1. **Deputy Director (Public Health)**

1. To assist the Director of Health Services in all works related to Public Health.
2. Supportive Supervision of CHCs/PHCs and all National Health Programmes in relation to Public Health.
3. To provide guidance to the sub-ordinate staff whenever necessary on Public Health issues.
4. To attend to the Public complaints/grievances on public health issues.
5. Planning and monitoring of the public health programmes.
6. To assist Director of Health Services in processing licensing of ambulances/SPA/Massage Parlours/Clinics.
8. To arrange for Medical Cover for various situations/events.
9. Plan and co-ordinate disaster management activities.
10. To investigate and conduct any inquiries assigned in relation to any untoward situation in the health sector.
11. To conduct trainings under the Public Health Programmes
12. To conduct Surveys and field investigations whenever required.
13. Any other work assigned by the Higher Authorities/Superiors.
14. To assess the performance of all the staff.

2. **Deputy Director (Medical)**

1. Supervision of the District/Sub-District Hospitals.
2. Supervision of Institute of Nursing Education.
3. Implementation of Mediclaim Scheme.
4. Supervision for Health Intelligence Bureau.
5. Public Grievance Officer
6. To conduct trainings.
7. Any other work assigned by the Superiors/Higher Authorities.

3. Deputy Director (Dental)

1. Overall incharge of the Dental Services under the Director of Health Services.
2. Supervise all Dental Clinics under Director of Health Services.
3. Indent and supply material/equipment for the Dental Clinics.
4. Record keeping and submission of reports in relation to Dental Services.
5. Incharge of Medical Supply Depot.
6. Conduct trainings for Dental Surgeons.
7. Any other works allocated by the Superiors.

4. Medical Superintendents of North Goa/South Goa District Hospitals and Sub-District Hospital.

1. Medical as well as administrative incharge of the concerned hospital.
2. To ensure that all the medical services are given to the patients.
3. To ensure that all the equipments are functioning and all the logistics are in place.
4. To ensure the referral system whenever required is in place
5. Function as Member Secretary of the various District Level Health Committees/RKS constituted by the Government.
6. To ensure Record keeping/Reposting system is in place.
7. To extend co-operation and participate in all Health Programmes.
8. To conduct trainings, review meetings whenever required.
9. Any other work allocated by the Superiors.
5. Chief Medical Officer

The Chief Medical Officer in his capacity as the head for the respective Health Programme will be responsible to achieve the health goals in State through appropriate planning, effective implementation and monitoring of all preventive and curative health care activities in the district. She /he will be responsible for co-ordination with all the government departments, PRIs, NGOs, social & community leaders.

1. National Programmes

The Chief Medical Officer is the State Programme Officer of Health Programme. He has to ensure effective implementation and achievement of the respective programme through supportive supervision. The existing programmes are – RCH, Integrated Diseases Surveillance Programme, Revised National Tuberculosis Control Programme, National Leprosy Eradication Programme, National Programme for Control of Blindness, National AIDS Control Programme, National Programme on IDD, National Cancer Control Programme, National Mental Health Programme, National Vector Borne Disease Control Programme, School Programme etc.

2. Acts & Rules

3. **Disease Surveillance**

- Prepare an annual data base for emerging pattern of diseases through collection of data and plan appropriate interventions for effective prevention and control of diseases.
- Introduce and implement systems to identify early warning symptoms of seasonal diseases and take effective steps for prevention and control.
- Ensure surveillance and effective measures for the prevention and control of vaccine preventable disease.
- Identify the causes of maternal & child morbidity and mortality and take measures for their reduction.

4. **Community Participation**

- To take necessary steps to involve community, NGOs, PRIs, social and religious leaders, other government departments and public representatives in planning and implementation of Health and FW Programme.
- Ensure effective coordination with Panchayatri Raj Institutions as laid down in government instructions from time to time and also ensure effective implementation of Govt. orders.
- Take steps to involve private sector in health and family welfare programmes.

5. **I.E.C. Activities**
Effectively assess and organize the IEC activities relating to Health & FW in the State through: IEC Bureau, PRI’s, ICDS & other Government Departments, NGO’s etc.

6. **Coordination**
   i. Act as member Secretary of state level co-ordination committee / health society.
   ii. As advisor for ICDS, implement the health components of ICDS programme.
   iii. Convene regularly the meetings of the health Society and other committees constituted by the Government and ensure implementation and follow up of the decisions of these committees.
   iv. Maintain close co-ordination with district collector, Panchayati Raj Institutions, Education, Public Relation / Information Department for active co-operation in health care porgrammes.

7. **Projects**

   Ensure effective and timely implementation of the on-going projects and achievements of physical and financial targets through respective officers.

8. **Monitoring**

   Supervise through monitoring of Hospitals, CHCs & FRUs, PHCs/UHCs and ensure submission of reports regularly to the regional and State level officers.

9. **Administrative Functions**
   i. Ensure availability of all health workers and furnish monthly reports to the regional and Central level authorities.
ii. Carry out routine and surprise inspections of all the subordinate offices and take follow up actions.

iii. Ensure that the problems and grievances of the staff are solved promptly.

iv. Timely actions for RTI, court cases and expeditions implementation of orders of the courts.

v. Identify low performing institutions and remedial actions for optimum performance including due action against non-performers.

vi. Ensure timely and adequate supply of drugs etc. including equipments to all the health institutions as well adequate buffers in stores for all emergencies particularly during epidemics, floods etc.

vii. Facilitate the strengthening of PRI in context of health and family welfare programmes.

10. Accounts

i. Ensure appropriate utilization of funds as per the guidelines and GFR provisions.

ii. Furnish accounts for all the funds received in the State for the respective programme including Health Society and committees of the health facilities as well as Village Health Sanitation Committees.

iii. Ensure auditing procedures are completed well in advance and audit reports are furnished to all the concerned authorities.

iv. Dispose all of obsolete / condemned items and vehicles as per the Government orders in – force.
v. Monitor and guide the activities of Hospitals/ PHC/ CHC committees, patient welfares societies of hospital village health & sanitation committees.

vi. Maintain coordination of primary and secondary level health care facilities.

The CMO would be visionary, planner, trainer, leader and implementer for the State.

Other: Any other duties and responsibilities as instructed by the Superiors.

6. **DISTRICT IMMUNIZATION OFFICER**

The ultimate target is ensuring that every child is immunized with all recommended antigens (by ensuring that every infant has contact with immunization services at least four times)

**Micro-planning:** Develop programme plans as per guidelines from State and situational analysis results. Organize detailed micro-planning for immunization activities annually at district level, with inputs from both private and public health centres. Together with health facilities determine coverage targets.

**Vaccine Requirements:** Compile and review estimates for vaccine requirements of the district.

**Distribution:** Work out details on vaccine and ice pack distribution in the district, including dates, persons responsible, and back-up plans.

**Cold Chain and Immunization Equipment:** Ensure proper maintenance, repair and if needed replacement.

**Staffing & Training:** Advise state level on staffing needs. Ensure staff training & reorientation on a regular basis.
**IEC:** Carry out advocacy and IEC aimed at promoting immunization and immunizing every eligible child.

**Supervision:** Carry out supportive supervisory visits and immunization out – reach sessions on regular basis and report.

**Recording and Reporting:** Keep record of immunization by health facility in approved forms/software (RIMS) and transmit the same to GoI and state.

**Data Analysis and Surveillance:** Analyze data from health institutions to guide them. Provide technical information and feed-back to the health institutions / health workers on immunization – related activities.

**Outbreak Investigations:** Carry out outbreaks of vaccine-preventable diseases, AEFI as per guidelines.

**Supplemental Immunization Activities:** Coordinate and implement supplemental activities as directed.

**Involvement of partners:** Develop inter-sectoral collaboration at the district level.

**Financial management:**
- Ensure timely release of funds to the PHC.
- Maintain records of payments to PHC for alternate vaccine delivery, payment to social mobilizers etc.
- Keep record of all funds received and expenditure incurred with vouchers under various heads.
- Monitor timely dispersal of funds at grass root level.
- Send the statement of expenditure and utilization certificate to the state.

**Other:** Any other duties and responsibilities as instructed by the Superiors.
7. Health Officer/Medical Officers i/c – PHC / CHC

General

The Health Officer/Medical Officer i/c of PHC is responsible for implementation of all the health care activities within the catchment area of health centre. She / He is responsible for proper functioning of the PHC/CHC. He may assign duties to other staff of the health facility as deemed essential for implementation of health programmes.

On assumption of charges as Health Officer or i/c MO of PHC, s/he will acquaint with the geographical & epidemiological, socio-cultural influencers, community organizations (PRI etc), NGOs, ICDS etc, as well as work performance capabilities, motivational forces and constraints for health care delivery. The HO/MO i/c will develop good networking of health facilities as well as intersectoral coordination with ICDS, Education, PWD, Local Administration etc. S/he will act with a sense of ownership of the community. Broadly the responsibilities are:

1. Curative Work

The HO/MO i/c will prioritise and utilize all available resources for health care delivery in such a way that:

i. OPD services are regularly and routinely available and ensure delegation to other suitable staff during her / his absence.

ii. Effective and smooth functioning of the health centre.
iii. Emergency services are available round the clock and to refer patients to appropriate health institutions after due first aid for specialized treatment.

iv. Laboratory services are available routinely and also for emergency cases.

v. Maternal and Child health services including immunization are available adequately at health centre including Sub-Health Centres.

vi. The cases referred from SHCs are attended to with clear note of care rendered and to be rendered at the SHC.

vii. Render supportive supervision to all the other staff of the health centre.

viii. Regularly visit each of the SHCs on the scheduled days and time as displayed at the SHCs.

ix. Coordinate with other health institutions to provide the requisite medical care for all the needy.

2. Implementation of Health Care Programme

I) RCH including immunization

i) Provide leadership for conducive work environment, community involvement for planning and implementation of health plans.

ii) Ensure early registration of pregnancy and ANC including referrals for complicated pregnancies.

iii) Ensure proper record of personal health data including lab. Investigations, TT vaccination, prophylaxis against anemia to all pregnant and lactating women.

iv) Ensure safe delivery practice at the health centres.

v) Promote institutional deliveries.
vi) Ensure postnatal care including home visits (0 / 1, 4, 7 and 40\textsuperscript{th} day) and appropriate preventive and curative care as well as early initiation of breast feeding practices and family planning.

vii) Ensure full immunization of all the children including supply & storage of vaccines, cold chain maintenance, fixed day immunizations, NIDs,

viii) Ensure safe new born care – cleaning of airways, prevention of hypothermia. Kangaroo care; not giving bath immediately after birth (prevention of bath for at least 7 days; but keeping child clean by mopping. Initiation of breast feeding within \(\frac{1}{2}\) hr. of birth, recording of birth weight.

ix) He will ensure early detection of diarrhea and dehydration and use of more fluid and / or ORS in the community through his team and will arrange for correction of moderate and serve dehydration through appropriate treatment.

x) He will ensure early detection of Pneumonia and its treatment as per protocol at SCs and will provide for early treatment to all patients coming to him directly or referred.

xi) He will be responsible for proper and successful implementation of Family Planning Programme in PHC area, including assessment of unmet need and providing services based on unmet needs. He will be counsel all eligible couples and patients he sees in the OPD and ensure quality services.

xii) He will be squarely responsible for giving immediate and sustained attention to any complications the FP acceptors develop due to acceptance of Family Planning methods. He will organize out reach
camps for RCH and FW services. He will refer clients requiring MTP to CHC / DH.

xiii) He will get himself trained in tubectomy, (minilap) and vasectomy both NSV and conventional; whenever possible. He will organize IUD insertion / tubectomy and vasectomy (NSV as well as conventional) camps in his area with the help of CMO and / or NGOs and ensure that acceptors for permanent methods are having not more than 2 children. He will provide supportive supervision and leadership to all his health workers in this regard.

xiv) He will make community aware of RTI/STI and HIV/AIDS and the methods of their prevention, importance of early diagnosis and treatment including importance of contact tracing.

xv) He will arrange for Family Life Education to all adolescents (boys and girls in school or out of school). NGO partnership can be sought for this.

xvi) He will ensure proper adequate and timely supplies of equipment, drugs, educational material and contraceptive required at all level (PHC and SCs) for the services / program.

xvii) He will ensure proper record keeping, timely reporting and use of data for planning it services at all level under his supervision and control.

xviii) He will assess training needs of staff and arrange through CMO for specific training needs.

II) National Anti Malaria Program and Vector Control
a) He will be responsible for all NMCP operation in his area.
b) He will maintain liaison with CMO for spray operation in his area. He will verify the authenticity and adequacy of spray operation even if done on contract.
c) He should be completely acquainted with all problems and difficulties regarding surveillance in his PHC area and be responsible for immediate action whenever the necessity arises.
d) The Health Officer/Medical Officer-I/c will guide the Health Workers on all treatment schedules, especially radical treatment with Primaquine. As far as possible he should investigate all malaria cases in the area less should ensure that the prompt remedial measures are carried out by Health workers about positive cases detected in areas with API less than 5. He should give specific instructions to them in this respect, while sending the result of blood slides found positive.
e) He will check the microscopic work of the Laboratory Technician and dispatch prescribed percentage of such slides to the Zonal Organization / Regional Office for Health and Family.
f) He should during his monthly meetings, ensure proper account of slides and anti- malarial drugs issued to the Health Workers.
g) The publicity material and mass media equipment received from time to time will be properly distributed or affixed as per the instruction from the district organization.
h) He should consult the Booklet on ‘Management and Treatment of Cerebral Malaria’ and treat cerebral malaria cases when required.
i) He should ensure that all categories of staff in the periphery are administering radical treatment to the positive cases. He should observe the instructions laid down under NMCP on the subject and in case toxic effects are observed in a patient who is receiving Primaquine the drug is
stopped by the peripheral workers and such cases are brought to his notice for follow up action / advice, if any.

III) **Leprosy**

a) He will provide voluntary reporting for leprosy through IEC & counseling.  
b) He will provide facilities for early detection of cases of Leprosy and confirmation of their diagnosis and treatment.  
c) He will ensure that all cases of Leprosy take regular and complete MDT treatment.

IV) **Tuberculosis**

a) He is responsible for case – finding, categorization and treatment of TB.  
b) Patients to achieve the objectives of the NTCP / RNTCP and the laid down performance indicators.  
c) History taking and examination of patients. If TB is suspected, ensure sputum smear examination.  
d) Diagnosis of TB patients, classification and prescription of adequate and correct treatment regimen. Careful history taking is required, particularly to determine if patients have been treated previously for tuberculosis.  
e) Discuss with new patients the most convenient location for Directly Observed Treatment (DOT), to ensure regularity and completion of treatment, and educate them about the importance of completing therapy.  
f) Monitoring of progress, management of complications and discharge from treatment, according to guidelines.
g) Ensuring correct registration of patient data in the Treatment Card and that the patient undergoes the necessary bacteriology examination at the stipulated period and continues regular medication until cured.

h) Evaluate patients with drugs reactions, treatment failure and cases not converting sputum negative status in the initial intensive phase of treatment. Personal attention should be paid to all patients who refuse to take drugs in the prescribed manner to ensure an operationally viable procedure convenient to the patients and the staff.

i) Ensuring that sufficient stock of drugs and other logistics is available and regular supply is maintained.

j) Supervising the paramedical health supervisor.

k) Identifying and assigning responsibility for DOTS, reviewing it on a quarterly basis and discussing problems with the MPWs during routine / regular meetings.

l) Ensuring that all the peripheral health functionaries understand and carry out their job responsibilities.

V) **National Program for Prevention of Visual Impairment and Control of Blindness.**

a) He will extend support to mobile eye care units for cataract operations and correction of vision.

b) He will ensure initiation of breast feeding within ½ hr of delivery, exclusive breast feeding for six months and complementary feeding with right quantity of foods at six months of age.

c) He will ensure Vit. A supplementation with measles vaccine at 9 months (1 lac units) and ensure completion of Vit. A doses supplementation till five years of life.
d) He will refer cases to the appropriate institute for specialized eye treatment.

VI Diarrhea Disease Control Program

a) Continuation of food during diarrhea.

b) Proper management of the case of diarrhea and referral of complicated cases to appropriate hospitals with maintenance of hydration.

c) Ensure availability of ORS packets throughout the year at ORS depots in the village.

d) Monitor all cases of diarrhea especially for children between 0-5 years.

e) Recording and reporting of all deaths due to diarrhea especially for children between 0-5 years.

f) Organize wells to be chlorinated and coordination with Sewage agency for sanitation.

g) Training of all health personnel like Anaganwadi Worker, Dais and other who are involved in health care regarding ORT Program.

h) Control of Communicable Diseases.

i) He will ensure that all the steps are being taken for the control of communicable diseases and for the proper maintenance of sanitation in the village.

j) He will scrutinize report weekly and monthly to identify any out of proportion occurrence and take immediate action for containment.

k) He will take the necessary action in case of any outbreak of epidemic in his area.

l) He will ensure on going disease surveillance activities in his area.

VII) School Health

a) He will develop regular fixed schedule for school health checkups. Teachers with the help of Health Workers (ANM, LHV, or BHS) will conduct a pre
check up to find out cases to be seen by MOIC PHC. He will examine such cases on his visit to SC, which is duly informed to AHM, so those children can be brought to him.

b) He will visit school in the PHC area at regular intervals and arrange for medical checkups, immunization and treatment with proper follow up of those students found to have defects.

c) He will visit schools in PHC area at regular interval and arrange for checkups, immunization and treatment with proper follow up and referral as when needed.

VIII Training

a) He will organize training programs including continuing education under the guidance of the district health authorities and Heath & FW Training Centers as per the district training plan.

b) He will also make arrangements / provide assistance to the Health Assistant Female and Health Worker Female in organizing training programs for indigenous Dais practicing in the area.

c) He will ensure at least one-hour deliberation on topics of seasonal health relevance.

Administrative Works

a) Ensure that all HWFs have village route maps of their area and keep a copy of the same.
b) Responsible for general cleanliness of inside and outside the premises of PHC; maintenance electricity, water, building & equipment maintenance.

c) Organize to display his visit to each sub centre and availability hours on this visit. (Day 7 Date of visit sub centre wise). Displayed on PHC board and community places.

d) Allocate responsibilities according to capacity of staff.

e) Provide supportive supervision to all his staff (fortnightly visits to SHCs & monthly meeting)

f) He will hold monthly staff meetings with his own staff and AWW to evaluate their work, suggest actions/ steps to be taken to correct or guide for further improvement. He will scrutinize each workers program of activities to chalk out his next months tour program in perfect harmony with each worker and his own tour programme.

g) Furnish tour programme to CMO and get it noted by each worker in monthly meetings.

h) Ensure timely collection of reports, maintenance of PHC records, compile and send to CMO.

i) He will critically analyze reports of each sub center and provide them feedback (appreciate if good correct in case of short comings)

j) He will send his tour report and appraisal of his health staff timely to CMO.
8. Medical Officer of CHC/PHC/UHC/Rural Medical Dispensary/Hospital/Health Programme.

Medical Officer can be posted at CHC/PHC/UHC/RMD/Hospital/Health Programme. The primary job responsibilities are:

1. All the clinical work of attending to all patients at OPD, inpatient level, emergency/casualty level as per the duty rooster depending on the manpower available.
2. To conduct OPDs at the Sub Centre/RMD.
3. To participate in the implementation of all National Health Programmes.
4. To conduct school health check ups.
5. To conduct all IEC programmes/VHNDs.
6. To conduct all programmes in relation to environment and sanitation
7. To conduct field work as assigned by the Health/Medical Officer I/c or other Superiors.
8. To participate and to conduct trainings under various programmes.
9. To conduct inspection/supporting supervision in the health centres.
10. To keep records as per the programmes
11. To submit reports/information regularly as per the programme guidelines
12. Any other work assigned by the HO/MO I/c or CMO or Medical Superintendent on verbal or expressed instruction.
13. When posted with the National Health Programmes, the Medical Officer has to assist the Chief Medical Officer/State Programme Officer in the planning and implementation and monitoring of the respective programme.

9. Epidemiologist
When posted as Epidemiologist, the Medical Officer has to perform the following specific duties:

(a) Incharge of the Integrated Disease Surveillance Project
(b) Incharge of the National Iodine Deficiency Disorder Control Programme
(c) Nodal Officer for Rabies Control Programme
(d) Conduct investigations of any outbreak situation
(e) Keep the records and submit the reports
(f) Participate in Rapid Response in case of Disaster
(g) Any other work assigned by the Superiors.

10. Ayurvedic/Homeopathy Physicians.

Ayurvedic/Homeopathy Physician can be posted at CHC/PHC/UHC/RMD/ Hospital/Health Programme. The primary job responsibilities are:

1. All the clinical work in relation to AYUSH of attending to all patients at OPD, inpatient level, emergency/casualty level as per the duty rooster depending on the manpower available.
2. To conduct OPDs of AYUSH at the Sub Centre/RMD.
3. To participate in the implementation of all National Health Programmes.
4. To conduct school health check ups.
5. To conduct all IEC programes/VHNDs.
6. To conduct all programmes in relation to environment and sanitation
7. To conduct field work as assigned by the Health/Medical Officer I/c or other Superiors.
8. To participate and to conduct trainings under various programmes.
9. To conduct inspection/supporting supervision in the health centres.
10. To keep records as per the programmes
11. To submit reports/information regularly as per the programme guidelines
12. Any other work assigned by the HO/MO I/c or CMO or Medical Superintendence on verbal or expressed instruction.
13. When posted with the National Health Programmes, the Ayurvedic/Homeopathy Physician has to assist the Chief Medical Officer/State Programme Officer in the planning and implementation and monitoring of the respective programme.
14. Inspection of SPA/Massage parlours and alternate medicine clinics.

11. **Staff Nurse**

The staff nurse is the second in the nursing hierarchy in the ward, who works under the instructions of the ward – in – chief. S/he will comply all relevant orders given by superiors for providing nursing care and to achieve health goals. The duties and responsibilities are broadly as detailed below.

**Administrative**

a) Help the ward in charge to carry out her work.
b) Work in place of the Ward Incharge in his/her absence.
c) Maintain general cleanliness of the ward and the sanitary annex.
d) Write the diet register and supervise distribution of diet. See that special diets are served and eaten by the patient.
e) Maintain poison/scheduled drugs register.
f) Supervise medicine given by students or to do herself in case there are no students.
g) Supervise nursing care being given by nursing student.
h) Maintain emergency trays and other trays, sterilizer, instruments in working conditions by getting indents from sister or getting repairs in case of a breakdown.

i) Maintain good interpersonal relation with all other staff.

j) Maintain all procedure trays in readiness.

k) Ensure that serious patients going for investigations i.e. Sonography, ECG, X-Ray, and referral are accompanied by the ward boy or sweeper.

l) Information of MLC cases to Medical Jurist and unit Head.

m) Maintaining BPL patients & DOT patients record.

n) Co-operates in activities related to National Health Program.

o) Completes discharge or death ticket of patients before sending it to record room.

p) Ensure safe disposal of biomedical waste.

Nursing Care

a) Take over from previous duty Nurse all new serious patients, instruments, supplies, etc.

b) Make beds of serious patients and help students make beds, supplying necessary items.

c) Administer Injection / tablets or liquid medicines requiring care in giving e.g. oily medicines.

d) Prepare patients for operations and see that he/she is sent to the operation theatre with all necessary papers and medications.

e) Get patients cloths and beds linen changed as and when necessary.

f) Take rounds with Doctors when called to list new orders and see they are carried out.
g) See all the investigations specimens are sent to the proper laboratory with forms.

h) Insist that the unit doctors prepare and sign the forms. Filling up the forms is not the duty of the staff nurse.

i) Keep I/V or blood transfusion tray ready and help the doctor with procedure.

j) Observe all patient conditions and report changes to the ward incharge and/or the doctor.

k) Carry out nursing procedure for all serious patients. Help newly posted students to carry out their nursing procedures.

l) Check on every new admission, before admitting the patients all his papers must be in order. This is especially when a patient is transferred to your ward from another department.

m) Read case papers properly and carry out orders and see that they are carried out.

n) Give expert bedside nursing care to serious patients.

o) Maintain case papers, investigation reports, etc in the proper file or board. See that all reports get attached to the correct case paper temperature charts, in take output charts or any special chart maintained. Case papers should not be allowed to be handled by anyone except the doctor incharge of the patient. This especially for medico legal cases.

p) Write day and night orders and maintain ward students.

q) Talk to pre operative patients to reduce their tension and give them confidence.

r) Listen to patients problems and help to solve them through various means.

s) See that discharged patients goes home with proper understanding of the follow procedures and details of the diet, medication, exercise etc.
t) Inform doctor in case of a patient dying during your duty time. All concerned records: reports must be completed and handed over to the next shift nurse.

u) Ensure universal safety precautions.

v) In special areas carry out duties which required expertise-

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<thead>
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<th>a) Labour room</th>
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<td>c) Mental Hospital</td>
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<td>with it.</td>
<td>Care of mentally retarded.</td>
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<td>d) ICU other</td>
<td>Total patient care, helping with ECG or any</td>
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<td>PHC/CHC</td>
<td>He/She will carry out field works as and when</td>
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<td>assigned by the incharge in addition to medical</td>
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3. Teaching and training

a) Instruct students in their work, and orient newly posted students.

b) Carry out health teaching for individual and group of patients.

c) Instruct students specially the newly appointed ones in the correct ways of handling bed pans, urinals, sputum cups, kidney trays, soiled dressings, bandages, binders, linens etc.

d) Provide for and demonstrate methods of dis-infection and cleaning.
e) Co-operates in service training of health personnel on various health programs including RCH.

12. **Extension Educator**

The Extension Educator will function under the technical supervision and guidance of Education and Publicity Officer (EPO). However, he would be under the immediate control of the BDO of Panchayat Samiti / CMO / MO i/c CHC. He will assist HOs/MOs i/c for providing support in implementation of Health & Family Welfare Programmes in health facilities of the Block. The primary responsibilities include preparation of work plans in consultation with HOs/MOs i/c and promotion of community participation for ensuring self-reliance in the community.

**Duties & Functions**

1. **Maintenance of Data**

   a) Collect all relevant information from health department as well as women and child development, rural development, education etc of the block through effective networking and furnish the data for planning and delivery of health care service.

   b) Attend the monthly meetings of all the health centres in the block and render supportive supervision including health workers training for data collection, reports preparation and data usage in planning, forecasting and
disease control. Help all health facilities in Panchayat Samiti Block in proper maintenance of record and reporting by visiting at least twice a month.

c) Ensure maintenance of records for births, deaths, infant mortality; maternal mortality; eligible couples for family planning, immunization etc in all the health facilities of the block.

2. **Training**

a) Assist the HO/MO i/c in training of Health Workers for health care programmes.

b) Coordinate with local voluntary groups and organize orientation trainings for health workers, PRI members, anganwadi workers, self help groups, women groups, medical practitioners, teachers etc.

c) Maintain complete set of educational aids for trainings.

3. **Inter-sectoral Coordination**

a) Function as the resource person for all the committees in the block (VHSCs, SHCs, PHCs / CHCs).

b) Liaison with media units of other departments and voluntary organization and organize mass communication programs like, film shows, exhibitions, lectures, dramas, street plays etc.

c) Prepare IEC plan for health centres, obtain approvals of PRIs and submit to HO/MO I/c

3. **Information Education & Communication (IEC)**

a) Undertake IEC programs in all the areas of the health centre in the block and ensure effective health awareness in the population.
b) Ensure supply and appropriate utilization of IEC material.

c) Specifically target the immunization drop-outs and family planning non-acceptor and motivate.

d) Attend all the meetings of Panchayat Samitis and share information on community’s health needs and the role PRI members.

4. **Monitoring & Supervision**

   Visit all the health facilities bi-monthly at least, render supportive supervision by identification of the lacunae and remedial measures for effective implementation all preventive health care activities including IEC.

   **Refrigerator Mechanic**

   It is proposed that all district cold chain stores should have one cold chain technicians to maintain the cold chain equipments. The technicians is responsible to maintain cold chain equipments and he will be responsible for the major and minor repairs. The technician should have ITI in refrigeration and air conditioning and 5 years experience of repairs of CFC-free refrigerators and air conditioner.

   **Computer Assistant**

   **Qualification:**

   - The candidate must be a Graduate in Commerce/Science/Arts with Diploma in Computer Application from a Recognized institution.
   - He/She must be below 35 years of age with at least 2 years of post qualification experience.
   - The candidate must be a permanent resident of the district applied for.
Job Responsibility

- Computer Assistant shall undertake data entry of immunization report, vaccine and logistics support etc.
- He/She shall compile the information on a monthly basis & forward the data to the state.
- He/She shall be responsible for operation and upkeep of routine Immunization Monitoring Software.
- He/She shall undertake data entry of NRHM reports & activities.
- He/She shall undertake visit to the field for training of field functionaries, collection of data & validation.

13. Lady Health Visitor

The Lady Health Visitor will carry out the following duties:

1. Supervision and Guidance

- Supervise and guide the Health Workers in the delivery of health care services to the community.
- Strengthen the knowledge and clinical skills of the Health Workers.
- Help the health Worker in improving her skills of working in the community.
- Help and guide the Health Workers in planning and organizing her program of activity conduct EC survey, assess community need and prepare subcentre plan.
- When posted at PHCs she will help HO/MO i/c, PHC in organizing MCH Clinics and any other act she will be responsible to supervise filed work of ANM, help implementation of National Programmes.
- Visit each Subcentre at least once in two week on a fixed day to observe and guide the Worker Female in her day to day activities. A tentative tour
programme has to be approved incharge PHC, after completion of journey; she will submit the tour dairy.

- Assess fortnightly the progress of work of the Health Workers Female and submit an assessment report to the Health Officer/Medical Officer I/c of the Primary Health Centre.
- Carry out Supervisory home visits in the area of the Health Workers with respect to duties under various National Health Programmes.
- Attend monthly meetings of the Panchayats and help the Panchayat to review work of MPW and Female.
- She will supervise Anti malaria activities, water sampling and purification at SC level.

2 Team Work

- Help the health workers to work as part of the health team.
- Coordinate her activities with those of the Health Assistant male and other health per including Dias and other voluntary workers.
- Coordinate the health activities in her area with the activities of workers of other departments e.g. ICDS, Ayurved Education, PRIs, Revenue Department.
- Conduct regular staff meetings with Health Workers in coordination with Assistant Male at SHC.
- Attend staff meeting at the Primary Health Centre.
- Assist the Medical officer of the Primary Health Centre in the Organization of the different national Health programmes / Services in the area.
- Practice as a member of the health team in mass camps and campaigns in health programmes.
- Help Health Workers in identifications of unreached area and plan outreach activities.
- Help the M.O in organizing the school health programme.

### 3 Supplies, Equipment and Maintenance of subcentre.

- In collaboration with the Health Assistant Male, check at regular intervals the stores available at the sub-centre and help in the procurement of supplies and equipment.
- Check that the drugs at the sub-centre are properly stored and that the equipment is well maintained.
- She will ensure that all the medicines are used before their expiry.
- Ensure that the Health Workers Female maintains her general kit, midwifery kit and Dai kit in proper way.
- Ensure that the sub-centre is kept clean and its properly maintained.

### 4 Records and Reports

- Scrutinize maintenance of records by Health worker Female and guide her in their proper maintenance.
- Maintain the prescribed records and prepare the necessary reports.
- Review reports received from the Health Workers Female, consolidate them and submit monthly reports to the Medical Officer of the Primary Health Centre.
- Provide feedback to health Worker Female on performance of Sub-centre.
- She will review registration of births & deaths done by the health workers.
- She will review each maternal and infant death in her area.
- She will conduct preliminary investigations of all cases and death due to VDP.

### 5 Training
- Organize and conduct training for Dais with the assistance of the Health Worker Female.
- Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel and NGOs.
- She will support and guide the ANMS/MPW (Female) for the skills of IUD insertion to untrained ANMS/MPW female required in delivering RCH services.

6 Reproductive and Child Health
- Conduct weekly or biweekly RCH clinic at each Subcentre with assistant of the health worker (Female) and Dais as per the visit schedule.
- Respond to calls from the Health Worker Female/ Male, Jan Mangal, NGOs, MSS, AWW and trained Dais and rendered the necessary help.
- Conduct deliveries when required at PHC level and provide domiciliary midwifery services.
- Initiate steps to promote institutional delivery.
- Identify and refer risk cases to FRU after counseling.
- Help in organizing transport services for high risk cases refer to FRU.
- To educate about adolescent health, sex education and give knowledge of reproductive organs and hazards of pregnancy in early age group.
- Preventive methods of early pregnancy, RTI & STI.
- Supervise the work of ANM in context of ARI / Diarrhea.

7 Family Planning and Medical Termination of Pregnancy
- She will ensure through spot checking that Health Worker Female maintain up-to-date eligible couples registers all the time.
- Conduct fortnightly family planning clinics (along with the RCH Clinics) at each Sub-centre with the assistance of the Health Worker Female.
• Personally motivate non-acceptors for family planning. She will help Health Worker Female in counseling couples with expressed unmet needs, who have not accepted contraceptive services.
• Provide information on the availability of services for medical termination of pregnancy and for sterilization.
• Counsel and refer cases of unwanted pregnancy and seeking MTP services to PHC or designated MTP centre.
• Guide the Health Worker Female in establishing Female Depot holders for the distribution of conventional contraceptives and trained the depot holders with the assistance of the Health Workers Female.
• Provide IUD services, its follow up on consistence basis.
• Assist M.O., PHC in organization of Family Planning Camps and drive.
• Identify cases of RTI / STI and refer them to PHC for management.
• To give knowledge about PNDT act to health workers and community.

8 Nutrition

• Ensure that all cases of malnutrition among infants and young children (zero to five years) are given the necessary treatment, advice and refer serious cases to the Primary Health Centre.
• Ensure that Iron-Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.
• Educate the expectant mother’s regarding breast-feeding.
• On Health day they should help ANM to check the health status of children and advice accordingly.
• Advice the parents for deworming the children of malnourished and anemic.

9 Immunization Programmes
• Supervise the immunization of all pregnant women and children (zero to five years).
• She will also guide the health Worker Female to procure supplies, organize immunization camps, provide guidance for maintaining cold chain, storage of vaccine, immunization and Health education.
• She will supervise PPI/AFP surveillance activities in her area.

10 Primary Medical Care

Ensure treatment for minor ailments, provide ORS & first aids for accidents and emergencies and refer cases beyond her competence to the PHC or nearest hospital as where required.

14. Health Educator

• Carry out educational activities for RCH, control of blindness, dental care and initiation of early breast feeding and other National Health Programmes like leprosy and tuberculosis with the assistance of the Health Worker Female.
• Arrange group meetings with formal and non-formal leaders and involve them in spreading the message for various health programmes.
• Organize and conduct training of women leaders and women members of PRIs with the assistance of the Health Worker Female.
• She will organize health education on the platform of MSS, Mandal, Women elected representatives of PRIs, teachers and other women in the community for family welfare programme with the help of ANM & AWW.
• Organize IEC activities for adolescent girls and create awareness about family life.
• To educate the workers for water sampling. chlorination.
• To conduct information, Education and Communication activities in the form of talks/lectures to the public, by arranging different competitions, advertisements on print and electronic media on various programmes like Family Welfare Programmes, etc. to prepare material for posters/banners and arrange to display at various public places also to make awareness through exhibitions, etc.
• To assist CMOs/Health Officers in managing different training programmes in the conference hall. To supervise the maintenance of Conference Hall.
• Beside these responsibilities, Health Educators at DHS level has to manage the IEC activities at the DHS level in the form of preparation of material for advertisement in consultation with different Section/Programmes
• Incase of incharge of Health Education Bureau at DHS – to conduct the administrative functions as DDO & Head of Office of HEB by properly maintaining records and registers, etc.
• To make arrangements for the smooth holding of Monthly meetings/monthly Health Conferences and Weekly malaria review meetings.
• To organize certain World and National Health events (National Nutrition Week, World Population Day, Breast Feed Week, World Health Day, etc.)

15. Sanitary Inspector
1. Assisting Medical Officer in the supervision of the general sanitary conditions of the area and planning, programming and evaluation of the environmental conditions and preparing reports.
2. Carrying out epidemiological survey of outbreak of communicable disease, analyzing data taking control.
3. Implementing approved sanitation programme.
4. Carrying on continuous health education campaign.
5. Visiting the village as per the programme drawn in advance.
6. Supervising the work of Health Assistant and the Basic Health Worker.
7. Undertaking remedial measures on the occurrences of malaria.
8. Any other work as will be entrusted by the Medical Officer i/c of PHC from time to time.
9. To examine the blood slides and other laboratory work.

16. ANM/Multi-purpose Health Worker (Female)

Health worker Female is responsible for population covered by a subcentre (5000 for plane and 3000 for remote and hilly area.) She will stay at sub centre headquarter constantly. If MPW (M) is not posted at the centre, MPW (F) in addition to the duties assigned below:

Reproductive and Child Health Services

1. Register hundred percent pregnant women in first trimester and provide care to all pregnant women throughout the period of pregnancy.
2. Test urine of pregnant women for albumen and sugar, estimate hemoglobin level, measure and BP and weight.
3. Refer cases of abnormal pregnancy and cases with medical and gynecological problems to the Health Assistant Female/ Primary Health Centre/FRU. She will help in arranging transport for referral of emergency obstetric care.

4. Conduct about 50% of total deliveries in her area and should promote for maximum institutional deliveries.

5. Supervise deliveries conducted by Dais and assist them when ever called in.

6. Refer cases of difficult labour and new borns with danger sign help them to get institutional care and provide follow up to the patient referred to or discharged from hospital.

7. Make at least four post-natal visits (on 1/1\textsuperscript{st}, 2\textsuperscript{nd}, 7\textsuperscript{th} & 40\textsuperscript{th} days) for each delivery conducted in her area and render advice regarding care of mother and child feeding of the new born.

8. Promote initiation of breast feeding (preferably within half an hour) exclusive breast feeding upto 6 months and complementary feeding after 6 months, continuation of breast feeding as long as possible.

9. Assist medical officer and health assistant Female in conducting antenatal and post natal check up at the sub centre during RCH Clinics.

10. She will utilize the information from the eligible couple and child register from the family planning program.

11. She will be squarely responsible for maintaining eligible couple registers and updating it from time to time.

12. Spread the message of family planning for the couples and motivate them for family planning individually and in groups.

13. Identify couples with unmet needs.

14. Contact all couples with unmet needs and provide them contraceptive of their choice provide follow up services to female family planning acceptors, identify side effects, give treatment on the spot for side effect ad minor
complaints and refer those cases that need attention by the physician to PHC Hospital.

15. Establish female depot holder, help the health assistant female in training them and provide a continuous supply of conventional contraceptive to the depot holder.

16. Provide IUD insertion and follow up services.

17. Build report with acceptors, village leaders, Jan Mangal Couples, Dais, MSS and ....... Utilize them for promoting Family Welfare Programme.

18. Participate in Mahila Mandal and MSS meetings and utilize such gathering for educating women in family welfare programme and RCH.

19. Identify the women requiring help for medical termination of pregnancy and refer them nearest approved institution.

20. Educate community of the consequences of septic abortion and inform them about availability of services for safe medical termination of pregnancy.

**Nutrition**

1. Conduct Health Days at Anganwadi Centres at least once a month.

2. Identify cases of malnutrition among infants and young children (0-5 years) give the necessary treatment and advice and refer serious cases to the primary health centre advice to parents for deworming the child if malnourished and anemic.

3. Distribute Iron and Folic Acid tablets as prescribed to pregnant and nursing mothers, infants and young children (zero to five years) and family planning acceptors.

4. Administer Vitamin A solution as prescribed to children from 9 month to 3 years.

5. Educate community about nutritious diet for mother and children.

**Immunization Programme**
1. Follow the directions given in Manual of health Worker Female under National Immunization Programme.
2. Immunize pregnant women with tetanus Toxoid.
3. Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine all infants and children, as per schedule and maintain the records.
4. She should track the dropouts by card tracing and vaccinate them per complete coverage.

**Diarrhoea Control Programme**

1. Educate mother regarding home management of diarrhea with ORT.
2. Timely procure and provide ORS.
3. Monitor the cases of Diarrhea, if any increase in number, report to Medical Officer.
4. Record deaths due to Diarrhea and give monthly report.
5. Arrange for referral of severe cases of dehydration to concerned Institute.
6. Advice mothers to continue breast feeding / feeding during diarrhea.

**Respiratory Infection**

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

**Primary Medical Care**

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

**School health**
Help the medical Officer in School Health Services. Participate in school health program as per the activities given from time to time.

Training

1. List Dais in her area and involve them in promoting Family Welfare.
2. Help the Health Assistant Female in conducting training Programme for Dais.

Communicable Disease

- Notify the M.O. PHC immediately about any abnormal increase in cases of Diarrhoea, dysentery, AFP, Neonatal tetanus, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness which she comes across during her home visits, take necessary measures to prevent their spread, and inform the Health Worker Male to enable him to take further action.
- If she comes across a case fever during her home visit she will take blood smears, administer presumptive treatment for malaria and inform Health Worker for further action.
- Identify cases of skin patches, especially if accompanied by loss of sensation, which she come across during her home visits and bring them to the notice of Health Worker Male/Supervisor.
- Assist the Health Worker Male in maintaining record of cases in her area, who are under treatment for tuberculosis and leprosy and check whether they are taking regular treatment and bring these cases to the notice of the Health Worker Male or Health Assistance Male.
- Identify and refer all cases of blindness including suspected cases to M.O. PHC.

Events
Record births and deaths occurring in her area in the birth and deaths register and report them to the Supervisor. Health Worker Male and to Panchayat.

**Record Keeping**

- Register (a) pregnant women in her area (b) infants 0 to one year age and (c) women 15 – 44 years.
- Maintain the prenatal and maternity records and child care records.
- Update EC register every year and prepare service delivery register with the help of health Worker Male.
- Maintain the records as regards contraceptive distribution, IUD insertion, couples sterilized, clinics held at the subcentre and supplies received and issued and to see for the out dated medicine.
- Prepare and submit the prescribed monthly reports in time to the Health Assistant Female.
- Review performance with the help of supervisor and take corrective measures.

**Team Activities**

- Attend and participate in staff meetings at Primary Health Centre/Community Development Block or both. She will also attend meeting at Panchayat.
- Coordinate her activities with the Health Worker Male and other Health Workers including AWW, JM couple, Health Guides and Dais.
- Meet the health assistant female every two week and seek her advice and guidance whenever necessary.
- Maintain the cleanliness of the subcentre.
- Participate as a member of the team in camps and campaigns.
- Identify unreached and under served areas and prepare a plan of out reach activities.
- Work as a team with Anganwadi Workers in ICDS block /VHG/TBA.
- Conduct Health Day once a month at AWC.

**Sub –Centre Planning.**
- Conduct CAN and prepare SC plan with the help of HW (M) and supervisor.
- Maintain a proper record of supplies received.
- Store of medicine, equipments and other items will maintained well.
When posted at PHCs she will help organize MCH clinics including immunization, any other activity directed by MOI/c PHC and for implementation of National Health Programs. Her other field activities will be similar as that at sub-centre.

17. Multi-purpose Health Worker (Male)

This would be applicable if MPW (M) and MPW (F) are posted at the Sub-Centre. If MPW (M) is not posted at the sub-centre their duties will be carried out by MPW (F) along with other duties assigned to her. These duties to different national health programme are:

Malaria

1. From each family he shall enquire about.
   - Presence of any fever cases.
   - Whether there was any fever case in the family in between his fortnightly visits.
   - Whether any guest had come to the family and had fever.
   - Whether any family member who had fever in between his fortnightly visit had left the village.

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

3. He shall began presumptive treatment for malaria after blood smears has been collected. He will follow the instructions given to him regarding administration of presumptive treatment under NMEP/NAMP.

4. He shall contact the FPC during hid fortnightly visit to the village and (a) Collect Blood Smears already taken by the village health guide (b) also collect details
of each in MF -2 (c ) replenish both drugs and glass slides and look into the account of consumption of anti malarial drugs.

5. He shall dispatch blood smears along with MF -2 collected from the FTC /Multi purpose worker female of the sub centre and also those collected during his visit in his area to the PHC laboratory twice a week or as instructed by the Medical officer PHC.

6. He shall verify the radical treatment administered by the voluntaries if any during the visits.

7. He shall administer radical treatment to the positive cases as per drugs schedule prescribed and as per instruction issued by the medical officer, PHC and take laid down action if toxic manifestations are observed in a patient receiving radical treatment with Primaquine.

8. He shall intimate each house hold in advance regarding date of spray on the basis of advance spray programme given to him and explain simultaneously the benefit of insecticidal spray to the villagers.

9. He shall contact the FTC and inform him of the spray dates and request him to motivate the community and prepare them for accepting the spray operations.

10. Assist the Health Assistant Male in supervising spraying operations and training of field spraying staff.

11. He should marked stencils in front of the house mentioning the date of visit.

**Communicable Diseases**

1. Identify cases of diarrhea/dysentery, fever with rash, jaundice, encephalitis, diphtheria whooping cough antetanus, poliomyelitis (Lameness), neonatal tetanus, acute eye infections and any other communicable diseases and notify the Health Assistant Male and M.O, PHC immediately about these cases.
2. Carry out control measure until the arrival of HT Health Assistant Male and him in carrying out these measures.

3. Give Oral Dehydration Solution to all cases of Diarrhea/dysentery/vomiting.

4. Educate the community about the importance of control and preventive measure against communicable disease and about the importance of taking regular and complete treatment.

5. Identify and refer cases of genital sore or urethral discharge or no-itchy rash over the body to Medical Officer.

**Leprosy**

1. Identify cases of skin patches, especially if accompanied by loss of sensation and refer those cases to M.O. PHC for further investigation.

2. Check whether all cases under treatment for leprosy are taking regular MDT treatment. Motivate defaulter to take regular treatment and bring them to the notice of the Health Assistant Male.

**Tuberculosis**

1. Identify persons especially with fever for 15 days and above with prolonged cough or spitting of blood refer these cases to the HO/M.O I/c PHC for further investigation.

2. Check whether all cases under treatment for tuberculosis are taken regular DOTS treatment. Motivate defaulters to take regular treatment and bring them to the notice of the Health Assistant Male.

3. Educate the community on various health education aspects of tuberculosis programme.

4. Assist the village level volunteer in undertaking the activities under TB Programmes properly. Provide the list of the TB Patients living in a village to the village volunteer so that he is further able to motivate the TB patient in taking regular treatment.
5. Ensure regularity of DOTS during incentive phase as well as directly intake of the first does of each week during the continuation phase. Also ensure collection of empty blister packs during the collection of subsequent weekly blister packs throughout the entire continuation phase.

6. Administrative DOTS thrice a week in the intensive phase and at least once a week in the continuation phase, with the other two weekly doses self-administered in the continuation phase.

7. Verify address of all new patients and educate patients and their families on the plan of treatment. Arrange time and place for DOTS, according to the patient’s convenience.

8. Ensure that follow up smear examinations of sputum are carried out as per the stipulated schedule.

9. Maintain the treatment card and record the information. Transfer this information to the original Treatment Card at the CHC/PHC during weekly meeting.

10. Ensure that the treatment card is given to the STS for entry in the TB register and the TB No. is entered on the card.

11. Take steps for immediate retrieval of defaulters. During the intensive phase it should be no later than the day after the defaulter, and during the continuation phase within a week of the default.

12. Maintain relevant records.

**Environmental Sanitation**

1. Chlorinate Public water sources including wells at regulars intervals.

2. Educate the community on (a) the method of disposal of liquid wastes; (b) the method of disposal of solid wastes; (c) home sanitation; (d) advantages and use of sanitary type of latrines; (e) construction and use of smoke less chulahs.
**Immunization Programme**

1. Administer DPT Vaccine, Oral poliomyelitis vaccine, measles vaccine and BCG Vaccine to all infants and children in his area in collaboration with Health workers Female.
2. Assist the Health Worker Female in administrating tetanus Toxoid to all pregnant women.
3. Educate the people in the community about the importance of the immunization against the various communicable diseases.

**Diarrhoea control Programme**

1. Educate community on home management of Diarrhoea.
3. Measures such as chlorination of drinking water to be carried out.
4. Proper sanitation to be maintained.
5. Encourage use of sanitary latrine.

**Family Planning**

1. Utilized the information from the eligible couples and child register for the family planning programme.
2. Spread the message of family planning programme to the couple and motivate them for family planning individually and in groups.
3. Contact all couples with unmet need in coordination with Health Worker Female help them in getting contraceptive of their choice.
4. Distribute conventional contraceptive to the couples.
5. Provide follow-up services to make family planning acceptors of sterilization in obtaining if necessary by accompanying them or arranging for the Health Guide to ..... to the PHC/Hospital.

6. Build report with satisfied acceptors, village leaders, teachers, and other ............ for promoting family welfare programme.

7. Establish male dept holders in the area. Assist the Health Assistant Male..... Assistant Female in training them all, provide a continuous supply of ....... contraceptives.

8. Identify the male community leaders in each village of his area.

9. Assist the Health Assistant Male in training the leaders in the community and ......... and involving the community in family welfare programmes.

Medical Termination of Pregnancy

1. Identify the women requiring help for medical termination of Pregnancy, refer .... nearest approved institution, and inform the Health Worker Female.

2. Educate the community on the availability of service for safe termination of pregnancy.

Health Education

Educate the community and high risk groups about the availability of Reproductive and Child Health Service and encourage them to utilize the facilities.

Nutrition

1. Identify case of malnutrition among infants and young children (0-5 years) in his area, give the necessary treatment and advice or refer them to the Anganwadi /balwadi for supplementary feeding and refer serious cases to the Primary Health Centre.
2. Distribute Iron and Folic Acid as prescribed to children from 0-5 year. Pregnant and nursing mother and family planning acceptors.

3. Administer Vitamin A solution as prescribed to children from nine months to three years.

4. Educate the community about nutritious diet for mothers and children from locally available foods.

5. Advice to parents for deworming the child, if malnourished and anemic.

Vital Events

1. Enquire about births and deaths occurring in his area, record them in the births and deaths register and report them to the Health Assistant Male.

2. Educate the community on the importance of registration of birth and deaths.

Primary Medical Care

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

Record Keeping

1. Survey all the families in his area and prepare/maintain maps and charts for villages, conduct CAN and prepare subcentre action plan in coordination with Health Worker Female.

2. Prepare, maintain and utilize family and village records.

3. With the assistance of the Health Worker Female prepare the eligible couple, services delivery register and child register and maintain it up to date.

4. Maintain a record of cases in his area who are under treatment for tuberculosis and leprosy.
5. Prepare and submit periodical reports in time to the Health Assistant Male.

**Radiographer**

1. They should do routine and emergency x-ray.
2. Bed side x-ray if available portable x-ray machine.
3. Record maintenance cleanness and timely monthly reports.
4. Observing Hospital waste management guidelines for safe disposal of wastage.
5. Establishing linkage with agency for recovery of silver.

**Ophthalmic Assistant**

1. Assistant will be responsible for eye care services including IEC and training activities in his roles & responsibilities are grouped as below:

   He will be responsible for registration, diagnosis and treatment of Ophthalmic cases coming to .......... , and refer complicated cases to DH.

   He will do refraction and prescribed vision correction.

   He will do tonometrey for glaucoma identification, A- scan, Keratometry for IOL.

   He will provide pre-operative examination and prepare case for operation; assist in eye operation and post operation care.

   He will do follow up of the operated cases.

   He will assist in conduction of eye camps.
He will assist MOs of PHC in CHC area in school Health Program.

For early detection and correction ...... refractive errors and other minor eye ailments.

He will be responsible for recording and reporting data related with Ophthalmic care (cataract ................ Vitamin –A records etc)

He will motivate community for eye donation and create awareness for prevention and early detection and treatment of eye ailments.

18. Pharmacist

1. Dispensing the medicines at the Hospital/Health Centre or at the time of Health Camps/School check ups.
2. Record keeping and submission of reports.
3. Ensuring

19. Computer Assistant

Working Relationship

Computer is a member of the staff in the office of the Officer Incharge. He will function under the supervision guidance of the Officer Incharge. He will receive technical support and guidance from the Statistical assistant.

Duties and Function

1. He will collect information and prepare records on various components of Health and Family Welfare programmes (including mass education and media activities) from the subcentre and the primary Health Centre levels and will scrutinize and consolidate the information collected PHC wide and compile it for sub Division.
2. He will compile and send such monthly reports and ad-hoc returns on malaria, TB, Leprosy, blindness, dental care and family welfare programmes and all other national health programmes. Including Neonatal tetanus & poliomyelitis.

3. He will compile the updated information regarding the eligible couple and child register in all the villages received from the subcentre staff and will also compile village wise information. Regarding the number of eligible couples, numbers of couples using different family planning methods and the no. of couples to be motivated along with the information on their parity, the number of children covered by different immunization programmes, other component of RCH and those still to be covered under these programmes.

4. He will assist the Statistical assistant at district level in sample verification of acceptors in the area under the jurisdiction of the primary health centre. He will participate in special studies on certain aspects of health and family welfare programmes in the PHC area as part of the overall activities of programme evaluation and research.

5. He will maintain a register of vital events in the area from the register of births and deaths of the village register and also from reports of the vital events observed by health workers in the area.

6. He will also help to coordinate and maintain upto date village records, house hold and family records as envisaged in the Management Information and Evaluation System for use by various National Health and Family Programmes.

7. He will Prepare charts and graphs depicting (1) the progress of various Health and Family Welfare programmes and (2) analytical review of the
data collected and put up a PHC and Sub Centre wise performance report to Dy. CM & HO indicating poor performing institutions.

8. He will carry out any other statistical function assigned by the Dy. Cm & HO

9. Maintain RTI /STI record Listing of High –Risk person (Sex workers, Drug abusers)

10. Maintain record of disinfections of wells, chlorination, water samples taken at sub centre and village.

11. Maintain record of seasonal diseases sub centre and village wise.

12. He will visit sub centre and PHCs twice a month and will 25% physical verification of record.

13. He will ensure completeness of the case card and compiles the required information in family planning /surgical sterilization camps.

20. Laboratory Technician.

All Primary health centre, community health centre and sub divisional hospitals have laboratory technician/assistant.

He will be under direct supervision of MOI/PHC/CHC. Broadly his responsibilities are grouped as follows:-

1. General
- He will make timely indents for chemicals, reagents and other necessary items well in time and ensure proper and safe storage of materials received.
- He will maintain equipment and glassware in serviceable condition and clean, in case any repair or maintenance is needed he will inform MOI/C well in time.
- He will organize laboratory services in such a way that waiting time for patients is minimum with no cross movement of persons and/or specimens.
- He will maintain cleanliness in the laboratory and follow recommended safety procedures during all processing.
- He will do the sterilization as when required.
- He will dispose off the specimen and other laboratory waste as per Hospital and Waste Management guidelines.
- He will maintain in the necessary records of investigations done. Prepare and submit monthly/weekly (as required) to MOI/C well in time.
- He will observe universal safety precaution including measures for HIV prevention.
- Conduct all Laboratory investigations related to the unit.
- Keeping records and report preparation
- Ensuring that all logistics are available
- Any other work assigned by the Superiors.

**Laboratory Investigations**

He will carry out all recommended investigations as per the category of the health facility.

1. Carry out urine examination for:
   (a) Specific gravity and pH
   (b) Sugar (glucose)
   (c) Protein (albumen)
   (d) Bile pigments and bile salts
   (e) Ketone Bodies
   (f) Microscopic examination
2. Carry out stool examination for:
   (a) Macroscopic examination
   (b) Microscopic examination.

3. Carry out blood examination for:
   He will collect blood by finger prick /intravenous method
   (a) Hemoglobin estimation
   (b) Complete blood count (RBC/WBC total and differential /platelets)
   (c) Erythrocyte sedimentation rate
   (d) Blood grouping ABO and RH
   (e) VDRL
   (f) Vidal test
   (g) Serum bilirubine, serum cholesterol.
   (h) Serum enzymes eg. Alkaline phosphate, SGOT/SGPT as per availability of kits.
   (i) He will prepare thick and tin blood smears for blood parasites eg Malaria and filarial.
   (j) Blood samples for laboratory investigations of indoor patients at CHC/some divisional hospital should be taken in the morning by night duty technician carry bed side tests i.e., Hemoglobin, TLC/DIC, Blood sugar, BT/CT etc. in the wards at CHC /sub divisional hospitals.

4. Carry out sputum examination
   (a) He will instruct and demonstrate to the patients the proper method of bringing out sputum, over night collection and its delivery to the laboratory.
   (b) Co-ordinate with other staff to ensure that patients with productive cough for three weeks or more undergo sputum examination and receive containers and necessary instructions.
   (c) Preparation of slides from thickest portion of sputum, staining and examination of sputum smears for Mycobacterium tuberculosis, read and record result.
   (d) Maintain the Laboratory register and report the results to the medical officer managing the patients.
(e) Dispose off contaminated material as per guidelines.

(f) Carry out pregnancy test.

(g) Carry out investigations for RTI/STD cases, record and report results.

(h) Carry out semen examination – Sperm count and morality as well as macroscopic examination.

(i) Prepare throat swabs and examine for diphtheria.

5. Take Samples of drinking water
   (a) Test samples for gross impurities.
   (b) Send samples for testing to authorized laboratory.

6. Any other tests, which are required for patients care and for which he is trained and provided support.

**Maintenance of Records**

He will maintain records of all supplies/stock, investigations done. He will account of slides examined for malaria and tuberculosis of their treatment. He will get positive slides for malaria and tuberculosis confirmed by medical officer.