)

Essential

- Early identification, Diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia, Manic Depressive Psychosis).
- IEC activities for prevention, removal of stigma and early detection of mental disorders
- Follow up care of detected cases who are on treatment

Desirable

- With short term training the medical officers would be trained to deliver basic mental health care using limited number of drugs and to provide referral service. This would result in early identification and treatment of common mental illnesses in the community.

National Programme on Prevention and Control of Diabetes, CVD and Stroke (NPDCS)

Essential

Promotion & Prevention

- Health Promotion: Focus will be on healthy population.
- Modify individual, group and community behaviour through intervention like
 - Promotion of Healthy Dietary Habits.
 - Promotion of physical activity.
 - Avoidance of tobacco and alcohol.
 - Stress Management
- **Treatment & Timely Referral** (Complicated cases) of Diabetes Mellitus, Hypertension, IHD, CHF etc.
- **Assured investigations:** Urine Albumin and Sugar, Blood Sugar, Blood Lipid Profile, KFT (Blood urea, creatinine) ECG.

Desirable

Early detection-

Survey of population through simple measures like history taking of symptoms, measuring blood pressure, checking for sugar in urine etc. and their segregation into normal, vulnerable, high risk and those suffering from disease.

National Iodine Deficiency Disorders Control Programme (NIDDCP)-

- IEC activities in the form of posters, pamphlets, Interpersonal communication to promote the consumption of iodised salt by the people and monitoring of iodised salt through salt testing kits.

National Programme for Prevention and Control of Fluorosis (NPPCF)- Essential in fuorosis affected villages

- Clinical examination and preliminary diagnostic parameters assessment for cases of Fluorosis if facilities are available.
- Monitoring of village/ community level Fluorosis surveillance and IEC activities.
- Referral Services. IEC activities in the form of posters, pamphlets, Interpersonal communication to prevent Fluorosis.

National Tobacco Control Programme (NTCP)

Essential

- Health education and IEC activities regarding harmful effects of tobacco use and second hand smoke.
- Promoting quitting of tobacco in the community and offering brief advice to all smokers and tobacco users.
- Making the premises of CHC tobacco free and display of mandatory signages.

Desirable

Setting up a Tobacco cessation Clinic, by training the counselor in tobacco cessation

National Programme for Health Care of Elderly

Desirable

- Medical rehabilitation services.
- Compilation of elderly data from PHC & forwarding the same to district nodal officers.
- Visits to the Homes of disabled/bed ridden persons by rehabilitation worker on receiving information from PHC/Sub-centre.
- Geriatric Clinic: twice a week.

Physical Medicine and Rehabilitation (PMR)

Essential

- Primary prevention of Disabilities,
- screening, early identification and detection,
- Counselling,
Issue of Disability Certificate for Obivious Disabilities by CHC doctors
- Community based Rehabilitation Services,

Desirable

- Basic treatments like Exercise and Heat therapy, ROM exercises, cervical and Lumbar Traction, referral to higher centers and follow up etc.

Oral Health

Essential

- Dental care and Dental Health education services as well as root canal treatment and filling /extraction of routine and emergency cases.
- Oral Health education in collaboration with other activities eg Nutritional education, school health and adolescent health

VII Other Services

Essential

Blood Storage Facility

Diagnostic Services (Annexure 12)

Referral (transport) Services

Maternal Death Review (MDR). Facility Based MDR form is at Annexure 8

Minimum requirement for delivery of the above-mentioned services:

The following requirements are being projected based on the assumption that there will be average bed occupancy of 60%. The strength may be further increased if the occupancy increases with subsequent upgradation.

Manpower

In order to provide round the clock clinical services, there is likelihood of shortage of doctors in 8-hourly shift duties. This shortage can be compensated by resource pooling (Block Pooling Concept) of available doctors posted at Primary Health Centres covered under the CHC.

Under the present scenario of shortage of clinical manpower, it is suggested that doctors of PHCs may be located at CHCs while attending to routine OPD duties at PHCs of the catchment area and are required to do shift duties to provide emergency services at CHC.

Personnel	Essential	Desirable	Qualifications	Remarks
Block Health Officer	1		Senior most specialists/GDMO preferably with experience in Public Health.	Will be responsible for coordination of NHPs, management of ASHAs Training and other responsibilities under NRHM apart from overall administration / Management of CHC etc. He will be responsible for quality & protocols of service delivery being delivered in CHC.

General Surgeon	1		MS/DNB, (General Surgery)	
Physician	1		MD/DNB, (General Medicine)	
Obstetrician & Gynaecologist	1		DGO/MD/DNB	
Paediatrics	1		DCH/MD(Paediatrics)/DNB/	
Anaesthetist	1		MD(Anesthesia)/DNB/DA/ LSAS trained MO	Essential for utilization of the surgical specialities. They may be on contractual appointment or hiring of services from private sectors on per case basis.
Public Health Manager	1		MD (PSM)/MD (CHA)/MD Community Medicine or Post Graduation Degree with MBA/DPH/MPH	
Eye surgeon	1 (1 for every five CHCs)		MD/MS/DOMS/DNB/(Ophthal)	1 for every 5 CHCs as per Vision 2020 approved Plan of Action.
Dental Surgeon	1		BDS	
General Duty Medical Officer	6 (at least 2 female doctors)		MBBS	
Specialist of AYUSH		1	Post Graduate in AYUSH	
General Duty Medical Officer of AYUSH	1		Graduate in AYUSH	

Part time Cancer Surgeon/Physician		1	To be provided under programme	May be provided under PPP mode
Total	15/16	17/18		

Note:- As a short term arrangement, MBBS doctors who have received short term training or having experience of at least two years in the particular speciality can be utilized against the speciality post. However, in such cases a specific order after posting such doctors must be issued.

Support manpower:

Personnel	Essential	Desirable
Staff Nurse	15 [@]	+3
Lady Health Visitor		1
Public Health Nurse (PHN)	1	
ANM	1	
Pharmacist/compounder	3	
Pharmacist – AYUSH	1	
Lab. Technician	3	
Radiographer	2	
Dietician		1
Ophthalmic Assistant	1	
Dental Assistant	1	
Cold Chain & Vaccine Logistic Assistant	1	
Dresser (certified by Red Cross/ St. Johns Ambulance)	2	
Ward Boys / Nursing Orderly	5	
Sweepers*	5	
Chowkidar*	5	
Dhobi*	1	

Mali*	1	
Aya*	5	
Peon*	2	
OPD Attendant*	1	
Registration Clerk	2	
Statistical Assistant/Data Entry Operator	2	
Trained cooks as per hospital dietary recommendations	2	
Account / Admin Assistant	1	
OT Technician	1	
Multi-Rehabilitation Worker / Community Based Rehabilitation worker	1	+1
Counsellor		1
Driver*		3
Total	65	75

* outsourced

@for providing round the clock service at OT, Labour Room & casualty, male ward and female ward along with provision of leave reserve.

Note: One of the Class IV employees can be identified as a helper to **Cold Chain & Vaccine Logistic Assistant** and trained as Cold Chain Handler

Central government shall periodically review the staffing norms and modify it somewhat if required. States shall as per provision under NRHM explore keeping part time / contractual staff wherever deficient. Outsourcing of services may be done as per State's policy.

Equipment

- The list of equipment provided under the CSSM may be referred to as they are deemed to be adequate for providing all services in the CHC (**Annexure 9**. Before ordering new sets, the existing equipment should be properly assessed.
- For ophthalmic equipment wherever the services are available, Annexure no.6 may be referred to.
- Maintenance of equipment. It is estimated that 10-15% of the annual budget is necessary for maintenance of equipments.

- Refrigerators [3(Essential), 4(desirable)], one for each ward, one for OT, One for laboratory, should be available in the CHC. No Sharing of Refrigerator with the lab should be done.
- Appropriate standards for equipments are already available in the Bureau of Indian Standards. If standards for any equipment are not available, technical specifications for the equipment may be prepared by the technical committee of the State for the process of tendering and procurement.

Drugs:

The list of essential drugs and emergency drugs are provided as **Annexure 10**.

Programme specific drugs are detailed in the Guidelines under each programme. AYUSH drugs are being included.

Investigative facilities at the CHC:

- In addition to the lab facilities and Xray, ECG should be made available in the CHC with appropriate training to a nursing staff.
- All necessary reagents, glass ware and facilities for collecting and transport of samples should be made available.

Physical Infrastructure:

The CHC should have 30 indoor beds with one Operation theatre, labour room, X-ray facility and laboratory facility. In order to provide these facilities, following are the guidelines:

Location of the centre: All the guidelines as below under this sub-head may be applicable only to centres that are to be newly established and priority is to be given to operationalise the existing CHCs.

- To the extent possible, the centre should be located at the centre of the block headquarter in order to improve access to the patients.
- The area chosen should have the facility for electricity, all weather road communication, adequate water supply, telephone etc.
- Disaster Prevention Measures: (For all new upcoming facilities in seismic zone 5 or other disaster prone areas)

Desirable

For prevention of

Earthquake,
Flood
and Fire

Building structure and the internal structure should be made disaster proof especially earthquake proof, flood proof and equipped with fire protection measures.

- Quake proof measures– structural and non-structural should be built in to withstand quake as per geographical/ state govt. guidelines. Non-structural features like fastening the shelves, almirahs, equipments etc are even more essential than structural changes in the buildings. Since it is likely to increase the cost substantially, these measures may especially be taken on priority in known earthquake prone areas.

CHC should not be located in low lying area to prevent flooding.

Fire fighting equipments – fire extinguishers, sand buckets, etc. should be available and maintained to be readily available when needed.

All health staff should be trained and well conversant with disaster prevention and management aspects

- Infrastructure should be made for water harvesting, use of solar energy / Power back-up, and horticulture services including herbal medicine garden.
- CHC should be away from garbage collection, cattle shed, water logging area, etc.

The building should have areas/space marked for the following:

- **Entrance zone:**

Signage

Prominent display boards in local language providing information regarding the services available and the timings of the institute.

Barrier free access environment for easy access to non-ambulant (wheel- chair, stretcher), semi-ambulant, visually disabled and elderly persons as per “Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons” of CPWD/ Min of Social Welfare, GOI.

Ramp as per specification, Hand- railing, proper lightning etc must be provided in all health facilities and retrofitted in older one which lack the same.

- Registration counters
- Pharmacy for drug dispensing and storage
- Clean Public utilities separate for males and females
- Suggestion / complaint boxes for the patients/ visitors and also information regarding the person responsible for redressal of complaints.

Outpatient department:

- Clinics for Various Medical Disciplines - These clinics include general medicine, general surgery, dental (optional), obstetric and gynaecology, paediatrics and family welfare. Separate cubicles for general medicine and surgery with separate area for internal examination (privacy) can be provided if there are no separate rooms for each. The cubicles for consultation and examination in all clinics should provide for doctor's table, chair, patient's stool, follower's seat, wash basin, examination couch and equipment for examination.
- Room shall have, for the admission of light and air, one or more apertures, such as windows and fan lights, opening directly to the external air or into an open verandah. The windows should be in two opposite walls.
- Family Welfare Clinic - The clinic should provide educative, preventive, diagnostic and curative facilities for maternal, child health, school health and health education. Importance of health education is being increasingly recognized as an effective tool of preventive treatment. People visiting hospital should be informed of personal and environmental hygiene, clean habits, need for taking preventive measures against epidemics, family planning, etc. Treatment room in this clinic should act as operating room for IUCD insertion and investigation, etc. It should be in close proximity to Obstetric & Gynaecology. Family Welfare counselling room should be provided.
- Waiting room for patients
- The Pharmacy should be located in an area conveniently accessible from all clinics. The dispensary and compounding room should have two dispensing windows, compounding counters and shelves. The pattern of arranging the counters and shelves shall depend on the size of the room. The medicines which require cold storage and blood required for operations and emergencies may be kept in refrigerators.

- Emergency Room/ Casualty: At the moment, the emergency cases are being attended in OPD during OPD hours and in inpatient units afterwards. It is recommended to have a separate earmarked emergency area to be located near the entrance of hospital preferably having 4 rooms (one for doctor, one for minor OT, one for plaster/dressing) and one for patient observation (At least 4 beds).

Treatment Room:

- Minor OT
- Injection Room and Dressing Room
- Observation room

Wards: Separate for males and females

- Nursing Station- The nursing station shall be centered such that it serves all the clinics from that place. The nursing station should be spacious enough to accommodate a medicine chest / a work counter (for preparing dressings, medicines), hand washing facilities, sinks, dressing tables with screen in between and colour coded bins , (As per standard biomedical waste disposal guidelines) to hold soiled material. It should have provision for Needle cutter and syringe destroyers.
- Examination and dressing table
- **Patient Area:**
 - Enough space between beds.
 - Toilets; separate for males and females.
 - Separate space/ room for patients needing isolation
- **Ancillary rooms:**
 - Nurses rest room
 - There should be an area separating OPD and Indoor facility

Operation theatre/ Labour room:

- Patient waiting Area
- Pre-operative and Post-operative (recovery) room
- Staff area
- Changing room separate for males and females

- Storage area for sterile supplies
- Operating room /Labour room
- Scrub area
- Instrument sterilization area
- Disposal area
- New Born care Corner (**Annexure 1**)

New Born care Stabilization Unit: Annexure 1A

Public utilities: Separate for males and female; for patient as well as for paramedical & Medical staff. Disabled friendly, WC with basins wash basins as specified under Guidelines for disabled friendly environment should be provided.

Physical infrastructure for Support services:

- Central Steritization supply depot (CSSD)
- Sterilization and Sterile storage
- Laundry:
- **Storage:** separate for dirty linen and clean linen
- Outsourcing is recommended after appropriate training of washer man regarding segregation and separate treatment for infected and non-infected linen.
- **Services:** Electricity / telephones / water / civil Engineering may be outsourced. Maintenance of proper sanitation in toilets and other public utilities should be given utmost attention. Sufficient funding for this purpose must be kept and the services may be outsourced.

Water Supply - Arrangements shall be made to supply 10,000 litres of potable water per day to meet all the requirements (including laundry) except fire fighting. Storage capacity for 2 days requirements should be on the basis of the above consumption. Round the clock water supply shall be made available to all wards and departments of the hospital. Separate reserve emergency overhead tank shall be provided for operation theatre. Necessary water storage overhead tanks with pumping/boosting arrangement shall be made. The laying and distribution of the water supply system shall be according to the provisions of IS: 2065-1983*. Cold and hot water supply piping should be run in concealed form embedded into wall with full precautions to avoid any

seepage. Geyser in O.T. / L.R. and one in ward also should be provided. Wherever feasible solar installations should be promoted.

Emergency lighting - Emergency portable / fixed light units should also be provided in the wards and departments to serve as alternative source of light in case of power failure. Generator back-up should be available in all facilities. Generator should be of good capacity. Solar energy wherever feasible may be used.

Generator- 5 KVA with POL for Immunization Cold Chain maintenance

Telephone: minimum two direct lines with intercom facility should be available.

Administrative zone: Separate rooms should be available for

- Office
- Stores

Residential Zone

- Minimum 8 quarters for Doctors
- Minimum 8 quarters for staff nurses/paramedicals
- Minimum 2 quarters for ward boys
- Minimum 1 quarter for driver

If the accommodation can not be provided due to any reason, then the staff may be paid house rent allowance, but in that case they should be staying in near vicinity of CHC so that they are available 24x7 in case of need.

Function & Space Requirement for Community Health Centre

It is suggested considering the land cost & availability of land, CHC building may be constructed in two floors

Function & Space Requirement for different zones

Zone	Functions	Size for each sub-function in Mtrs.	Total Areas in Sq Mtrs
Entrance Zone	Registration & Record storage, Pharmacy (Issue counter/Formulation/Drug storage) Public utilities & circulation space	Registration /Record Room 3.2X 3.2 X 2	20.48 Sq Mtrs
		Queue area outside registration room 3.5X3	10.5 Sq. Mtrs

		Pharmacy cum store 6.4X3.2 Pharmacy cum store for AYUSH 6.4X3.2	20.48 Sq Mtrs 20.48 Sq Mtrs
Ambulatory Zone (OPD)	Examination & Workup (Examination Room, sub waiting), Consultation (consultation room Toilets, sub waiting) Nursing station (Nurses desk, clean utility, dirty utility, treatment rooms, injection & dressing room), Cold Chain, Vaccines and Logistics area, ECG (sub waiting, Casualty/Emergency, public utilities, circulation space	Space for 4 general Doctor Room 3.2 X 3.2 X4 Space for 2 AYUSH doctors Room 3.2 X 3.2 X2 8 specialist room with attach toilets = 3.7X 3.2 X 8 Treatment room 3.7 X 3.2 Refraction room 3.2X3.2 Nursing Station 6.4 X 3.2 Casualty 6.4 X 6.4 Dress Room 3.2 X 3.2 Injection Room 3.2 X 3.2 Female injection room 3.2X3.2 Public Utility / Common Toilets Waiting Area Cold Chain Room 3.5x3 Vaccine and Logistics Room 3.5x3	40.96 Sq Mtrs 20.48 Sq Mtrs 94.72 Sq Mtrs 11.84 Sq Mtrs 10.24 Sq Mtrs 20.48 Sq Mtrs 40.96 Sq Mtrs 10.24 Sq Mtrs 10.24 Sq Mtrs 10.24 Sq. Mtrs 9.5 Sq Mtrs 31.5 Sq Mtrs 10.5 Sq. Mtrs. 10.5 Sq. Mtrs
Diagnostic Zone	Pathology (Optional) Laboratory, sample collection, bleeding room, washing disinfections storage, sub waiting. Imaging (radiology, radiography, ultrasound) Preparation, change, toilet, control, Dark room,	Area specification is recommended	180 Sq Mtrs

treatment room sub waiting		
public utilities		

Zone	Functions	Area requirement for each sub-function	Total Areas in Sq Mtrs
Intermediate Zone (inpatient Nursing units)	Nursing station(Nurse desk,clean utility , treatment room , pantry ,store, sluice room ,trolley bay) patient area (bed space, toilets, Day space, Isolation Space) Ancillary rooms (Doctor's rest room, Nurses duty room, Public utilities ,circulation space.	Nursing station 6.4 X 6.4 4 wards each with 6 beds (2 male wards & 2 female wards) size (6.2 X 6.2) X 4 4 private room (2 each for for male & females) with toilets 6.2 X 3.2 X 4 2 isolation rooms with toilet (one each for male & female) 6.2 X 3.2 X 2	40.96 Sq Mtrs 153.76 Sq Mtrs 79.36 Sq Mtrs 39.68 Sq Mts
Critical Zone (Operational Theater/Labor room)	Patient area (Preparation, Preanaesthesia, post operative resting) Staff area (Changing Resting) Supplies area (trolley bar, equipment storage ,sterile storage) OT/LR area (Operating /Labour room, scrub, instrument sterilization, Disposal) public utilities, circulation space	Area specification is recommended	240 Sq Mtrs
Service Zone	Dietary (Dry Store, Day Store, Preparation, Cooking, Delivery, pot wash, Utensil wash, Utensil store, trolley park) C.S.S.D. (Receipt, wash, assembly, sterilization, sterile storage,	Services like Electrical engineering /Mechanical engineering & civil engineering can be privately hired to avoid permanent space in the CHC building	Area specification is recommended

	Issue) Laundry (Receipt, weigh, sluice/wash, Hydro extraction, tumble, calender, press) Laundry (clean storage, Issue), Civil engineering (Building maintenance, Horticulture, water supply, drainage and sanitation) Electrical engineering (sub station & generation, Illumination, ventilation) Mechanical engineering, Space for other service like ,gas store, Telephone intercom fire protection , waste disposal, Mortuary.		
Administrative zone	General Administration, general store, public utilities circulation space	Area specification is recommended	60 Sq Mtrs
Total Circulation Area / Corridors			191.15 Sq Mtrs
Total Area			1503.32 Sq Mtrs

Capacity building:

Training of all cadres of worker at periodic intervals is an essential component. Multi skill training for Staff Nurses and paramedical workers is recommended.

Quality Assurance in Service Delivery

Quality of service should be maintained at all levels.

Standard treatment protocol for all national programmes and locally common diseases should be made available at all CHCs. **Standard Treatment protocol:** is the "Heart" of quality and cost of care. All the efforts that are being made to improved "hardware i.e. infrastructure" and "software i.e. human resources" are necessary but NOT sufficient. These need to be guided by Standard Treatment Protocols. Some of the states have already prepared these guidelines. For all ailments covered by National Health Programmes an agreed treatment/case management protocol need to be adhered to voluntarily by the physicians.

Diet: Diet may either be outsourced or adequate space for cooking should be provided in a separate space. The diet within the budget/funds and affordability should be healthy food, nutritious and full of minerals and vitamins.

CSSD: Adequate space and standard procedures for sterilization and Sterile storage should be available. A practical protocol for quality assurance of CSSD may be developed with District Hospital lab developed and implemented to ensure bacterial quality

Laundry:

- Storage: Separate for dirty linen and clean linen
- Outsourcing is recommended after appropriate training of washer man regarding separate treatment for infected and non-infected linen.

Services: Electricity / telephones / water / civil engineering may be outsourced.

Blood Storage Units: The GOI guidelines as given in **Annexure 11** may be referred to.

Waste Disposal: "Guidelines for Health Care Workers for Waste Management and Infection Control in Community Health Centres" are to be followed. A central storage point should be made for biomedical waste collected from all points of CHC which should be located away from OPD & IPD.

Charter of Patient Rights: It is mandatory for every CHC to have the Charter of Patient Rights prominently displayed at the entrance. Details are provided in the **Annexure 13**.

Quality Control:

Internal monitoring:

■ Routine Monitoring by District Health Authority.

Social Audit: Through **Rogi Kalyan Samitis/ Panchayati Raj Institution etc.**

Medical audit

Others like technical audit, economic audit, disaster preparedness audit, etc.

Patient care: This shall include:

- Access to patients
- Registration and admission procedures
- Examination
- Information exchange- **complaints & suggestions and their remedial measures by hospital, authorities.**
- Treatment
- Other facilities: waiting, toilets, drinking water

Indoor patients:

- Linen/ beds
- Staying facilities for relatives with respect to Diet, drinking water and Toilets

External Monitoring:

- Gradation of the centre by PRI (Zilla Parishad) / Rogi Kalyan Samitis
- Monitoring of laboratory:
 - Internal Quality Assessment scheme
 - External Quality Assessment scheme

Record maintenance:

It is desirable that Computers should be used for accurate record maintenance

Checklist for minimum requirement of CHCs

Services	Existing	Remarks
Population covered		
Specialist services available		
Medicine		
Surgery		
OBG		
Paediatrics		
NHPs		
Emergency services		
Laboratory		
Blood Storage		

Infrastructure (As per specifications)	Existing	Remarks
Area of the Building		
OPD rooms/cubicles		
Waiting room for patients		
No. of beds: Male		
No. of beds: Female		
Operation theatre		
Labour room		
Laboratory		
X-ray Room		
Blood Storage		
Pharmacy		
Water supply		
Electricity		
Garden		
Transport facilities		

Checklist for Equipment

Equipment (As per list)	available	Functional	Remarks

Checklist for Drugs:

Drugs (As per Essential Drug list)	Existing	Remarks

Checklist for Audit:

Particulars	Available	Whether functional as per norms
Patient's charter		
Rogi Kalyan Samiti		
Internal monitoring		
External Monitoring		
Availability of SOPs/STPs*		

*Standard Operating Procedures/ Standard Treatment Protocols

Checklist for Monitoring Maternal Health	
<p>ANC Minimum 4 ANC High Risk pregnancy Cases with Danger sign and symptoms treated. No of CS done</p> <p>PNC Visit Minimum 3 PNC Visits within 1st week of delivery i.e. on 0, 3,7th day.</p> <p>Are deliveries being monitored through Partograph?</p>	

New Born Care Facilities at CHC

Newborn Corner in OT/ Labour Room

Delivery rooms in Operation Theatres (OT) and in Labour rooms are required to have separate resuscitation space and outlets for newborns. Some term infants and most preterm infants are at greater thermal risk and often require additional personnel, equipment and time to optimize resuscitation. An appropriate resuscitation/stabilization environment should be provided as provision of appropriate temperature for delivery room resuscitation of high-risk preterm infants is vital to their stabilization.

Services at the Corner

This space provides an acceptable environment for most uncomplicated term infants, but may not support the optimal management of newborns who may require referral to SNCU. Services provided in the Newborn Care Corner are;

- Care at birth
- Resuscitation
- Provision of warmth
- Early initiation of breastfeeding
- Weighing the neonate

Configuration of the corner

- Clear floor area shall be provided for in the room for newborn corner. It is a space within the labour room, 20-30 sq ft in size, where a radiant warmer will be kept.
- Oxygen, suction machine and simultaneously-accessible electrical outlets shall be provided for the newborn infant in addition to the facilities required for the mother. Clinical procedures: administration of oxygen, airway suctioning.
- Resuscitation kit should be placed in the radiant warmer.
- Provision of hand washing and containment of infection control if it is not a part of the delivery room
- The area should be away from draught of air, and should have power connection for plugging in the radiant warmer.

Equipments and Renewable required for the Corner

Item No	Item Description	Essential	Desirable	Quantity	Installation	Training	Civil	Mechanical	Electrical
1.	Open care system: radiant warmer, fixed height, with trolley, drawers, O2-bottles	E		1	X	X	X	X	X
2.	Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated, neonate, 500ml	E		1		X			
3.	Weighing Scale, spring	E		1		X			
4.	Pump suction, foot operated	E		1		X			
5.	Thermometer, clinical, digital, 32-34 °C	E		2					
6.	Light examination, mobile, 220-12 V	E		1	X				X
7.	Hub Cutter, syringe	E		1		X			
Renewable consumables									
8.	I / V Cannula 24 G, 26 G	E							
9.	Extractor, mucus, 20ml, ster, disp Dee Lee	E							
10.	Tube, feeding, CH07, L40cm, ster, disp	E							
11.	Oxygen catheter 8 F, Oxygen Cylinder	E							
12.	Sterile Gloves	E							

NEWBORN CARE STABILIZATION UNIT

Setting of Stabilization Unit at First Referral Units

Every first referral unit, whether or not care of sick babies is undertaken, must have clearly established arrangements for the prompt, safe and effective resuscitation of babies and for the care of babies till stabilized, either in the maternity ward or by safe transfer elsewhere.

Services at the Stabilization Unit

FRUs are not intended to provide any intensive care, a newborn that has problems identified immediately after birth, or who becomes ill subsequently, may have a requirement for one or more of the following services. These should therefore be available to ensure safe care of the baby prior to appropriate transfer:

- Provision of warmth
- Resuscitation
- Supportive care including oxygen, drugs, IV fluids
- Monitoring of vital signs, including blood pressure
- Breast feeding/ feeding support
- Referral Services

Configuration of the Stabilization Unit

- Stabilization unit should be located within or in close proximity of the emergency ward where sick and low birth weight newborns and children can be cared .
- Space of approximately 40-50 sq ft per bed is needed, where 4 radiant warmers will be kept.
- Provision of hand washing and containment of infection control

Equipments and Renewable required for the Stabilization Unit

Item No	Item Description	Essential	Desirable	Quantity	Installation	Training	Civil	Mechanica	Electrical
1.	Open care system: radiant warmer, fixed height, with trolley, drawers, O2-bottles	E		4	X	X	X	X	X
2.	Resuscitator, hand-operated, neonate and child, 500ml	E		2		X			
3.	Laryngoscope set	E		2		X			
4.	Scale, baby, electronic, 10 kg <5kg>	E		1		X			
5.	Pump suction, foot operated	E		1		X			
6.	Thermometer, clinical, digital, 32-34C	E		4					
7.	Light examination, mobile, 220-12 V	E		4	X				X
8.	Hub Cutter, syringe	E		1		X			
Renewable consumables									
9.	I / V Cannula 24 G, 26 G	E							
10	Extractor,mucus,20ml,ster,disp Dee Lee	E							
11	Tube,feeding,CH07,L40cm,ster,disp	E							
12	Oxygen cylinder 8 F	E							
13	Sterile Gloves	E							
14	Tube, suction, CH 10, L50 cm, ster, disp	E							
15	Cotton wool, 500g, roll, non-ster	E							
16	Disinfectant, chlorhexidine, 20%	E							

Human Resource:

Staffing:

ONE STAFF NURSE SHOULD PROVIDE COVER FOR NEONATES AND CHILDREN ROUND THE CLOCK Additional nursing staff may be required for newborn care at the Stabilization Unit. Pediatrician posted at FRU will be in charge of the Stabilization Unit.

Training:

Doctors and Nurses posted at Stabilization Unit will undergo Facility based care training .

Referral Services

Each Unit accepting neonatal and sick child referrals should have, or have access to, an appropriately staffed and equipped transport service.

Requirements with regard to Revised National TB Control Programme for Indian Public Health Standards at CHC Level.

Diagnostic services

A Microscopy Centre (MC) is established for 1,00,000 population. For hilly, tribal and difficult areas MC is established for 50,000 populations. The Microscopy Centres are established at PHC, CHC or District Hospital.

Inputs

- a. RNTCP has provided inputs to upgrade the infrastructure through minor civil works of the existing laboratories to be able to come up to the minimum standard required to carry out sputum microscopy. **At present, entire country is covered under RNTCP.**
- b. Manpower: Existing Laboratory Technicians (LTs) are provided training and they function as LTs to carry out sputum microscopy. For up to 20% of the requirements of the LTs at designated Microscopy Centres at the District level, LTs are provided by RNTCP on contractual basis.
- c. Equipment: Binocular Microscopes are provided to the Microscopy Centres for sputum microscopy.
- d. Laboratory Consumables: Funds are provided to the District TB Control Societies for procurement and supply of all the consumables required to carry out sputum microscopy. For list of Laboratory consumables, refer to RNTCP guidelines.

Treatment Services

- i. Medical Officers: All Medical Officers are trained in RNTCP to suspect chest symptomatics, refer them for sputum microscopy and be able to categorise the patients and handle side effects of anti TB drugs.

- ii. DOTS Centres: All sub-centres, PHCs, CHCs and District Hospitals work as DOTS Centres. In addition, the community DOTS providers are also trained to deliver DOTS. A room of the CHC is used to function as DOTS centre. Facilities for seating and making available drinking water to the patients for consumption of drugs are provided under the Programme.
- iii. DOTS Providers: The Multi Purpose Workers (MPWs), Pharmacists and Staff Nurses are trained in to monitor consumption of anti TB drugs by the patients.
- iv. All the DOTS providers to deliver treatment as per treatment guidelines. All the doctors to categories patients as per treatment guidelines (refer Technical Guidelines).
- v. Drugs in patient wise boxes and loose drugs are provided at DOT Centres through District TB Centre (DTC). Details of the drugs given in RNTCP guidelines.
- vi. Recording and reporting to be done as per Operational Guidelines (refer Operational Guidelines).

Treatment of complicated cases

1. For patients who require admission (Pleural Effusion, Emphysema etc.) drugs are provided in the form of prolongation pouches through District TB Centre for indoor treatment.
2. The common complications of TB can be treated by the Medical Officers/ Specialists at CHC and side effects of drugs can also be handled by the doctors at CHC.

Quality Assurance

- I. Diagnosis: The diagnostic services are supervised by Senior TB Laboratory Supervisor (STLS) for all the Microscopy Centres at the sub-district level (5,00,000 population or 2,50,000 population in the hilly, difficult and tribal areas).
- II. Treatment: All major drugs procured at the Centre through World Bank recommended procedures and provided to the States, thereby assuring quality of the drugs.

NATIONAL AIDS CONTROL PROGRAMME: HIV GUIDELINES

At present the preventive and care interventions for the control of HIV/AIDS are being provided below district level through integrated Health Care System using the available staff. There is also a provision of training of health care providers and generating awareness through intensive IEC campaign. The programme is being further strengthened by converging the activities under NACP with RCH programme, which is underway. The following activities are being proposed to be integrated at CHC level.

S.No	Activities	Proposed
1.	STI clinic: RTI / STD management services	Expansion of services up to CHC & 24 hours PHC. Basic screening test for RTI/STD to be made available at the CHCs.
2.	Integrated Counseling and Testing Centre (ICTC);, Link ART Centre & youth information centres	Expansion of services up to CHCs in all States
3.	Prevention of parent-to-Child Transmission (PPTCT)	Services to be provided at all CHCs
4.	Behaviour Change Communication (BCC)	Joint communication strategy messages & medium development to be done
5.	Condom promotion	Joint condom procurement & distribution of condoms to meet the needs of sexually active women and men as a method of dual protection
6.	Blood safety	Blood storage centres planned at <u>FRUs</u> will procure blood from licensed blood banks but will be supported by RCH

7.	Trainings	A specific plan will be developed jointly by both the departments to train the peripheral staff at CHC
8.	Management Information System	All facilities to report service performance on RTI/STI, ICTC, Link ART services, PPTCT as a part of routine reporting
9.	Operationalisation	A convergence facilitator to be appointed under NACP to ensure coordinated inputs between the activities implemented by NACP and RCH

Consumables/Logistics

3000 Nos Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each; STI syndromic drug kit,

IEC/Job aids

Counseling Flip Chart, Posters etc

Reporting

Registers and Monthly formats as per NACO guidelines

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

The National Vector Borne Disease Control Programme (NVBDCP), erstwhile National Anti Malaria Programme (NAMP) is the countries most comprehensive and multi-faceted public health activity. Directorate of NVBDCP is the nodal agency for prevention and control of major vector borne diseases of public health importance namely Malaria, Filariasis, Japanese Encephalitis (JE), Kala-Azar, Chikungunya and Dengue.

Following are the strategy for control of these diseases:-

1. Malaria:

- Early Diagnosis and prompt treatment of malaria cases
- Integrated vector control
- Early Detection and Containment of malaria outbreak
- Information, Education and Communication (IEC) for personal protection and community involvement for malaria control
- Training and Capacity Building of Medical and Para-medical workers
- Monitoring and evaluation of Efficient Management Information System (MIS)

2. Dengue:

- Epidemiological Surveillance of Dengue cases
- Entomological surveillance of *Aedes aegypti* mosquitoes
- Clinical management of reported cases
- Control of mosquitoes through Integrated Vector Management including source reduction, use of larvivorous fishes, impregnated bednets and selective fogging with Pyrethrum
- Behaviour change communication to change behavior of the community about prevention of breeding of mosquitoes

3. Kala-azar:

- Early diagnosis & complete treatment through Primary Health Care System
- Interruption of transmission through vector control by undertaking residual insecticidal spraying in affected areas
- Health Education and community participation

4. Japanese Encephalitis:

- Vector control by insecticidal spraying with appropriate insecticide for outbreak containment
- Early diagnosis and prompt clinical management to reduce fatality
- Health Education
- Training of Medical Personnel and Professionals

5. Filariasis:

For elimination of Lymphatic Filariasis following are the strategies:-

- Annual Mass Drug Administration (MDA) with single dose of DEC to all eligible population at risk of Lymphatic Filariasis
- Home based management of Lymphodema cases and
- Hydrocelectomy

The diagnosis, treatment and examination are performed at CHCs as per the pattern of PHC. In addition, CHCs are the first referral units for treatment of severe and complicated malaria cases.

Services to be provided are:

- Diagnosis of malaria cases, microscopic confirmation and treatment
- Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case managements.
- Complete treatment to Kala-azar cases in Kala-azar endemic areas
- Complete treatment of micro-filaria positive cases with DEC and participation & arrangement for Mass Drug Administration (MDA) along with preparedness of management of side reactions.

Standards:

The CHC Medical Officer should be well-trained **in prevention** and control of the Vector Borne Diseases and should carry out the following activities:-

- He will refer all fever cases to malaria laboratory for blood smear collection and examination before giving final prescription/medicines.
- He will supervise all Malaria Clinics and PHC laboratory in his area, see the quality of blood smear collection, staining, efficiency microscopic examination and check whether the stain is filtered daily.
- He will also ensure/supervise that all positive cases get radical; treatment within 48 hours of examination.
- He will also ensure that sufficient stocks of Anti-malarials including Quinine tablets and injectable Quinine and Artemisinin are available in CHC and also PHCs
- He will ensure that malaria laboratory is kept in proper condition along with microscope and other equipments.
- He will provide referral services to severe cases of malaria
- He will refer severe and complicated cases to District Hospital in case of emergency and drug failure.
- He will also ensure that Filaria cases are managed at CHC and the Hydrocele cases are operated.

1. Drugs:

Chloroquine, Primaquine, Sulphadoxin Pyremethamine Combination, Artemisinin Derivatives, Quinine Injections, Quinine tablets and 5% Dextrose saline And DEC tablets

2. Equipment:

Microscope, Slides, Pricking Needles, Cotton, Stains, Staining Jars, Filter paper, Glass marking pencil, Lint cloth and Glasswares for preparation of stains and storage.

3. **IEC Material:**

- Display material like posters, banners and permanent hoardings etc.
- Distribution material like handbills, pamphlets, booklets display cards etc.
- Training Materials like Guidelines on programme strategies, dose-schedule cards etc.

Diagnosis and Management of Vector borne Diseases is to be done as per NVBDCP guidelines for PHC/CHC

National Leprosy Eradication Programme

Minimum services to be available at Community Health Centres (CHC)

- Diagnosis of Leprosy
- Treatment
- Management of Reactions
- Counselling of patient on treatment, possible side effects & lepra reactions.
- Advise to Patient on prevention of disabilities and self care.

Manpower required

- Medical Officer trained in leprosy diagnosis
- Pharmacist to issue medicine and manage MDT Stock
- Health Worker trained in identification of leprosy lesions, its complications and maintenance of records/reports

Diagnosis, classification and treatment of Leprosy should be made according to programme guidelines.

Standard MDT Regimens

MDT should be is available in separate blister packs for MB (Adult), MB (Child), PB (Adult) & PB (Child). Each Blister Pack contains treatment for 4 weeks.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Standards at Community Health Centres

1. Physical Structure for Eye Care at CHC

- a. Refraction Room
- b. Eye OT with Eye Ward (number of beds based on workload)

2. Equipment

For IOL Surgery

Operating Microscope

A-Scan Biometer

Keratometer

Slit Lamp

AutoRefractometer

Flash Autoclave

Streak Retinoscope

Tonometers (Schiotz)

Direct Ophthalmoscope

For primary Eye Care & Vision Testing

Tonometers (Schiotz)

Direct Ophthalmoscope

Illuminated Vision Testing Drum

Trial Lens Sets with Trial Frames

Snellen & Near Vision Charts

Battery Operated Torch (2)

Drugs

Eye Ointments

Atropine (1%)

Local antibiotic: Framycetin/Gentamicin etc.

Local antibiotic steroid ointment

Ophthalmic Drops

Xylocaine 4% (30ml)

Local antibiotic: Framycetin/Gentamicin etc.

Local antibiotic steroid drops

Pilocarpine Nitrate 2%

Timolol 0.5%

Homatropine 2%

Tropicamide 1%

Injections

Xylocaine 2% (30 ml)

Inj Hyalase (Hyaluronidase)

Gentamycin

Betamethasone/Dexamethasone

Inj. Maracaine (0.5%) (For regoinal anesthesia)

Inj. Adrenaline

Ringer Lacate (540 ml) from reputed firm

Surgical Accessories

Gauze

Green Shades

Blades (Carbon Steel)

Opsite surgical gauze (10x14 c.m.)

Double needle Suture (commodity asstt. GOI)

Visco-elastics from reputed firm

Annexure 7

INTEGRATED DISEASE SURVEILLANCE PROJECT

Services and Standards at Community Health Centres CHC will function as peripheral surveillance unit and collate, analyse and report information to District Surveillance Unit as per IDSP reporting format at Annexure 7A, 7B and 7C. In out-break situations, appropriate action will also be initiated.

FORM P
(Weekly Reporting Format –IDSP)

Name of Reporting Institution:		I.D. No.:	
State:	District:	Block/Town/City:	
Officer-in-Charge	Name:	Signature:	
IDSP Reporting Week:-	Start Date:-	End Date:-	Date of Reporting:-
	//____	_/_/____	_/_/____

S.no	Diseases/Syndromes	No. of cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	
2	Bacillary Dysentery	
3	Viral Hepatitis	
4	Enteric Fever	
5	Malaria	
6	Dengue / DHF / DSS	
7	Chikungunya	
8	Acute Encephalitis Syndrome	
9	Meningitis	
10	Measles	
11	Diphtheria	
12	Pertussis	
13	Chicken Pox	
14	Fever of Unknown Origin (PUO)	
15	Acute Respiratory Infection (ARI) / Influenza Like Illness (ILI)	
16	Pneumonia	
17	Leptospirosis	
18	Acute Flaccid Paralysis < 15 Years of <u>Age</u>	
19	Dog bite	
20	Snake bite	
21	Any other State Specific Disease (Specify)	
22	Unusual Syndromes NOT Captured Above (Specify clinical diagnosis)	
	Total New OPD attendance (Not to be filled up when data collected for indoor cases)	
	Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases	

**Format for instantaneous reporting of Early Warning Signal / outbreaks
as soon as it is detected**

State :

District:

Date of reporting:

Is there any unusual increase in Cases/Deaths or unusual event in any area? Yes/No
If yes, provide the following information:

Disease/ Syndrome (Provisional/Confirmed)	
Area affected (Block, PHC, Sub-center, Village)	
No of cases	
No of deaths	
Date of start of the outbreak	
Total population of affected area(Village)	
Salient epidemiological observations	
Lab results (type of sample, number of samples collected and tested, What tests, where, results)	
Control measures undertaken (Investigated by RRT or not)	
Present status	
Any other information	

* State SSU need to report instantaneously as well as weekly compilation on every Monday to the CSU including NIL reports.

Facility Based Maternal Death Review Form

NOTE:

This form must be completed for all deaths, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy
Attach a copy of the case records to this form

Complete the form in duplicate within 24 hours of a maternal death. The original remains at the institution where the death occurred and the copy is sent to the person responsible for maternal health in the State

For Office Use Only:

FB-MDR no:

Year:

GENERAL INFORMATION:

Address of Contact Person at District and State:

Residential Address of Deceased Woman:

Address where Died:

Name and Address of facility:

Block:

District:

State:

2. DETAILS OF DECEASED WOMAN:

- i. Name: / Age(years) : /Sex: / Inpatient Number:
- ii Gravida: / Live Births(Para): / Abortions: / No. of Living children:
- iii Timing of death: During pregnancy / during delivery / within 42 days of delivery /
- iv Days since delivery/abortion:
- v **Date and time of admission:**
- vi **Date /Time of death:**

3. ADMISSION AT INSTITUTION WHERE DEATH OCCURRED OR FROM WHERE IT WAS REPORTED ;

i. Type of facility where died:

PHC	24x7 PHC	SDH/RURAL HOSPITAL	DISTRICT HOSPITAL	MEDICAL COLLEGE/TERTIARY HOSPITAL	PRIVATE HOSPITAL	PVT CLINIC	OTHER
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ii. Stage of pregnancy /delivery at admission:

Abortion	Ectopic pregnancy	Not in labour	In labour	Postpartum
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iii. Stage of pregnancy /delivery when died:

Abortion	Ectopic pregnancy	Not in labour	In labour	Postpartum
----------	----------------------	---------------	-----------	------------

iv. Duration of time from onset of complication to admission:

v. Condition on Admission: Stable / Unconscious / Serious / Brought dead /

vi. Referral history: Referred from another centre ? How many centres?
Type of centre?

4.ANTENATAL CARE: Received Antenatal care or not/
Reasons for not receiving care/
Type of ante-natal care provided/

High risk pregnancy : aware of risk factors? / what risk factors?

5.DELIVERY, PUERPERIUM AND NEONATAL INFORMATION:

i.Details of labor : / **had labor pains or not** / **stage of labor when died** / **duration of labor**

ii. Details of delivery: / **undelivered** / **normal** / **assisted (forceps or vacuum)** / **surgical intervention (C-section)**

iii.Puerperium: / Uneventful / Eventful (PPH/Sepsis etc.)

Comments on labour ,delivery and puerperium: (in box below)

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iv. **Neonatal Outcome** : / stillborn / neonatal death immediately after birth / alive at birth / alive at 7 days /

Comments on baby outcomes(in box below)

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6. INTERVENTIONS: Specific medical/surgical procedures / resuscitation procedures undertaken

7.CAUSE OF DEATH :

a. Probable direct obstetric (underlying) cause of death: Specify:

b. Indirect Obstetric cause of death: Specify:

c. Other Contributory (or antecedent) cause/s: Specify:

d. Final Cause of Death:(after analysis)

8.FACTORS (other than medical causes listed above)

a. Personal/Family

b. Logistics

c. Facilities available

d. Health personnel related

9. Comments on potential avoidable factors, missed opportunities and substandard care

10. AUTOPSY: Performed / Not Performed

If performed please report the gross findings and send the detailed report later

11.CASE SUMMARY: (please supply a short summary of the events surrounding the death):

12. Form filled by:

13.Name

14.Designation

15.Institution and location

16.Signature and Stamp

17.Date :

LIST OF EQUIPMENTS IN CHC

Standard Surgical Set - I (Instruments) FRU (Essential)

1 Tray, instrument/dressing with cover, 310 x 200 x 600 mm-ss	1
2 Gloves surgeon, latex sterilizable, size 6	12
3 Gloves surgeon, latex sterilizable, size 6-1/2	12
4 Gloves surgeon, latex sterilizable, size 7	12
5 Gloves surgeon, latex sterilizable, size 7-1/2	12
6 Gloves surgeon, latex sterilizable, size 8	12
7 Forceps, backhaus towel, 130 mm	4
8 Forceps, sponge holding, 228 mm	6
9 Forceps, artery, pean straight, 160 mm, stainless steel	4
10 Forceps hysterectomy, curved, 22.5 mm	4
11 Forceps, hemostatic, halsteads mosquito, straight, 125 mm-ss	6
12 Forceps, tissue, all/is 6x7 teeth, straight, 200 mm-ss	6
13 Forceps, uterine, tenaculum, 280 mm, stainless steel	1
14 Needle holder, mayo, straight, narrow jaw, 175 mm, ss	1
15 Knife-handle surgical for minor surgery # 3	1
16 Knife-handle surgical for major surgery # 4	1
17 Knife-blade surgical, size 11, for minor surgery, pkt of 5	3
18 Knife-blade surgical, size 15 for minor surgery, pkt of 5	4
19 Knife blade surgical, size 22, for major surgery, pkt of 5	3
20 Needles, suture triangular point, 7.3 cm, pkt of 6	2
21 Needles, suture, round bodied, 3/8 circle No. 12 pkt of 6	2
22 Retractor, abdominal, Deavers, size 3, 2.5 cm x 22.5 cm	1
23 Retactor, double-ended abdominal, Beltouis, set of 2	2
24 Scissors, operating curved mayo-blunt pointed 170mm	1

25 Retractor abdominal, Balfour 3 blade self-retaining	1
26 Scissors, operating, straight, blunt point, 170 mm	1
27 Scissors, gauze, straight, 230 mm, stainless steel	1
28 Suction tube, 225 mm, size 23 F	1
29 Clamp intestinal, Doyen, curved, 225 mm, stainless steel	2
30 Clamp intestinal, Doyen straight, 225 mm, stainless steel	2
31 Forceps, tissue spring type, 160 mm, stainless steel	2
32 Forceps , tissue spring type, 250 mm, stainless steel.	1
Standard Surgical Set – II (Essential)	
1. Forceps, tissue, 6 x 7 teeth, Thomas-Allis, 200 mm- ss	1
2. Forceps, backhaus towel, 130 mm, stainless steel	4
3. Syringe, anaesthetic (control), 10 ml, luer-glass	1
4. Syringe, hypodermic, 10 ml glass, spare for item 3	4
5. Needles, hypodermic 20G x 1-1/2" box of 12	1
6. Forceps, tissue, spring type, 145 mm, stainless steel	1
7. Forceps, tissue spring type 1 x 2 teeth, Semkins, 250 mm	1
8. Forceps, tissue spring type, 250 mm, stainless steel	1
9. Forceps, hemostat curved mosquito halsteads, 130 mm	6
10. Forceps, artery, straight pean, 160 mm, stainless steel	3
11. Forceps artery, curved pean, 200 mm, stainless steel	1
12. Forceps, tissue, Babcock, 195 mm, stainless steel	2
13. Knife handle for minor surgery No. 3	1
14. Knife blade for minor surgery No. 10, pkt of 5	8
15. Needle holder, straight narrow-jaw Mayo-Heger, 175 mm	1
16. Needle suture straight, 5.5 mm, triangular point, pkt of 6	2
17. Needle, Mayo, % circle, taper point, size 6, pkt of 6 2	2
18. Catheter urethral Nelaton solid-tip one-eye 14 Fr	1
19. Catheter urethral Nelaton solid-tip one-eye 16 Fr	1
20. Catheter urethral Nelaton solid-tip one-eye 18 Fr	1

21. Forceps uterine tenaculum duplay dbl-cvd, 280 mm	1
22. Uterine elevator (Ranathlbod), stainless steel	1
23. Hook, obstetric, Smellie, stainless steel	1
24. Proctoscope Mcevedy complete with case	1
25. Bowl, sponge, 600 ml, stainless steel	1
26. Retractor abdominal Richardson-Eastman, dbl-ended, set 2	1
27. Retractor abdominal Deaver, 25 mm x 3 cm, stainless steel	1
28. Speculum vaginal bi-valve graves, medium, stainless steel	1
29. Scissors ligature, spencer straight, 130 mm, stainless steel	1
30. Scissors operating straight, 140 mm, blunt/blunt ss	1
31. Scissors operating curved, 170 mm, blunt/blunt ss	2
32. Tray instrument curved, 225 x 125 x 50 mm, stainless steel	1
33. Battery cells for item 24	2
IUD Insertion Kit (Essential)	
1 Setal sterilization tray with cover size 300 x 220 x 70 mm, S/S, Ref IS:3993	1
2 Gloves Surgeon, latex, size 6-1/2 Ref. 4148	6
3 Gloves surgeon latex, size 7-1/2 Ref. 4148	6
4 Bowl, metal sponge, 600 ml, Ref. IS: 5782	1
5 Speculum vaginal bi-valve cusco's graves small ss	1
6 Forceps sponge holding, straight 228 MMH Semken 200 mm	1
7 Sound uterine simpson, 300 mm graduated UB 20 mm	1
8 Forceps uterine tenaculum duplay DBL-CVD, 280 mm	1
9 Forceps tissue - 160 mm	1
10 Anterior vaginal wall retractor stainless	1
11 Torch without batteries	1
12 Gloves surgeon, latex, size 7, Ref: 4148	6
13 Gloves surgeon, latex size 6 Ref. IS: 4148	6
14 Battery dry cell 1.5 V 'D' Type for Item 7G	1
15 Speculum vaginal bi-valve cusco's/Grea Ves Medium ss	1

16 Forceps artery, straight, Pean, 160 mm	1
17 Scissors operating, straight, 145 mm, Blunt/Blunt	1
18 Forceps uterine vulsellum curved, Museux, 240 mm	1
19 Speculum vaginal double-ended same size #3	1
CHC Standard Surgical Set – III (Essential)	
Tray, instrument/dressing with cover, 310 x 195 x 63 mm	1
Forceps, backhaus towel, 130 mm, stainless steel	4
Forceps, hemostat, straight, Kelly, 140 mm, stainless steel	4
Forceps, hemostat, curved, Kelly, 125mm, stainless steel	2
Forceps, tissue Allis, 150 mm, stainless steel, 4 x 5 teeth	2
Knife handle for minor surgery No. 3	1
Knife blade for minor surgery, size 11, pkt of 5	10
Needle hypodermic, Luer 22G x 1 1/4", box of 12	1
Needle hypodermic, Luer 250G x 3/4", box of 12	1
Needle, suture straight 5.5 cm, triangular point, pkt of 6	2
Needle, suture, Mayo % circle, taper point No. 6, pkt of 6	2
Scissors, ligature, angled on flat, 140 mm, stainless steel	1
Syringe anaesthetic control, Luer - 5 ml, glass	4
Syringe 5 ml, spare for item 13	4
Sterilizer, instrument 200 x 100 x 60 mm with burner ss	1
Syringe, hypodermic, Luer 5 ml, glass	4
Forceps, sterilizer, Cheatle, 265 mm, stainless steel	1
Normal Delivery Kit (Essential)	
Trolley, dressing carriage size 76C, long x 46 cm wide and 84 cm high. Ref. IS 4769/1968	1
Towel, trolley 84 cm x 54 cm	2
Gown, operation, cotton	1
Cap. operation, surgeon's 36 x 46 cm	2

Gauze absorbent non-sterile 200 mm x 6 m as per IS: 171/1985	2
Tray instrument with cover 450 mm (L) x 300 mm (W) x 80 mm (H)	1
Macintosh, operation, plastic	2
Mask, face, surgeon's cap of rear ties: B) Beret type with elastic hem	2
Towel, glove	3
Cotton wool absorbent non-sterilize 500G	2
Drum, sterilizing cylindrical - 275 mm Dia x 132 mm, ss as per IS: 3831/1979	2
Table instrument adjustable type with tray ss	1

Standard Surgical Set – IV (Essential)

Vaccum extractor, Malastrom	1
Forceps obstetric, Wrigley's, 280 mm, stainless steel	1
Forceps, obstetric, Barnes-Neville, with traction, 390mm	1
Forceps, sponge holding, straight 228 mm, stainless steel	4
Forceps, artery, Spencer-Wells, straight, 180mm-ss	2
Forceps, artery, Spencer-Wells, straight, 140mm-ss	2
Holder, needle straight, Mayo-Hegar, 175 mm-ss	1
Scissors, ligature, Spencer, 130 mm, stainless steel	1
Scissors, episiotomy, angular, Braun, 145 mm, stainless steel	1
Forceps, tissue, spring-type, 1 x 2 teeth, 160 mm-ss	1
Forceps, tissue, spring-type, serrated ups, 160mm-ss	1
Catheter, urethral, rubber, Foley's 14 ER	1
Catheter, urethral, Nelaton, set of five (Fr 12-20) rubber	1
Forceps, backhaus towel -130 mm-ss	4
Speculum, vaginal, Sim's, double-ended # 3-ss	1
Speculum, vaginal, Hamilton-Bailey	1

Standard Surgical Set – V (Essential)

Forceps, obstetric, Neville-Barnes, W/traction 390 mm	1
Hook, decapitation, Braun, 300 mm, stainless steel	1
Hook, crochet, obstetric 300 mm, Smellie, stainless steel	1
Bone, forceps, Mesnard 280 mm, stainless steel	
Perforator, Smellie, 250 mm, stainless steel	1
Forceps, cranial, Gouss, straight, 295 mm-ss	1
Cranioclast, Braun, stainless steel, 365 mm long	1
Scissors ligature Spencer 130 mm, stainless steel	1
Forceps sponge holding, 22.5 cm straight - ss	1
Forceps, tissue, spring-type, 1 x 2 teeth, 160 mm, stainless steel	1
Forceps, tissue, spring-type, serrated tips, 160 mm-ss	1
Forceps, artery, Spencer-Wells, straight, 180 mm-ss	2
Forceps, artery, Spencer-Wells, straight, 140 mm-ss	2
Forceps, scalp flap, Willet's 190 mm -ss	4
Forceps, Vulsellum, duplay double curved, 280 mm-ss	4
Forceps, Vulsellum, duplay double curved, 240 mm-ss	1
Catheter, urethral, 14 Fr. solid tip, one eye, soft rubber	3
Holder, needle, Mayo-Hegar, narrow jaw, straight, 175 mm-ss	1
Speculum vaginal bi-valve, Cusco-medium, stainless steel	1
Speculum, vaginal sim's double-ended, size # 3-ss	1
Forceps, backhaus towel, 130 mm, stainless steel	4
Standard Surgical Set – VI (Essential)	
Forceps, sponge holding, straight, 225 mm, stainless steel	4
Speculum, vaginal, Sim's double-ended size # 3 - ss	1
Speculum, vaginal, weighted Auvard, 38 x 75 mm blade - ss	1
Forceps, tenaculum, Teale's, 230 mm-ss	3x42
Sound, uterine, Simmpson, 300 mm with 200 mm graduations	1
Dilator, uterine, double - ended hegar, set of 5 - ss	1
Curette, uterine, sim's blunt, 26 cm x 11 mm size # 4-ss	2

Curette, uterine, sim's sharp, 26 cm x 9 mm size # 3-ss	2
Forceps, artery, Spencer-Well's straight, 140 mm-ss	1
Forceps, tissue, spring-type, serrated tips, 160 mm-ss	1
Forceps, ovum, Krantz, 290 mm, stainless steel	1
Miscellaneous	
NSV Kit	2
Laproscope	1
Equipment for Anaesthesia (Essential)	
Facemask, plastic w/rubber cushion & headstrap, set of 4	4
Airway Guedel or Berman, autoclavable rubber, set of 6	2
Laryngoscope, set with infant, child, adolescent blades	3
Catheter, endotracheal w/cuff, rubber set of 4	3
Catheter, urethral, stainless steel, set of 8 in case	2
Forceps, catheter, Magill, adult and child sizes, set of 2	1
Connectors, catheter, straight/curved, 3, 4, 5 mm (set of 6)	3
Cuffs for endotracheal catheters, spare for item 4	4
Breathing tubes, hoses, connectors for item 1, anti-static	4
Valve, inhaler, chrome-plated brass, Y-shape	3
Bag, breathing, self inflating, anti-static rubber, set of 4	2
Vaporiser, halothane, dial setting	2
Vaporiser, ether or methoxyflurane, wick type	2
Intravenous set in box	6
Needle, spinal, stainless set of 4	2
Syringe, anesthetic, control 5ml Luer mount glass	2
Cells for item 3	2
Equipment for Neo-natal Resuscitation (Essential)	
Catheter, mucus, rubber, open ended tip, size 14FR	2

Catheter, nasal, rubber, open tip, funnel end, size 8Fr	2
Catheter, endotracheal, open tip, funnel end rubber, 12Fr	3
Stilette, curved, for stiffening tracheal catheter SS	1
Catheter, suction, rubber, size 8Fr	3
Laryngoscope, infant, w/three blades and spare bulbs.	1
Lateral mask, with ventilatory bag, infant size	2
Resuscitator, automatic, basinet type	1
Lamp, ultra-violet (heat source) with floor stand	1
Cells for item 6 (Laryngoscope)	2
Oxygen Cylinders	1
Nasal Prongs	5
Thermometers	5
Infantometer: Measuring range 33-100 cm	2
Stadiometer: Measuring range 60-200 cm	1
Phototherapy Unit	1
Radiant warmers	2
Dextromsticks	100 sticks
Nebulisers/MDI	1
IV Canulas (22G and 24 G)	100 each
Scalp vein set No. 22 and 24	100 each
Nasogastric tube (8,10,12 FG)	20
Oropharyngeal airway (000-4 Guydel size)	
Plastic/disposable syringes including tuberculin	100
IV infusion sets (adult and pediatric)	100

Materials Kit for Blood Transfusion (Essential)

Bovine albumin 20% testing agent, box of 10 X 5 ml vials	5
Centrifuge, angle head for 6 X 1 5 ml tubes, 240 volt	1
Bath, water, serological, with racks, cover, thermostate, 240 v	1
Pipette, volumetric, set of six 1 ml/2 ml/3 ml/5 ml/10 ml/20 ml	1
Test-tube without rim 75 X 12 mm HRG	12

Test-tube without rim 1 50 X 16 mm, HRG	12
Cuff, sphygmomanometer, set of two sizes – Child/Adult	1
Needle, blood collection disposable, 1 7 g X 1-1/3 box of 100	1
Ball, donor squeeze, rubber, dia, 60 mm	1
Forceps, artery, Spencer-Wells, straight 140 mm, stainless steel	1
Scissors, operating, straight 140 mm, blunt/jpoints, ss	1
CPDA anti-coagulant, pilot bottle 350 mil for collection	20
Microscope, binocular, inclined, 10 X 40 X 100 X magnificent	1
Illuminator for item 14 (microscoper)	1
Slides, microscope, plain 25 X 75 mm, clinical, box of 100	1

Equipment for operation Theatre (Essential)

Diathermy machine

Dressing drum all sizes

Lamps shadowless:

 Ceiling lamp

 Portable type

Sterilizer

Suction Apparatus

Stand with wheel for single basin

Table operation, hydraulic:

 Major

 Minor

Trolley for patients

Trolley for instruments

X-ray view box

Wheel chairs

Equipment for Labour Room

Aprons rubber

Cradles baby

Wheel Chair

Cabinet Instrument

Dressing drum

Shadowless lamps

Table for

Obstetric labour

Examination

Trolley for

Patients

Dressing

Torch (flash light)

Trays

Vacuum Extractor

Weighing machine baby

Wheel chairs

Equipment for Radiology

Aprons lead rubber

Diagnostic X-ray Unit 20C7300mA with automatic device

Dark room accessories

Dark room timer

Film clips

Lead sheets

X-ray view box

X-ray protection screen

X-ray film processing tank

Immunization Equipments (Essential)

ILR (Large) & DF(Large) with Voltage Stabilizer

1. Assuming 30,000 population directly served by CHC, 25/1000 live birth, 19.5 mixed antigens, 25% wastage & 25% buffer stock, 80.6 cubic cm per child, and 33% space for air circulation, the ILR storage volume required is = 11.4 L
2. Ice pack making by DF
3. Stabilizer to protect the CC Equipments from voltage fluctuation

4. However considering contingency plan Large ILR & ILR DF may be provided to the CHC

Cold Boxes (Large& Small):

Small- one, Large – two

Vaccine Carriers with Icepacks

Two per SC (maximum 2 per booth) + 1 for CHC: Transport of vaccines to session sites.

For campaign, more vaccine carrier will be required

Spare ice pack box

8, 25 & 60 ice pack boxes per vaccine carrier, 5L cold box & 20L cold box respectively

Room Heater/Cooler for immunization clinic with electrical fittings

Thermometers Alcohol (stem) 2

AD syringes AD syringes (0.5 ml & 0.1 ml) - need based

Reconstitution syringes Reconstitution syringes(5ml) - need based

Full size steel Almirah for FW Clinic For storage of registers and reports and Logistics

Freeze Tag :Monitoring Freezing of vaccine

Waste disposal twin bucket, hypochlorite solution/bleach

Chair for new staffs proposed-4

Dustbin with lid-2

Water receptacle-1

Hub cutters-2

Computer with Modem with UPS, Printer with Internet connection

Immunization schedule printed on a tin plate

Posters/Paintings on key messages

Records and reports

Immunization register-1

Vaccine stock & issue register-1

Tally sheets

Temperature monitoring registers/chart

AD syringes, Reconstitution syringes, other logistic stock & issue register

Monthly UIP reports

RI Monitoring Chart

Weekly surveillance reports (AFP, Measles)

Serious AEFI reports

Outbreak reports

Tracking Bag and Tickler Box

Equipments and Renewable required for the New Born Corner and New Born Stabilization Unit (Essential): given in Annexure 1 and 1A respectively

Equipment required for Non- Communicable Diseases (Essential wherever the programme is being implemented)

NPPCD	<ul style="list-style-type: none">• Head Light• Ear specula• Ear Syringe• Otoscope• Jobson Horne Probe• Tuning fork• Noise Maker	<ul style="list-style-type: none">• For screening of patients of hearing impairment / deafness• For diagnosis of common ear Problems• For early detection of hearing loss• Removal of foreign body from ear and nose
NCCP	<ul style="list-style-type: none">• Consumables for screening of cervical cancer• Disposable tongue depressor• PAP smear kit	For early detection of common cancers PAP smear
Programme on Prevention and Control of Diabetes, CVD and Stroke	ECG machine ordinary 1 Cardiac Monitor with defibrillator 1 Pulse Oximeter 1 Infusion pump 1 Ophthalmoscope (direct) 1 Slit Lamp 1 B.P.apparatus table model 4 Stethoscope 4	For screening of patients For diagnosis and early detection of CVD DM,Stroke
PMR	<ol style="list-style-type: none">1.Shot wave diathermy2.Ultra sound therapy3. Infra-red lamp (therapy) <ol style="list-style-type: none">1.Neuromuscular Stimulator2.Pocket TENS3.Paraffin Wax bath4. Hot packs with hydro collators.5. Exercise Table – 2 nos6. Static Cycle7. Shoulder Wheel	As PMR services would be provided with the posting of qualified paramedical these are all required equipment

	8. Cervical & Lumber traction 9. Medicine ball 10. Quadriceps Exerciser 11. Coordinator board 12. Hand grips strength measurement kit. 13. Kit for Neuro- Development assessment. 14. CBR Manuals 15. Assorted toys like sound making / colourful gadgets / building blocks / peg boards / pictorial charts and manuals	
Oral Health	Dental Unit consisting of Equipment for dental examination and management Dental Chair, Dental Unit and set of dental Equipment for examination, extraction and management of gum problems.	Necessary for dental care services

Equipments under National Health Programmes (as listed under each NHP) and Blood Storage equipment as at **Annexure - 11**.

Emergency Obstetric Care Drugs Kit for CHC/ FRU (Essential)

Sl.No	Name of the Drug / Form	Dosage	Quantity/ Kit
1	Halothane BP	Containing 0.01 % w / w thymol IP; 200 ml in each Bottles	5 Bottles
2	Atropine Injection IP	Atropine Sulphate IP 600µg / ml; 02 ml in each ampoule	50 ampoules
3	Thiopentone Injection IP	Each vial containing Thiopentone Sodium IP 500 mg ; Capacity of vial 20 ml	100 Vials
4	Bupivacaine Injection IP	Bupivacaine Hydrochloride IP eq. to Bupivaine hydrochloride anhydrous 5 mg / ml; 20 ml in each vial	50 vials
5	Lignocaine Injection IP	Lignocaine Hydrochloride IP 5 % w / v; 02 ml in each ampoule	50 ampoules .
6	Lignocaine Injection IP	Lignocaine Hydrochloride IP 2% w / v; 30 ml in each vial	50 vials
7	Diazepam Injection IP	Diazepam IP 5 mg / ml; 2 ml in each ampoule	100 ampoules.
8	Pentazocine Injection IP	Pentazocine Lactate IP eq. to Pentazocine 30 mg / ml; 01 ml in each ampoule	100 ampoules .
9	Dexamethasone Injection IP	Dexamethasone Sodium Phosphate IP eq. to Dexamethasone Phosphate, 4 mg / ml.; 02 ml in each ampoule	100 ampoules .
10	Promethazine Injection IP	Promethazine hydrochloride IP, 25 mg / ml; 02 ml in each ampoule	50 ampoules.
11	Nifedipine Capsules IP	Nifedipine IP10 mg	500 capsules
12	Dopamine Injection USP	Dopamine Hydrochloride USP 40 mg / ml; 05 ml in each vial	25 vials
13	Digoxin Tablets IP	Digoxin IP 250 µg / tab	500 tablets
14	Methyldopa Tablets IP	Methyldopa IP eq. to Methyldopa anhydrous 250 mg	500 tablets
15	Frusemide Tablets IP	Frusemide IP 40 mg	500 tablets
16	Frusemide Injection IP	Frusemide IP 10 mg / ml; 02 ml in each ampoule	100 ampoules

17	Ampicillin Injection IP	Ampicillin Sodium IP eq. to Ampicillin anhydrous 250 mg /vial	1000 vials
18	Gentamycin Injection IP	Gentamycin Sulphate eq. to gentamycin 40 mg / ml; 02 ml in each vial	1000 vials
19	Amoxycillin Capsules IP	Amoxycylline Trihydrate IP eq. to amoxycylline 250 mg	2000 capsules
20	Norfloxacin Tablets IP	Norfloxacin IP 400 mg	2000 tablets

21	Doxycycline Capsules IP	Doxycycline Hydrochloride eq. to Doxycycline 100 mg	1000 capsules
22	Metronidazole Tablets IP	Metronidazole IP 400 mg	2000 tablets
23	Methylergometrine Injection IP	Methylergometrine maleate IP, 0.2 mg /ml; 01 ml in each ampoule	500 ampoules
24	Oxytocin Injection IP	Oxytocin IP 5.0 I.U. / ml; 02 ml in each ampoule	500 ampoules
25	Etofylline BP plus Anhydrous Theophylline IP Combination Injection (As per standards provided)	Etofylline BP 84.7 mg / ml & Theophylline IP eq. to Theophylline anhydrous, 25.3 mg / ml; 02 ml in each ampoule	100 ampoules
26	Hydrocortisone Acetate Injection IP	Hydrocortisone Acetate IP 25 mg / ml; 02 ml in each vial	100 vials
27	Salbutamol Tablets IP	Salbutamol sulphate eq. to Salbutamol 2 mg	1000 tablets
28	Adrenaline Injection IP ?	0.18% w/v of Adrenaline Tartrate or Adrenaline Tartrate IP eq. to adrenaline 1 mg / ml; 01 ml in each ampoule	100 ampoules
29	Succinylcholine Injection IP	Succinylcholine Chloride IP 50 mg / ml; 10 ml in each vial	30 vials
30	Ketamine Injection IP	Ketamine Hydrochloride eq. to Ketamine base 10 mg / ml; 10 ml in each vial	50 vials
31	Diazepam Tablets IP	Diazepam IP 5 mg	250 tablets
32	Vecuronium Bromide Injection (as per standards provided)	Vecuronium Bromide USP 4 mg per ampoule	500 ampoules
33	Pancuronium Bromide Injection BP	Pancuronium Bromide BP 2 mg / ml; 02 ml in each ampoules	500 ampoules
34	Neostigmine Injection IP	Neostigmine methylsulphate 0.5mg/ml (??); 01 ml in each ampoule	500 ampoules

35	Benzylpenicillin Injection IP	Benzylpenicillin Sodium IP eq. to Benzylpenicillin 300 mg / vial..	2000 vials
36	Fortified Procaine Penicillin Injection IP	Procaine Penicillin IP 300 mg and Benzylpenicillin Sodium/Potassium salt IP eq. to Benzylpenicillin 60mg per vial	1000 vials
37	Benzathine Penicillin Injection IP	Benzathine penicillin IP 450mg (6 lakh units) / vial	100 vials
38	Trimethoprim & Sulphamethoxazole Tablets IP	Trimethoprim IP 80mg / Sulphamethoxazole IP 400mg	5000 tablets
39	Phenoxymethylpenicillin Potassium Tablets IP	Phenoxymethylpenicillin Potassium 250 mg	3000 tablets
40	Fluconazole Tablets (as per the standards provided)	Fluconazole USP 150 mg	1500 tablets
41	Cloxacillin Injection IP	Cloxacillin Sodium IP 250 mg / vial	100 vials
42	Metronidazole Injection IP (IV infusion)	Metronidazole IP 5 mg / ml: 100 ml in each bottle	100 bottles
43	Ergometrine Tablets IP	Ergometrine maleate IP 250 mcg	2000 tablets
44	Phenytoin Tablets IP	Phenytoin Sodium IP 100 mg	150 tablets
45	Hydroxyprogesterone Injection IP	Hydroxyprogesterone Hexanoate IP 250 mg / ml; 02 ml in each vial	100 vials
46	Norethisterone Acetate Tablets (as per the standards provided)	Norethisterone Acetate BP 5 mg	1000 tablets
47	Insulin Injection IP	Insulin IP (porcine/bovine/human) 40 units / ml; 10 ml in each vial	20 vials
48	Insulin Zinc Suspension Injection IP	Insulin Zinc Suspension eq. to Insulin 40 units / ml; 10 ml in each vial	10 vials
49	Sodium Bicarbonate Injection IP (IV infusion)	Sodium Bicarbonate 7.5 % w/v; 10 ml in each ampoule	100 ampoules
50	Magnesium Sulphate Injection IP	Magnesium Sulphate 50% w/v ; 02 ml in each vial	50 vials
51	Phenytoin Injection BP	Phenytoin Sodium IP 50 mg / ml; 02 ml in each ampoule	50 ampoules.
52	Oxygen IP	Medical Oxygen in steel or aluminium, cylinder (10 litres water cap).with gas specific PIN system	2 Cylinders
53	Sodium Chloride Injection IP (I.V. Solution)	Sodium Chloride IP 0.9 % w/v; 500 ml in each bottle/pouch	1000 FFS pouches / BFS bottles
54	Dextrose Injection IP (I.V.Solution)	Dextrose eq. to Dextrose anhydrous 5 % w/v	250 FFS pouches / BFS

			bottles
55	Nitrous Oxide Gas IP	Medical Nitrous Oxide B Type in steel or aluminium, Cylinder (10 litres water cap.) with gas specific PIN system	2 Cylinders
56	Dextran 40 Injection IP (Plasma Volume expander)	Dextrans 10 w/v; 500 ml in each bottle	10 bottles
57	Sterile Water for injections IP	05 ml in each ampoule	1000 ampoules
58	Infusion Equipment BIS	IV set with hypodermic needle 21G of 1.5" length	900 nos.
59	Intracath Cannulas for Single use (Intravascular Catheters) BIS	Gauze 18, length 45 mm, Flow rate 90 ml/minute	12 nos.
60	Intracath Cannula for Single use (Intravascular Catheters) BIS	Size 22, Length 25 mm, Flow rate 35 ml/minute	12 nos.
61	Hypodermic Syringe for Single use - 2ml BP/BIS	Cap. 2 ml +_1.5%	500 nos.
62	Hypodermic Syringe for Single use - 5 ml BP/BIS	Cap.5 ml +_1.5%	500 nos.
63	Hypodermic Syringe for Single use - 10 ml BP/BIS	Cap. 10 ml +_1.5%	500 nos.
64	Hypodermic Syringe for Single use - 50 ml BP/BIS	Cap. 50 ml +_1.5%	20 nos.
65	Hypodermic Needle fir Single use – Gauze 22 BIS	Length, 25 +1/-2	550 nos.
66	Hypodermic Needle for Single use – Gauze 23 BIS	Length, 25 +1/-2	500 nos.
67	Hypodermic Needle for Single use – Gauze 24 BIS	Length, 25 +1/-2	500 nos.
68	Compound Sodium Lactate Injection IP	0.24 % V/V of Lactic Acid (eq. to 0.32% w/v of Sodium Lactate), 0.6 % w/v Sodium Chloride, 0.04 % w/v Potassium Chloride and 0.027 % w/v Calcium Chloride; 500 ml in each bottle/pouch.	1000 FFS pouches / BFS bottles
69	Surgical Gloves, Sterile BIS	Size 6	500 pairs.
70	Surgical Gloves, Sterile BIS	Size 6.5	500 pairs
71	Surgical Gloves, Sterile BIS	Size 7	100 pairs.

DRUG KIT FOR SICK NEW BORN & CHILD CARE - FRU/CHC

1.	Diazepam Inj. IP	5 mg per ml	Inj. 2 ml Ampoule	60 Ampoules (For per rectally use only)
2.	Inj. Cefotaxime	1 gm	Vial	100 Vial
3.	Inj. Cloxacillin	1 gm	Vial	100 Vial
4.	Dexamethasone Sodium Phosphate inj. IP	4 mg per ml	Inj. 2 ml ampoule	300 Ampoules
5.	Aminophylline Inj. BP	25 mg per ml	Inj. 10 ml Ampoule	60 Ampoules
6.	Adrenaline Bitartrate Inj. IP ?	1 mg per ml (1:1000 dilution)	Inj. 1 ml Ampoule	60mpoules
7.	Ringer Lactate	500 ml	500 ml plastic pouch	300 Pouches
8.	Doxycycline Hydrochloride	dispersible	Tablets	300 Tablets
9.	Vit. K3 (Menadione Inj.) IP	Inj. 10 mg per ml	Inj. 1 ml ampoule	100Ampoules
10.	Phenytoin	50 mg per ml	Inj. 2 ml Ampoule	60 Ampoules
11.	Dextrose Inj. IP I.V. Solution	5%	Inj. 500 ml plastic pouch	60 Plastic pouches
12.	Inj. Gentamycin	10 mg/ml	Ampoule	150Ampoules
13.	Water for injection	2 ml/ 5 ml	Ampoule	300Ampoules
14.	Inj. Lasix	20 mg/2ml	2 ml Ampoule	300Ampoule
15.	Inj. Phenobarbitone	100mg/ml	2 ml Ampoule	60Ampoule
16.	Inj. Quinine	150 mg/ml	2 ml Ampoule	60 Ampoule
17.	Normal Saline	500 ml	500 mg Plastic pouch	60 Plastic pouches
18.	Inj. Ampicillin	500mg/ 5ml	Vial	150 Vial
19.	Inj. Chloramphenicol	1 gm/10 ml	Vial	150 Vial
20.	Inj. Calcium Gluconate	10%	10 ml Ampoule	60 Ampoules
21.	Ciprofloxacin	100mg dispersible	Tablet	500 tablets
22.	Nebulisable Salbutamol nebusol solution (to be used with nebuliser)		15 ml	100 Nebuliser equipment to be provided with Nubulisable Salbutamol
23.	Inj. Dopamine	200 mg/5 ml	Ampoule	20 Ampoule
24.	Needles	23G		750
25.	Disposable Syringe	1ml/2ml/5 ml		1ml-200 2ml-500 5ml-500

LIST OF OTHER ESSENTIAL DRUGS FOR CHC

S.No.	Name of the Drug	Route of administration/ dosage form	Strength
1	Lignocaine Hydrochloride	Topical Forms	2-5%
2	Acetyl Salicylic Acid	Tablets	75mg, 100 mg 300 mg 350 mg
3	Ibuprofen	Tablets	200 mg, 400 mg
4	Paracetamol	Injection	150 mg / ml
		Syrup	125 mg / 5ml
		Tablets	500 mg
5	Chloroquine Phosphate	Tablets	150 mg
		Injection	40 mg/ml
		Syrup	50 ml/5 ml
6	Chlorpheniramine Maleate	Tablets	4 mg
7	Prednisolone	Tablets	5 mg, 10 mg
8	Promethazine HCL	Tablets	25 mg
9	Phenobarbitone	Tablets	30 mg. 60 mg
10	Phenytoin Sodium	Capsules or Tablets	50 mg,100 mg
		Syrup	25 mg / ml
11	Albendazole	Tablets	400 mg
		Suspension	200 mg/ 5 ml
12	Amoxicillin Powder	for suspension	125 mg / 5 ml
13	Ciprofloxacin Hydrochloride	Tablets	250 mg,500 mg
		Suspension	40 +200 mg / 5 ml
14	Clotrimazole	Pessaries	100 mg, 200 mg
		Gel	2%
15	Sulfadoxine +Pyrimethamine	Tablets	500 mg +25 mg
16	Ferrous Salt	Tablets	60 mg
		Oral solution	25 mg

17	Folic Acid	Tablets	1 mg, 5 mg
18	Isosorbide Mononitrate/Dinitrate	Tablets	10 mg, 20 mg
19	Amlodipine	Tablets	2.5 mg, 5 mg, 10 mg
20	Digoxin	Injection	0.25 mg / ml
		Elixir	0.05 mg / ml
21	Benzoic Acid +Salicylic Acid	Ointment or Cream	6% + 3%
22	Miconazole	Ointment or Cream	2%
23	Neomycin +Bacitracin	Ointment	5 mg + 500 IU
24	Silver Sulphadiazine	Cream	1%
25	Benzyl Benzoate	Lotion	25%
26	Acriflavin+Glycerin	Solution	
27	Gentian Violet	Paint	0.5%, 1%
28	Hydrogen Peroxide	Solution	6%
29	Povidone Iodine	Solution	5%, 10%
30	Bleaching Powder	Powder	
31	Potassium Permanganate	Crystals for solution	
32	Aluminium Hydroxide + Magnesium Hydroxide	Tablet	
		Suspension	
33	Domperidone	Tablets	10 mg
		Syrup	1 mg / ml
34	Local Anaesthetic, Astringent and Antiinflammatory Medicine	Ointment /suppository	
35	Dicyclomine Hydrochloride	Tablets	10 mg
		Injection	10 mg / ml
36	Oral Rehydration Salts	Powder for solution	As per IP
37	Ciprofloxacin Hydrochloride	Drops/Ointment	0.3%
38	Tetracycline Hydrochloride	Ointment	1%
39	Alprozolam	Tab	0.25 mg
40	Salbutamol Sulphate	Tablets	4 mg
		Syrup	2 mg / 5 ml
		Inhalation	100 mg / dose

41	Glucose	Injection	50% hypertonic
42	Glucose with Sodium Chloride	Injection	5% + 0.9%
43	Ringer Lactate	Injection	
44	Ascorbic Acid	Tablets	100 mg, 500 mg
45	Calcium salts	Tablets	250 mg, 500 mg
46	Multivitamins(As per Schedule V)	Tablets	
47	Atenolol	Tablets	50 mg
48	Fluoxetine	Tablets	20 mg
49	Amitryptiline Hcl	Tablets	25 mg
50	Bisacodyl	Tablets	05 mg
51	Tinidazole	Tablets	300mg,
52	Daonil	Tablets	5 mg
53	Haloperidol	Tablets	1, 2, 5 mg
54	Sulpacetamide eye drops	Drops	
55	Tab.Metoprolol Hydrochlorthiazide	Tablets	12.5, 25 mg, 100 mg
56	Tab Captopril	Tablets	25 mg
57	Glyceryl Trinitrate Inj	Inj	
58	Carbamazepine	tabs, syrup	100mg, 200 mg
59	Tab.Methyldopa	Tablets	250 mg
60	Tab.Enalapril	Tablets	2.5/5mg
61	Atorvastatin Tab	Tablets	10mg
62	Inj.Streptokinase 15lac vial Inj.Streptokinase 7.5lac vial	Inj Inj	15lac vial 7.5lac vial
63	Inj.Heparin sod.1000IU	Inj	1000 IU
64	Inj.Insulin Regular Insulin Intermediate	Inj Inj	
65	Tab. Metformin	Tablets	500 mg

66	Inj. Crocin	Inj	
67	Inj. Potassium chloride	Inj	
68	Inj. Buscopan	Inj	
69	Inj. Duvadilan	Inj	
70	Inj. Chlormycetin	Inj	
71	Inj. Mannitol	Inj	
72	Inj. Chloroquine	Inj	
73	Inj. Pethidine	Inj	
74	Inj. Chlorpromazine	Inj	
75	Inj. Pheniramine (Avil)	Inj	
76	Inj. Dextrose (10%)	Inj	
77	Inj. Salbutamol MDI	Inj	

Apart from drugs mentioned above, Drugs under various National Health Programmes and Vaccines as under Immunization Programme are to be provided.

LIST OF AYURVEDIC MEDICINES FOR CHCs

1. Sanjivani Vati
2. Godanti Mishran
3. AYUSH-64
4. Lakshmi Vilas Rasa (Naradeeya)
5. Khadiradi Vati
6. Shilajatwadi Louh
7. Swas Kuthara rasa
8. Nagarjunabhra rasa
9. Sarpagandha Mishran
10. Punarnnavadi Mandura
11. Karpura rasa
12. Kutajaghan Vati
13. Kamadudha rasa
14. Laghu Sutasekhar rasa
15. Arogyavardhini Vati
16. Shankha Vati
17. Lashunadi Vati
18. Kankayana Vati
19. Agnitundi Vati
20. Vidangadi louh
21. Brahmi Vati
22. Sirashooladi Vajra rasa
23. Chandrakant rasa
24. Smritisagara rasa
25. Kaishora guggulu
26. Simhanad guggulu
27. Yograj guggulu
28. Gokshuradi guggulu
29. Gandhak Rasayan
30. Rajapravartini Vati

31. Triphala guggulu
32. Saptamrit Louh
33. Kanchanara guggulu
34. Ayush Ghutti
35. Talisadi Churna
36. Panchanimba Churna
37. Avipattikara Churna
38. Hingvashtaka Churna
39. Eladi Churna
40. Swadishta Virechan Churna
41. Pushyanuga Churna
42. Dasanasamskara Churna
43. Triphala Churna
44. Balachaturbhadra Churna
45. Trikatu Churna
46. Srinyadi Churna
47. Gojihwadi kwath Churna
48. Phalatrikadi kwath Churna
49. 54.Maharasnadi kwath Churna
50. Pashnabhedadi kwath Churna
51. Dasamoola Kwath Churna
52. Eranda paka
53. Haridrakhanda
54. Supari pak
55. Soubhagya Shunthi
56. Brahma Rasayana
57. Balarasayana
58. Chitraka Hareetaki
59. Amritarishta
60. Vasarishta
61. Arjunarishta
62. Lohasava

63. Chandanasava
64. Khadirarishta
65. Kutajarishta
66. Rohitakarishta
67. Ark ajwain
68. Abhayarishta
69. Saraswatarishta
70. Balarishta
71. Punarnnavasav
72. Lodhrasava
73. Ashokarishta
74. Ashwagandharishta
75. Kumaryasava
76. Dasamoolarishta
77. Ark Shatapushpa (Sounf)
78. Drakshasava
79. Aravindasava
80. Vishagarbha Taila
81. Pinda Taila
82. Eranda Taila
83. Kushtarakshasa Taila
84. Jatyadi Taila/Ghrita
85. Anu Taila
86. Shuddha Sphatika
87. Shuddha Tankan
88. Shankha Bhasma
89. Abhraka Bhasma
90. Shuddha Gairika
91. Jahar mohra Pishti
92. Ashwagandha Churna
93. Amrita (Giloy) Churna
94. Shatavari Churna

95. Mulethi Churna
96. Amla Churna
97. Nagkesar Churna
98. Punarnava Churna
99. Dadimashtak Churna
100. Chandraprabha Vati.
101. Dhanwantara Taila
102. Balaswagandhadi Taila
103. Mahanarayana Taila
104. Sahacharadi Taila
105. Ksheerabala Taila
106. Kaseesadi Taila
107. Kolakulathadi Udvarthana Churna
108. Jatamayadi Udvarthana Churna
109. Upanaha Churna
110. Shadpala Ghrita

111. Panchthiktha Guggulu Ghrita
112. Panchagavya Ghrita
113. Madanapippali Churna
114. Saindhava Lavana
115. Madhu
116. Pippali Churna
117. Shuddha Ghrita
118. Trivrit Leha
119. Dashmoola or Ransadi Kwath Churna
120. Manibhadra Guda
121. Gandharvahastadi Kwath Churna
122. Balaguluchyadi Kwath Churna

123. Aragwadadi Kwath Churna
124. Pure Ghrita
125. Icchabhedi Rasa

LIST OF UNANI MEDICINES FOR CHCs

1. Arq-e-Ajeeb
2. Arq-e-Gulab
3. Arq-e-Kasni
4. Arq-e-Mako
5. Barshasha
6. Dawaul Kurkum Kabir
7. Dawaul Misk Motadil Sada
8. Habb-e-Aftimoon
9. Habb-e-Bawasir Damiya
10. Habb-e-Bukhars
11. Habb-e-Dabba-e-Atfal
12. Habb-e-Gule Pista
13. Habb-e-Hamal
14. Habb-e-Hilteet
15. Habb-e-Hindi Qabiz
16. Habb-e-Hindi Sual
17. Habb-e-Hindi Zeeqi
18. Habb-e-Jadwar
19. Habb-e-Jawahir
20. Habb-e-Jund
21. Habb-e-Kabid
Naushadri
22. Habb-e-karanjwa

23. Habb-e-Khubsul
Hadeed
24. Habb-e-Mubarak
25. Habb-e-Mudirr
26. Habb-e-Mumsik
27. Habb-e-Musaffi
28. Habb-e-Nazfuddam
29. Habb-e-Nazla
30. Habb-e-Nishat
31. Habb-e-Raal
32. Habb-e-Rasaut
33. Habb-e-Shaheeqa
34. Habb-e-Shifa
35. Habb-e-Surfa
36. Habb-e-Tabashir
37. Habb-e-Tankar
38. Habb-e-Tursh Mushtahi
39. Itrifal Shahatra
40. Itrifal Ustukhuddus
41. Itrifal Zamani
42. Jawahir Mohra
43. Jawarish Jalinoos
44. Jawarish Kamooni
45. Jawarish Mastagi
46. Jawarish Tamar Hindi
47. Khamira Gaozaban Sada
48. Khamira Marwareed
49. Kushta Marjan Sada
50. Laooq Katan
51. Laooq Khiyarshanbari
52. Laooq Sapistan
53. Majoon Arad Khurma

54. Majoon Dabeedulward
55. Majoon Falasifa
56. Majoon Jograj Gugal
57. Majoon Kundur
58. Majoon Mochras
59. Majoon Muqawwi-e-Reham
60. Majoon Nankhwah
61. Majoon Panbadana
62. Majoon Piyaz
63. Majoon Seer Alwikhani
64. Majoon Suhag Sonth
65. Majoon Suranjan
66. majoon Ushba
67. Marham Hina
68. Marham Kafoor
69. Marham Kharish
70. Marham Quba
71. Marham Ral Safaid
72. Qurs Aqaqia
73. Qurs Dawaul Shifa
74. Qurs Deedan
75. Qurs Ghafis
76. Qurs Gulnar
77. Qurs Habis
78. Qurs Kafoor
79. Qurs Mulaiyin
80. Qurs Sartan Kafoori
81. Qurs Zaranbad
82. Qurs Ziabetus Khaas
83. Qurs Ziabetus Sada
84. Qurs-e-Afsanteen

85. Qurs-e-Sartan
86. Qutoor-e-Ramad
87. Raughan Baiza-e-Murgh
88. Raughan Bars
89. Raughan Kahu
90. Raughan Kamila
91. Raughan Qaranful
92. Raughan Surkh
93. Raughan Turb
94. Roghan Luboob Saba
95. Roghan Malkangni
96. Roghan Qust
97. Safoof Amla
98. Safoof Chutki
99. Safoof Dama Halদিwala
100. Safoof Habis
101. Safoof Muqliyasa
102. Safoof Mustehkam
Dandan
103. Safoof Naushadar
104. Safoof Sailan
105. Safoof Teen
106. Sharbat Anjabar
107. Sharbat Buzoori Motadil
108. Sharbat Faulad
109. Sharbat Khaksi
110. Sharbat Sadar
111. Sharbat Toot Siyah
112. Sharbat Zufa
113. Sunoon Mukhrij-e-
Rutoobat
114. Tiryaq Nazla

115. Tiryaq pechish
116. Zuroor-e-Qula

LIST OF SIDDHA MEDICINES FOR CHCs

1. Amai otu parpam -For diarrhoea in children and indigestion
2. Amukkarac curanam - For general debility, insomnia
- 3 Anna petic centuram - For anaemia
4. Antat Tailam For febrile convulsions
5. Appirakac centuram - Diabetes mellitus
6. Arakkut Tailam - Headache and sinus infection
7. Arumukac Centuram - Arthritis
8. Atotataik kuti nir - cough and cold
9. Atatotai manappaku cough and cold
10. Atatotai nei cough and wheeze
11. Aya jampirac karpam anaemia
-
12. Aya Kantac centuram aneamia
-
13. Canku parpam - anti allergic
14. Cantamarutac arthritis
Centuram
15. Canta cantirotayam fevers and jaundice
16. Carapunka Vilvati nervine tonic
ilakam
17. Cati Campirak Nausea and vomiting
Kulampu -
18. Cempu Parpam - peptic ulcer
19. Cilacattu Parpam Urinary infection, white discharge
20. Cilntil Curanam Diabetes mellitus
21. Ciropara Nivarana Headache and sinus

	Tailam	
22.	Cirra Muttit Tailam	Neuritis, uterine problems
23.	Civanar Amirtam	Anti-allergic, bronchial asthma
24.	Comput Tinir	Indigestion, loss of appetite
25.	Cukkut Tailam	Headache and earache
26.	Cuvacakkutori mathiral	Asthma and cough
27.	Elastic curanam	Allergy, fever in primary complex
28.	Ilaku Viamuttit Tailam	Hemiplegia
29.	Impural Ilakam	Bleedings
30.	Impural Vatakam	Blood vomiting
31.	Inicic Curanam	Indigestion, flatulence
32.	Iraca Kanti Meluku	Skin infections, venereal infections
33.	Iti Vallati	Venereal uncer
34.	Kaiyan Tailam	Cough with expectoration
35.	Kantaka Racayanam	Skin diseases and urinary infections
36.	Kapa Curak Kutinir	Fevers
37.	Karappan Tailam	Eczema
38.	Karunai Ilakam	Piles
39.	Kasturik karuppu	Fever, cough, allergic bronchitis
40.	Kauri Cintamanic Centuram	Liver disorders, fever, fistula
41.	Kecari Ilakam	Dropsy, amoebic dysentery
42.	Kilanellit Tailam	Jaundice, giddiness, neuritis
43.	Kilincil Meluku	Cracks on the heel and sole
44.	Korocanai mattirai	Sinus, fits
45.	Kunkiliya parpam	Urinary infection, white discharge
46.	Kunkumappu Mattirai	Peptic unlcer, habitual constipation
47.	Kunkiliya Vennay	External application for piles and scalps
48.	Kumak Kutori	Peptic ulcer
49.	Kuntarikat Tailam	Swelling and inflammation

50.	Man Kompup Parpam	Chest pain
51.	Manturati Ataik Kutinir	Anaemia
52.	Mattan Tailam	Ulers, carbuncle and gangrene
53.	Matulai Manappaku	Nausea, vomiting, anaemia
54.	Mayanat Tailam	Swelling, inflammation
55.	Mayilirakatic Curanam	Hiccup
56.	Mekanatak Kulikai	Constipation
57.	Murukkan Vitai Mattirai	Intestinal worms
58.	Muttuc cippi Parpam	Diarrhea in children
59.	Naciroka Nacat Tailam	Nasal problems
60.	Naka Parpam	Diuretic
61.	Nantukkal Parpam	Diuretic
62.	Nattai Parpam	Bleeding piles
63.	Nellikai Ilakam	Tonic
64.	Neruncik Kutinir	Diuretic
65.	Nilavakaic Curanam	Constipation
66.	Nila Vempuk Kutinir	Fever
67.	Noccit Tailam	Sinus
68.	Omat Tinir	Indigestion
69.	Palacancivi mattirai	Fever in children, indigestion
70.	Palakarai Parpam	Anti-allergic
71.	Panca Lavana Parpam	Hyper acidity
72.	Parankip pattaic Curanam	Skin diseases
73.	Paankip Pattai Iracayanam	Skin diseases
74.	Parankip Pattaip Patankam	Skin diseases

75.	Patikara parpam	Urinary infection, stomatitis
76.	Pattuk karuppu	DUB, painful menstruation
77.	Pavala Parapam	Cough and fever
78.	Peranta Parpam No.1	Fits
79.	Pinacat tailam	Sinus
80.	Pirami Ney	Nervine tonic
81.	Pirammanta pairavam	Fevers
82.	Punkat Tailam	Injury and ulcers
83.	Talampu mattirai	Toxic fever
84.	Talicati Vatakam	Cough
85.	Tayirc Cuntic Curanam	Diarrhea, used as ORS
86.	Terran kottai Ilakam	Tonic, used in bleeding piles
87.	Tiripalaic Curanam	Styptic and tonic
88.	Tipplili Iracayanam	Cough
89.	Uluntut Tailam	Musclar atrophy, deafness
90.	Vacanta Kucumakaram	Fever, cough, and cold in child
91.	Veti Anna Petic Centuram	Dropsy
92.	Vilvati Ilakam	Tonic
93.	Visnu Cakkaram	Pleurisy

Patent & Proprietary Drug

1.	777 Oil	-	for Psoriasis
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LIST OF HOMEOPATHY MEDICINES FOR CHCs

S.No	Name of Medicine	Potency
1	Abrotanum	30
2	Abrotanum	200
3	Absinthium	Q
4	Aconite Nap.	6
5	Aconite Nap.	30
6	Aconite Nap.	200
7	Aconite Nap.	1M
8	Actea Racemosa	30
9	Actea Racemosa	200
10	Aesculus Hip	30
11	Aesculus Hip	200
12	Aesculus Hip	1M
13	Agaricus musca.	30
14	Agaricus musca	200
15	Allium cepa	6
16	Allium cepa	30
17	Allium cepa	200
18	Aloe soc.	6
19	Aloe soc.	30
20	Aloe soc.	200
21	Alumina	30
22	Alumina	200
23	Ammon Carb	30
24	Ammon Carb	200
25	Ammon Mur	30
26	Ammon Mur	200
27	Ammon Phos	30

28	Ammon phos	200
29	Anacardium Ori.	30
30	Anacardium Ori.	200
31	Anacardium Ori.	!M
32	Angustura vera	Q
33	Anthracinum	200
34	Anthracinum	1M
35	Antim Crud	30
36	Antim Crud	200
37	Antim Crud	!M
39	Antimonium Tart	3X
40	Antimonium Tart	6
41	Antimonium Tart	30
42	Antimonium Tart	200
43	Apis mel	30
44	Apis mel	200
45	Apocynum Can	Q
46	Apocynum Can	30
47	Arg. Met	30
48	Arg Met.	200
49	Arg. Nit.	30
50	Arg. Nit.	200
51	Arnica Mont.	Q
52	Arnica Mont	30
53	Arnica Mont	200
54	Arnica Mont	!M
55	Arsenicum Alb.	6
56	Arsenicum Alb.	30
57	Arsenicum Alb.	200
58	Arsenicum Alb.	1M
59	Aurum Met.	30

60	Aurum Met.	200
61	Bacillinum	200
62	Bacillinum	1M
63	Badiaga	30
64	Badiaga	200
65	Baptisia Tinct.	Q
66	Baptisia Tinct	30
67	Baryta Carb.	30
68	Baryta Carb.	200
69	Baryta Carb.	1M
70	Baryta Mur.	3X
71	Belladonna	30
72	Belladonna	200
73	Belladonna	1M
74	Bellis Perennis	Q
75	Bellis Perennis	30
76	Benzoic Acid	30
77	Benzoic Acid	200
78	Berberis Vulgaris	Q
79	Berberis Vulgaris	30
80	Berberis Vulgaris	200
81	Blatta Orientalis	Q
82	Blatta Orientalis	30
83	Blumea Odorata	Q
84	Borax	30
85	Bovista	30
86	Bromium	30
87	Bryonia Alba	3X
88	Bryonia Alba	6
89	Bryonia Alba	30
90	Bryonia Alba	200

91	Bryonia Alba	1M
92	Bufo rana	30
93	Carbo veg	30
94	Carbo veg	200
95	Cactus G.	Q
96	Cactus G.	30
97	Calcarea Carb	30
98	Calcarea Carb	200
99	Calcarea Carb	1M
100	Calcarea Fluor	30
101	Calcarea Fluor	200
102	Calcarea Fluor	1M
103	Calcarea Phos	30
104	Calcarea Phos	200
105	Calcarea Phos	1M
106	Calendula Off.	Q
107	Calendula Off	30
108	Calendula Off	200
109	Camphora	6
110	Camphora	200
111	Cannabis Indica	6
112	Cannabis Indica	30
113	Cantharis	Q
114	Cantharis	30
115	Cantharis	200
116	Capsicum	30
117	Capsicum	200
118	Carbo Animalis	30
119	Carbo Animalis	200
120	Carbolic Acid	30
121	Carbolic Acid	200

122	Carduus Mar	Q
123	Carduus Mar	6
124	Carduus Mar	30
125	Carcinosinum	200
126	Carcinosinum	!M
127	Cassia sophera	Q
128	Caulophyllum	30
129	Caulophyllum	200
130	Causticum	30
131	Causticum	200
132	Causticum	!M
133	Cedron	30
134	Cedron	200
135	Cephalendra Indica	Q
136	Chamomilla	6
137	Chamomilla	30
138	Chamomilla	200
139	Chamomilla	!M
140	Chelidonium	Q
141	Chelidonium	30
142	Chin Off.	Q
143	Chin Off	6
144	Chin Off	30
145	Chin Off	200
146	Chininum Ars	3X
147	Chininum Sulph	6
148	Cicuta Virosa	30
149	Cicuta Virosa	200
150	Cina	Q
151	Cina	3X
152	Cina	6

153	Cina	30
154	Cina	200
155	Coca	200
156	Cocculus Indicus	6
157	Cocculus Indicus	30
158	Coffea Cruda	30
159	Coffea Cruda	200
160	Colchicum	30
161	Colchicum	200
162	Colocynthis	6
163	Colocynthis	30
164	Colocynthis	200
165	Crataegus Oxy	Q
166	Crataegus Oxy	3X
167	Crataegus Oxy	30
168	Crataegus Oxy	200
169	Crotalus Horridus	200
170	Croton Tig.	6
171	Croton Tig.	30
172	Condurango	30
173	Condurango	200
174	Cuprum met.	30
175	Cuprum met.	200
176	Cynodon Dactylon	Q
177	Cynodon Dactylon	3X
178	Cynodon Dactylon	30
179	Digitalis	Q
180	Digitalis	30
181	Digitalis	200
182	Dioscorea	30
183	Dioscorea	200

184	Diphtherinum	200
185	Drosera	30
186	Drosera	200
187	Dulcamara	30
188	Dulcamara	200
189	Echinacea	Q
190	Echinacea	30
191	Equisetum	30
192	Equisetum	200
193	Eupatorium Perf.	3X
194	Eupatorium Perf.	30
195	Eupatorium Perf.	200
196	Euphrasia	Q
197	Euphrasia	30
198	Euphrasia	200
199	Ferrum Met.	200
200	Flouric Acid	200
201	Formica Rufa	6
202	Formica Rufa	30
203	Gelsimium	3X
204	Gelsimium	6
205	Gelsimium	30
206	Gelsimium	200
207	Gelsimium	1M
208	Gentiana Chirata	6
209	Glonoine	30
210	Glonoine	200
211	Graphites	30
212	Graphites	200
213	Graphites	1M
214	Guaiacum	6

215	Guaiacum	200
216	Hamamelis Vir	Q
217	Hamamelis Vir	6
218	Hamamelis Vir	200
219	Helleborus	6
220	Helleborus	30
221	Hepar Sulph	6
222	Hepar Sulph	30
223	Hepar Sulph	200
224	Hepar Sulph	1M
225	Hippozaenium	6
226	Hydrastis	Q
227	Hydrocotyle As.	Q
228	Hydrocotyle As.	3X
229	Hyocyamus	200
230	Hypericum	Q
231	Hypericum	30
232	Hypericum	200
233	Hypericum	1m
234	Ignatia	30
235	Ignatia	200
236	Ignatia	1m
237	Iodium	30
238	Iodium	200
239	Iodium	1m
240	Ipecacuanha	Q
241	Ipecacuanha	3X
242	Ipecacuanha	6
243	Ipecacuanha	30
244	Ipecacuanha	200
245	Iris Tenax	6

246	Iris Vericolor	30
247	Iris Vericolor	200
248	Jonosia Ashoka	Q
249	Justicia Adhatoda	Q
250	Kali Bromatum	3X
251	Kali Carb	30
252	Kali Carb	200
253	Kali Carb	1M
254	Kali Cyanatum	30
255	Kali Cyanatum	200
256	Kali lod	30
257	Kali lopd	200
258	Kali Mur	30
259	Kali Mur	200
260	Kal Sulph	30
261	Kalmia Latifolium	30
262	Kalmia Latifolium	200
263	Kalmia Latifolium	1M
264	Kreosotum	Q
265	Kreosotum	30
266	Kreosotum	200
267	Lae Defloratum	30
268	Lae Defloratum	200
269	Lac Defloratum	1M
270	Lac Can	30
271	Lac Can	200
272	Lachesis	30
273	Lachesis	200
274	Lachesis	1M
275	Lapis Albus	3X
276	Lapis Albus	30

277	Ledum Pal	30
278	Ledum Pal	200
279	Ledum Pal	1M
280	Lillium Tig.	30
281	Lillium Tig.	200
282	Lillium Tig.	1M
283	Lobella inflata	Q
284	Lobella inflata	30
285	Lycopodium	30
286	Lycopodium	200
287	Lycopodium	1M
288	Lyssin	200
289	Lyssin	1M
290	Mag.Carb	30
291	Mag.Carb	200
292	Mag Phos	30
293	Mag Phos	200
294	Mag Phos	1M
295	Medorrhinum	200
296	Medorrhinum	1M
297	Merc Cor	6
298	Merc Cor	30
299	Merc Cor	200
300	Merc Sol	6
301	Merc Sol	30
302	Merc Sol	200
303	Merc Sol	1m
304	Mezerium	30
305	Mezerium	200
306	Millefolium	Q
307	Millefolium	30

308	Muriatic Acid	30
309	Muriatic Acid	200
310	Murex	30
311	Murex	200
312	Mygale	30
313	Naja Tri	30
314	Naja Tri	200
315	Natrum Ars	30
316	Natrum Ars	200
317	Natrum Carb	30
318	Natrum Carb	200
319	Natrum Carb	1M
320	Natrum Mur	6
321	Natrum Mur	30
322	Natrum Mur	200
323	Natrum Mur	1M
324	Natrum Phos	30
325	Natrum Sulph	30
326	Natrum Sulph	200
327	Natrum Sulph	1M
328	Nitric Acid	30
329	Nitric Acid	200
330	Nitric Acid	1M
331	Nux Vomica	6
332	Nux Vomica	30
333	Nux Vomica	200
334	Nux Vomica	1M
335	Nyctenthus Arbor	Q
336	Ocimum Sanctum	Q
337	Oleander	6
338	Petroleum	30

339	Petroleum	200
340	Petroleum	1M
341	Phosphoric Acid	Q
342	Phosphoric Acid	30
343	Phosphoric Acid	200
344	Phosphoric Acid	1M
345	Phosphorus	30
346	Phosphorus	200
347	Phosphorus	1M
348	Physostigma	30
349	Physostigma	200
350	Plantago Major	Q
351	Plantago Major	6
352	Plantago Major	30
353	Platina	200
354	Platina	1M
355	Plumbum Met	200
356	Plumbum Met	1M
357	Podophyllum	6
358	Podophyllum	30
359	Podophyllum	200
360	Prunus Spinosa	6
361	Psorinum	200
362	Psorinum	1M
363	Pulsatilla	30
364	Pulsatilla	200
365	Pulsatilla	1M
366	Pyrogenium	200
367	Pyrogenium	1M
368	Ranunculus bulbosus	30
369	Ranunculus bulbosus	200

370	Ranunculus repens	6
371	Ranunculus repens	30
372	Ratanhia	6
373	Ratanhia	30
374	Rauwolfia serpentina	Q
375	Rauwolfia serpentina	6
376	Rauwolfia serpentina	30
377	Rhododendron	30
378	Rhododendron	200
379	Rhus tox	3X
380	Rhus tox	6
381	Rhus tox	30
382	Rhus tox	200
383	Rhus tox	1M
384	Robinia	6
385	Robinia	30
386	Rumex crispus	6
387	Rumex crispus	30
388	Ruta gr	30
389	Ruta gr	200
390	Sabal serreulata	Q
391	Sabal serreulata	6
392	Sabina	3X
393	Sabina	6
394	Sabina	30
395	Sang.can	30
396	Sang.can	200
397	Sarsapilla	6
398	Sarsapilla	30
399	Secalecor	30
400	Secalecor	200

401	Selenium	30
402	Selenium	200
403	Senecio aureus	6
404	Sepia	30
405	Sepia	200
406	Sepia	1M
407	Silicea	30
408	Silicea	200
409	Silicea	1M
410	Spigellia	30
411	Spongia tosta	6
412	Spongia tosta	30
413	Spongia tosta	200
414	Stannum	30
415	Stannum	200
416	Staphisagria	30
417	Staphisagria	200
418	Staphisagria	1M
419	Sticta pulmonaria	6
420	Sticta pulmonaria	30
421	Stramonium	30
422	Stramonium	200
423	Sulphur	30
424	Sulphur	200
425	Sulphur	1M
426	Sulphuric acid	6
427	Sulphuric acid	30
428	Syphilinum	200
429	Syphilinum	1M
430	Tabacum	30
431	Tabacum	200

432	Tarentula cubensis	6
433	Tarentula cubensis	30
434	Tellurium	6
435	Tellurium	30
436	Terebinthina	6
437	Terebinthina	30
438	Terminalia arjuna	Q
439	Terminalia arjuna	3X
440	Terminalia arjuna	6
441	Thuja occidentalis	Q
442	Thuja occidentalis	30
443	Thuja occidentalis	200
444	Thuja occidentalis	1M
445	Thyroidinum	200
446	Thyroidinum	1M
447	Tuberculinum bov	200
448	Uran.Nit	3X
449	Urtica urens	Q
450	Urtica urens	6
451	Ustilago	6
452	Verat alb	6
453	Viburnan opulus	6
454	Viburnan opulus	30
455	Viburnan opulus	200
456	Vipera tor	200
457	Vipera tor	1M
458	Verat viride	30
459	Verat viride	200
460	Viscum album	6
461	Wyethia	6
462	Wyethia	30

463	Wyethia	200
464	Zinc met	200
465	Zinc met	1M
466	Zink phos	200
467	Zink phos	1M
468	Globules	20 no.
469	Sugar of milk	
470	Glass Piles	5 ml
471	Glass Piles	10 ml
472	Butter Paper	
473	Blank Sticker Ointments	1/2*3/2 inch
474	Aesculus Hip	
475	Arnica	
476	Calendula	
477	Cantharis	
478	Hamamelis Vir	
479	Rhus tox	
480	Twelve Biochemic Medicines	6x & 12x
481	Cineraria Eye Drop	
482	Euphrasia Eye Drop	
483	Mullein Oil (Ear Drop)	

Extracts from National Guidelines on Blood Storage Facilities at FRUs

1. Requirements

Space: The area required for setting up the facility is only 10 square meters, well-lighted, clean and preferably air-conditioned.

Manpower: One of the existing doctors and technicians should be designated for this purpose. They should be trained in the operation of blood storage centers and other basic procedures like storage, grouping, cross- matching and release of blood.

The medical officer designated for this purpose will be responsible for overall working of the storage center.

Electricity: 24 hours supply is essential. Provision of back-up generator is required.

Equipment: Each FRU should have the following:

1. Blood bag refrigerators having a storage capacity of 50 units of blood.
2. Deep freezers for freezing ice packs required for transportation. The deep freezers available in the FRUs under the Immunization Programme can be utilized for this purpose.
3. Insulated carrier boxes with ice packs for maintaining the cold chain during transportation of blood bags.
4. Microscope and centrifuge: since these are an integral part of any existing laboratory, these would already be available at the FRUs. These should be supplied only if they are not already available.

Consumables: There should be adequate provision for consumables and blood grouping reagents. The following quantities would suffice the annual requirement of an FRU with up to 50 beds.

Consumables Quantity:

Pasteur pipette 12 dozens / year

Glass tubes 7.5 to 10 mm - 100 dozens / year
Glass slides 1" x 2" boxes of 20 or 25 each / year
Test tube racks 6 racks, each for 24 tables
Rubber teats 6 dozens / year
Gloves Disposable rubber gloves 500 pairs per year

Blotting tissue paper As required Marker pencil (alcohol based) As required
Tooth picks As required

Reagents: All the reagents should come from the Mother Blood Bank.

Anti-A 2-vials each per month
Anti-B 2-vials each per month
Anti-AB 2-vials each per month
Anti-D (Blend of IgM & IgG) 2 vials each per month
Antihuman Globulin 1 vial per month
(Polyclonal IgG & Complement)

Since quality of the reagents is an important issue, the supplies of these should be made from the same blood bank/center from where blood is obtained. For this purpose, State Governments/Union Territories should provide the additional budgetary requirements to the mother blood bank/center.

Disinfectants: Bleach & Hypochlorite Solution - As required

2. Suggested quantities of Whole Blood Units to be available at a Blood Storage Unit

5 units each of A, B, O (Positive)
2 units of AB (Positive)
1 units each of A, B & O (Negative)
This can be modified according to the actual requirement

3. Storage & transportation

Cold chain: It is necessary to maintain the cold chain at all levels i.e. from the mother center to the blood storage center to the issue of blood. This can be achieved by using insulated carrier boxes. During transportation, the blood should be properly packed into cold boxes surrounded by the ice packs. Ice, if used should be clean and should not come in direct contact with the blood bags. The blood should be kept in blood bank refrigerator at $4^{\circ}\text{-}6^{\circ}\text{c} \pm 2^{\circ}\text{c}$. The temperature of the blood should be monitored continuously.

Storage: The storage center should check the condition of blood on receipt from the mother center and also during the period of storage. The responsibility of any problem arising from storage, cross matching, issue and transfusion will be of the storage center. Any unit of blood showing hemolysis, turbidity or change in colour should not be taken on stock for transfusion. Due care should be taken to maintain sterility of blood by keeping all storage areas clean. The expiry of the blood is normally 35/42 days depending on the type of blood bags used. The Medical Officer in-charge should ensure that unused blood bags should be returned to the mother center at least 10 days before the expiry of the blood and fresh blood obtained in its place. The blood storage centers are designed to ensure rapid and safe delivery of whole blood in an emergency. The detail of storage of packed cells, fresh frozen plasma and platelets concentrate are therefore not given in these guidelines. In case, however, these are required to be stored, the storage procedures of the mother blood bank should be followed.

4. Issue of blood s

Patients blood grouping and cross matching should invariably be carried out before issue of blood. A proper record of this should be kept.

First In and First Out (FIFO) policy, whereby blood closer to expiry date is used first, should be followed.

5. Disposal

Since all the blood bags will already be tested by the mother center, disposal of empty blood bags should be done by landfill. Gloves should be cut and put in bleach for at least one hour and then disposed as normal waste.

6. Documentation & records

The center should maintain proper records for procurement, cross matching and issue of blood and blood components. These records should be kept for at least 5 years.

7. Training

Training of doctors and technicians, who will be responsible for the Blood Storage Center, should be carried out for 3 days in an identified center as per the guidelines. Training will include:

- Pre-transfusion checking. i.e. patient identity and grouping
- Cross matching
- Compatibility
- Problems in grouping and cross matching
- Troubleshooting
- Issue of blood
- Transfusion reactions and its management
- Disposal of blood bags

The states will have to identify the institutions where training of the staff responsible for running the blood bank is to be held. These could be the blood banks at Medical Colleges, Regional Blood Banks, Indian Red Cross Blood Banks, or any other well setup, licensed Blood Bank, provided they have the necessary infrastructure for undertaking training.

The training will be for three-days duration during which the Medical Officer and the technician from the identified FRUs will be posted at the training institution.

A "Standard Operating Procedures Manual" (SOPM) has been developed and is part of these guidelines. This SOPM will be used as the training material. A copy of this SOPM will be made available to the Medical Officer for use in his Blood Storage Center for undertaking storage, grouping, cross matching and transfusion.

In addition to the training of the above Medical Staff, it is considered necessary that the clinicians who will be responsible for prescribing the use of blood are also sensitized on the various parameters of blood transfusion. For this the "Clinician's Guide to Appropriate Use of Blood" has been developed. It is suggested that one-day sensitization programme for the clinicians may be organized at the District Hospital/Medical College.

Government of India will make the expenditure for the above-mentioned trainings, available as per the norms of training under the RCH Programme. This training will, however, be coordinated by the Training Division of Department of Family Welfare. The states are required to include training as part of the overall State Action Plan for establishing Blood Storage Centers.

Equipments for Laboratory Tests & Blood Transfusion

Rod, flint-glass, 1000 x 10 mm dia, set of two 2
Cylinder, measuring, graduated W/pouring lip, glass, 50 ml 2
Bottle, wash, polyethylene W/angled delivery tube, 250 ml 1
Timer, clock, interval, spring wound, 60 minutes x 1 minute 1
Rack, slide drying nickel/silver, 30 slide capacity 1
Tray, staining, stainless steel 450 x 350 x 25 mm 1
Chamber, counting, glass, double neubauer ruling 2
Pipette, serological glass, 0.05 ml x 0.0125 ml 6
Pipette, serological glass, 1.0 ml x 0.10 ml 6
Counter, differential, blood cells, 6 unit 1
Centrifuge, micro-hematocrit, 6 tubes, 240v 1
Cover glass for counting chamber (item 7), Box of 12 1
Tube, capillary, heparinized, 75 mm x 1.5 mm, vial of 100 10
Lamp, spirit W/screw cap. Metal 60 ml 1

Lancet, blood (Hagedorn needle) 75 mm pack of 10 ss 10

Benedict's reagent qualitative dry components for soln 1

Pipette measuring glass, set of two sizes 10 ml, 20 ml 2

Test tube, w/o rim, heat resistant glass, 100 x 13 mm 24

Clamp, test-tube, nickel plated spring wire, standard type 3

Beaker, HRG glass, low form, set of two sizes, 50 ml, 150 ml 2

Rack, test-tube wooden with 12 x 22 mm dia holes 1

LIST OF DIAGNOSTIC SERVICES

S. No.	Speciality	Diagnostic Services / Tests
I.	CLINICAL PATHOLOGY a) Haematology	
		Haemoglobin estimation Total Leucocyte count Differential Leucocyte count Absolute Eosinophil count Reticulocyte count Total RBC count E.S.R. Peripheral Blood Smear Malaria/Filaria Parasite Platelet count Packed Cell volume Blood grouping Rh typing Blood Cross matching
	b) Urine Analysis	Urine for Albumin, Sugar, Deposits, bile salts, bile pigments, acetone, specific gravity, Reaction (pH)
	c) Stool Analysis	Stool for Ovacyst (Eh)
		Hanging drop for V. Cholera
		Occult blood
II.	PATHOLOGY a) Sputum	Sputum cytology

S. No.	Speciality	Diagnostic Services / Tests
III.	MICROBIOLOGY	Smear for AFB, KLB
		Grams Stain for Throat swab, sputum etc.
IV.	SEROLOGY	VDRL
		Pregnancy test (Urine gravindex)
		WIDAL test
V.	BIOCHEMISTRY	Blood Sugar
		Blood urea
		Liver function tests
		Kidney function tests
		Blood lipid profile
VI.	CARDIAC INVESTIGATIONS	a) ECG
VII.	OPHTHALMOLOGY	a) Refraction by using Snellen's chart
		Retinoscopy
		Ophthalmoscopy
IX.	RADIOLOGY	a) Xray for Chest, Skull, Spine, Abdomen, bones
		e) Dental Xray
		f) Ultrasonography

(b) Physical Structure for Laboratory at CHC

S.No.	Item	No. at CHC level
1	Marble/Stone Table Top for Platform	1
2	Wash-basins (Steel/Porcelain)	1
3	Water Taps	1
4	Electric Fittings	As per requirement

5	Office Table	1
6	Office Chairs	3
7	Revolving Stools	2
8	Almirah (Steel/Wooden)	1
9	Wooden/Steel Racks	1

(c) Laboratory Equipment

Equipments

1. Binocular Microscope with oil immersion
2. Lancet
3. Ice box
4. Stool transport carrier
5. Test tube rack
6. Table top centrifuge
7. Refrigerator
8. Spirit lamp
9. Smear transporting box
10. Sterile leak proof containers

(d) Laboratory Supplies

Supplies

1. Clean slides
2. Slide markers
3. Gloves
4. Transport medium (Cary Blair)
5. Sterile test tubes
6. Plastic vials
7. Sterile cotton wool swabs
8. Rapid Diagnostic Kit Typhoid
9. Rapid test kit for faecal contamination
10. Blood culture bottles with broth

11. Zeil Neelsen Acid fast stain
12. Aluminium Foil
13. Cotton
14. Sealing material
15. Extra plastic vials for

Model Citizens Charter for CHCs

1. Preamble

Community Health Centres and Primary Health Centres exist to provide health care to every citizen of India within the allocated resources and available facilities. The Charter seeks to provide a framework which enables citizens to know.

- What services are available.
- The quality of services they are entitled to.
- The means through which complaints regarding denial or poor qualities of services will be addressed.

2. Objectives

- To make available medical treatment and the related facilities for citizens.
- To provide appropriate advice, treatment and support that would help to cure the ailment to the extent medically possible.
- To ensure that treatment is best on well considered judgment, is timely and comprehensive and with the consent of the citizen being treated.
- To ensure you just awareness of the nature of the ailment, progress of treatment, duration of treatment and impact on their health and lives, and
- To redress any grievances in this regard.

3. Commitments of the Charter

- To provide access to available facilities without discrimination,
- To provide emergency care, if needed on reaching the CHC/ PHC
- To provide adequate number of notice boards detailing the location of all the facilities.

- To provide written information on diagnosis, treatment being administered.
- To record complaints and designate appropriate officer, who will respond at an appointed time that may be same day in case of inpatients and the next day in case of out patients.

4. Component of service at CHCs.

- Access to CHCs and professional medical care to all
- Making provision for emergency care after main treatment hour whenever needed
- Informing users about available facilities, costs involved and requirements expected of them with regard to the treatment in clear and simple terms.
- Informing users of equipment out of order
- Ensuring that users can seek clarifications and assistance in making use of medical treatment and CHC facility.
- Informing users about procedures for reporting in-efficiencies in services or nonavailability of facilities.

5. Grievance redressal

- Grievances that citizens have will be recorded
- There will be a designated officer to respond to the request deemed urgent by the person recording the grievance
- Aggrieved user after his/her complaint recorded would be allowed to seek a second opinion within the CHC
- To have a public grievance committee outside the CHC to deal with the grievances that are not resolved within the CHC.

6. Responsibilities of the users

- Users of CHC would attempt to understand the commitments made in the charter
- User would not insist on service above the standard set in the charter because it could negatively affect the provision of the minimum acceptable level of service to another user.

- Instruction of the CHC's personnel would be followed sincerely, and
- In case of grievances, the redressal mechanism machinery would be addressed by users without delay.

7. Performance audit and review of the charter

- Performance audit may be conducted through a peer review every two or three years after covering the areas where the standards have been specified

List of Abbreviations

ANM	:	Auxiliary Nurse Midwife
ASHA	:	Accredited Social Health Activists
BCC	:	Behaviour Change Communication
CHC	:	Community Health Centres
CSSD	:	Central Sterile and Supply Department
CSSM	:	Child Survival and Safe Motherhood
DOT	:	Direct Observed Treatment
DTC	:	District Tuberculosis Centre
FRU	:	First Referral Unit
IEC	:	Information, Education and Communication
Inj	:	Injection
IPHS	:	Indian Public Health Standards
IUCD	:	Intra-urine Contraceptive Device
JE	:	Japanese Encephalitis
LTs	:	Laboratory Technicians
MC	:	Microscopic Centre
MIS	:	Management Information System
MO	:	Medical Officer
MPWs	:	Multi Purpose Workers
NAMP	:	National Anti Malaria Program
NLEP	:	National Leprosy Eradication Program
NRHM	:	National Rural Health Mission
NHP	:	National Health Program
NVBDCP	:	National Vector Borne Disease Control Program
OT	:	Operation Theatre
PHC	:	Primary Health Centre
PPTCT	:	Prevention of Parent to Child Transmission
PRI	:	Panchayati Raj Institution

RCH	:	Reproductive & Child Health
RNTCP	:	Revised National Tuberculosis Control Program
RTI / STI	:	Reproductive Tract Infections / Sexual Tract Infections
SOPs	:	Standard Operating Procedures
STPs	:	Standard Treatment Protocols
STLS	:	Senior Tuberculosis Laboratory Supervisor
ICTC	:	Integrated counselling and testing centre

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