

**Modifications in the updated Indian Public Health Standard (IPHS)
for Sub Centre (SC) Document.
(Major changes have been highlighted in yellow colour)**

- A. The newly revised IPHS for SC 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 to be provided have also been defined as per the site of service delivery: In the village, during home visits, during surveys, in the community and at the facility.
- C. Manpower: this IPHS recommends the provision of Safai Karamachari at the Subcentre level on contractual basis from untied fund in order to keep the facility clean.
- D. Standards of existing programmes were updated based on the inputs from various programme division along with new standards added for following newly launched (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 Diseases, 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. Disability, physical medicine and rehabilitation services.
- E. New borne care corner added where ever deliveries are taking place.
- F. Immunization schedule updated and is mentioned in the annexure.
- G. Job Responsibility of Health Workers, updated
- H. List of Drugs and Equipments updated
- I. Reporting format for syndromic surveillance under Integrated Disease Surveillance Project included
- J. Checklists for monitoring and facility survey updated.

Draft

**INDIAN PUBLIC HEALTH STANDARDS
(IPHS)
FOR SUB-CENTRES**

GUIDELINES
(Revised 2010)



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Executive Summary

In the public sector, a Sub-Health Centre (Sub-centre) is the most peripheral and first contact point between the primary health care system and the community. As per the population norms, one Sub-centre is established for every 5000 population in plain areas and for every 3000 population in hilly/tribal/desert areas. However, as the population density in the country is not uniform, it shall also depend upon the case load of the facility and distance of the village/habitations which comprise the subcentres. A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. As sub-centres are the first contact point with the community, the success of any nation wide programme would depend largely on well functioning sub-centres providing services of acceptable standard to the people. The current level of functioning of the Sub centres is much below the expectations.

There is a felt need for quality management and quality assurance in health care delivery system so as to make the same more effective, economical and accountable. No concerted effort has been made so far to prepare comprehensive standards for the Sub-centres. The launching of NRHM has provided the opportunity for framing Indian Public Health Standards.

In order to provide Quality Care in these Sub-centres, Indian Public Health Standards (IPHS) are being prescribed to provide basic primary health care services to the community and achieve and maintain an acceptable standard of quality of care. These standards would help monitor and improve functioning of the sub-centre. Setting standards is a dynamic process. Currently the IPHS for Sub-centres has been prepared keeping in view the resources available with respect to functional requirement for Sub-centres with minimum standards, such as building, manpower, instruments and equipments, drugs and other facilities and desirable standards which represent the ideal situation. The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community.

Service Delivery:

- ◆ All “Minimum Assured Services” or **Essential Services** as envisaged in the sub centre should be available, which includes preventive, promotive, few curative and referel services in addition to all the national health programmes. The services which are indicated as **Desirable** are for the purpose that we should aspire to achieve for this level of facility.
- ◆ All the support services to fulfil the above objectives will be strengthened at the Sub-centres level.

Minimum Requirement for Delivery of the Above-mentioned Services:

The following requirements are being projected bases on the expected number of beneficiaries for maternal and child health care, immunization, family planning and other services. As far as manpower is concerned, one more ANM is provided in addition to the existing one ANM and one Male Health Worker.

Facilities

The document includes a suggested layout of Sub-centres indicating the space for the building and other infrastructure facilities. A list of equipment, furniture and drugs needed for providing the assured services at the Sub-centres has been incorporated in the document. A Model Citizen's Charter for appropriate information to the beneficiaries, grievance redressal and constitution of Village Health and Sanitation Committee for better management and improvement of Sub-centres services with involvement of PRI has also been made as a part of the Indian Public Health Standards. The monitoring process and quality assurance mechanism is also included.

Indian Public Health Standards for Sub- Centers

Introduction:

In the public sector, a Health Sub- centre (Sub-centre) is the most peripheral and first contact point between the primary health care system and the community. A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. It is the lowest rung of a referral pyramid of health facilities consisting of the Sub-centres, Primary Health Centers, Community Health Centres, Sub-Divisional/Sub-District and District hospitals. The purpose of the Health Sub-center is largely preventive and promotive, but it also provides a basic level of curative care. As per population norms, there shall be one Sub-centre established for every 5000 population in plain areas and for every 3000 population in hilly/tribal/desert areas. **As the population density in the country is not uniform, application of same norm all over the country is not advisable. The number of sub-centres and number of ANMs shall also depend upon the case load of the facility and distance of the village/habitations which comprise the subcentres. There are 146036 Sub-centers functioning in the country as per Rural Health Statistics Bulletin published in July, 2009.**

The Indian Public Health Standards for health Sub-center lays down the package of services that the sub-center shall provide, the population norms for which it would be established, and the human resources, infrastructure, equipment and supplies that would be needed to deliver these services with quality.

Setting standards is a dynamic process. These standards are being prescribed in the context of current health priorities and resources. The Indian Public Health Standards (IPHS) are being prescribed to provide basic primary health care services to the community and achieve and maintain an acceptable standard of quality of care.

During the course of revision of current IPHS for sub-centre, feedback through interaction with Health worker Females / Auxillary Nurse and Mid-wife (ANMs) was obtained regarding the wide spectrum of services that they are expected to provide, which revealed that most of the essential services enumerated are already being delivered by the Sub-centre Staff. However, the outcomes of health indicators do not match with services that are said to be provided. Therefore it is desirable that manpower strength of two ANMs and one Health worker male per Sub-centre as per population norm as envisaged under IPHS should be provided to ensure delivery of full range of services. Also monitoring of services may be strengthened for better outcomes.

Objectives of the Indian Public Health Standards for Sub-centers:

- a. To specify the minimum assured (essential) services that Sub centre is expected to provide and the desirable services which the states should aspire to provide through this facility.
- b. To maintain an acceptable quality of care for these services

- c. To facilitate monitoring and supervision of these facilities.
- d. To make the services provided more accountable and responsive to people's needs.

1. Services to be provided in a Sub- centre:

Sub-centers are expected to provide promotive, preventive and few curative primary health care services as below:

Given the understanding of the health sub-center as mainly providing outreach facilities, where most services are not delivered in the sub-center building itself, the site of service delivery may be at following places:

- a. In the village: Village Health and Nutrition Day/Immunization session.
- b. During house visits
- c. During house to house surveys
- d. During meetings and events with the community and
- e. At the facility premises

The following are the services to be provided through Sub-centre which have been classified as **Essential (Minimum Assured Services) or Desirable (that all States/ UTs should aspire to achieve).**

3.1 Maternal and Child Health:

3.1.1 Maternal Health

(i) Antenatal care:

Essential

- Early registration of all pregnancies, within first trimester (before 12th week of Pregnancy). However even if a woman comes late in her pregnancy for registration, she should be registered and care given to her according to gestational age.
- **Minimum 4 ANC including Registration**

Suggested schedule for antenatal visits

1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy history, 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

- Associated services like general examination such as height, weight, B.P., anaemia, abdominal examination, breast examination, Folic Acid Supplementation in first

trimester, Iron & Folic Acid Supplementation from 12 weeks, injection tetanus toxoid, treatment of anaemia etc., (as per the Guidelines for Antenatal care and Skilled Attendance at Birth by ANMs and LHVs)

- Recording tobacco use by all antenatal mothers
 - Minimum laboratory investigations like Urine Test for pregnancy confirmation, haemoglobin estimation, urine for albumin and sugar and linkages with PHC for other required tests.
 - Name based tracking of all pregnant women for assured service delivery.
 - Identification of high risk pregnancy cases.
 - Identification and management of danger signs during pregnancy.
 - Malaria prophylaxis in malaria endemic zones for pregnant women as per the guidelines of NVBDCP.
 - Appropriate and Timely referral of such identified cases which are beyond her capacity of management.
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- Counseling on diet, rest, tobacco cessation if the antenatal mother is a smoker or tobacco user, information about dangers of exposure to second hand smoke and any minor problem during pregnancy, advice on institutional deliveries, pre birth preparedness and complication readiness, danger signs, clean and safe delivery at home if called for, postnatal care & hygiene, nutrition, care of new born and registration of birth. initiation of breast feeding, exclusive breast feeding for 6 months, demand feeding, supplementary feeding (weaning and starting semi solid and solid food) at 6 months, infant & young child feeding, contraception,
 - Provide information about provisions under current schemes and programmes like Janani Suraksha Yojana.
 - Identification & basic management of STI/RTI.
 - Counselling & referral for HIV/AIDS.

(ii) **Intra-natal care:**

Essential

- Promotion of institutional deliveries
- Skilled attendance at home deliveries when called for
- Appropriate and Timely referral of high risk cases which are beyond her capacity of management

Essential, if delivery facilities are available

- Managing labor using Partograph
- Identification and management of danger signs during labor.
- Proficient in identification and basic first aid treatment for PPH, Eclampsia, Sepsis and prompt referral of such cases as per 'Antenatal Care and Skilled Birth Attendance at Birth' or SBA Guidelines

- In case of sub-centre delivery, minimum 6 hours of stay of mother and baby.

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(iii) **Postnatal care:**

Essential

- Initiation of early breast-feeding within one hour of birth
- Ensure post- natal home visits on 0,3,7 and 42nd day for deliveries at home and sub-centre (both for mother & baby).
- Ensure 3, 7, and 42nd day visit for institutional delivery (both for mother & baby).
- In case of Low Birth weight Baby (less than 2500 gm), additional visits are to be made on 14, 21 and 28th days.
- During post natal visit, Advice regarding care of the mother and care and feeding of the newborn and examine the newborn for signs of sickness and congenital abnormalities as per IMNCI Guidelines and appropriate referral, if needed.
- Counselling on diet & rest, hygiene, contraception, essential new born care, infant and young child feeding. (As per SBA Guidelines) and STI/RTI and HIV/AIDS
- Tracking of missed and left out PNC

3.1.2 Child Health:

Essential

- **Newborn Care Corner In The Labor Room to provide Essential Newborn Care (Annexure 5A): Essential If the Deliveries take Place at the Sub-centre**

Essential Newborn Care (maintain the body temperature and prevent hypothermia (provision of warmth / Kangaroo Mother Care (KMC), maintain the airway and breathing, initiate breastfeeding within one hour, infection protection, cord care, and care of the eyes, as per the guidelines for Ante-Natal Care and Skilled Attendance at Birth by ANMs and LHV.s.)

Post natal visits as mentioned under 'Post natal Care'.

- Promotion of exclusive breast-feeding for 6 months and weaning after 6 months as per Infant and Young Child Feeding Guidelines.
- Assess the growth and development of the infants and under 5 children and make timely referral.
- **Immunization Services:** Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of Government of India (Current Immunization Schedule at Annexure-1).
- Vitamin A prophylaxis to the children as per National guidelines.
- Prevention and control of childhood diseases like malnutrition, infections, ARI, Diarrhea, Fever, Anemia etc. including IMNCI strategy.
- Name based tracking of all infants and children as per immunization programme

- Identification and follow up, referral and reporting of Adverse Events Following Immunization (AEFI).

3.2 Family Planning and Contraception **Essential**

- Education, Motivation and counseling to adopt appropriate Family planning methods
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions (wherever the ANM is trained on IUD insertion)
- Follow up services to the eligible couples adopting any family planning methods (terminal/spacing).

3.3 Safe abortion services (MTP) **Essential**

- Counseling and appropriate referral for safe abortion services (MTP) for those in need
- Follow up for any complication after abortion/MTP

3.4 Curative Services: **Essential**

- Provide treatment for minor ailments including fever, diarrhea, ARI, worm infestation and First Aid including first aid to animal bite cases(wound care, tourniquet (in snake bite) assessment and referral).
- Appropriate and prompt referral.
- Provide treatment as per AYUSH as per the local need. ANMs and MPW (M) be trained in AYUSH.

Desirable

- Once a month clinic by the PHC medical officer. LHV, HWM and ANM should be available for providing assistance.

3.5 Adolescent health care: **Desirable**

- Education, counseling and referral
- Prevention and treatment of Anemia
- Counseling for tobacco cessation.

3.6 School health services **Desirable**

- Staff of Subcentre may provide Assistance to school health services

3.7 Control of local endemic diseases

Essential

- Assisting in detection, Control and reporting of local endemic diseases such as malaria, Kala Azar, Japanese encephalitis, Filariasis, Dengue etc
- Assistance in control of epidemic outbreaks as per programme guidelines.

3.8 Disease surveillance (Integrated Disease Surveillance Project) (IDSP):

Essential

- Surveillance about any abnormal increase in cases of diarrhea / dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness and early reporting to concerned PHC as per IDSP guidelines
- Immediate reporting of any cluster/outbreak based on syndromic surveillance.
- High level of alertness for any unusual health event, reporting and appropriate action.
- Weekly submission of report to PHC in 'S' Form as per IDSP guidelines.

3.9 Water and Sanitation

Desirable

- Disinfection of drinking water sources
- Promotion of sanitation including use of toilets and appropriate garbage disposal.

3.10 Out reach / Field Services

3.10.1 Village Health and Nutrition Day (VHND)

VHND should be organized at least once in a month in each village with the help of Medical Officer, Health Assistant Female (LHV) of PHC, HWM, HWF, ASHA, AWW and their supervisory staff, PRI, self help groups etc.

The number of VHNDs should be enough to reach every habitation/ Anganwadi center at least once in a month. The ANM is accountable for these services, with the male worker also taking a due share of the work, and being in charge of logistics and organization, especially vaccine logistics. Participation of Anganwadi workers,

ASHAs and community volunteers would be essential for mobilization of beneficiaries and local organizational support.

Each Village Health and Nutrition Day should last for at least four hours of contact time between ANMs, AWWs, ASHAs and the beneficiaries.

The services to be provided at VHND are listed below.

Essential

- Early registration and Antenatal care for pregnant women – as per standard treatment protocol for the SBA
- Immunization and Vitamin A administration to all under 5 children- as per immunization schedule
- Assessment, treatment, counseling, referral as per need for all cases of malnutrition in children less than 5 years identified by AWW
- Family planning counseling and distribution of contraceptives
- Symptomatic care and management of persons with minor illness referred by ASHAs/AWWs or coming on their own accord.
- Health Communication to mothers, adolescents and other members of the community who attend the clinic for whatever reason.
- Meet with ASHAs and provide training/support to them as needed.
- Registration of Birth and Deaths

Desirable

- Symptom based care and counseling with referral if needed for STI/RTI and for HIV/AIDS suspected cases
- Disinfection of water sources and promotion of sanitation including use of toilets and appropriate garbage disposal.

3.10.2 Home Visits

Essential

- For skilled attendance at birth- where the woman has opted or had to go in for a home delivery.
- Post natal and newborn visits – as per protocol
- To check out on disease incidences reported to HW or she/he comes across during house visits- especially where there it is a notifiable disease. Notify the M.O PHC immediately about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, fever with rash, flaccid paralysis of acute onset in a child <15 years (AFP), Wheezing cough, Tetanus, fever with jaundice or fever with unconsciousness, minor and serious AEFIs which she comes across during her home visits, take the necessary measures to prevent their spread.

Desirable

- Visits to houses of eligible couples who need contraceptive services, but are not currently using them- eg couples with children less than three years of age, where women are married and less than 19 years of age, where the family is complete etc.
- Follow up of cases who have undergone Sterilization and MTP as per protocols especially those who can not come to the facility.
- Visits to community based DOTS providers, leprosy depot holders where this is needed.
- Visits to support ASHA where further counseling is needed to persuade a family to utilize required health services eg immunization dropouts, antenatal care dropouts, TB defaulter etc.
- To take blood slides/do RDK test in cases with fever where malaria is suspected.

3.10.3 House- to – House surveys

These surveys would be done once annually, preferably in April. Some of the diseases would require special surveys- but at all times not more than one survey per month would be expected. Surveys would be done with support and participation of ASHAs, anganwadi workers, community volunteers, panchayat members and village health and sanitation committee members.

The Male multipurpose worker would take the lead and be accountable for the organization of these surveys and the subsequent preparation of lists and referrals.

Essential

- Age and sex of all family members
- Assess and list eligible couples and their unmet needs for contraception;
- Identify persons with skin lesions or other symptoms suspicious of leprosy, and refer: essential in high leprosy prevalence blocks
- Identify persons with blindness, list and refer: Identify persons with deafness, list and refer;
- Mass drug administration for filarial- in endemic area.

Desirable

- Identify persons with disabilities, list and refer and call for counseling where needed.
- Identify and list senior citizens who need special care and support.
- Identify persons with mental health problems. List and refer.
- In high endemicity areas- survey for fever suspicious of kala- azar, for epidemic management of malaria, for detection of fluorosis affected cases etc.

3.10.4 Community Level Interactions:

Essential

- Focal group discussions for information gathering and health planning.
- Health Communication especially as related to National Health programmes through attending Village health and sanitation committees, ASHA local review meetings, and meetings with panchayat members/sarpanch, self help groups, women's groups and other BCC activities.

3.11 Coordination and Monitoring:

- Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRI etc

3.12 National Health Programmes:

3.12.1 Communicable Disease Programme

a) National AIDS Control Programme (NACP):

Essential

- Condom promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART with focus on adherence
- IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, PPTCT services and HIV-TB coordination.

Desirable

- Linkage with Microscopy Centre for HIV-TB coordination.
- HIV/STI Counseling, Screening and referral (Screening in Districts where the prevalence of HIV/AIDS is high)

b) National Vector Borne Disease Control Programme (NVBDCP):

Essential

- i) Collection of Blood slides of fever patients
- ii) Rapid Diagnostic Tests (RDT) for diagnosis of Pf malaria in high Pf endemic areas.
- iii) Appropriate anti-malarial treatment.

- iv) Assistance for integrated vector control activities in relation to Malaria, Filaria, JE, Dengue, Kala-Azar etc. as prevalent in specific areas. Prevention of breeding places of vectors through IEC and community mobilization. Where filaria is endemic, identification of cases of lymphoedema / elephantiasis and hydrocele and their referrals to PHC/CHC for appropriate management. The disease specific guidelines issued by NVBDCP are to be followed.
- v) Promotion of use of insecticidal treated nets, wherever supplied
- vi) Record keeping and reporting as per programme guidelines.

c) National Leprosy Eradication Programme (NLEP):

Essential

- Health education to community regarding signs and symptoms of leprosy, its complications, curability and availability of free of cost treatment
- Referral of suspected cases of leprosy (person with skin patch, nodule, thickened skin, impaired sensation in hands and feet with muscle weakness) and its complications to PHC
- Provision of subsequent doses of MDT and follow up for persons under treatment for leprosy, maintain MLF-01 and monitor for regularity and completion of treatment

d) Revised National Tuberculosis Control Programme (RNTCP):

Essential

- Referral of suspected symptomatic cases to the PHC/Microscopy centre
- Provision of DOTS at sub-centre and proper documentation and follow-up.
- Care should be taken to ensure compliance and completion of treatment in all cases.
- Adequate drinking water should be ensured at Sub centre for taking the tablets.

Desirable

- Sputum collection centers established for collection and transport of sputum samples in rural, tribal, hilly & difficult areas of the country where Designated Microscopy Centres are not available as per the RNTCP guidelines.

3.12.2 Non-communicable Disease (NCD) Programmes:

a) National Blindness Control Programme (NBCP):

Essential

- Detection of cases of impaired vision in house to house surveys. The cases with decreased vision will be noted in the blindness register.

- Spreading awareness regarding eye problems, early detection of decreased vision, available treatment and health care facilities for referral of such cases. IEC is the major activity to help identify cases of blindness and refer suspected cataract cases.

Desirable

- The cataract cases brought to the District Hospital by MPW/ANM/ and ASHAS
- Assisting for screening of school children for diminished vision and referral.

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

Essential

- Detection of cases of hearing impairment and deafness during House to house survey.
- Awareness regarding ear problems, early detection of deafness, available treatment and health care facilities for referral of such cases.
- Education of community, especially the parents of young children regarding importance of right feeding practices, early detection of deafness in young children, common ear problems and available treatment for hearing impairment/ deafness.

c) National Mental Health Programme

Essential

- Identification and referral of common mental illnesses for treatment and follow them up in community.
- IEC activities for prevention and early detection of mental disorders and greater participation / role of Community for primary prevention of mental disorders

d) National cancer Control Programme and National Programme for prevention and Control of Diabetes, CVD and Stroke

Essential

IEC Activities to promote healthy lifestyle sensitize the community about prevention of **Cancers, Diabetes, CVD and Strokes**, early detection through awareness regarding warning signs and appropriate and prompt referral of suspect cases.

e) National Iodine Deficiency Disorders Control Programme

Essential

IEC Activities to promote consumption of iodized salt by the community.
Testing of salt for presence of Iodine through Salt Testing Kits by ASHAs.

f) In Fluorosis Affected (Endemic) Areas

Essential

- Identify the persons at risk of Fluorosis, suffering from Fluorosis and those having deformities due to Fluorosis and referral.

Desirable

- Line listing of reconstructive surgery cases, rehabilitative intervention activities and referral services.
- Focused behaviour change communication activities to prevent Fluorosis.

g) National Tobacco Control Programme

Essential

- Spread awareness and health education regarding ill effects of tobacco use especially in pregnant females, and Non-Communicable disease where tobacco is a risk factor e.g. Cardiovascular disease, Cancers, chronic lung diseases
- Display of mandatory signage of “No Smoking” in the sub centre.

Desirable

- Counseling for quitting tobacco.
- Awareness to public that smoking is banned in public places and sale of tobacco products is banned to minors (less than 18 years) as well as within 100 yards of schools and education institutions.
- Spread awareness regarding law on smoke free public places

h) Oral Health

Desirable

- Health education on oral health and hygiene especially to antenatal and lactating mothers, school and adolescent children
- Providing first aid and referral services for cases with oral health problems.

i) Disability Prevention

Desirable

- Health education on Prevention of Disability
- Identification of Disabled persons during annual house to house survey and their appropriate referral.

j) National Programme for Health Care of Elderly

Desirable

- Counseling of Elderly persons and their family members on healthy ageing.
- Referral of sick old persons to PHC

3.13 Promotion of Medicinal Herbs

Desirable

Locally available medicinal herbs/plants should be grown around the sub-centre as per the guidelines of Department of AYUSH.

3.14 Record of Vital Events

Essential

Recording and reporting of vital events including births and deaths, particularly of mothers and infants to the health authorities.

4. Manpower requirement:

In order to provide above services, each subcentre should have the following personnel:

Manpower	Essential	Desirable
Health Worker Female (ANM)	1	+1
Health Worker Male	1	
Safai-Karmachari* (Contractual)		1

*One contractual Safai-Karmachari may be provided from the untied fund provided under NRHM.

The assured services of a sub-center would change considerably with the pattern of staff availability. Where there is only one ANM, Reproductive and Child Health services would have the first priority. Good logistics support is essential for maximizing the work output of the sub-center.

At least one ANM must stay at Sub-centre headquarter village.

In villages above 5000 population, additional ANMs could be added on to the existing sub-center at the ratio of at least one ANM for every additional 5000 population. Separate sub-center would not be mandatory.

Where there is a PHC or a CHC located, then for the population falling within the immediate surrounding areas, the sub-center staff would be located in the PHC or CHC itself. Thus every PHC or CHC would have sub-center in its close vicinity, or co-located with it, in the same campus. Family level Data of the immediate surrounding areas would be collected and analysed as for that sub-center.

Note: The staff of the Subcentre will have the support of ASHA (Accredited Social Health Activists) wherever the ASHA scheme is implemented / similar functionaries at village level in other areas. ANM will hold weekly / fortnightly meeting with all the ASHAs working in her Sub-centre area (approximately 5-7 ASHAs) and discuss the activities undertaken during the week/fortnight. She will guide them (ASHAs) in performance of their activities. ANM will inform ASHAs regarding date and time of the outreach sessions and will also guide them for mobilization of community. ANM will guide ASHAs in organizing the Health Days at Anganwadi Centres. She will take help of ASHA in updating eligible couple register of the village concerned. The job functions of ANM, Male Health worker, ASHA and AWW in the context of coordinated functions under NRHM are given at **Annexure-2**.

5. Physical Infrastructure:

A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population. The States should also explore options of getting funds for space from other Health Programmes and other funding sources.

5.1 Location of the Centre:

For all new upcoming sub centres, following may be ensured.

- Sub-centre to be located within the village for providing easy access to the people and safety of the ANM.
- As far as possible no person has to travel more than 3 km to reach the Sub-centre.
- The Sub-centre village has some communication net work (road communication/public transport/post office/ telephone)
- SC should be away from garbage collection, cattle shed, water logging area, etc.
- While finalizing the location of the Sub-centre, the concerned Panchayat should also be consulted.

5.2 Building and Lay out:

- Boundary wall/fencing: Boundary wall/fencing with Gate should be provided for safety and security.

- In the typical layout of the Sub-centre, the residential facility for ANM is included, however, it may happen that some of the existing Sub-centers may not have residential facilities for ANM. In that case, some house should be available on rent in the Sub-centre headquarter village for accommodating the ANM.
- The entrance to the Sub centre should be well lit and easy to locate. It should have provision for easy access for disabled and elderly. Provision of ramp with railing to be made for use of wheel chair/stretcher trolley, wherever feasible
- The minimum covered area of a Sub-centre along with residential quarter for ANM will vary from 73.50 to 100.20 Sq.Mts. depending on land availability, and whether the building is with or without a labour room. Some of the states may not choose to provide institutional delivery facilities (labour room) at Sub-centers and hence the minimum covered area may vary.
- Separate entrance for the sub-centre and for the ANM quarters may be ensured.
- Suggested dimensions for different areas of Sub-centre may be as given below.
 - Waiting area (3.3m x 2.7 m)
 - Labour Room (4.05m x 3.0 m)
 - Clinic Room (3.3m x 3.3 m)
 - Examination room (1.95m x 3.0 m)
 - Toilet for patients. (1.95 m x 1.2 m)

Residential Accommodation: This should be made available to the Health workers with each one having 2 rooms, kitchen, bathroom and WC. Residential facility for one ANM is as follows which is contiguous with the main subcentre area

- Room -1 (3.3 m x 2.7m)
- Room -2(3.3m x 2.7m)
- Kitchen -1(1.8m x 2.0m)
- W.C (1.2m x 9.0m)
- Bath Room (1.5m x 1.2m)

A typical layout plan for Sub-centre with ANM residence having area of 73 square metres as per the RCH Phase-II National Programme Implementation Plan with area/space specifications are given at **Annexure-3**.

5.3 Signage

- The building should have a prominent board displaying the name of the Centre in the local language at the gate and on the building.

- Prominent display boards in local language providing information regarding the services available and the timings of the Sub-centre should be displayed at a prominent place.
- Visit schedule of “ANMs” should be displayed.
- Suggestion/complaint boxes for the patients/visitors and also information regarding the person responsible for redressal of complaints.

5.4 **Disaster Prevention Measures against earthquake, flood and fire** (Desirable for all new upcoming facilities)

- Quake proof measures – Building structure and the internal structure of SC should be made disaster proof especially earthquake proof. Structural and non-structural elements should be built in to withstand quake as per geographical/state govt. guidelines. Non-structural features like fastening the shelves, equipments etc are as important as structural changes in the buildings.
- SC 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 there is a problem.
- All health staff should be trained and well conversant with disaster prevention and management aspects.

5.5 **Environment friendly features.** The SC should be, as far as possible, environment friendly and energy efficient. Rain-Water harvesting, solar energy use and use of energy-efficient bulbs/equipments should be encouraged.

6. **Furniture:**

Adequate furniture that is sturdy and easy to maintain should be provided to the Sub-centre. The list of furniture has been annexed. (**Annexure-4**)

7. **Equipment:**

The equipment provided to the Sub-centres should be adequate to provide all the assured services in the subcentres. This will include all the equipment necessary for conducting safe deliveries, immunization, contraceptive services like IUD insertion, etc. In addition, equipment for first aid and emergency care, water quality testing, blood smear collection should also be available. Maintenance of the equipment should be ensured either through preventive maintenance/prompt repair of non-functional equipment so as to ensure uninterrupted delivery of services. A standard mechanism should be in place for the same. The list of equipment has been annexed (**Annexure-5**).

Proper sterilization of all equipment and following of all Universal precautions are to be ensured.

8 **Drugs:**

The list of drugs that should be available as per the guidelines (**Annexure-6**) and accurate records of stock should be maintained.

9 **Support Services**

a. **Laboratory:** Minimum facilities like estimation of haemoglobin by using a approved **Haemoglobin Colour Scale** (only approved test strips should be used), urine test for the presence of protein by using **Uristix**, and urine test for the presence of sugar by using **Diastix** should be available. (instructions should be followed from the leaflet provided by the manufacturer)

b. **Electricity:** Wherever facility exists, uninterrupted power supply has to be ensured for which inverter facility / solar power facility is to be provided.

c. **Water:** Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, **adequate water supply and water storage facility (over head tank) with pipe water should be made available especially where labour room is attached** and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the centre. Water source for Sub- centre be provided by the Panchayat and **where there is need a tube well with fitted water pump be provided. For continuous water supply, States may explore the option of rain harvesting, solar energy for running the pumps etc.**

d. **Telephone.** Where ever feasible, telephone facility / cell phone facility is to be provided.

e. **Assured Referral linkages**

Either through Govt/PPP model for timely and assured referral to functional PHCs/FRUs in case of complications during pregnancy and child birth.

f. **Transport** facility for movement of the staff

An option could be provision of moped through a soft loan to the health workers. Fixed Transport allowance per month for the maintenance and POL of the mopeds for performing duties may be provided.

10 **Waste Disposal:**

"Guidelines for Health Care Workers for Waste Management and Infection Control in Sub Centres" are to be followed.

11 Record maintenance and Reporting:

Proper maintenance of records of services provided at the Sub-centres and the morbidity / mortality data is necessary for assessing the health situation in the Sub-centre area. In addition, all births and deaths under the jurisdiction of sub-centre should be documented and sex ratio at birth should be monitored and reported. A list of minimum number of registers to be maintained at sub-centre is given in **Annexure-7**

12 Monitoring mechanism: Monitoring may be made possible by:

Internal mechanisms: Supportive supervision and Record checking at periodic intervals by the Male and Female Health supervisors from PHC (at least once a week) and by MO of the PHC (at least once in a month) etc. A check list for Sub-centres is given at **Annexure-8**.

Village Health and Sanitation Committee (to be constituted in each village under NRHM), will review the activities of the subcentre. A simpler check-list that can be used by NGO/PRI/Village Health committee is given in **Annexure-8A**.

A detailed Facility Survey Format (**Annexure-9**) is also given to monitor periodically whether the Sub-centre is up-to Indian Public Health Standards (IPHS).

PRI should also be involved in the monitoring. The following may be monitored:

- ◇ Access to service (equity). Location of Sub-centres - ensuring it to be safe to female staff and centrally located, well in side the inhabited area of the village.
- ◇ Registration and referral procedures; promptness in attending to clients; etc. transportation of emergency maternity cases
- ◇ Management of untied fund for the improvement of services of the Sub-centre
- ◇ Staff behaviour
- ◇ Other facilities: waiting space, toilets, drinking water in the Sub-centre building.

13. Quality Assurance and accountability:

This can be ensured through regular skill development training/CME of health workers (at least one such training in a year), as per guidelines of NRHM.

In order to ensure quality of services and patient satisfaction, it is essential to encourage community participation. To ensure accountability, the **Citizens' Charter** should be available in all Sub-centres (**Annexure-10**).

National Immunization Schedule for Infants, Children and Pregnant Women

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT-Booster	If pregnancy occur within three years of last TT vaccinations*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth (for institutional deliveries) or along with DPT-1	0.1 ml (0.05 ml for infant up to 1 month)	Intra-dermal	Left Upper Arm
Hepatitis B- 0	At birth for institutional delivery, preferably within 24 hrs of delivery	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
OPV - 0	At birth if delivery is in institution	2 drops	Oral	Oral
OPV 1,2&3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT 1,2&3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
Hepatitis B- 1,2&3	At 6 weeks, 10 weeks & 14 weeks**	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid- thigh)
Measles	9-12 months	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin-A (1 st dose)	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
Vaccine	When to give	Dose Route		Site
For Children				
DPT booster	16-24 months	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid- thigh)
	2nd booster at 5 years age	0.5 ml	Intra-muscular	Upper Arm

OPV Booster	16-24 months	2 drops	Oral	Oral
JE [^]	16-24 months	0.5 ml	Sub-cutaneous	Upper Arm
Vitamin A (2nd to 9th dose)	2nd dose at 16 months with DPT/OPV booster. 3rd to 9th doses are given at an interval of 6 months interval till 5 years age	2 ml (2 lakh IU)	Oral	Oral
DT Booster	5 years	0.5 ml	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

* TT-2 or Booster dose to be given before 36 weeks of pregnancy.

[^] JE in Select Districts

A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis B (where ever implemented) and Measles before one year of age.

Note: The Universal Immunization Programme is Dynamic and hence the immunization schedule needs to be updated from time to time.

Job Function of ANM, Health Worker Female/ANM, AWW and ASHA in the Context of Coordinated Functions under NRHM

Job Responsibilities of Health Worker Female (ANM):

She will carry out the following functions:

She will carry out all the activities related to various programs in a integrated manner when visiting the village/ households

1. Maternal and Child Health

- 1.1 Register and provide care to pregnant women throughout the period of pregnancy. Ensure that every pregnant woman makes at least 4 (Four) visits for Ante Natal Check-up including Registration.
Suggested schedule for antenatal visits
1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up However, even if a woman comes late in her pregnancy for registration, she should be registered, and care given to her according to gestational age.
2nd visit: Between 14 and 26 weeks
3rd visit: Between 28 and 34 weeks
4th visit: Between 36 weeks and term
Provide ante natal check ups and associated services such as IFA tablets, TT immunization etc.
- 1.2 Test urine of pregnant women for albumin and sugar. Estimate haemoglobin level.
- 1.3 Refer all pregnant women to PHC for RPR test for syphilis.
- 1.4 Refer cases of abnormal pregnancy and cases with medical and gynaecological problems to Health Assistant Female (LHV) or the Primary Health Centre.
- 1.5 Conduct deliveries in subcentre, if facilities of a Labour room are available and in her area when called for.
- 1.6 Supervise deliveries conducted by Dais and assist them whenever called in.
- 1.7 Refer cases of difficult labour and newborns with abnormalities, help them to get institutional care and provide follow up to the patients referred to or discharged from hospital.
- 1.8 ANM will identify the ultimate beneficiaries, complete necessary formalities and obtain necessary approvals of the competent authority before disbursement to the beneficiaries under Janani Suraksha Yojana (JSY) and by 7th of each month will submit accounts of the previous month in the prescribed format to be designed by the State. ANM will prepare a monthly work schedule in the meeting of all accredited workers to be held on every 3rd Friday of every month, which is mandatory. The guideline under JSY is to be followed.
- 1.9 Tracking of all pregnancies by name for scheduled ANC/PNC services.
- 1.10 Make post- natal home visits on 0, 3, 7 and 42nd day for deliveries at home and sub-centre and on 3, 7, and 42nd day for institutional delivery. Post-natal visits are to be made for each delivery happened in her areas and she should render advice regarding care of the mother and care and feed of the newborn.
- 1.11 In case of Low Birth weight Baby, a total of six post natal visits are to be made on 0, 3, 7, 14, 21 and 28th day to screen for congenital abnormalities, assess the neonate for danger signs of sickness as per IMNCI guidelines and appropriate referral.

- 1.12 Initiation of early breast-feeding within one hour of birth, exclusive breastfeeding for 6 months and timely weaning at 6 months as per Infant and Young Child Feeding Guidelines.
- 1.13 Assess the growth and development of the infants and under 5 children and make timely referral.
- 1.14 Provide treatment for all cases of Diarrhoea, acute respiratory infections (pneumonia) and other minor ailments and refer cases of severe dehydration, respiratory distress, infections, severe acute malnutrition and other serious conditions as per IMNCI guidelines/ National Guidelines.
- 1.15 Educate mothers individually and in groups in better family health including maternal and child health, family planning, nutrition, immunization, control of communicable diseases, personal and environmental hygiene.
- 1.16 Assist Medical Officer and Health Assistant (Female) in conducting antenatal and postnatal clinics at the sub-centre.

2. Family Planning

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

3 Medical Termination of Pregnancy

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

4 Nutrition

- 4.1 Identify cases of Low Birth weight, malnutrition among infants and young children (zero to five years), give the necessary treatment and advice and refer serious cases to the Primary Health Centre.
- 4.2 Distribute Iron and Folic Acid tablets and syrups as prescribed to pregnant women, nursing mothers, and young children (up to five years), **adolescent girls** as per the national guidelines

- 4.3 Administer Vitamin A solution to children as per the guidelines.
- 4.4 Educate the community about nutritious diet for mothers and children.
- 4.5 Coordinate with Anganwadi Workers.

5 Universal Programme on Immunization (UIP)

- 5.1 Immunize pregnant women with tetanus toxoid.
- 5.2 Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children, (Hepatitis-B in pilot areas) as per immunization schedule.
- 5.3 Ensure injection safety, safe disposal and record, report and manage minor & serious AEFIs. Monthly UIP reports, weekly Surveillance reports (AFP, Measles under IDSP). Serious AEFI and outbreak should be reported immediately.
- 5.4 ANM is responsible for cold chain maintenance for vaccines during fixed and outreach sessions
- 5.5 Manage waste generated during immunization as per GOI/CPCB guidelines.
- 5.6 Preparing work plan, estimating beneficiaries and logistics, preparing due list of expected beneficiaries in coordination with Anganwadi worker and ASHA/ mobilizer on the session day and ensure their vaccination through adequate mobilization
- 5.7 Maintain Tracking Bag/Tickler box at each Sub center, file updated counterfoils and utilize them for follow up
- 5.8 Tracking of dropouts and left outs, records/reports (including MCH register and immunization card counterfoils), surveillance/reporting VPD and AEFI incidents in catchment area
- 5.9 Indent order of vaccines and logistics should be weekly based on the due beneficiary list. HW /Alternate Vaccinator Should receive the required quantity of vaccine and logistics on the Day of Immunization and Supply to the Session Site
- 5.10 Work plan indicating village, place, date & time of organizing proposed session, including the names of ASHA and AWW must be displayed at each Sub center
- 5.11 Posters/Paintings on key messages, Immunization schedule, Positioning during vaccine administration, Safe Injection Practices, VVM, AEFI (Adverse Event Following Immunization) awareness, Use of Hub cutters.
- 5.12 Village-wise dropout list for display at Sub Centre
- 5.13 Norm for due beneficiaries: 3 per session

6 Communicable Diseases

- 6.1 Notify the M.O PHC immediately about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, fever with rash, flaccid paralysis of acute onset in a child <15 years (AFP), Tetanus, fever with jaundice or fever with unconsciousness, minor and serious AEFIs which she comes across during her home visits, take the necessary measures to prevent their spread, and inform the HW (M)/LHV to enable him/her to take further action
- 6.2 If she comes across a case of fever during her home visits she will take blood smear, administer presumptive treatment for malaria and inform Health Worker (Male) for further action.
- 6.3 HIV/STI Counseling, HIV/STI screening after receiving training.
- 6.4 Leprosy
 - Impart Health Education on Leprosy and its treatment to the community.
 - Refer suspected new cases of leprosy and those with complications to PHC.

- Provide subsequent doses of MDT to patients ensure regularity and completion of treatment and assist health supervisor in retrieval of absentee/ defaulter.
- Update the case cards at sub-centres & treatment register at sector PHC.
- Assist leprosy disabled people in self care practices, monitor them and refer them to PHC when ever required.

6.5 Assist the Health Worker (Male) in maintaining a record of cases in her area, who are under treatment for malaria, tuberculosis and leprosy, and check whether they are taking regular treatment, motivate defaulters to take regular treatment and bring these cases to the notice of the Health Worker (Male) or Health Assistant (Male).

6.6 Give Oral Rehydration solution to all cases of diarrhea/dysentery/vomiting. Identify and refer all cases of blindness including suspected cases of cataract to M.O. PHC.

6.7 Education, Counselling, referral, follow-up of cases STI/RTI, HIV/AIDS.

6.8 Malaria

- She will identify suspected malaria fever cases during ANC or Immunisation Clinic and will make blood smears or use RDT for diagnosis of Pf malaria.
- She will keep the records in M1 to transport slide collected along with M1 to Lab for examination. To provided treatment to positive cases as per the drug policy.
- To advise seriously ill cases to visit PHC for immediate treatment. All the fever cases with altered sensorium must be referred to PHC/District Hospital. The cases will be referred after collection of blood smear and performing RDT. To arrange transportation for such patients from home to the PHC/District Hospital.
- To contact all ASHAs/FTDs of the area during visit to the village and collect blood smears and M2 for transmission to laboratory. To cross verify their records by visiting patients diagnosed positive between the previous and current visit.
- To replenish the stock of micro slides, RDKs and/or drugs to ASHAs/FTDs wherever necessary.
- To keep the records of blood smears collected and patients given anti-malarial in M1.
- To ensure early diagnosis & radical treatment of the diagnosed positive cases (PV & Pf) compliance of RT (Pf – 45 mg & Pv – 15mg for 15 day).
- To take all precautions to use properly sterilized needles and clean slides while collecting blood smears.
- She will ensure that all pregnant women are provided insecticidal treated nets in high malaria endemic areas..

6.9 Where Filaria is endemic:

- Identification of cases of lymphoedema / elephantiasis and hydrocele and their referrals to PHC/CHC for appropriate management.
- Training of patients with lymphoedema / elephantiasis about care of feet and home based management remedies.
- Identification and training of drug distributors including ASHAs and Community Health Guides for mass drug distribution of DEC + Albendazole on National Filaria Day.

6.10 Where Kala-Azar is endemic:

- From each family
 - a. She shall enquire about the presence of any fever cases having a history of prolong fever more than 15 days duration in a village during her visit.
 - b. She will refer such cases to the nearest PHC for clinical examination by the Med Officer and confirmation by RDK.
 - c. She shall take the migratory status of the family/ guest during last three months.
- She will also follow up and persuade the patients to ensure complete treatment.

- She will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through health supervisor during her visit.
- She will carry a list of all Kala-azar cases in her area for follow up and will ensure
- Ensure administration of complete treatment at PHC.
- She will assist the male health worker in supervision of the spray activities.
- She will conduct all health education activities particularly through inter-personal communication by carrying proper charts etc. for community awareness and their involvement.

6.11 Where Dengue/ Chikungunya is endemic:

- a) From each family
 - She shall enquire about the presence of any fever case having rash and joint pain a village during her visit.
 - She will refer such cases to the nearest PHC for clinical examination by the Med Officer and for laboratory confirmation by sending blood sample to the nearest Sentinel Surveillance hospital.
- b) She will supervise the source reduction activities in her area including at the time of observance of anti-Dengue month
- c) She will coordinate the activities carried out by village Health & sanitation Committee.
- d) She will conduct health education activities particularly through inter-personal communication by carrying proper charts etc. for social mobilization and community awareness to eliminate source of Aedes breeding and also guide the community for proper water storage practice.

6.12 Where JE is endemic:

- a) From each family
 - She shall enquire about the presence of any fever case having with encephalitis presentation.
 - She will refer such cases to the nearest PHC for early diagnosis and management of such cases
- b) She will conduct health education activities particularly through inter-personal communication by carrying proper charts etc. for social mobilization and community awareness for early referral of cases.

7. Non-Communicable Diseases¹

- IEC Activities for prevention and early detection of hearing impairment /deafness in health facility, community and schools, harmful effects of Tobacco, mental illnesses, IDD, Diabetes, CVD and Strokes.
- House to House surveys to detect cases of hearing and visual impairment and maintain records (along with annual survey register / enumeration survey. Minimum is annual survey, desirable to be done twice yearly subject to availability of second ANM).
- Early detection of hearing impairment and cases of deafness and level appropriate Referrals
- Sensitization of ASHA /AWW /PRI about prevention and treatment of deafness

¹ These are the desirable health activities that female health worker will assist the Male health worker.

- Mobilizing community members for screening camps and assisting in conduction of screening camps if needed.
- Motivation for quitting and referrals to Tobacco Cessation Centre at District Hospital
- Sensitization of ASHA /AWW /PRI about the Non-communicable diseases
- Identification and referral of common mental illnesses for treatment and follow them up in community.
- Greater participation / role of Community for primary prevention of NCD and promotion of healthy lifestyle
- Ensuring regular Testing of salt at household level for presence of Iodine through Salt Testing Kits by ASHAs.
- In Fluorosis affected districts
 - IEC to prevent Fluorosis
 - Identify the persons at risk of Fluorosis, suffering from Fluorosis and those having deformities due to Fluorosis, persons.
 - Line listing source reduction activities, reconstructive surgery cases, rehabilitative intervention activities, focused local action and referral of what is not possible locally.
- Promoting formation and registration of Self Health Care Group of Elderly Persons’
- Oral Health education especially to antenatal and lactating mothers, school and adolescent children, first aid and referral for cases of oral problems.
- Health messages on Disability, Identification of Disabled persons and their appropriate referral.

8. Vital Events

- 8.1 Record and report to the health authority of vital events including births and deaths, particularly of mothers and infants to the health authorities in her area.
- 8.2 Maintenance of all the relevant records concerning mothers, children and eligible couples in the area.

9. Record Keeping

- 9.1 Register (a) pregnant women at earliest contact (b) infants zero to one year of age (c) women aged 15-44 years (d) Under and above five children (e) Adolescents
- 9.2 Maintain the pre-natal and maternity records and child care records.
- 9.3 Prepare the eligible couple and child register and maintaining it up-to-date
- 9.4 Maintain the records as regards contraceptive distribution, IUD insertion. Couples sterilized, clinics held at the sub-centre and supplies received and issued.
- 9.5 Prepare and submit the prescribed weekly / monthly reports in time to the Health Assistant (Female).
- 9.6 While maintaining passive surveillance register for malaria cases, she will record:
 - No. of fever cases
 - No. of blood slides prepared
 - No. of malaria positive cases reported
 - No. of cases given radical treatment

10. Treatment of minor ailments

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

10.2 Provide treatment as per AYUSH* as needed at the local level.

* ANM should to be trained in AYUSH system for distribution of AYUSH medicine.

11 Team Activities

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

11.2 Coordinate her activities with the Health Worker (Male) and other health workers including the Health volunteers/ASHA and Dais.

11.3 Coordinate with the PRI and Village Health and Sanitation Committee

11.4 Meet the Health Assistant (Female) each week and seek her advice and guidance whenever necessary.

11.5 Maintain the cleanliness of the sub-centre.

11.6 Dispose medical waste as per the GOI/CPCB guidelines.

11.7 Organize, participate and guide in organizing the VHN Days at Anganwadi Centers

11.8 Participate as a member of the team in camps and campaigns.

12. House- to – House surveys

These surveys would be done once in April annually. Some of the diseases would require special surveys- but at all times not more than one survey per month would be expected. Surveys would be done with support and participation of ASHAs, anganwadi workers, community volunteers, panchayat members and village health and sanitation committee members.

Role of ANM as a facilitator of ASHA:

Auxiliary Nurse Midwife (ANM) will guide ASHA in performing the following activities:

- She will hold weekly / fortnightly meeting with ASHA and discuss the activities undertaken during the week/fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activity.
- ANM will act as a resource person for the training of ASHA
- ANM will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session
- ANM will participate and guide in organizing the Health Days at Anganwadi Centres.
- She will take help of ASHA in updating eligible couple register of the village concerned.
- She will utilize ASHA in motivating the pregnant women for coming to sub-centre for initial checkups. She will also help ANMs in bringing married couples to sub centres for adopting family planning.
- ANM will guide ASHA in motivating pregnant women for taking full course of IFA Tablets and TT injections etc.
- ANMs will orient ASHA on the dose schedule and side affects of oral pills.

- ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- ANMs will inform ASHA on date, time and place for initial and periodic training schedule. She will also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.
- **Train in Salt Testing using salt Testing Kits**

The second ANM will follow similar job responsibilities as the above. It is to be ensured that one ANM out of the two is available at the Sub-centre. Other ANM will perform the field duties. The time schedule for their turn visits be prepared with the approval of the Panchayats involved.

Role of Anganwadi as a facilitator of ASHA:

Anganwadi Worker (AWW) will guide ASHA in performing following activities:

- Organizing health day once/twice a week. On health day, the women, adolescent girls and children from the village will be invited for orientation on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of antenatal check up and institutional delivery, home remedies for minor ailment and importance of immunization etc.
- IEC activity through display of posters, folk dances etc. on these days can be undertaken to sensitize the beneficiaries on health related issues including HIV/AIDS.
- Anganwadi worker will be depot holder for drug kits and will be issuing it to ASHA. The replacement of the consumed drugs can also be done through AWW.
- Participation in National Filaria Day.

Roles & Responsibilities of ASHA:

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community on determinants of health such a nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breast feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract infection/Sexually Transmitted Infection (RTI/STI), HIV/AIDS and care of the young children.
- ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-centre/primary health centres, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), Visit and treatment of sick newborn and children as per guidelines, family planning services, ICDS, sanitation and other services being provided by the Government.
- **Tracking of all pregnancies by name for scheduled ANC/PNC services.**

- She will work with local health committees of panchayats to develop a comprehensive village health plan.
- She will escort/accompany pregnant women & children requiring treatment/admission to the nearest pre-identified health facility i.e. Primary Health Center/Community Health Center/First Referral Unit (PHC/CHC/FRU).
- Reporting of Maternal deaths
- Depot holder for condoms, EC pills and Oral pills.
- ASHA will provide Primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment, short-course (DOTS) under Revised National Tuberculosis Control Programme. She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORT), Iron Folic Acid Tablet and Syrups (IFA), Chloroquine, Disposable Delivery kits (DDK), Oral Pills & Condoms, etc. A drug kit will be provided to each ASHA.
- Her role as a provider of direct services can be enhanced subsequently. States can explore the possibility of graded training to her for providing new born care and management of a range of common ailments particularly childhood illnesses.
- She will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub- centres/Primary Health Centre.
- Fulfillment of all these roles by ASHA is through continuous training and up-gradation of her skills.
- Her skills will improve gradually spread over two years' or more.
- Participation in National Filaria Day.
- Identify the cases of skin patch with loss of sensation and bring them to the notice of Health worker male/females. Ensure that all the patients of Leprosy are taking regular treatment.

Job Responsibilities of Health Worker (Male)

Note: The Health worker Male will make a visit to each family once a fortnight. He will record his visit on the main entrance to the house according to the Instructions of the State/UT.

His duties pertaining to different National Health Programme are:

He will carry out all the activities related to various programmes in a integrated manner when visiting the village/ households

(a) National Vector Borne Disease Control Programme (NVBDCP)

1. Malaria

A. Early Diagnosis & Complete Treatment

1. To conduct fortnightly domiciliary house-to-house visit, in areas where FTDs/ASHAs have not been deployed, as per schedule developed by Medical Officer in-charge of PHC in consultation with the District Malaria Officer.
2. To collect blood smears (thick and thin) or perform RDT from suspected malaria cases during domiciliary visits to households and keep the records in M-1. to transport slide

- collected along with M1 to Lab for examination. To provided treatment to positive cases as per the drug policy.
3. To advise seriously ill cases to visit PHC for immediate treatment. All the fever cases with altered sensorium must be referred to PHC/District Hospital by him. The cases will be referred after collection of blood smear and performing RDT. To arrange transportation for such patients from home to the PHC/District Hospital.
 4. To contact all ASHAs/FTDs of the area during visit to the village and collect blood smears and M2 for transmission to laboratory. To cross verify their records by visiting patients diagnosed positive between the previous and current visit.
 5. To replenish the stock of microslides, RDKs and/or drugs to ASHAs/FTDs wherever necessary.
 6. To keep the records of blood smears collected and patients given anti-malarials in M1.
 7. To ensure early diagnosis & radical treatment of the diagnosed positive cases (PV & Pf) compliance of RT (Pf – 45 mg & Pv – 15mg for 15 day).
 8. To take all precautions to use properly sterilized needles and clean slides while collecting blood smears.

B. Integrated Vector Control Programme

1. To decide dumping sites for insecticides.
2. MPW should know the malaria-metric indices of his villages & should have micro action plan of his sub-centre area.
3. To supervise the work of spray squads.
4. To deploy the squads (two pumps) in such a way that each squad works in a house at a time and all the squads under his supervision work in adjacent houses for convenience of supervision.
5. To make an abstract of spray output showing insecticide consumed, squads utilized, human dwellings sprayed, missed, locked, refused and rooms sprayed/rooms missed in the proforma prescribed.
6. MPW (Male) will ensure the quality of spray in the human dwellings.
 - ◆ The spray should be uniform.
 - ◆ The deposit should be in small discrete droplets and not splashes.
 - ◆ All sprayable surfaces like walls, ceilings and eaves should be covered
 - ◆ If the ceiling is thatched, it should be sprayed so as to cover both sides of rafters/bamboos, if necessary the ceiling should have two coats each starting from opposite direction.
 - ◆ All false ceilings and attics should be sprayed.
 - ◆ If houses are built on stilts/platforms, the under surface of platform should also be covered.
7. To put a stencil on the wall of the house indicating spray status of the human dwelling (All rooms and verandahs are counted).
8. To ensure that spray men use protective clothing and wash the spray equipment daily. The washing of the equipment, etc. should not pollute local drinking water source or water used for cattle. The spray men should wash the exposed surface of their body with soap and water.
9. To ensure that all precautions are taken by spray men to avoid contamination of food material or cooked food or drinking water in the house. These can be protected by covering with a plastic sheet. Similarly, fodder for animals should be protected.
10. To ensure the community owned bed-nets are timely treated with insecticide before transmission season of malaria.

C. IEC/BCC

1. To educate the community about signs & symptoms of malaria, its treatment, prevention and vector control.

2. Advance spray information to community/villages.
3. To participate in the activities of anti-malaria month.
4. Sensitize the community for sleeping under LLIN in the high endemic areas.

D. Recording & Reporting

1. To maintain record of fever cases diagnosed by blood slides/RDTs in M1 and prepare a Sub-centre report (M4) for all cases in the area, including those of ASHAs and FTDs and submit it to PHC.
2. To keep a record of supervisory visits in Tour diary and submit to MO-PHC during monthly meetings for verification.
3. To keep records & reports as described in Chapter on Vector management.
4. Minutes of VHSC decisions.

E. Village Health & Sanitation Committee

1. MPW is expected to be a member of the Village Health and Sanitation Committee. He must take part in the meetings actively and lead the discussions. He must convey the importance of source reduction activities.

2. Where Filaria is endemic

- 2.1. Identification of cases of lymphoedema/elephantiasis and hydrocele and their referrals to PHC/CHC for appropriate management.
- 2.2. Training of patients with lymphoedema / elephantiasis about care of feet and with home based management remedies.
- 2.3. Identification and training of drug distributors including ASHAs and Community Health Guides for mass drug administration of DEC+ Albendazole on National Filaria Day

3. Where Kala-Azar is endemic.

- 3.1. From each family
 - a) He shall enquire about the presence of any fever cases having a history of prolong fever more than 15 days duration in a village during his visit.
 - b) He will refer such cases to the nearest PHC for clinical examination by the Med Officer and confirmation by RDK.
 - c) He shall take the migratory status of the family/ guest during last three months.
- 3.2. He will also follow up and persuade the patients to ensure complete treatment.
- 3.4. He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through health supervisor during his visit.
- 3.5. He will carry a list of all Kala-azar cases in his area for follow up and will ensure administration of complete treatment.
- 3.6. He will supervise the spray activities in his area.
- 3.7. He will conduct all health education activities particularly through inter-personal communication by carrying proper charts etc. for community awareness and their involvement.

4. Where Acute Encephalitis Syndrome/ Japanese Encephalitis is endemic

- 4.1. From each family he shall enquire about presence of any fever cases with encephalitic presentation.
- 4.2. He will guide the suspected cases to the nearest diagnostic and treatment centre (Primary Health Care Centre or community Health Centre) for diagnosis and treatment by the medical officer.

- 4.3. He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through health supervisor during his visit.
- 4.4. He will carry a list of all JE cases in his area for follow up.
- 4.5. He will assist during the spray activities in his area.
- 4.6. He will conduct all health education activities particularly through inter-personal communication by carrying proper charts etc. and also assist health supervisors and other functionaries in their education activities.

5. Where Dengue/Chikungunya is endemic

- 5.1. He will guide the suspected cases of Dengue/Chikungunya to the nearest PHC/CHC and treatment centre for clinical diagnosis and treatment by the medical officer.
- 5.2. He will keep a list of all Dengue/Chikungunya cases for follow up and also helping referral of the cases.
- 5.3. He will supervise the source reduction activities in his area and also assist the vector control activities
- 5.4. He will coordinate the activities carried out by Village Health & Sanitation Committee.
- 5.5. He will ensure source reduction activities during observance of anti Dengue month during July
- 5.6. He will conduct health education activities particularly through inter-personal communication by carrying proper charts etc. for social mobilization and community awareness to eliminate source of Aedes breeding and also guide the community for proper water storage practice.

B) National Leprosy Eradication Programme (NLEP)

- Impart Health Education on Leprosy and its treatment to the community.
- Refer suspected new cases of leprosy and those with complications to PHC.
- Provide subsequent doses of MDT to patients ensure regularity and completion of treatment and assist health supervisor in retrieval of absentee/ defaulter.
- Update the case cards at sub-centres & treatment register at sector PHC.
- Assist leprosy disabled people in self care practices, monitor them and refer them to PHC when ever required.

(C) National Blindness Control Programme (NBCP):

- Identify and refer all cases of blindness including suspected cases of cataract to Medical Officer, PHC.

(D) Revised National Tuberculosis Control Programme (RNTCP):

- Identify persons especially with fever for 15 days and above with prolonged cough or spitting blood and take sputum smears from these individuals. Refer these cases to the M.O. PHC for further investigations.
- Check whether all cases under treatment for Tuberculosis are taking regular treatment, motivate defaulters to take regular treatment and bring them to the notice of the medical officer PHC.
- Educate the community on various health education aspects of tuberculosis programme.
- Assist the ASHA / similar village health volunteer to motivate the TB patients in taking regular treatment.

(E) Universal Immunization Programme:

- Assistance to MPW(F) for administering all UIP vaccines like OPV, BCG, DPT, TT, Measles, Hepatitis B, JE etc. to all the beneficiaries including pregnant women and provision of Vitamin A prophylaxis as per immunization schedule.
- Assistance to MPW(F) for conducting VHN Day in coordination with other partners
- Assist the health supervisor (male)/health supervisor (female) / LHV in the school health programme
- Educate the people in the community about the importance of immunisation against the various communicable diseases.

(F) Reproductive and Child Health Programme (RCH):

- Utilize the information from the eligible couple and child register for the family planning Programme.
- Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- Distribute conventional contraceptives and oral contraceptives to the couples.
- Help prospective acceptors of sterilization in obtaining the services, if necessary by accompanying them or arranging for the ASHA/dai to accompany them to the PHC/Hospital.
- Provide follow up services to male family Planning acceptors, and refer those cases that need attention by the physician to PHC/Hospital.
- Build rapport with satisfied acceptors, village leaders, ASHA, Dais and others and utilize them for promoting family welfare Programme.
- Identify the male community leaders in each village of his area.
- Assist the health supervisor male in training the leaders in the community and in educating and involving the community in family welfare Programme.
- Identify the women requiring help for medical termination of pregnancy, refer them to the nearest approved institution and inform the health worker (female).
- Educate the community on the availability of service for Medical Termination of Pregnancy.
- Educate mother/ family/community on home management of diarrhea and ORS, personal hygiene especially hand washing before feeding the child.
- Provide care and treatment for Diarrhoea, ARI and other common newborn and childhood illnesses.
- Report any outbreak of diarrhoea disease.
- Measures such as chlorination of drinking water to be carried out.
- Proper sanitation to be maintained.
- Encourage use of latrines.
- Identify and refer cases of genital sore or urethral discharge or non-itchy rash over the body to medical officer.

(G) Communicable Diseases

- HIV/STI Counseling, HIV/STI screening after receiving training.
- Identify cases of diarrhoea/dysentery, fever with rash, jaundice encephalitis, diphtheria, whooping cough and tetanus, Poliomyelitis, neo-natal tetanus, acute

eye infections and notify the health supervisor male and M.O.PHC immediately about these cases.

- Carry out control measures until the arrival of the health supervisor (male) and assist him in carrying out these measures.
- Educate the community about the importance of control and preventive measures against communicable disease and about the importance of taking regular and complete treatment.

(H) Non-Communicable Diseases

- IEC Activities for prevention and early detection of hearing impairment / deafness in health facility, community and schools, harmful effects of Tobacco, mental illnesses, IDD, Diabetes, CVD and Strokes.
- House to House surveys to detect cases of hearing and visual impairment and maintain records.
- Early detection of hearing impairment and cases of deafness and level appropriate Referrals
- Sensitization of ASHA /AWW /PRI about prevention and treatment of deafness
- Mobilizing community members for screening camps and assisting in conduction of screening camps if needed.
- Motivation for quitting and referrals to Tobacco Cassation Centre at District Hospital
- Sensitization of ASHA /AWW /PRI about the Non-communicable diseases
- Identification and referral of common mental illnesses for treatment and follow them up in community.
- Greater participation / role of Community for primary prevention of NCD and promotion of healthy lifestyle
- Ensuring regular Testing of salt at household level for presence of Iodine through Salt Testing Kits by ASHAs.
- In Fluorosis affected districts
 - IEC to prevent flourosis
 - Identify the persons at risk of Fluorosis, suffering from Fluorosis and those having deformities due to Fluorosis, persons.
 - Line listing source reduction activities, reconstructive surgery cases, rehabilitative intervention activities, focused local action and referral of what is not possible locally.
- Promoting formation and registration of **Self Health Care Group of Elderly Persons'**,
- **Oral Health education especially to antenatal and lactating mothers, school and adolescent children, first aid and referral for cases of oral problems.**
- Health messages on Disability, Identification of Disabled persons and their appropriate referral.

(I) House- to – House surveys These surveys would be done once in April annually These surveys would be done once in April and at least once more after six months. Some of the diseases would require special surveys- but at all times not more than one survey per month would be expected.

Surveys would be done with support and participation of ASHAs, anganwadi workers, community volunteers, panchayat members and village health and sanitation committee members.

The Male multipurpose worker would take the lead and be accountable for the organization of these surveys and the subsequent preparation of lists and referrals.

(I) Environment Sanitation

- Chlorinate the public water sources including wells at regular intervals.
- Educate the community on
 - (a) the method of disposal of liquid wastes,
 - (b) the method of disposal of solid waste,
 - (c) Home sanitation
 - (d) advantage and use of sanitary type of latrines
 - (e) construction and use of smokeless chulhas.
- Coordination with Village Health and Sanitation Committee.

(J) Primary Medical Care

- Provide treatment for minor ailments, first aid for accidents and emergencies and refer cases beyond his competence to the nearest hospital or PHC/CHC.

(K) Health Education

- Educate the community about the availability of maternal and child health services and encourage them to utilize the facilities.

(L) Nutrition

- Identify cases of **Low Birth Weight** and malnutrition among infants and young children (0-5 years) in his area, give the necessary treatment and advice or refer them to the anganwadi for supplementary feeding and refer serious cases to the PHC.
- Educate the community about the nutritious diet for mothers and children from locally available food.

(M) Vital Events

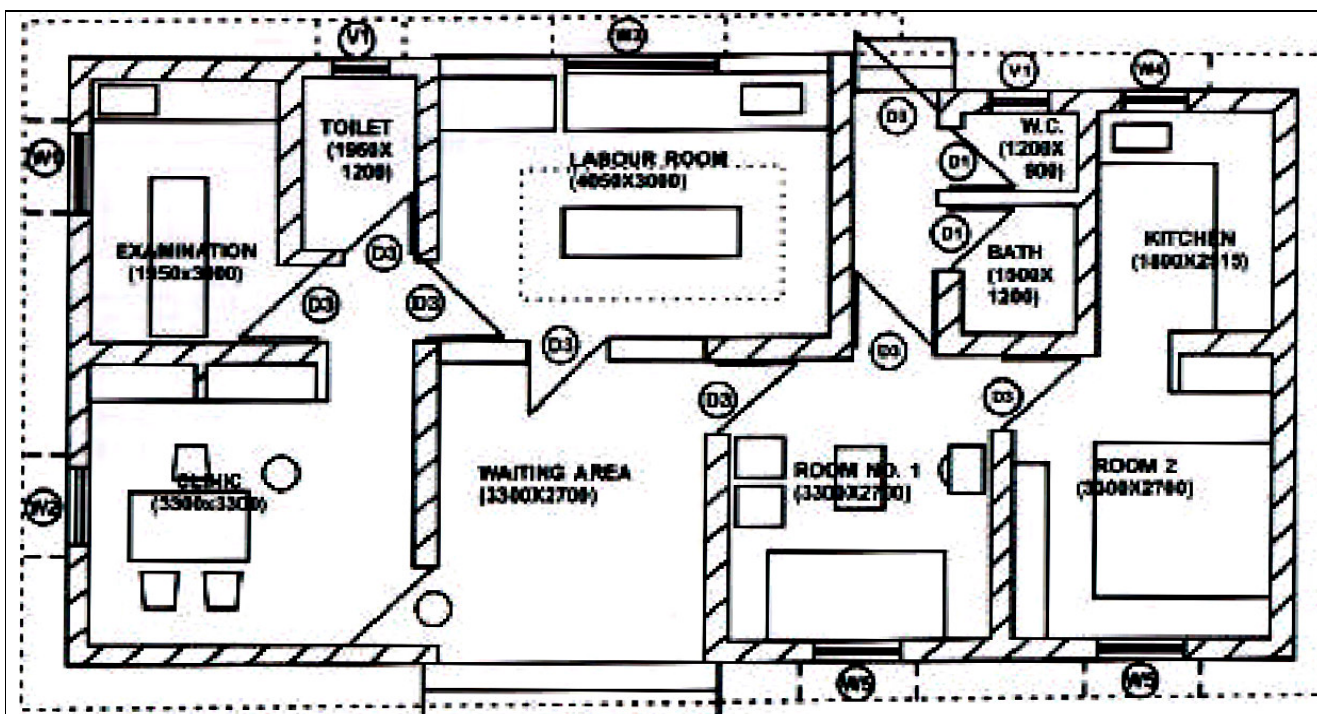
- Enquire about births and deaths occurring in his area, record them in the births and deaths register, sharing the information with ANM and report them to the Health Supervisor (Male) / Health Supervisor (Female).
- Educate the community on the importance of registration of births and deaths.

(N) Record Keeping

- Survey all the facilities in his area and prepare/maintain maps and charts for the village.
- Prepare, maintain and utilize family and village records.
- Assist the Health Worker (Female) / ANM to prepare and maintain the eligible couple as well as maternal & child health register.
- Maintain a record of cases in his area, who are under treatment for tuberculosis and leprosy.

- Prepare and submit the prescribed monthly reports in time to the Health Supervisor (Male).
- While maintaining passive surveillance register for malaria cases, he will record:
 - No. of fever cases
 - No. of blood slides prepared
 - No. of malaria positive cases reported
 - No. of cases given radical treatment

Layout of Sub-centre

**NOTE:**

The layout shown ensures proper linkages amongst various activity areas while also simultaneously providing for adequate ventilation.

Efforts should be made to retain the door positions as shown in the drawing. Window positions may be changed according to site specific requirements. The room proportions should be maintained as shown.

SUBCENTER

COVERED AREA – 73.50 Sq. Mtrs.

R.C.H. PROGRAM

GUIDE TO FACILITIES DESIGN

Drg. No.
1

TYPICAL LAYOUT PLAN FOR SUB-CENTER WITH ANM RESIDENCE

Suggested list of required furniture, other fittings and sundry articles in Subcentre: (Following list is suggestive and not exhaustive, quantity may vary as per requirement, usage and availability of space)

	Essential	Desirable
Examination Table	1	
Writing table	1	3
Table for Immunization		1 (610mm x 915 mm)
Bench for waiting area	1	2
Armless chairs	3	5
Medicine Chest	1	
Labour table	1	
Wooden screen	1	
Foot step		1
Clock	1	
Bed side table		1
Stool	3	5
Almirahs		1
Lamp	1	3
Side Wooden racks		2
Fans	2	3
Tube light	3	
Basin stand	1	
Sundry Articles:		
Buckets	1	2
Mugs	1	2
Kerosene stove	1	
Sauce pan with lid	1	
Water Mug / Jug	1	1

Waste disposal twin bucket, hypochlorite solution/bleach	As per need	
Dust Bin with lid	1	
Rubber/plastic sheet	2 meters	
Drum with tap for storing water	1	
Waste disposal twin bucket, hypochlorite solution/bleach	As per need	
Disposable Jars	-	
Black Disposal bags	As per requirement	
Red Disposal Bags	As per requirement	
Battery Dry cell 1.5, D type for 10C	(as per requirement)	

The above list may be modified based on the local requirements and available space in the building.

List of Equipments and consumables in Sub centre

(Following list is suggestive and not exhaustive; quantity may vary as per requirement and usage)

S. No.	Item Description	Quantity/kit	
		Essential	Desirable
1.	Basin 825 ml., ss (Stainless Steel) Ref. IS 3992	1	+1
2.	Basin deep (capacity 6litre) ss Ref: IS: 5764	1	
3.	Tray instrument/Dressing with cover 310x195x63mm SS, Ref IS: 3993	1	
4.	Flashlight / Torch Box-type pre-focused (4 cell)	1	
5.	Torch (ordinary)	2	
6.	Dressing Drum with cover 0.945 liters stainless steel	1	
7.	Hemoglobinometer –set Sahli type complete	1	
8.	Weighing Scale, Adult 125kg/280 lb	1	
9.	Weighing Scale, Infant (10 Kg)	1	
10.	Weighing Scale, (baby) hanging type, 5 kg	1	
11.	Plastic Sheet clear PVC 180 cm long	2	
12.	Tissue Forceps – 160 mm	1	
13.	Sterilizer	1	
14.	Surgical Scissors straight 140mm, ss	1	
15.	Sims Uterine Depressor/Retractor	1	
16.	Measuring Jug 1 litre –ss	1	
17.	Surgeon's Scrubbing Brush with white Nylon Bristles	2	
18.	Sphygmomanometer Aneroid 300 mm with cuff IS: 7652	1	
19.	Kelly's hemostat Forceps straight 140mm ss	1	
20.	Vulsellum Uterine Forceps curved 25.5 cm	1	
21.	Cusco's/Graves Speculum vaginal bi-valve medium	1	
22.	Sims Speculum vaginal double ended ISS Medium	1	

23.	Uterine Sound Graduated	1	
24.	Cheatle's Forcep	1	
25.	Vaccine Carrier	2	
26.	Ice pack box	8	
27.	Sponge holder	5	+5
28.	Plain Forceps	10	
29.	Suture needle straight		10
30.	Suture needle curved		10
31.	Kidney tray	4(big) & 4 (small)	
32.	Clinical Thermometer oral & rectal	1 each	
33.	Room Heater/Cooler for immunization clinic with electrical fittings		as per requirement
34.	Foetoscope	1	
35.	Dressing Forceps (spring type), 160mm, stainless steel	1	
36.	Artery Forceps, straight, 160mm Stainless steel	2	
37.	Cord cutting Scissors, Blunt, curved on flat, 160mmSS	1	
38.	Talquist Hb scale	1	
39.	Stethoscope	1	
40.	HUB Cutter	1	
41.	Ambu Bag(Paediatric size) with Baby mask	1	
42.	Tracking Bag and Tickler Box (Immunization)		1
43.	Measuring Tape	1	
44.	I/V Stand	1	

Requirements for a fully equipped and operational labour room

(Essential if delivery is conducted at the Sub-center)

Privacy of a woman in labour should be ensured as a quality assurance issue.

A fully equipped and operational labour room must have the following:

1. A labour table with Mattress, pillow and Kelly's pad
2. McIntosh Sheet
3. Suction machine
4. Facility for Oxygen administration
5. Sterilization equipment
6. 24-hour running water
7. Electricity supply with back-up facility (generator with POL)
8. Attached toilet facilities
9. **Newborn Corner: Annexure 5A**
10. Emergency drug tray: This must have the following drugs for emergency obstetric management before referral
 - * Inj. Oxytocin
 - * Inj Magnesium sulphate
 - * Inj. Methyl ergometrine maleate
11. Delivery kits, including those for normal delivery and assisted deliveries.

List of Consumables

Syringe (10cc, 5cc, 2cc) and AD Syringes (0.5 ml. and 0.1 ml.) for immunization	As per requirement
Disposable gloves	As per requirement
Mucus extractor	As per requirement
Disposable Cord clamp	As per requirement
Disposable Sterile Urethral Catheter (rubber plain 12 fr)	As per requirement
Foley's catheter (Adult)	As per requirement
Dry cell / Battery	As per requirement
Dipsticks for urine test for protein and sugar	1 container of 25 strips
Urine Pregnancy test Kits	As per requirement
Disposable lancet (Pricking needles)	As per requirement
Disposable Sterile Swabs	As per requirement
Glass Slide box of 25 slides	As per requirement
Routine Immunization Monitoring Chart	As per requirement
Blank Immunization Cards / Joint MCH Card (one per pregnant mother) and Tally Sheets (one per immunization session)	As per requirement
Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each (In high prevalence districts to be provided by NACO)	300 (Desirable)
Reagents such as Hydrochloric acid, acetic acid, Benedict's solution, Bleaching powder, Hypochlorite solution, Methylated spirit etc.	As per requirement
Partgraph charts	As per requirement
Cleaning material, detergent	As per requirement
Speciman collection Bottles	As per requirement
IV canula and Intravenous set	As per requirement
200 watt Bulb	2

Newborn Corner in OT/ Labour Room

Delivery rooms 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		D	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		D						
12.	Sterile Gloves	E							

Suggested list of Drugs in Subcentre:

KIT- A for Sub Centers

Sl.No	Name of the Drug / Form	Dosage	Quantity/ Kit
1	Oral Rehydration Salts IP	Reduced osmolarity ORS as per WHO- Sachet of 21.8gm	300 packets
2	Iron & Folic Acid Tablets (IFA) – large (as per the standards provided)	Dried Ferrous Sulphate IP eq. to Ferrous Iron 100 mg & Folic Acid IP 0.5 mg	15000 tablets
3	Folic Acid Tablets IP	Folic Acid IP 5 mg	1500 tablets
4	Iron & Folic Acid Tablets (IFA) – small (as per the standards provided)	Dried Ferrous Sulphate IP eq. to Ferrous Iron 20 mg & Folic Acid IP 0.1 mg	13000 tablets
5	Trimethoprim & Sulphamethoxazole Tablets IP (Pediatric)	Trimethoprim IP 20mg / Sulphamethoxazole IP 100mg	1000 tablets
6	GV Crystals (Methylrosanilinium Chloride BP)		250 gm
7	Zinc Sulphate Dispersible Tablets USP	Zinc Sulphate USP eq. to Elemental Zinc 20 mg	1050 tablets
8	Iron & Folic Acid Syrup (as per standards provided)	Ferrous iron (derived from Ferrous Sulphate, Ferrous Fumarate, Ferrous Gluconate or Ferrous Ascorbate) 100mg and Folic Acid IP 0.5 mg per 5ml; 100 ml in each bottle	400 bottles
9	Water – Miscible Vitamin Concentrate IP (Vitamin A Syrup)	Each ml contains: Vitamin A, 100 000 IU ; 100ml in each bottle	12 bottles

KIT- B for Sub Centers

Sl. No	Name of the Drug / Form	Dosage	Quantity/ Kit
1	Methylergometrine Tablets IP	Methylergometrine maleate IP 0.125 mg	240 tablets
2	Paracetamol Tablets IP	Paracetamol IP 500 mg	1000 tablets
3	Methylergometrine Injection IP	Methylergometrine maleate 0.2 mg/ml; 1ml in each ampoule	10 ampoules
4	Albendazole Tablets IP	Albendazole IP400 mg	200 tablets
5	Dicyclomine Tablets IP	Dicyclomine hydrochloride IP10 mg	180 tablets
6	Chloramphenicol Eye Ointment IP	1 % w/w Chloramphenicol in applicaps; 250 mg in each applicap	500 applicaps.
7	Povidone Iodine Ointment USP	Povidone Iodine USP 5% w/w; 15g in each tube	10 tubes
8	Cotton Bandage (As per Schedule F II)	Each bandage of 7.6 cm X 1 meter	120 Rolls
9	Absorbent Cotton IP	Each roll of 100 gm	10 Rolls

Kit A and B are being supplied at present biannually. Contents of the kits may be revised from time to time. As and when revised, same is to be followed

Desirable:

Additional Drugs required for Emergency obstetric Situations to be provided by SBA trained ANMs

Inj. Gentamycin
Inj. Magnesium Sulphate
Inj. Oxytocin
Cap. Ampicillim
Tab. Metronidazole
Tab. Misoprostol 200 µg

Other Drugs and vaccines:

1. BCG, DPT, OPV, Measles, TT, Hepatitis B, JE and any other vaccines as per Immunization Schedule and campaign vaccines (if any).
2. Syrup Cotrimoxazole
3. Tab. Cotrimoxazole 80+400mg (for adults)
4. Syrup Paracetamol
5. Tab. Albendazole 400 mg
6. Adhesive tape (leucoplast & Micropore)
7. Savlon solution (Anti-septic Solution)
8. Betadine solution (Povidone Iodine solution 5%)
9. Clove oil
10. Gum paints

Medicines and other consumables required for responsibilities regarding different National disease control programmes:

1. Tab. and syrup Chloroquine for treatment of P.vivax and A.C.T Blister pack for treatment of P.F. cases.
2. Tab. Primaquine (2.5 mg and 7.5 mg)
3. Tab. DEC (Di Ethyle Carbamazine – only in filaria endemic areas)
4. Anti leprosy drugs (MDT Blister Packs) for patients under treatment.
5. Rapid Diagnostic Kits for Malaria under National Vector Borne Disease Control Programme.
6. Anti-tuberculosis drugs as supplied under RNTCP (only in DOT centres)

Contraceptive supplies required for duties regarding Family Planning:

1. Nirodh
2. Oral pills
3. Copper – T (380-A)
4. Emergency contraceptive pills

List of Drugs being provided in ASHA Drug Kit

1. Disposable Delivery Kit for Clean deliveries at Home
2. Tab. Iron
3. Tab. Folic Acid
4. Tab Punarvadu Mandur (ISM Preparation of Iron)
5. Syrup Iron
6. ORS Packets
7. Tab. Paracetamols
8. Tab. Dicyclomine
9. Povidone Iodine Ointment 5% tube
10. GV Paint
11. Cotton Absorbent roll of 500 gms
12. Bandages, 4cmx4meters
13. Tab. Chloroquine*
14. Condoms*
15. Oral Contraceptive Pills (in cycles)*
16. Emergency Contraceptive Pills
17. Thermometers

Registers in Sub-centre

- 1) Eligible Couple Register including Contraception
- 2) Maternal and Child Health Register:
 - a) Antenatal, intra-natal, postnatal
 - b) Under-five register:
 - i) Immunisation
 - ii) Growth monitoring
 - c) Above Five Child immunization
 - d) Number of HIV/STI screening and referral
- 3) Births and Deaths Register
- 4) Drug Register
- 5) Equipment Furniture and other accessories Register
- 6) Communicable diseases/ Epidemic Register/ Register for Syndromic Surveillance
- 7) Passive surveillance register for malaria cases.
- 8) Register for records pertaining to Janani Suraksha Yojana
- 9) Register for maintenance of accounts including untied funds.
- 10) Register for water quality and sanitation
- 11) Minor ailments Register
- 12) Records/registers as per various National Health Programme guidelines (NLEP, RNTCP, NVBDCP, etc.)

Note :

1. As many registers as possible should be integrated and one consolidated register to be introduced uniformly.
2. Health Management Information System (HMIS) Reporting Format for Subcentre may be strictly followed for collection, recording and reporting of Data.

Reporting Format for Syndromic Surveillance (Form S) under Integrated Disease Surveillance Project

The Health Worker is required to transfer the information from the 'Register for Syndromic Surveillance' to Form S (Reporting Format for Syndromic Surveillance). The information in the registers of the AWW, village volunteers and non-formal providers will also be transferred to the Form S, at the sub-center. Each reporting unit will be assigned a Unique Identifier or ID No. which will be filled in by the District Surveillance Unit and the Health Worker should leave this space blank. The Health Worker will fill the information on reporting week (copy the information from the 'Register for Syndromic Surveillance').

Form S will be provided in triplicate (three copies). The first and second pages of Form S (colors Yellow and Green respectively), will be separated from the third page (color – Blue). The third page (Blue color page) will be retained by the Health Worker and the first and second pages (Yellow and Green) will be given/sent to the Medical Officer of the supervising PHC on the Monday, following the end of a particular reporting week.

Checklist for Internal Monitoring of Sub-centres: quarterly/ half yearly/annually

Services	Existing	Expected	Remarks
<p>Population covered</p> <p>Maternal Health</p> <p>No. of ANC registration</p> <p>No. of ANC registered in 1st trimester</p> <p>No. of ANC provided at least 4 antenatal checkups</p> <p>No. of ANC whose BP has been monitored</p> <p>No of ANC whose Hb has been monitored</p> <p>No. of ANC whose Urine has been examined for sugar and protein</p> <p>No of ANC diagnosed as high risk pregnancy No. of ANC given 100 IFA tablets during pregnancy</p> <p>No of women given booster/2 doses of TT</p> <p>No of pregnancy cases with danger sign and symptoms referred to higher institutions</p> <p>No of deliveries occurred in institutions</p> <p>No. of Post natal cases visited with Minimum 3</p> <p>PNC Visits within 1st week of delivery i.e. on 0, 3, 7th day.</p> <p>No of missed –out cases of ANC/PNC tracked</p> <p>No of deliveries conducted at the sub-center</p> <p>Are deliveries being monitored through Partograph?</p> <p>Are MCH Card being given to the beneficiaries?</p>			

<p>No. of pregnancies detected by utilizing Pregnancy Test Kits.</p> <p>Child health:</p> <p>No. of fully immunised infants</p> <p>No. of children who received measles vaccine</p> <ul style="list-style-type: none"> - less than 1 year - more than 1 year <p>No. of new borns whose birth weight has been taken</p> <p>No. of newborns whose birth weight has been less than 2500 gms.</p> <p>No. of under five children with Grade I Malnutrition</p> <p>No. of under five children with grade II malnutrition</p> <p>No. of under five children with Grade III Malnutrition</p> <p>Family Planning</p> <p>No. of eligible couples registered</p> <p>No. of protected couples with any FP method</p> <p>No. of couples who have adopted permanent method,</p> <p>Tubectomy and Type</p> <ul style="list-style-type: none"> • Minilap Sterilization • Interval Sterilization • Post partum Sterilization • Laparoscopic Sterilization <p>Vasectomy</p> <p>No of Eligible Couples using spacing methods</p> <ul style="list-style-type: none"> • IUD • Oral pills • Nirodh • Emergency contraception • Counseling services 			
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<p>Infrastructure Available</p> <p>Availability of own / rented subcentre building Examination room Labour room Drinking water facility Toilets Electricity Waste disposal Residence for Health Workers ANM HW(Male)</p> <p>Equipment Availability In working condition As per list</p> <p>DRUGS Availability As per list</p> <p>Transport facility for the staff</p> <p>Monitoring Mechanism:</p> <p>a) Supervisory visits by LHV Health Supervisor(Male) MO I/C of PHC</p> <p>b) By Village Health Committee</p> <p>Citizens' Charter</p> <p>Record Keeping and Reporting Births &Deaths Other registers Reports sent to PHC</p> <p>No. of Fever cases No. of Blood slides prepared No. of Malaria positive cases reported No. of cases given radical treatment No. of cases of minor illnesses -treated - referred</p>			
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A simpler check-list that can be used by NGO/PRI/Village Health Committee/Self Help Groups:

I. General Information

Name of the village

Name of the District

Total population covered by the Sub Centre:

Distance from the PHC

II. Availability of the Staff in the Sub-centre

Following staff appointed in the Sub-centre?

Health Worker-Female (ANM) - 2	Yes	No
Health Worker-Male (MPW) – 1	Yes	No
Contractual attendant – 1	Yes	No

III. Availability of Infrastructure at Sub-centre

- Designated government building available for the Sub-centre?

Yes	No	No Information
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- Water regularly available in the Sub-centre?

Yes	No	No Information
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- Where regular electricity supply to the Sub-centre?

Yes	No	No Information
-----	----	----------------
- Examination table in working condition in the Sub centre?

Yes	No	No Information
-----	----	----------------
- Is the sterilizer instrument in working condition in the Sub centre?

Yes	No	No Information
-----	----	----------------
- Is the weighing machine in working condition in the Sub centre?

Yes	No	No Information
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- Are the disposable delivery kits available in the Sub centre?

Yes	No	No Information
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IV. Availability of Services at the Sub Centre

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| • Does the doctor visit the Sub centre at least once in a month? | Yes | No |
| • Is the day and time of this visit fixed? | Yes | No |
| • Are the residents of the village aware of the timings of the doctor's visit? | Yes | No |
| • Is the Antenatal care (Inj. T.T. IFA tablets, weight and BP checkup) provided by those in the Sub centre? | Yes | No |
| • Is the facility for referral of complicated cases of pregnancy / delivery available at Sub centre for 24 hours? | Yes | No |
| • Does the ANM/any trained personnel accompany the woman in labor to the referred care facility at the time of referral? | Yes | No |
| • Are the immunization services as per government schedule provided by the Sub centre? | Yes | No |
| • Is the treatment of diarrhea and dehydration available in the Sub centre? | Yes | No |
| • Is the treatment of minor illness like fever, cough, cold etc. available in the Sub centre? | Yes | No |
| • Is the facility for taking Peripheral blood smear in case of fever for detection available in the Sub centre? | Yes | No |
| • Are the contraceptive services like insertion of Copper – T, distributing Oral contraceptive pills or condoms provided by the Sub centre? | Yes | No |

v. Are the services of the Sub-centres are being utilized by SC, ST or other backward classes

Total number of beneficiaries of all the services provided by the Sub-centres in the last quarter:

Out of these how many beneficiaries are belong to SC?

Out of these how many beneficiaries are belong to ST?

Out of these how many beneficiaries are belong to other backward classes?

Proforma for Facility Survey of Sub Centres on IPHS

Identification		
Name of the State: _____		
District: _____		
Tehsil/Taluk/Block _____		
Name of the Village-----		
Location Name of Sub Centre: _____		
Date of Data Collection		
Day	Month	Year
Name and Signature of the Person Collecting Data		

I. Services

1.1. Population covered (in numbers)

1.2. MCH Care including Family Planning

1.2.1. Service availability (Yes / No)

- a. Ante-natal care
- b. Intranatal care
- c. Post-natal care
- d. New born Care
- e. Child care including immunization
- f. Family Planning and contraception
- g. Adolescent health care
- h. Assistance to school health services
- i. Facilities under Janani Suraksha Yojana
- j. Treatment of minor ailments
- k. First aid (specify)

1.2.2. Availability of specific services (Yes / No)

- a. Does the doctor visit the Sub-centre at least once in a month?
- b. Is the day and time of this visit fixed?
- c. Are the residents of the village aware of the timings of the doctor's visit?
- d. Does the Health Assistant (male) or LHV visit the Sub-centre at least once a week?
- e. Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP check up) provided by those in the Sub centre?
- f. Is the facility for referral of complicated cases of pregnancy / delivery available at Sub-centre for 24 hours?
- g. Does the ANM/ASHA/any trained personnel accompany the woman in labour to the referred care facility at the time of referral?

- h. Are the Immunization services as per Government schedule provided by the Sub-centre
- i. Is the ORS for prevention of diarrhea and dehydration available in the Sub-centre?
- j. Is the treatment of minor illness like fever, cough, cold, worm dis-infestation etc. available in the Sub-centre
- k. Is the facility for taking Peripheral blood smear in case of fever for detection available in the Sub-centre?
- l. Are the contraceptive services like insertion of Copper-T, distributing Oral contraceptive pills or condoms provided by the Sub centre?
- m. Is it a DOTS centre?

1.3. Other functions and services performed (Yes / No)

- a. Disease including VPD and AEFI Surveillance
- b. Control of local endemic diseases
- c. Promotion of sanitation
- d. Field visits and home care
- e. National Health Programmes including HIV/AIDS control programmes

1.4. Monitoring and Supervision activities (Yes / No)

- a. Training of traditional birth attendants and ASHA
- b. Monitoring of Water quality in the village
- c. Watch over unusual health events
- d. Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs
- e. Coordination and supervision of activities of ASHA
- f. Proper maintenance of records and registers
- g. Tracking of drop out and left out cases of immunisation
- h. Is there a Village Health Plan / Sub-centre Plan?
- i. Is the scheme of ASHA implemented in Sub-centre?

II. Manpower

S. No.	Personnel	Existing	Recommended	Current Availability at Sub Centre (Indicate Numbers)	Remarks/ Suggestions/ Identified Gaps
2.1.	Health Worker (Female)	1	2		
2.2.	Health Worker (Male)	1	1		
2.3.	Contractual <i>Safai Karmachari</i> to keep the Sub Centre clean and assisting ANM.	-	1		

III. Physical Infrastructure (As per specifications)

S.No.	Particulars	Current Availability at Sub Centre	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
3.1.	Location <ul style="list-style-type: none"> a. Where is this Sub-centre located? b. Within Village Locality 			

<p>3.2.</p>	<p>Far from village locality If far from locality specify in km</p> <p>c. Whether located at an easily accessible area? (Yes/No)</p> <p>d. The distance of Sub Centre (in Kms.) from the remotest village in the coverage area</p> <p>e. Travel time to reach the Sub Centre from the remotest place in the coverage area</p> <p>f. The distance of Sub Centre (in Kms.) from the PHC</p> <p>g. The distance of Sub Centre (in Kms.) from the CHC</p> <p>Building</p> <p>a. Is a designated government building available for the Sub-centre? (Yes / No)</p> <p>b. If there is no designated government building, then where does the Sub-centre located</p> <ul style="list-style-type: none"> • Rented premises • Other government building • Any other specify <p>c. Area of the building (Total area in Sq. mts.)</p> <p>d. What is the present condition of the existing building</p> <p>e. What is the present stage of construction of the building</p> <ul style="list-style-type: none"> • Construction complete • Construction incomplete <p>f. Compound Wall / Fencing (1-All around; 2-Partial; 3- None)</p> <p>g. Ramp for use of trolley/wheel chair users(</p>			
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	<p>present/not present)</p> <p>h. Condition of plaster on walls</p> <ul style="list-style-type: none"> • Well plastered with plaster intact every where; • Plaster coming off in some places; • Plaster coming off in many places or no plaster) <p>i. Condition of floor :</p> <ul style="list-style-type: none"> • Floor in good condition; • Floor coming off in some places; • Floor coming off in many places or no proper flooring) <p>j. Whether the cleanliness is Good / Fair / Poor?(Observe)</p> <p>k. Are any of the following close to the Sub Centre? (Observe) (Yes/No)</p> <ul style="list-style-type: none"> • Garbage dump • Cattle shed • Stagnant pool • Pollution from industry 			
3.3.	Is boundary wall with gate existing? (Yes / No)			
3.4.	Prominent display boards in local language (Yes/No)			
3.5.	Separate public utilities for males and females (Yes/No)			
3.6.	Suggestion / complaint box (Yes/No)			
3.7	Labour room			
a.	Labour room available? (Yes/ No)			
b	If labour room is present, number of deliveries carried out?			
c.	If labour room is present, but deliveries not being conducted there, then what are the reasons for the same?			
	<ul style="list-style-type: none"> • Staff not staying 			

	<ul style="list-style-type: none"> • Poor condition of the labour room • No power supply in the labour room • Any other specify 			
3.8.	Clinic Room			
3.9.	Examination room			
3.10.	Water supply Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))			
3.11. a	Whether overhead tank and pump exist (Yes / No)			
b	If overhead tank exist, whether its capacity sufficient? (Yes/No)			
c	If pump exist, whether it is in working condition? (Yes / No)			
3.12.	Waste disposal			
a	How the medical waste disposed off (please specify)?			
3.13a	Electricity Regular electric supply available? (Yes / No)			
b.	Communication facilities Telephone (Yes/No)			
c.	Transport facility for movement of staff (Yes / No)			
3.14.	Residential facility for the staff	Current Availability at Sub Centre	If available, area in Sq. mts.)	If available whether staff staying or not?
3.15	Health Worker (Female) Whether Health Worker (Male) available in the Sub Centre?			
3.16	Is he staying at Sub Centre Head Quarter village? (Yes / No)			

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. IV. Equipment (As per list)

Equipment	Available	Functional	Remarks / Suggestions / Identified Gaps

V. Drugs (As per essential drug list)

Drug	Available		Remarks / Suggestions / Identified Gaps

VI. Furniture

S.No	Item	Current Availability at Sub Centre	If available, numbers	Remarks / Suggestions / Identified Gaps
6.1	Examination Table			
6.2	Writing Table			
6.3	Armless chairs			
6.4	Medicine chest			
6.5	Labour table			
6.6.	Wooden screen			
6.7.	Foot step			
6.8.	Coat rack			
6.9.	Bed side table			
6.10.	Stool			
6.11.	Almirahs			
6.12.	Lamp			
6.13	Side wooden racks			
6.14.	Fans			

6.15.	Tube lights			
6.16.	Basin stand			
6.17.	Buckets			
6.18	Mugs			
6.19.	Kerosene stove			
6.20	Sauce pan with lid			
6.21	Water receptacle			
6.22.	Rubber / plastic shutting			
6.23	Talquist Hb scale			
6.24	Drum with tap for storing water			
6.25	Others (specify)			

VII. Quality Control

S.No	Particular	Whether functional / available as per norms	Remarks
7.1.	Citizen's charter in local language(Yes/No)		
7.2.	Internal monitoring: supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and by MO (at least once in a month)		
7.3.	External monitoring: Village health and sanitation committee, evaluation by independent external agency		
7.4.	Availability of various guidelines issued by GOI or State Govt. (specify)		

Model Citizens Charter for Sub-centres

1. Preamble

Sub-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 health care services and the related facilities for citizens.
- to provide appropriate advice, treatment, referral and support that would help to cure the ailment to the extent medically possible.
- 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 SC
- to provide adequate number of notice boards detailing the location of all the facilities and the schedule of field visits..
- to provide written information on diagnosis, treatment being administered.
- to record complaints and respond at an appointed time.

4. Grievance redressal

- grievances that citizens have will be recorded
- aggrieved user after his/her complaint recorded would be allowed to seek a second opinion at PHC.

5. Responsibilities of the users

- users of SC 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 SC personnel would be followed sincerely, and
- in case of grievances, the redressal mechanism machinery would be addressed by users without delay.

6. 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 Abbreviation

AEFI	:	Adverse Effects Following Immunization
AIIMS	:	All India Institute of Medical Sciences
ANC	:	Ante Natal Check-up
ANM	:	Auxiliary Nurse Midwife
ARI	:	Acute Respiratory Infections
ASHA	:	Accredited Social Health Activist
AYUSH	:	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
AWW	:	Anganwadi Worker
BCG	:	Bacille Calmette Guerians Vaccine
CHC	:	Community Health Centre
CMO	:	Chief Medical Officer
DEC	:	Di Ethyle Carbazine
DDK	:	Disposable Delivery Kit
DOT	:	Direct Observed Treatment
DPT	:	Diphtheria, Pertussis and Tetanus Vaccine
DT	:	Diphtheria Vaccine
EAG	:	Empowered Action Group
FRU	:	First Referral Unit
FTD	:	Fever Treatment Depot
HSCC	:	Hospital services Consultancy Corporation

IDSP	:	Integrated Disease Surveillance Programme
ID/AP	:	Infrastructure Division/Area Projects
IEC	:	Information, Education and Communication
IPHS	:	Indian Public Health Standard
IFA	:	Iron and Folic Acid
IUD	:	Intra-Urine Device
JSY	:	Janani Suraksha Yojana (JSY)
LHV	:	Lady Health Visitor
MDT	:	Multi Drug Treatment in Leprosy
MCH	:	Maternal and Child Health
MF-2	:	Maternal and Child Health
MTP	:	Medical Termination of Pregnancies
MO	:	Medical Officer
NBCP	:	National Blindness Control Programme
NCD	:	Non- communicable Disease
NICD	:	National Institute of Communicable Diseases
NIHFW	:	National Institute of Health & Family Welfare
NLEP	:	National Leprosy Eradication Programme
NMEP	:	National Malaria Eradication Programme
NRHM	:	National Rural Health Mission
NVBDCP	:	National Vector Borne Disease Control Programme
OPV	:	Oral Polio Vaccine
ORS	:	Oral Rehydration Solution
PHC	:	Primary Health Centre

PHN	:	Public Health Centre
PRI	:	Panchayati Raj Institution
PNC	:	Post Natal Check-up
RDK	:	Rapid Diagnostic kits (e.g. malaria, typhoid etc.)
RBC	:	Red Blood Corpuscle
RCH	:	Reproductive and Child Health
RHS	:	Rural Health Services
RKS	:	Rural Rogi kalian Samiti
RNTCP	:	Revised National Tuberculosis Control Programme
RTI	:	Reproductive Tract Infections
STI	:	Sexually Transmitted Infections
TOR	:	Terms of Reference
TT	:	Tetanus Toxoide
VHSC	:	Village Health & Santitation Committee
WBC	:	White Blood Corpuscle

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