Preface

This field manual is designed to acquaint our new visitors to the:

- Physical infrastructure
- Availability of range of services
- Human resources
- Standard operating procedures in vogue at the Primary Health Centres (PHC) of the Comprehensive Rural Health Services Project (CRHSP) Ballabgarh.

All concerned should read the document carefully and follow the guidelines contained therein. This would facilitate optimal utilization of PHC as a platform for teaching, training and research. It is expected that working as per the standard operating procedures would reduce the instances of avoidable misunderstanding, improve quality of patient care and achieve unity of purpose.

The manual was first published in 2009. Since then, there have been changes in infrastructure, range of services, policies and introduction of newer services. Hence, it was felt that an updated version was required. While developing this manual, inputs were obtained from our potential users for example undergraduate students, interns, junior and senior residents of various medical disciplines, and nursing students.

The leadership for updating this manual was provided by Dr Ravneet Kaur, Assistant Professor of Community Medicine. She was assisted by the senior and junior residents of the department. I thank them all for their effort. My other faculty colleagues Dr Puneet Misra, Dr Sumit Malhotra and Dr Partha Haldar provided critical inputs in finalizing the draft version of the manual.

I hope the readers will find the manual useful.

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Professor in charge
CRHSP, Ballabgarh
Acknowledgement

1. Prof. Chandrakant S. Pandav, Professor and Head
2. Dr. Puneet Misra, Professor
3. Dr Sanjay Rai, Professor
4. Dr. Sumit Malhotra, Assistant Professor
5. Dr. Partha Halder, Assistant Professor
6. Dr. Ravneet Kaur, Assistant Professor
7. Dr. Mohan Bairwa, Senior Resident
8. Dr. Vikas Yadav, Senior Resident
9. Dr. Jitendra Manjhi, Senior Resident
10. Dr. Akhil Goel, Senior Resident
11. Shri. Ramchandra B. Pokale, Chief Artist
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AFP</td>
<td>Acute Flaccid Paralysis</td>
</tr>
<tr>
<td>AIIMS</td>
<td>All India Institute of Medical Sciences</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
</tr>
<tr>
<td>CCM</td>
<td>Centre for Community Medicine</td>
</tr>
<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<tr>
<td>CRHSP</td>
<td>Comprehensive Rural Health Services Project</td>
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<tr>
<td>DOTS</td>
<td>Directly Observed Treatment Short course</td>
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<tr>
<td>EHC</td>
<td>Extension Health Clinic</td>
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<tr>
<td>EHS</td>
<td>Employee Health Scheme</td>
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<tr>
<td>ENT</td>
<td>Ear Nose Throat</td>
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<tr>
<td>FRC</td>
<td>Family Record Census</td>
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<tr>
<td>HA</td>
<td>Health Assistant</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<tr>
<td>ICD</td>
<td>International Statistical Classification of Diseases</td>
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<td>ICDS</td>
<td>Integrated Child Development Services</td>
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<tr>
<td>IDSP</td>
<td>Integrated Disease Surveillance Project</td>
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<tr>
<td>IEC</td>
<td>Information Education &amp; Communication</td>
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<tr>
<td>IFPA</td>
<td>Intensive Field Practice Area</td>
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<tr>
<td>IFA</td>
<td>Iron &amp; Folic Acid</td>
</tr>
<tr>
<td>IPD</td>
<td>In Patient Department</td>
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<tr>
<td>IPHS</td>
<td>Indian Public Health Standards</td>
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<tr>
<td>IPPI</td>
<td>Intensive Pulse Polio Immunization</td>
</tr>
<tr>
<td>IUD</td>
<td>Intra Uterine Device</td>
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<tr>
<td>JSY</td>
<td>Janani Suraksha Yojana</td>
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<tr>
<td>MCH</td>
<td>Maternal &amp; Child Health</td>
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<tr>
<td>MCHN</td>
<td>Maternal &amp; Child Health Nutrition</td>
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<tr>
<td>MO I/C</td>
<td>Medical Officer In-charge</td>
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<td>MPW</td>
<td>Multi Purpose Worker</td>
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<td>MSSO</td>
<td>Medical Social Service Officer</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NNMR</td>
<td>Neonatal Mortality Rate</td>
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<tr>
<td>NRHM</td>
<td>National Rural Health Mission</td>
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<tr>
<td>OPD</td>
<td>Out Patient Department</td>
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<tr>
<td>PHN</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>RCH</td>
<td>Reproductive &amp; Child Health</td>
</tr>
<tr>
<td>RNTCP</td>
<td>Revised National Tuberculosis Control Programme</td>
</tr>
<tr>
<td>RTI</td>
<td>Reproductive Tract Infection</td>
</tr>
<tr>
<td>SHG</td>
<td>Self Help Group</td>
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<tr>
<td>SMO</td>
<td>Senior Medical Officer</td>
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<tr>
<td>SMS</td>
<td>Sakshar Mahila Samuh</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>TU</td>
<td>Tuberculosis Unit</td>
</tr>
<tr>
<td>VHSC</td>
<td>Village Health and Sanitation Committee</td>
</tr>
<tr>
<td>VLC</td>
<td>Village Level Committee</td>
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</tbody>
</table>
The objective of the project is to demonstrate a model health care delivery system and to train postgraduate, undergraduates, interns and nursing students. Under this project, there are two Primary Health Centres and one secondary level hospital at Ballabgarh. The two Primary Health Centres, Dayalpur and Chhainsa are situated 10 and 20-kilometer respectively from Ballabgarh. The area served by these two Primary Health Centres is also referred as the Intensive Field Practice area (IFPA) of the project which comprises of 28 villages and 12 Sub-centres. The Intensive Field Practice Area of the project caters to a population of
>90,000 and 11,337 households as on 31st December 2015 (Appendix 1). Each Primary Health Centre has 6 Sub-centres which in turn cover a population ranging from 5,000-11,000 each (Fig.No.1). A team of male and female MPWs provides the health care in the villages under the Sub-centres. Every household in the field practice area is visited once fortnightly by either of the MPWs. Relevant health information and vital statistics are collected in addition to delivery of routine health care as per the guidelines of national health programs. All information collected is updated once a month in computerized Health Management Information System (HMIS) at Ballabgarh CRHSP, the site headquarters. The HMIS is used to generate a work-plan for each worker for each subsequent month, and is generated using the 17 digit unique number linked to every individual in IFPA. In addition to routine data collection, an annual census is conducted in months of December – January to update the records.

Figure No. 1: Sub-centres under Primary Health Centre Dayalpur and Chhainsa
Activities at SDH Ballabgarh

**Patient care**

1. 24 hours Emergency services with referral facilities
2. 50 bedded ward
3. Daily outpatient services for medicine, paediatrics, surgery, psychiatry, ophthalmology, dental and gynaecology and obstetrics.
4. Special Clinics namely, antenatal & postnatal care for women, ENT, Paediatric surgery, Physical Medicine and Rehabilitation, Non Communicable Diseases
5. 24 X 7 obstetric services
6. Child Welfare Centre/ Immunisation Services
7. Pharmacy
8. Integrated Counselling and Testing services (ICTC) for HIV/AIDS
9. Tuberculosis Unit
10. Tobacco Cessation Clinic
11. Blood storage facility
12. Laboratory facilities including digital X-ray, Ultrasound
13. Operation theatre
14. Telemedicine link with AIIMS

**Teaching and training**

1. Postgraduate teaching
2. Undergraduate teaching
3. Intern training
4. Nursing students training
5. Foreign students exchange programme
6. Library with 24 hour internet connection

**Research activities**

1. Health Management Information System
2. Ongoing research projects- rotavirus, influenza, acute respiratory tract infections, diabetes mellitus
INFRASTRUCTURE AT PHC

The Primary Health Centres are located inside the village in an easily accessible area with prominent signage boards that are posted on the main road for reaching the centre. Each PHC area has ~1.5-3 acre land area. Infrastructure is provided as per the national guidelines which is sufficient for providing necessary services.

OPD services:

This service is provided on all days except on gazetted holidays and Sundays. Registration starts from 9.00 AM till 11.00 AM.

Laboratory:

It has sufficient space with workbenches. Basic investigations such as haemoglobin, urine albumin, urine pregnancy test, VDRL, widal, peripheral smear, blood grouping, blood glucose etc. PHC Dayalpur is also a designated microscopic centre wherein sputum is tested for acid fast bacilli.

Delivery hut:

In the year 2005-06 Haryana government started establishing delivery huts by upgrading existing subcentres and PHCs. The objective was to promote institutional delivery and to reduce maternal and infant mortality. Services that are provided included antenatal, postnatal check ups, 24X7 obstetric care, immunization, family planning, referral services. In both the PHCs delivery huts were established in the year 2009.

Residential accommodation:

Fully furnished hostel accommodation with common dining hall and kitchen are made available to the MO I/C, Junior Residents of CCM, interns and nursing students. The hostel is provided with overhead tanks for water supply. The hostel is also connected with generator backup to make the residential stay of the medical professionals and the other health personnel a comfortable one. Desert cooler is installed in each hostel room. Residential accommodation is also provided for MPW (Female) at the both Primary Health Centres to facilitate 24 X 7 Obstetric services.
INFRASTRUCTURE AT SUB - CENTRES

All Sub-centres are located centrally with easy access to population. Most of the Sub-centre premises have boundary walls with gate. Appropriate signage and display boards are posted at the appropriate places. All Sub-centres are connected by all weather roads and are provided with electricity supply and water supply. The Sub-centres are housed in buildings donated by Panchayat or by State government or AIIMS.

Each Sub-centre has a minimum of one examination room, clinic room and one toilet. Residential accommodation in the main Sub-centre area is made available to the MPW (Female) of Chandawali Sub-centre with each one having 2 rooms, kitchen, bathroom and toilet with electricity and water supply. This subcentre is also a delivery hut.

Furniture and Equipment:

Table No.1: List of other items present at Primary Health Centre

<table>
<thead>
<tr>
<th>MO I/C Room</th>
<th>Delivery hut</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Computer</td>
<td>• Delivery table</td>
</tr>
<tr>
<td>• Laser Printer</td>
<td>• Radiant warmer</td>
</tr>
<tr>
<td><strong>Ward</strong></td>
<td>• OT Lamp</td>
</tr>
<tr>
<td>• Nebuliser</td>
<td>• Suction apparatus</td>
</tr>
<tr>
<td>• Crash cart with oxygen cylinder</td>
<td>• Oxygen cylinder</td>
</tr>
<tr>
<td>• 6-10 beds</td>
<td>• Fetal Doppler</td>
</tr>
<tr>
<td><strong>OPD &amp; Dressing room</strong></td>
<td>• Baby weighing scale</td>
</tr>
<tr>
<td>• Table with mattress</td>
<td>• Delivery kit</td>
</tr>
<tr>
<td><strong>Laboratory</strong></td>
<td>• Needle destroyer</td>
</tr>
<tr>
<td>• Microscope</td>
<td>• Neonatal resuscitation kit</td>
</tr>
<tr>
<td>• Glucometer</td>
<td>• Lab equipments</td>
</tr>
<tr>
<td>• Centrifuge machine</td>
<td>• Phototherapy unit</td>
</tr>
</tbody>
</table>
Adequate furniture namely one examination table, one writing table, steel screen, steel almirah, fan, tube light and foot step are provided to the Sub-centre.

All the equipments that are necessary for conducting safe deliveries (in case of delivery hut), immunisation, contraceptive services like IUD insertion, first aid and emergency care, water quality testing, blood smear collection provided to Sub – centre.

**Water & Electricity:**

1. Installed and supplied by Panchayat in the village
2. Water & electricity bills are paid by AIIMS
3. Invertors along with battery back up has been provided

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### Table No.2: List of items at Sub – centres

<table>
<thead>
<tr>
<th><strong>Furniture</strong></th>
<th><strong>Equipment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Table</td>
<td>Salter scale</td>
</tr>
<tr>
<td>Examination table</td>
<td>Bathroom weighing scale</td>
</tr>
<tr>
<td>Chairs</td>
<td>Digital sphygmomanometer</td>
</tr>
<tr>
<td>Bench</td>
<td>Haemocue machine</td>
</tr>
<tr>
<td>Stool</td>
<td>Foetal doppler</td>
</tr>
<tr>
<td>Rack</td>
<td>Glucometer</td>
</tr>
<tr>
<td>Almirah</td>
<td>Copper T set</td>
</tr>
<tr>
<td></td>
<td>Drug box</td>
</tr>
</tbody>
</table>
ADMINISTRATIVE STRUCTURE

The Comprehensive Rural Health Services Project (CRHSP) Ballabgarh is a joint collaboration between AIIMS and the State Government of Haryana. As per the agreement of 1965, the overall administrative control rests with AIIMS. The administrative organogram of Ballabgarh Project is as follows:
CRHSP Ballabgarh is run by Centre for Community Medicine, AIIMS. The Director, AIIMS is the institution head as for all other departments of AIIMS. The Professor & Head, CCM is the overall head of the project. The direct day to day administrative control of CRHSP lies with the Officer in Charge of CRHSP. The Project in charge CRHSP is aided by four faculty members from Centre for Community Medicine who are posted at the Project headquarters. All correspondence to the senior administrative persons follows this hierarchy, and is routed as per proper channel.
Medical officer in-charge (senior resident, CCM) of two Primary Health Centres are responsible for the day to day functioning of the Primary Health Centres. He/She is responsible for supervision of health assistants, MPWs, staff, interns and Junior Residents posted at Primary Health Centre.

**HUMAN RESOURCES**

Table No.3: Present Staff at Primary Health Centre Dayalpur & Chhainsa

<table>
<thead>
<tr>
<th></th>
<th>Primary Health Centre Dayalpur</th>
<th>Primary Health Centre Chhainsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO I/C</td>
<td>Senior Resident, CCM</td>
<td>Senior Resident, CCM</td>
</tr>
<tr>
<td>Junior Resident (variable)</td>
<td>1 - 2</td>
<td>1 - 2</td>
</tr>
<tr>
<td>Intern (variable)</td>
<td>2 - 3</td>
<td>2 - 3</td>
</tr>
<tr>
<td>Laboratory Technician</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist (Part time)</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>OPD Registration Clerk (Part time)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>OPD attendant (Part time)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cook</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sweeper</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sweeper (Part time)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Attendant (Part time)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Gardener</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Driver</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

**Haryana staff**

<table>
<thead>
<tr>
<th></th>
<th>Dayalpur</th>
<th>Chhainsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff nurse</td>
<td>3-4</td>
<td>3-4</td>
</tr>
<tr>
<td>Information assistant</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ayush doctor</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Laboratory technician</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>ANM</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Emergency medical technician</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ambulance driver</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Human resource at Primary Health Centre can be divided into two categories-

1. Primary Health Centre staff

2. Field staff

**Primary Health Centre Staff:**

Primary Health Centre staff consists of the workers who are posted there and help in running day to day activities of the Primary Health Centre. (Table No.3)

**Field staff:**

Field staff is responsible for carrying out various preventive, promotive and curative services in various villages of the Primary Health Centre through Sub-centres. They are posted at Sub-centre or Primary Health Centre,and are required to visit field daily. Following is the field staff at each Primary Health Centre:

- Health Assistant (Male) – 1
- Health Assistant (Female) – 1
- MPW (Male) – 6
- ANM –10-12

Apart from Primary Health Centre staff and field staff, there are part-time workers at Sub-centre who are responsible for cleaning of Sub-centre premises as well as for carrying other sundry works. They work for four hour in a day.
SERVICES PROVIDED

Following services are provided by Primary Health Centre:

1. Outpatient Clinic (OPD)
2. Emergency services
3. Delivery hut Services (IPD)
4. Extension Health Clinic (EHC)
5. Outreach Antenatal camps at subcentres
6. Outreach specialty OPDs
7. Referral services to AIIMS/CRHSP Ballabgarh
8. Gramin Swasthya Samaroh
9. Sarpanch meetings
10. School health education programme
11. Hypertension camps
12. Blood donation camps

Outpatient Clinic (OPD)-

Outpatient clinics are run daily in the forenoon. Patients are seen by residents and interns. Patients who can be treated at the Primary Health Centre are provided treatment during the clinic; others requiring more specialised care are referred to CRHSP Ballabgarh, District Hospital or AIIMS according to patient requirement.

OPD Registration timings

- Summer: 9.00 AM – 11.00 AM
- Winter: 9.30 AM – 11.30 AM

Registration Fee:

- Two rupees for all new patients
- Registration is valid for the duration of current year. In next year, fresh registration is required to be done for which registration fee is charged.
Drugs:

Medicines are given to the patients for five days at a time. However, antihypertensive, antiepileptic, antidiabetics, bronchodilators, iron folate or other drugs in patients requiring chronic treatment, which can be given for four weeks at a time. MO I/C can decide the policy in specific situations. (Appendix III)

Functioning of OPD:

1. At registration counter, new card is made or old cards are re-entered.

2. Registration clerk puts the serial number of the patient against date in each visit. This helps to maintain discipline. All are computerised now.

3. Doctor sees the patients as per the serial number entered in OPD card.

4. Doctors write –
   - Diagnosis (Provisional / symptomatic)
   - Important findings to help in follow up
   - Prescription: how many tablets to be dispensed

5. The person who is dispensing mentions the number of tablets he has dispensed against each item of the prescription. That helps to keep a cross check on drug distribution.

6. The treating doctor has sign at the end of prescription.

Outpatient specialty Clinics:

Once a week on Tuesdays, a outreach specialty clinics are held at both the Primary Health Centres. Senior residents of obstetrics, paediatric, ophthalmology, psychiatry visit the PHC for providing consultation.

**Registration Timing** -

11.00 – 1.00 PM at PHC Chhainsa

1.30 – 2.30 PM at PHC Dayalpur
Emergency services:

1. All the emergencies are dealt with or referred after first aid.
2. No medico legal cases are dealt with. They are referred to CRHSP, Ballabgarh.
3. All emergency patients seen are to be entered in register (their details of residence, diagnosis and management).

Inpatient Services:

Each primary Health Centre has got 6-10 inpatient beds. Patients requiring inpatient care are admitted in the ward. Following guidelines are to be observed in admitting the patients-

1. Only patients with those conditions which can be managed at the Primary Health Centre viz. Acute Diarrheal Disease with dehydration, acute severe asthma with respiratory failure, hyperpyrexia, etc. Should be admitted in wards.
2. If the patient cannot be managed at Primary Health Centre or his condition is not improving after treatment, he should be referred immediately to CRHSP, Ballabgarh.
3. Admission can be done only on the advice of MOI/C or other resident.
4. All drugs are provided free of cost.
5. Patient should be monitored regularly.
6. Patient coming for delivery are also kept in the ward. They should be discharged 48 hours after delivery.
7. All the admissions are for shorter duration. No patients with chronic morbidity should be admitted.
8. Discharge summary detailing the course of illness, treatment given as well as advice on discharge should be given to the patient duly signed by intern and counter-signed by MOI/C or Junior Resident.

Extension Health Clinic (EHC)

1. Once a week – one / two doctors go to run a clinic in the Sub-centre.
2. Medicines are taken from the Primary Health Centre in the medicine box.
3. Drugs can be given for a week depending on availability.
4. Registration and dispensing are done at the EHC by the MPWs.
5. Vehicle for EHC is provided from Ballabgarh.
6. Other activities like field exercises and postgraduate’s thesis should be co-ordinated along with EHC.
## EIIC services

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<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td><strong>First</strong></td>
<td>Atali</td>
<td>..</td>
<td>Jawan</td>
<td>Naryala</td>
<td>FB</td>
<td>Atali</td>
</tr>
<tr>
<td><strong>Second</strong></td>
<td>Behbalpur</td>
<td>..</td>
<td>Maujpur</td>
<td>Panhera kalan</td>
<td>Dulhepur</td>
<td>Atali</td>
</tr>
<tr>
<td><strong>Third</strong></td>
<td>Ladholi</td>
<td>..</td>
<td>Jawan</td>
<td>Naryala</td>
<td>..</td>
<td>FB II</td>
</tr>
<tr>
<td><strong>Fourth</strong></td>
<td>Ladholi</td>
<td>..</td>
<td>Ahmedpur</td>
<td>Panhera kalan</td>
<td>FB</td>
<td>Behbalpur</td>
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<tr>
<td><strong>Fifth</strong></td>
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## ANC Services

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<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td><strong>First</strong></td>
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<td>Chhainsa</td>
<td>Jawan</td>
<td>Naryala</td>
<td>FB</td>
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<tr>
<td><strong>Second</strong></td>
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<td>Chhainsa</td>
<td>Maujpur</td>
<td>Panhera kalan</td>
<td>Dulhepur</td>
<td>Atali</td>
</tr>
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<td>Chhainsa</td>
<td>Jawan</td>
<td>Naryala</td>
<td>..</td>
<td>FB II</td>
</tr>
<tr>
<td><strong>Fourth</strong></td>
<td>Ladholi</td>
<td>Chhainsa</td>
<td>Ahmedpur</td>
<td>Panhera kalan</td>
<td>FB</td>
<td>Behbalpur</td>
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<tr>
<td><strong>Fifth</strong></td>
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### ORSO Referral Services (Timings: 10.30 am onwards)

<table>
<thead>
<tr>
<th><strong>Day</strong></th>
<th><strong>Regular Subcentre</strong></th>
<th><strong>Other Vilages</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Tuesday</td>
<td>Chhainsa</td>
<td>Atali, Maujpur, Ahmepur</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Tuesday</td>
<td>Chhainsa</td>
<td>Jawan, Behbalpur</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Tuesday</td>
<td>Chhainsa</td>
<td>Ladholi, Panheda kalan, Naryala</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Tuesday</td>
<td>Chhainsa</td>
<td>FB</td>
</tr>
</tbody>
</table>
**Delivery Hut:**

Delivery hut was started for providing community with safe place of delivery near to their homes. The objective of the delivery hut is to increase institutional delivery and to decrease maternal and neonatal morbidity and mortality. Currently, delivery hut is functional at three Sub-centres, Dayalpur and Chandawali under Primary Health Centre, Dayalpur, and Chhainsa under Primary Health Centre, Chhainsa. Guidelines for Delivery hut are mentioned in Appendix IV. To ensure pregnant women reach healthcare institution in time, Haryana government launched "Haryana Swasthya Vaahan Sewa No.102", a referral transport service. Functional since 2009, this free transportation service was made available to pregnant women in need of emergency care till 6 weeks post partum, neonates, victims of road side accident etc, The women could avail this free transportation to go back to her home after discharge. This facility was available in both the PHCs since 2011.

**Outreach Antenatal Camps:**

Outreach antenatal camps are being organized with a view to provide quality antenatal care at the village level. This helps in identifying many high risk cases and getting them delivered at an institution, thereby improving maternal and neonatal outcome. It is conducted in the villages of Primary Health Centre, Dayalpur on Wednesday forenoon and on Friday forenoon in the villages under Primary Health Centre, Chhainsa. In Chhainsa and Atali Sub-centre under Primary Health Centre, Chhainsa, antenatal clinic is also run at Anganwadi centres by rotation on Wednesday and Thursday forenoon respectively. Services provided in these camps are as follows-

1. Antenatal check up
2. Immunization of antenatal women and under-5 children
3. Provision of medicines like IFA and calcium supplements
4. Treatment of minor ailments among pregnant women
5. Basic laboratory investigations viz. Hemoglobin estimation, urine albumin and sugar, blood grouping and typing and urine pregnancy tests
6. Health talk
7. Referral services
Personnel attending these camps are as follows:

1. One resident and intern from PHC
2. Health educator from PHC
3. Health Assistant (Female)
4. ANMs
5. ASHA workers

Prior to the camp, all antenatal women in respective villages are informed regarding schedule of such camp by ASHA worker and female MPW

Referral Services

All cases which cannot be managed at the Primary Health Centre level are referred to higher centres for further management. Patients are routinely referred to CRHSP, Ballabgarh for the conditions pertaining to the speciality the Senior Resident of which is available at Ballabgarh. For other conditions patients are referred to District Hospital, Faridabad, Safdarjung Hospital, New Delhi or All India Institute of Medical Sciences, New Delhi depending on the condition. A pink referral slip properly filled and duly signed by the doctor is given to the patients. All referrals are entered in the referral register which is available in the OPD. Referral transport is usually provided.

Biomedical Waste Management:

At Sub-centre level –

After each immunization session, used syringes should be cut with help of hub cutter by MPW (Female) with help of helper and send it in air tight container to Primary Health Centre for disposal.

At Primary Health Centre Level –

Biomedical waste generated in dressing room, delivery hut, OPD is collected separately in separate container as per colour coding follows
Waste disposal from Primary health Centre is outsourced to the private company on yearly contract basis. Contract with the agency has to renew every year. Separate sharps pit has been constructed in both the PHCs for disposing waste sharps. Waste is collected from Primary health Centre twice in a week by the contracted agency and disposed off at the district level. MO I/C used to sign their visit on record maintained by visiting personal.

<table>
<thead>
<tr>
<th>Colour coding</th>
<th>Type of waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Human tissues, placenta, Pus stained gauze and dressing, etc</td>
</tr>
<tr>
<td>Blue</td>
<td>IV sets, intravenous catheter, riles tube, rubber catheter, any blood stained waste products</td>
</tr>
<tr>
<td>White (Puncture proof container)</td>
<td>Disinfected needles, syringes, blood slides, scalpels, blades and other sharp waste products</td>
</tr>
<tr>
<td>Black</td>
<td>General wastes</td>
</tr>
</tbody>
</table>
JOB RESPONSIBILITIES

Primary Health Centre Staff:

- **Medical Officer – in charge**
  
  Medical Officer-in-charge of the Primary Health Centre, who is a senior resident from the Centre for Community medicine, All India Institute of Medical Sciences, New Delhi, is responsible for overall management of the Primary Health Centre. His/her job responsibilities are as follows:

1. **Patient Care:**
   
   a. Attend to the patients in the OPD
   b. Supervise and guide interns and Junior Residents
   c. Attend emergency and delivery cases and guide interns and junior residents in their management

2. **Training and supervision:**
   
   a. On job training of Interns, Health Assistant, MPWs, ASHA
   b. Supervision of Junior Residents, Interns, Health Assistant, MPW, ASHA
   c. Annual confidential Report (ACR) of MPWs

3. **Stores:**
   
   a. Indenting the drugs and other consumable and non-consumable items on monthly basis
   b. Proper maintaining of stock registers
   c. Arrange the store room properly
   d. Show issuing and consumption in stock registers at all levels (dispensary, EHC, Sub-centres)

4. **Guidance to Interns:**
   
   a. Proper orientation on the first day
   b. Plan for emergency and weekend duties
   c. Distribute their assignment and assess weekly.
   d. Send their attendance and assessment to Ballabgarh at the end of the posting.
5. **Primary Health Centre maintenance:**
   a. Keep Primary Health Centre premises, OPD clean with help of sweeper.
   
   b. Dressing room, injection room etc. should be maintained clean and instruments sterilized with help of MPW(F) and sweeper.
   
   c. Inform in written about any infrastructure related problem to concerned authority in CRHSP, Ballabgarh.

6. **Junior Residents:**
   a. Give more time for field based activities and management of Primary Health Centre.

7. **Vehicles management:**
   a. Make sure that the vehicles leave the Primary Health Centre in time for the EHCs.
   
   b. Check and sign the log book regularly and note the distance travelled.

8. **Supervisory Visits & Other Field Activities:**
   a. A schedule should be made for supervisory visit and submitted to faculty every month. At least one visit should be made to each sub centre in the morning during the worker’s field visits.
   
   b. EHC vehicles should be utilized as much as possible for the visits like death verification etc
   
   c. Disease surveillance reports are to be submitted by the workers once a week on their EHC days. This has to be reported in the monthly report.
   
   d. Review all the verbal autopsy forms and assign the cause of death on a monthly basis.
   
   e. Check all the reports to be sent from the Primary Health Centre before sending them. Send one copy to Ballabgarh.
   
   f. Send monthly attendance report of all part time daily wages staff to Ballabgarh before 3rd of each month.
   
   g. Morbidity analysis to be done by the health assistants and reported during the monthly meetings.
9. **Birth and Death Registration:**
   a. Medical officer in charge is the registrar of birth and death registration of the Primary Health Centre.
   b. Register all the births and deaths which have occurred in the Primary Health Centre area.
   c. Issue birth and death registration certificates.
   d. Maintain birth and death register which is a legal document and send the summary report to the district registrar of births and deaths.
   e. Late registration of births and deaths. Late registration up to one month can be done at the Primary Health Centre; otherwise requisite permission is to be obtained from district registrar.
   f. Presently these have been computerized.

10. **Distribution and audit of NRHM funds:**
    a. Medical officer in charge is responsible for distribution and audit of NRHM funds like Janani Suraksha Yojana fund and Honorarium to ASHA.
    b. The account is maintained at Ballabgarh by the faculty member. Mr. Suresh Kumar keeps the detailed account.

- **Laboratory Technician**
  a. Conduct laboratory tests at Primary Health Centre on advice of the doctor.
  b. Procure materials and supplies as required for laboratory from CRHSP, Ballabgarh
  c. Maintain TB register at Primary Health Centre and dispense TB treatment boxes after informing MOI/C
  d. Maintain records
  e. Send laboratory reports weekly as per IDSP guidelines to District Hospital
• **Pharmacist:**
  a. Distribute drugs to patients attending outpatient clinic as per prescription
  b. Indent drugs from CRHSP, Ballabgarh and central warehouse, Gurgaon on monthly basis and update the same in the online drug portal along with the help of IA.
  c. Maintain stock register of drugs
  d. Maintain records of drugs dispensed
  e. Visit Extension Health Clinic in the afternoons and dispense drugs.

• **OPD attendant:**
  a. Keep the OPD cards of the patients and call them when their turn comes.
  b. Maintain the cleanliness of the OPD and keep all forms and registers in order in OPD.
  c. Weigh all the children coming to the OPD
  d. Dressing of the patients attending OPD

• **OPD registration clerk:**
  a. Registration of all the patients attending OPD
  b. Maintain the record of OPD fees collected and deposit them to CRHSP, Ballabgarh at the end of the month

• **Staff nurse**
  a. Attending all the patients coming to delivery hut and emergency
  b. Conducting delivery and postnatal care
  c. Maintaining record and registers of delivery hut
  d. Dressing and Intramuscular injection of the patients attending OPD and emergency
  e. Maintain injection registers
  f. Autoclaving surgical instruments
• **Information assistant**

  a. Uploading various reports in softwares such as **MCTS**- mother and child tracking system; **DHIS 2**- district health information system; **ATM**- anaemia tracking module; **HBPN**- home based post natal care; Online indenting (Haryana Govt); Supportive Supervision- of sub centers; and Nikshay.

  b. Online birth and death registration.

**Field Staff**

1. **Health Assistant (Male)**

   **Supervision in the field:**
   1. Supervise & guide MPW (Male) in the delivery of services.

   2. Visits each Sub-centre once a week as per prepared tour programme to observe and guide MPW (Male) in his day-to-day activities. All villages under the Primary Health Centre should be covered at least once in a month. Small villages can be covered once in two month.

   3. He should check minimum of 10% houses in a village to verify the work of MPW (Male).

   4. Supervise chlorination of water sources whenever applicable.

   5. Supervise immunization of all under fives.

   6. Crosscheck verbal autopsy (VA) forms filled by MPW.

   7. Supervision of census activities by MPWs.

   8. Other outreach programmes such as indradhansush, bhatta health clinics etc.

**Record keeping & reporting:**

1. Scrutinize & review the records maintained by MPW (Male) and submit monthly reports.

2. Collect & compile birth & deaths reports and submit census report to MO I/CPrimary Health Centre

3. To maintain the record of distribution of JSY and ASHA money
Service delivery:

1. He will carry a malaria kit. He is also responsible for prompt radical treatment to positive cases in his area. He will also supervise the spraying, if any.

2. Be alert to outbreak of diseases and help the MO I/C in control measures.

3. Check & ensure that all TB patients are taking regular treatment and inform MO I/C Primary Health Centre about any defaulters.

4. Help the community in construction of – Safe water sources, sanitary latrines, etc.

5. Conduct immunization of school-going children and their health check-up.

6. Personally motivate resistant cases of family planning.

7. Ensure follow up of cases practicing family planning.

8. Provide Health Education.

9. Help in organizing outreach camps.

10. Visits patients with NCDs like Diabetes Mellitus, Hypertension, Stroke and provide counseling regarding risk factors and need of compliance to the treatment.

11. Liaise with Community Health Centre, Kurali for all activities.

2. Health Assistant (Female):

Supervision in the field:

1. Supervise & Guide the MPW (Female) in delivery of health services.

2. Supervise immunization and care of all pregnant women and under five children.

Record keeping & Reporting:

1. Scrutinize & review records maintained by MPW (Female) and submit monthly reports to MO I/C.

2. Maintain the stock register of MCH and family planning related supplies.

3. Check the maintenance of eligible couple register.

4. Help HA (Male) in maintaining the record of distribution of Janani Suraksha Yojana (JSY) and ASHA money.
5. Overall supervision of subcentre ANC clinics.

**Service delivery:**

1. Conduct weekly MCH clinics with the help of MPW (Female).
2. Visit Anganwadi & provide health checkups & coordinate MCH activities.
3. Attend to ANC cases & deliveries when referred by MPW (Female).
4. Examine all the high risk antenatal cases.
5. Personally motivate resistant cases for family planning.
6. Provide IUD services & follow up.
7. Health educational activities.
8. Organise and utilise *Mahila Mandals*, SMS groups in service delivery, IEC activities etc.
9. Visits patients with NCDs like Diabetes Mellitus, Hypertension, Stroke and provide them counselling regarding risk factors and need of compliance to the treatment
10. Liaise with Community Health Centre, Kurali for all activities.
11. Maintain adequate vaccine stock at Primary Health Centre.
12. Audit of Family Planning and Haryana stores.

3. **MPW (Male):**
   1. Malaria:
      a) Active Surveillance of fever cases & to make slides of blood smear.
      b) Administer Presumptive treatment of suspected fever cases and radical treatment to the positive cases.
      c) Assist HA (Male) in supervising spraying operations.
2. **Tuberculosis:**
   
a) Identify persons especially those aged 15 yrs & above, who are chest symptomatic and refer them to designated microscopy centre for sputum examination.
   
b) Check the regularity of treatment by the patients. Motivate defaulters to take regular treatment and bring it to the notice of HA (Male).
   
c) Ensure regularity of sputum examination of patient on treatment.
   
d) Identify DOTS provider in the community.

3. **Identify and refer cases of communicable diseases.**

4. Chlorinate public water sources at regular intervals.

5. Administer DPT, OPV, Measles & BCG vaccine to all infants and children in his area in collaboration with MPW (Female).

6. Help MPW (Female) in enrolling eligible pregnant women for JSY.

7. Assist the MPW (Female) in administering Tetanus Toxoid to all pregnant women.

8. Assist HA (Male) in the School Immunization Programme.

9. a) Establish depot holders in the area for continuous supply of contraceptives.
   
b) Educate & motivate eligible couples for family planning.
   
c) Distribute conventional contraceptive to couples.
   
d) Provide follow up services to Family Planning acceptors.

10. Report the births & deaths to HA (Male). Carry out verbal autopsy for all deaths.(Appendix V)

11. Maintain necessary records.

12. Health educational activities.

13. Inform MO I/C Primary Health Centre about suspected outbreak of disease in the community.

15. Screening of adults for risk of non-communicable diseases and checking blood pressure and blood sugar.

16. Organize outreach camps as per schedule.

17. Conduct special activities viz. census, Intensive Pulse Polio Immunization (IPPI) etc.

18. Prepare monthly report of their respective Sub-centre.


4. MPW(Female):
   1. MCH :
      a) Register & provide care to all pregnant women
      b) Enrol all pregnant women under Janani Suraksha Yojana (JSY)
      c) Conduct delivery at Sub-centres where delivery hut is operational
      d) Refer cases of high risk pregnancy and cases with medical or gynaecological problems to ORSO clinic or the Primary Health Centre.
      e) Make at least three home based postnatal visits and render advice regarding care and feeding of newborn and mother
      f) Assist HA (Female) in conducting MCH & Family Planning clinics at Sub-centre

   2. Family Planning:
      a) Maintain eligible couple register and update it from time to time
      b) Distribute conventional contraceptives & oral pills
      c) Provide follow up services to Family Planning acceptors
      d) Establish depot holders and to ensure continuous supply of contraceptives to them.
      e) Motivate eligible couples for tubectomy and vasectomy.
3. Coordinate the MCH activities with ICDS functionaries

4. Assist MPW (Male) in active surveillance of malaria cases.

5. Immunize pregnant women & under fives

6. Supervision of ASHA workers

7. Screening of adults for risk of non-communicable diseases and checking blood pressure and blood sugar

8. Organize outreach camps as per schedule.

9. Identify and treat/refer cases of communicable diseases

10. Notify MO I/C Primary Health Centre immediately if an outbreak is suspected

11. Record births & deaths in the register & report it to MPW (Female)

12. Provide first aid & treatment of minor ailments. Refer when necessary

13. Conduct special activities viz. Surveillance for Demographic Environmental and Health Information (SUDEHI), IPPI etc.


15. Maintain necessary records.


17. Prepare monthly report of their respective Sub-centre.

18. Update database of HMIS, CRHSP Ballabgarh monthly.
WORKING PATTERN

A. Workers’ beat schedule:

House visits by workers are done according to their beat schedule. Following points are kept in mind while preparing the beat schedule of workers:

1. Male & Female workers visit same houses two weeks apart.
2. Particular day of a week is followed for same village.
3. Number of visits to villages to be proportionate to their population.
4. Adjustment for sub centre village can be done in afternoon visits, if required.
5. OPV programme & computer day to be kept fixed to a week of every month.

Male and female workers go for the house visit separately in the same village. A fixed beat schedule helps in proper monitoring of MPWs. An average of 50 houses is visited by one MPW in a day.

Maternal and Child Health (MCH):

1. Register & provide care to all pregnant women
2. Refer cases of high risk pregnancy and cases with medical or gynecological problems to HA (Female) or the Primary Health Centre.
3. Conduct deliveries in delivery hut
4. Make at least three postnatal visits and render advice regarding care and feeding of newborn and mother
5. Assist HA (Female) in conducting MCH & Family Planning clinics at sub centre
Family Planning:

Facilities available at the Primary Health Centre:

- Oral pills
- Condoms
- Copper T

For vasectomy/ligation – Patient is advised to go to Ballabgarh/B.K. Hospital, Faridabad. All temporary methods given from Primary Health Centre is entered in family planning register. HA (Female) keeps the list of eligible couples of all villages with her which may be updated from time to time.

Condoms - Both the MPWs carry these along with them whenever doing the visits. Depot holders are encouraged.
**Oral pills** - The MPW have been asked to screen the females before starting oral pills regarding conditions like Cardio-vascular disorders, Cerebro-vascular disorders, abnormal menstrual cycles etc.

**Copper T** - MPW (Female) inserts Copper T at the Sub-centre. She can take Copper T set with her for this or else it may be inserted in the Primary Health Centre. Proper follow up is essential.

**Immunization:**

**Administration** - DPT/DT/TT vaccines – given along with the beat programme or on a fixed day fixed site basis. Paracetamol should be given to all DPT recipients prophylactically. Schedule is the same as National Immunization Programme Schedule. Auto-desposable syringe is used for vaccination.

**BCG/Measles** - Vaccination of BCG and Measles are done when there are enough beneficiaries in the villages. In both Primary Health Centres immunization is given in MCH clinics (Tuesday afternoon). BCG / Measles can be opened in these clinics and the doses left may be used in the headquarter village itself by MPW (Male).

**OPV**- OPV is not to be given in routine beat programmes. Particular days have been fixed for each village (in 3rd week).

**Tuberculosis:**

1. The workers will refer all chest symptomatic to the Primary Health Centre/EHC.
2. Supervision of DOTS provider.
3. To take defaulter action. In case of resistant case, Health Assistant or MOI/C is to be informed.
4. Update the treatment cards.
5. Monthly reporting to Primary Health Centre

**Malaria:**

Malaria slides are made both by both male and female MPW for each fever case. Slides are made to a minimum of 1% of population in non-transmission season and 2% of population in Transmission season (July-October). Radical treatment is to be carried out by MPW (Male)
and HA (Male) if smear is positive. If PF case comes to the notice, HA (Male) is to carry out
mass fever survey of 50 houses nearby. If one more case comes positive, another 50 houses
are to be surveyed. If again a positive case is reported then 200 houses/village are to be
surveyed.

**Outbreak investigation:**

Workers are required to report any unusual increase in a particular morbidity in the village.
He will also assist HA (Male & Female) in carrying out investigation of the outbreak and
control measures.

**B. Health Assistants’ beat schedule**

Supervisors conduct the supervision in the villages according to pre-planned beat schedule.
This beat schedule is prepared by them at the start of the month and after approval by the MO
I/C forwarded to Officer I/C, CRHSP, Ballabgarh. This beat schedule helps in proper
supervision by HA as well as facilitate the supervision of HA by MOI/C. Beat schedule of
HA is prepared keeping in mind following criterion:

1. In big villages two visits and in other villages at least one visit per month.
2. Male & Female HA should not be in the same village as far as possible.
3. Supervision of OPV programme should be kept rotating to different villages.
4. Distant villages and villages with poor indices should be given priority.
5. Special attention to *Mohalla* of people from backward section to be given.
6. HA should visit anganwadi wherever possible.
7. The schedule to be made at the beginning of month by HA in consultation with MO
   I/C and a copy sent to Ballabgarh along with monthly meeting minutes.
8. Supervision is not to be restricted to fault finding but should also supportive. It should
   involve going with the worker for 10-15 houses and verifying the entries in the work
   plan of the houses already visited.
9. Monthly supervisory report to be prepared and submitted to MO I/C.(Appendix VII)
MONITORING AND SUPERVISION

1. Monthly meetings

Monthly meetings are conducted at the Primary Health Centre headquarter on first Saturday of every month. This meeting is attended by Medical officer in charge of the Primary Health Centre, Junior Resident posted at Primary Health Centre, Health assistants and MPWs. The purpose of this meeting is:

1. Appraising the workers regarding their performance during previous month.

2. Planning the activities for the coming month.

3. Discussion regarding difficulties faced in the field and their solution.

4. Continue Medical education of workers on different topics each month

The performance of each and every Sub-centre is discussed threadbare during the meeting. Workers are encouraged to voice their concern and suggestions. At the end of the meeting, a summary of the meeting is prepared, which is sent to OfficerI/C Ballabgarh. Faculty from Ballabgarh also attends the meeting from time to time.

Monthly meeting is also utilized for the purpose of training of workers. A topic is selected during the monthly meeting and MO I/C trains the MPWs on that topic.

2. Supervisory Meeting

Supervisory meetings are held on third Wednesdays of the month. This meeting is held at Primary Health Centre Chhainsa and Dayalpur alternately. This meeting is attended by Faculty, MOI/Cs of Primary Health Centre, Health Assistants, Medical Social Service Officer (MSSO), Public health Nurse (PHN) and Health Educator. This meeting is held to facilitate communication between all the decision makers. All issues regarding field activities of the Primary Health Centre are discussed during this meeting. Supervisory meeting forms prepared by Health Assistants are also discussed during the meeting. Any problem faced during the outreach camps and referral services are discussed. Activities under NRHM and JSY are also discussed during the meeting. Report of the supervision done by HA and MO I/C should be available before this meeting. Minutes of the meeting are prepared by the Senior Resident of the place where the meeting takes place and sent to CRHSP, Ballabgarh.(Appendix VIII)
3. Supervisory Field Visits

MO I/C or junior resident of the Primary Health Centre is required go for supportive supervisory field visits apart from the Sub-centre visit on fixed days. This helps in motivating the workers as well as to keep check on their punctuality and activity.

a) Vehicle is requisitioned in advance for this purpose.

b) Qualitative and quantitative aspect of the work is monitored.

c) Workers are motivated during the visit.

d) Any vaccine refusal, high risk pregnancy, infant death, and TB defaulter is visited during supervisory visit.

e) Any lacunae found in the work of the worker is brought to the notice of Officer I/C CRHSP, Ballabgarh and a note kept in office file.

f) These visits are utilized to establish contact with community leaders.

4. Annual Confidential Report

1. An objective assessment module has been developed. The workers have to self-assess annually.

2. The details of the Annual Confidential Report are mentioned in the format itself.

5. Grievance Redressal Mechanism

In order to deal with cases of inter-personal disputes involving staff and patients. Dispute settlement Committee (DSC) was constituted to look into all such issues that do not involve a doctor. The members of DSC are (subject to them not being a party to the dispute)

1. Senior Most Senior Resident, Community Medicine at CRHSP – Chairman
2. Senior Most Nursing Sister – Member
3. One member from MSSO/PHN - Member
4. One member from Senior Most Health Assistant/Health Educator – Member

The committee is free to co-opt any special invitee if so required. All clerical/Secretarial matters related to this committee will be the responsibility of Mr. Suresh Kumar (LDC).
All complaints involving disputes of interpersonal nature would be referred to this committee. On receipt of a specific complaint, the chairman would convene the committee based on appropriateness and availability of the members, and in consultation with faculty member. The committee should endeavour to settle the dispute between the parties and if necessary, submit its recommendations to the faculty for any specific action. The report listing, its finding and recommendations in all cases should be submitted within two weeks from the date the complaint was referred to it.
REPORTING SYSTEM

1. Weekly Reports
   Following reports are prepared on the weekly basis:
   b. **IDSP (Integrated Disease Surveillance Project) report**-
      Regarding various selected morbidity and mortality as well as laboratory investigations are sent from Primary Health Centre directly to district hospital through CRHSP, Ballabgarh every Saturday. There are two reporting format- P form pertains to presumptive disease surveillance whereas L form pertains to laboratory investigations. Mr. Vishnu, Statistics Assistant at CRHSP, Ballabgarh co-ordinates this activity.
   c. **Weekly family planning report**-
      Weekly report on family planning performance is sent to Community Health Centre, Kurali on every Saturday through telephone.

2. Monthly Reports
   Recording and reporting of health related activities are one of the main functions of the Primary Health Centre. Information generated at the field level is consolidated in form of various reports and sent to appropriate authorities for appraisal as well as feedback. It also
helps in self appraisal as well as in planning interventions and conducting research in field of public health. This also forms the basis for discussion in the monthly meeting.

This is dual reporting system. Reporting is done to district health authorities as well as to CRHSP, Ballabgarh. Report to district health authorities are sent through CHC, Kurali. Reports are usually sent once a month. Most of the reports are made by The HA (Male & Female). These are to be checked by MO I/C before submission. All these reports are time bound and any delay from one Primary Health Centre causes an unnecessary delay of the whole cycle.

Efforts are being made to generate these monthly reports through HMIS at CRHSP, Ballabgarh.

- **Reports at Sub-centre level**

  Reporting is done for the period of 20th of last month to 20th of the current month. MPW (Male and Female) make the entry into reporting format from various registers they maintain. Reporting format has following parameters:

  a. Birth and death  
  b. Other demographic changes  
  c. Outpatient coverage  
  d. Family welfare performance  
  e. Performance regarding tuberculosis, Malaria, Acute Respiratory Illness and Acute diarrhea disease control programmes  
  f. Antenatal coverage, intranatal services and post natal care  
  g. Immunization Coverage  
  h. Vitamin A and iron Prophylaxis  
  i. Morbidity report  
  j. NCD coverage

- **Monthly NRHM report for Sub-centre**

  A monthly NRHM report is also sent from Sub-centres to Primary Health Centre.

- **Reporting Day**

  Reporting day is on the last day of every month. On reporting day, MPWs get the entry done in Primary Health Centre report from their reporting format. They also submit
monthly NRHM report. Reporting day may also be used for training the MPWs in reporting as well as for any other training. The reporting period is from 21<sup>st</sup> of previous month to 20<sup>th</sup> of the current month.

Reports are submitted to CHC, Kurali once a month during the monthly meeting which is usually in the last week of the month. Summary report of birth and death registration is sent directly to District Registrar of birth and death who is also the civil surgeon of the district.

3. **AIIMS monthly report**

AIIMS monthly report contains information regarding demographic changes including births and deaths, outpatient coverage, immunization coverage, family welfare coverage, Antenatal and postnatal coverage as well as performance regarding tuberculosis, malaria, Acute Respiratory Disease and Acute Diarrhoeal Disease control programme. This report is kept at the Primary Health Centre and discussed during monthly meeting of workers at Primary Health Centre and supervisory meeting.

4. **Annual Report**

An annual report regarding the performance of Primary Health Centre during last financial year is prepared in the month of April and sent to CRHSP, Ballabgarh.

5. **Primary Health Centre Action Plan**

Sub-centre action plan for RCH programme is prepared by MPW based on Community Needs Assessment Approach (CNAA) and after wider consultation in the community. Sub-centre action plan of all Sub-centres in the Primary Health Centre are consolidated to prepare Primary Health Centre action plan, which is sent to CHC, Kurali in the month of March.

6. **Health Management information System (HMIS)**

Health management information system was started at Ballabgarh in 1988. Every individual under CRHSP area of Ballabgarh is given an individual 12 digit number, and is under continuous surveillance. All demographic, health, morbidity and mortality data of both the Primary Health Centres are available.

Primary key – 17 digits for ID purpose.

Secondary key – 12 digits for Programme linkage.
1. Objectives of HMIS
   - Prevent multiple entries and duplication of collected data
   - Improvement of data collection at all levels
   - Monitoring and evaluation of health activities
   - Regular feedback for effective management.

Figure No.2: Secondary key: Individual number for each individual in IFPA

2. Manpower
   - Data entry operator
   - Statistical assistant
   - Demographer – 1
   - Data manager – 1

3. Main files of HMIS
   - Demography
   - Antenatal care
   - Immunization
   - Eligible couple
   - Death

Every month during the last 6 days, MPWs of both the Primary Health Centres will come to Ballabgarh for updating the health, demographic and other information of their own Sub-centres. At the same time, work plan for the next month will be issued to the MPWs.
TRAINING ACTIVITIES

Training of the following personnel takes place at Primary Health Centre:

1. Postgraduate doctors in Community Medicine
2. Interns
3. Undergraduate medical students
4. Undergraduate and post-certificate nursing students
5. MPWs, ASHAs, AWWs

1. Postgraduate training
Postgraduates in Community Medicine are posted for 16 months at CRHSP, Ballabgarh, with equal distribution at all three places. The objective of postgraduate posting is to acquire hands on experience in primary health care management as well as to understand the dynamics of implementation of various National Health Programmes. This posting also gives postgraduate an opportunity to interact with various functionaries outside the health system but have an important role in healthcare delivery viz. Anganwadi workers, members of Panchayati Raj Institutions etc.

Following activities are carried out by postgraduates during Primary Health Centre rotation:

1. Sub-centre evaluation: Each postgraduate is allotted 1-2 Sub-centre at the start of the posting by the Senior Resident. The postgraduate will evaluate the overall performance of the Sub-centre and will focus on one of the National Health Programmes in detail. Sub-centre evaluation is presented to the faculty and is part of the post-graduate assessment.
2. Postgraduate also make house visits along with MPWs and supervises them.
3. Visits to Anganwadi centres
4. Supervision of implementation of various National Health Programmes at Primary Health Centre
5. Attending Sub-centres once a week for
   a. Clinical service supervision of interns
   b. Record checking
   c. Birth / death verification
   d. Inventory maintenance
6. Training of MPWs/Anganwadi workers/ASHA

7. Health education at the Primary Health Centre/Sub - centre

8. Academic activities- like seminar presentation, family/case presentation are held at Primary Health Centre and SDH Ballabgarh.

Postgraduates also help the Senior Resident in day to day running of the Primary Health Centre. The Senior Residents guide the Junior Resident in achieving the learning objectives

2. Intern’s training

Interns are posted for 45 days at SDH Ballabgarh and 45 days both the Primary Health Centres as part of their compulsory rotator internship programme. The objective of the posting is to observe and participate in the functioning of Primary Health Centre, to observe the role of Multi-purpose MPWs and to provide primary health care to the community. Interns are engaged in following activities at the Primary Health Centre:

A. Outpatient Clinics (OPD)

1. Interns will manage patients in the OPD under the supervision of residents. OPD cards should have relevant history, physical findings, treatment and diagnosis entered. This allows for subsequent follow up. Available drugs should be used.

2. Injection Room- interns are posted by rotation in the injection room to give injections. They also supervise Dressing room & Laboratory.

3. They also have to manage patients in MCH clinic at Primary Health Centre and outreach ANC camps. Following are to be done:

   - Recording & examination for pregnant women
   - Recording & examination of under five children
   - Health education talk during this clinic on Nutrition, personal hygiene, importance of growth monitoring, Immunization, oral dehydration, antenatal/natal & postnatal care

B. Extension health clinics:

On the afternoon, on which an extension health clinic is run, interns will be going to the village concerned and will provide primary health care,
Morbidity Analysis

Monthly morbidity analysis should be done of the Outpatients Register as per the format provided by the Senior Resident. The objective is to understand the morbidity pattern and analyze the resources available including drugs to manage this morbidity load. It would be presented at the end of the posting to the faculty.

Interns also carry out certain exercise in field and enter it in their logbook. Log book presentation is done to the faculty at the end of the posting. The exercises are following:

1. **Follow up of TB defaulter**

   **Purpose:** To ascertain reasons for defaulting and the case holding efforts by the worker. To identity corrective action which needs to be taken.

   **Selection of cases:** One case will be selected after discussion with the Senior Resident.

2. **Verification of cause of death** (infant death, under-five death, adult death):

   **Purpose:** To identity the cause of death and compare it with that arrived at by the MPW. To ascertain accessibility and perceived quality of health care provided in the field as well as Ballabgarh.

   **Selection of cases:** In addition to the general guidelines given, ensure that common morbidities are selected like Acute Respiratory Illness, diarrhoea, septicemia, meningitis etc. Do not take a rare cause of the disease.

C. **Antenatal Care (High risk pregnancy):**

   **Purpose:** To validate the detection of high risk pregnancies by MPWs

   **Selection of cases:** Antenatal cases to be selected from the information available with Female Health Assistant. The choice should be random. Prefer cases with non-recurrent high risk factors.

   **Report on health talk:** Select a relevant topic after consultation with Senior Resident for health talk at MCH Clinic/ School Health Programme. Decide the time and venue, which can be Sub-centres also. Submit the IEC materials prepared by you to the Senior Resident. Each
intern should give a talk on different topics. Involve the concerned MPWs and Health Assistants.

I. Any other report of special investigation:

Purpose: To verify the correctness of the contraceptive use reported by the workers and to assess the quality of the services provided by the workers.

Selection of Case: This should be selected from the monthly report and consist of one new acceptor and one discontinuer of spacing method (Copper T and Oral Pills).

3. Undergraduate medical students training

One of the aims of having community medicine as a subject in the MBBS course is to orient future doctors to health and related problems in the community. It is also necessary for them to familiarize themselves with the system of health care delivery in the country especially in rural areas so that they would be able to guide their patients appropriately. During their undergraduate postings they are given an opportunity to study the health system in the rural areas. Undergraduate medical students make two visits to the Primary Health Centre during their posting at CRHSP, Ballabgarh. During their first visit, they go to a village in one of the Primary Health Centres. In the forenoon, they interact with ASHA, Anganwadi Workers, members of Panchayati Raj Institutions and trained dais; while in the afternoon they interact with MPWs and look at the functioning of the Sub-centre as well as the recording and reporting system. Lunch is arranged locally in the village. During the Second visit, they go to the other Primary Health Centre headquarter in the forenoon to learn the functioning of the Primary Health Centre. In the afternoon, they visit the first Primary Health Centre for debriefing attended by faculty.

1. Training of Undergraduate and post-certificate nursing Students

Undergraduate and post-certificate nursing students are posted at Primary Health Centres for two week duration. Objectives of their training are

a. Describe organization of Primary Health Centre & Sub-centre
b. Describe setup of Primary Health Centre and Sub-centre
c. Explain functioning of MPW (Male & Female) and Health Assistant (Male & Female)
d. Participate in National Health Programme, ANC clinic, Immunization, Family welfare activities, OPD clinic etc.
During their posting they learn the health care management in the rural area. They actively participate in delivery services, give health talk in the community, visit families, and accompany MPWs in their visits and visits Extension Health Clinics.

2. **Training of MPWs, ASHAs, AWWs**

   Short training session of MPWs, ASHAs, and AWWs regarding various health activities under NRHM like immunization, JSY, school health etc are carried out time to time at the Primary Health Centre. MO I/C of Primary Health Centre co-ordinates all these training activities as per guidelines from State government and Officer I/C of CRHSP, Ballabgarh.
DEMOGRAPHIC SURVEILLANCE

Continuous demographic surveillance is carried out in the Intensive Field Practice Area. During their routine household visits, MPWs record all the events and enter it in HMIS once a month.

Census

Census is conducted every year in the month of December to update the demographic and health related information. Following steps are involved in conducting census:

1. Preparation:

Meeting of faculty & residents: A preparatory meeting is held in first week of November at Ballabgarh under faculty at CRHSP, Ballabgarh. This meeting is attended by Junior Residents posted there, statistician and data entry operator at CRHSP, Ballabgarh. The specific agenda of the meeting is:

1. To do a situational analysis of the capacity to carry out census for that year.
2. Delegation of specific responsibility to concerned individuals.
3. Identifying the data elements to be collected during census.
4. Identification of any additional activity to be carried out along with census.
5. Finalization of Census format/ Proforma.

Meeting of faculty, MO I/C Primary Health Centre & Health Assistants: This meeting is clubbed with the routine Supervisory meeting of that month. The details of the census is discussed with the Supervisors and detailed timeline given to them.

Completion of routine monthly data entry: The routine data entry of Primary Health Centre to be completed definitely with in the week following the reporting day of Primary Health Centre. This is necessary as only after the routine data entry the Family Record Census (FRC) to be used in the census can be generated.

Generation of FRC: Separate FRC for each village of CRHSP is generated and bound immediately after the completion of the routine data entry. The generation of FRC is the
responsibility of person responsible for HMIS of respective Primary Health Centre at Ballabgarh. Any additional forms like death and birth forms is also printed in adequate numbers and kept ready for census.

**Meeting of workers/training of workers:** All MPWs involved in census attend this meeting to be held in last week of November. The workers are trained regarding the census and any other additional data elements to be collected. The FRC is also distributed to respective worker. MO I/C and Supervisor also collect their allotted list of households. Any additional data forms like birth and death forms will also be distributed.

All MPWs and Health Supervisors submit written format of their proposed plan of conducting census that is their time schedule/beat schedule during census. This schedule is developed in consultation with Supervisors and is submitted to MO I/C prior to start of census. MPWs are strictly discouraged to make any changes to this schedule during the census and any change in schedule if un-avoidable is with prior permission of concerned Supervisors and reported to MO I/C.

**Job responsibilities:**

- **Overall Supervision:** Faculty in Charge, Ballabgarh.
- **Primary Health Centre Supervision:** Faculty In-charge of respective Primary Health Centre.
- **Overall Co-ordination and time schedule monitoring:** Senior Resident, CCM, Ballabgarh.
- **Primary Health Centre Co-ordination:** MO I/C of respective Primary Health Centre.
- **Direct Supervision and responsibility:** Health Supervisor (Male) of respective Primary Health Centre.

2. **Conduct of census:**

Census starts from 1st of December every year. All MPWs are to strictly adhere to their submitted census beat schedule. MPWs report their daily progress to concerned Supervisor on daily basis at the end of every day and also required to maintain record of it which they
submit at the end of census to their supervisors. MPWs also submit a written weekly progress report to their Supervisors in person.

No leave is permissible during the census period. In special circumstances, leave can be granted only by faculty, and faculty should be contacted directly in this regard.

3. Time Line:
The individual activities of the census should be carried out strictly as per the following chart. (Appendix XII) The schedule is monitored by Senior Resident, CCM Ballabgarh.

4. Monitoring:

- MPW male report progress of census in their area to Health Assistant (Male) on daily basis. They are also required to report to him any problem and delay immediately.
- Health Assistant (Male) do direct field monitoring of census and give aggregated report of progress to MO I/C Primary Health Centre on daily basis.
- MO I/C of Primary Health Centre monitor progress of census on day to day basis and report to Faculty I/C of Primary Health Centre at least once a week, preferably every Saturday. This report is filed in written with clearly mentioning the total household, households covered till date and any problem encountered.
- Officer I/C Ballabgarh, Faculty I/C of Primary Health Centre, MO I/C Primary Health Centre and Supervisors (Both Male and Female) undertake a mid-term review meeting at start of third week of census activity.

5. Quality check:

- Health assistant (Male and Female) conduct census in 5-10% of total household to be enumerated, independently of MPWs. Health assistants allotted households to be selected by simple random sampling. If, there are more than acceptable level of data errors (as judged by MO I/C), this is increased to 10%.
- MO I/C of Primary Health Centre also conduct independent survey of 5% of houses under his Primary Health Centre selected by simple random sampling.
- Medical Officer I/C Ballabgarh visit each Primary Health Centre field area at least once during the census conduction and supervises and verifies the census data collection.
• Faculty I/C Primary Health Centre visit their Primary Health Centre field area at least once weekly during the census conduction and supervise and verify the census data collection.
• Senior Resident Ballabgarh along with Junior Resident of respective Primary Health Centre do validation of census data recorded by MPWs against data reported by health assistant and MO I/C. They should be ready with analysis by 3rd Week of January.
• In case of greater than 5% discrepancy/mismatch between MPWs data and MO I/C HA data, the census in that particular Sub-centre is to be repeated.

6. Data entry:
Data entry is done simultaneously for 4-6 Sub-centres and should be complete by 3rd week of January.

7. Report generation:
Generating data indicators: Relevant data indicator like Crude Birth Rate (CBR), Crude Death (CDR), Immigration and migration rate, age and sex distribution, and Occupation and education profile is generated from the data base. (Appendix XIII)
14. REGISTRATION OF VITAL EVENTS

MO I/C of Primary Health Centre also functions as the Registrar, Births and Deaths for the area. All birth and death which takes place in the geographical boundary of the Primary Health Centre is registered at the Primary Health Centre. MPWs get the registration forms filled and after getting signature of the head of the household as informant, submit it to the Primary Health Centre. Registrar issues registration certificate for all the events that take place within 21 days without charging any fees. For the event which took place more than 21 days but less than a month earlier, registrar can issue certificate after charging a late fee of

<table>
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<tr>
<th>क्रमांक</th>
<th>समय अवधि</th>
<th>लेट फीस</th>
<th>दण्ड राशि</th>
<th>कुल राशि</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>21 दिन से 30 दिन तक</td>
<td>2 रुपये</td>
<td>5 रुपये</td>
<td>7 रुपये</td>
</tr>
<tr>
<td>2.</td>
<td>30 दिन से 1 वर्ष तक</td>
<td>5 रुपये</td>
<td>10 रुपये</td>
<td>15 रुपये</td>
</tr>
<tr>
<td>3.</td>
<td>1 वर्ष से वर्ष 1980 तक</td>
<td>10 रुपये</td>
<td>25 रुपये</td>
<td>35 रुपये</td>
</tr>
<tr>
<td>4.</td>
<td>1-1-1980 से पहले की घटनाएं</td>
<td>10 रुपये</td>
<td>50 रुपये</td>
<td>60 रुपये</td>
</tr>
</tbody>
</table>

All are computerised in the birth and death registration software.
15. NATIONAL RURAL HEALTH MISSION

Activities under NRHM are as follows:

1. Accredited Social Health Activist (ASHA)
2. Janani Suraksha Yojana (JSY)
3. Untied funds for Primary Health Centre and Sub-centre

1. Accredited Social Health Activist (ASHA)

There is one ASHA for the population of one thousand. They are selected by MO I/C of the Primary Health Centre on recommendation of Panchayat. ASHA is required to be a married woman of the village who is at least a matriculate. They are not given any fixed salary but honorarium based on their performance. (Appendix XIII)

The function of ASHA is as follows:

1. Getting ANC registration, 3 ANC visits, distribution of 100 IFA tablets, Post natal visits by MPW done
2. Getting Birth/Death registration done
3. Accompany the pregnant woman for institutional delivery
4. Counseling regarding essential newborn care and exclusive breast feeding
5. Counseling regarding safe Medical Termination Planning
6. Counseling regarding STI/RTI
7. Mobilization of the community for Immunization sessions
8. Act as DOTS provider

ASHAs maintain a diary detailing their activities. MPWs verify their activities. Diaries are submitted to Medical Officer for verification at the end of the month. After verification of records, Medical Officer will make the entry into a register maintained at the Primary Health Centre and send an estimate to the CRHSP, Ballabgarh in a pre specified format. All the payments will be made through account payee cheque.
2. Janani Suraksha Yojana (JSY)

Janani suraksha Yojana is a scheme of monetary assistance to pregnant women of weaker section with an objective to increase institutional delivery and reduce maternal and infant mortality. Though this is a centrally funded scheme, Haryana Government also provides additional assistance to pregnant women of scheduled caste and scheduled tribe category who delivers in an institution. The eligibility of this scheme is:

1. Pregnant women belonging to Below Poverty Line (BPL) or scheduled caste or tribe families
2. Age of pregnant women more than 19 years

All the beneficiaries are identified by the MPWs at the time of ANC registration. Payment is made within a week of delivery. All the payment is made through bearer’s cheque. MOI/Cs will get cheque issued from Ballabgarh for various amounts as paid under JSY and ensure that it is delivered to the beneficiary within a week of delivery.

3. Untied Funds for Primary Health Centre and Sub-centres

Primary Health Centre receives an amount of Rs. 50000 while Sub-centre receives an amount of Rs.10000 as untied funds. At present, Primary Health Centre Dayalpur and Chhainsa is not receiving the untied fund. Untied fund is to be used according to set guidelines (Appendix XIV). The MPW (Female) have asked to open a bank account with Sarpanch of that village to facilitate receipt of untied funds.
16. SPECIAL ACTIVITIES

1. SUDEHI (Surveillance for Demographic Environmental and Health Information)

Information on Maternal and Child Health related knowledge, attitude and health seeking behaviour was collected from the mothers of a child cohort born from 1st January to 31st December 2008. MPW female collected the information using the appropriate forms under the supervision of Health Assistant female. The number of SUDEHI forms filled was 884 by Chhainsa and 902 by Dayalpur. Study reported that

1. Most of the pregnancies were planned pregnancy
2. Almost half of the women reported increase in diet in their last pregnancy most of them motivated to do so by MPWs.
3. Only 40% of women took required amount of iron tablets (100 tabs.)
4. Almost three forth of women underwent one or more blood examinations. More than half of the women underwent ultrasound examinations during pregnancy.
5. Almost 65% of women not received any kind of nutrition supplementation from the anganwadi. Same proportion of women took less food than normal post delivery. Almost 40% of women resumed their normal diet after one week and remaining resumed after one month of the delivery.
6. Almost 60% of mother fed milk as first feed, 15% of mother gave ‘ghutti’ to the child. Almost 60% started breastfeeding within four hours after the birth

2. Intensive Pulse Polio Immunization

Intensive Pulse Polio Immunization is organised in the Primary Health Centre according to the schedule prepared by National Polio Surveillance Project (NPSP). The dates are intimated in advance to the Primary Health Centre. The campaign consists of booth activity as well as house to house visit by vaccinators. The planning for the activity consists of following steps:

1. Preparation of micro plan by MO I/C
2. Procuring vaccines and other materials from CHC, Kurali
3. Training of vaccinators
4. Arranging vehicles
5. Arranging for ice packs to be frozen and ice
6. Supervision of the activity
7. Daily reporting to CHC, Kurali by MOI/C
8. Distribution of money, preparation of bill and submission of the same to CHC, Kurali
CO-ORDINATION WITH OTHER RELATED SECTORS

Inter-sectoral co-ordination is a crucial component of the primary health care and the promotion of inter-sectoral linkages is imperative for its effective implementation. The overall objective of the inter-sectoral coordination is to reduce duplication and fragmentation of efforts, to fill the gaps in the service delivery to obtain maximum benefit from the limited resources.

School health programme:

The health assistant female in coordination with all the government school under Primary Health Centre villages provides immunization, health education and health checkups to the eligible school children.

The SMS (Sakhsar Mahila Samuh) group and the ASHAs along with the MPW female attend the EDUSAT programme which is relayed from Panchkula at the schools of their respective villages.

Integrated Child Development Services (ICDS):

Co-ordination between the ICDS and the RCH programmes is by far the most important inter-sectoral co-ordination in the primary health care in increasing service coverage for women and children, reducing the unmet need and ensuring better quality of services.

In order to ensure decentralized planning the Sub Centre Action Plan is prepared by the MPW (Female) in consultation with AWW, members of the Panchayat and the Sakshar Mahila Samuh (SMS) and the community.

The AWCs are serving as the focal point for all health and nutrition services. The AWWs provide support to the child survival components of immunisation, diarrhoea management and vitamin A deficiency control, in addition to the identification and treatment of common childhood diseases at an early stage through growth monitoring. The sick children who are identified by the trained AWW are referred to the MPW (Female) at the Sub-centre or to the Primary Health Centres for further management.
They also support safe motherhood components like prophylaxis for nutritional anemia, Tetanus Toxoid immunisation for pregnant women and nutritional supplementation for pregnant and lactating mothers in the project areas.

Maternal, Child Health Nutrition Day (MCHN)/ Village Health Days has been fixed every month at the AWC to provide antenatal, postnatal, family planning and child health services. With active support from the Community Groups such as Self Help Groups (SHG) / Sakshar Mahila Samuh (SMS), ASHA mobilized and motivated the women and children to access the services.

Services that are provided on the MCHN/ Village Health Day include -

- ANC
- Newborn check up
- Postnatal care
- Immunization of mothers and children
- IFA and Vitamin A administration,
- Growth monitoring,
- Treatment for minor ailments
- Health education.
- Notification of vital events
- Adolescent health
- Distribution of JSY money
- Appraisal of ASHAs performance
- Reporting of any outbreak

In addition, the MPW(Female), AWW and ASHA provide counselling to the community regarding the importance of institutional deliveries and facilitate referral. AWW and ASHA will also counsel communities on the importance of balanced diets and promote the use of locally available foodstuffs, particularly for micronutrient supplementation.
Panchayati Raj Institutions:

Panchayats in India are an age-old institution for governance at village level. In 1992, through the enactment of the 73rd Constitutional Amendment, Panchayati Raj Institutions (PRI) were strengthened as local government organizations with clear areas of jurisdiction, adequate power, authority and funds commensurate with responsibilities.

Panchayats have been assigned 29 rural development activities, including several, which are related to health and population stabilization. The XI schedule includes Family Welfare, Health and Sanitation, (including hospitals, Primary Health Centres, and Dispensaries) and the XII schedule includes Public Health. Thus the possible realm of influence of the Panchayats extends over a significant proportion of public health issues.

PRIs are involved in designing, implementation and monitoring of RCH related interventions to address the social determinants of health in addition to biomedical approach. PRI involvement in primary health care has increased the community understanding of issues of accountability for quality and reliability and transparency of health care services.

ASHA is selected by the gram Panchayat in consultation with the community.

The Village Health and Sanitation Committee:

The Village Health and Sanitation Committee, now called as Village Level Committee is the point of convergence for all the stakeholders (Community, Primary Health Centre, ICDS and PRI) for decentralized planning and implementation of various health related activities. The MPWs are brought closer and more responsive working relationships with the community for convergent community action. The VHSC are responsible for working with the Gram Panchayat to ensure that the health plan is in harmony with the overall local plan. The Village Health Plan is prepared according to the village level data, in consultation with the Gram Panchayat.

The committee plays multiple roles including IEC, Household survey, preparation of health register, organization of meetings at village level and promotion of household toilet and school sanitation programme. The non health sector members of the committee works for the provision of safe water supply and basic sanitation facilities while the health sector members of the committee provides intensive health education campaigns for the improvement of
personal hygiene, the economical use of water and the sanitary disposal of waste in manner that will improve individual and community health.

Under the NRHM, untied funds of Rs. 10,000 are placed with the MPW(Female) to meet unanticipated expenditures and to ensure that lack of drugs and other consumables is not an issue. An account has been opened with the Sarpanch for operationlisation of the activities planned. At the Sub-centre level planning and use of these funds were supported by the appropriate tier of the Panchayat.

**Half yearly meetings with Sarpanch:**

In order to identify the gaps in the service delivery, to improve the inter-sectoral coordination as well as to enhance the stakeholder's participation, a meeting is held twice with all the Sarpanchs of the Catchment villages.
INVENTORY MANAGEMENT

Medical officer in charge of the Primary Health Centre is overall in charge of the inventory management. He/She will be assisted by Junior Resident and the pharmacist, if a full time one is available. Compactors have been provided in both the PHCs for maintain the drug and consumables stock.

**Consumable items**

**Indent:**

**(A) Medicines:**

1. Monthly indent submitted to Officer I/C, Ballabgarh/concerned faculty.
2. Indent from central ware house will be indented every month by using online drug portal.
3. The balance in the indent register should tally with that maintained in stock register.
4. Make a point to indent any necessary items for Primary Health Centre at least once before you claim that things are not available at Ballabgarh. This will help to strengthen the logic of demand for the procurement of item at Ballabgarh.
5. Send the indent box & necessary containers in advance (if possible) for bringing the indented medicines.
6. Indent for TB drugs from the TU.
7. Routine vaccines –Community Health Centre, Kurali, or BKH Faridabad.
9. Indent items to be verified before delivery – this is the responsibility of MO I/C.
10. Enter the items with amount in consumable & Family Planning registers.
11. Write the page No. of entry of item against each of the items in the Family Planning, Haryana vouchers and also in the Indent Register.
12. The Stock registers should be updated regularly.
13. Expenditure shown in the stock register should have been entered in registers for respective heads of Expenditure (ex. OPD indent, E.R. sub centre, EHC, etc.)
14. The drugs prepared as solution (Acriflavin, G.V. etc.) are collected from the Dispensary.
D) Non-consumable items indents:

1. Indent as and when required
2. Get items from Ballabgarh store
3. Update the entry in the non consumable stock register

Procedure of maintaining stock registers:

1. Indenting of items done in respective registers at least 4-5 days ahead
2. Make entry of the respective items in the registers and mention the page of entry against each item of the indenting register for cross checking
3. Mention voucher number or page number of the indenting register in the Stock Register for Haryana and Family Planning Register
4. Stock Register should be kept updated each month
5. In non-consumable item register nothing should be deleted until the item is condemned officially
6. All the condemnable items to be preserved till they are condemned and deleted from register.

Procedure for condemnation:

1. Condemnation applies only to those non consumable items which are not working and are beyond repair.
2. List of items to be condemned is to be prepared by MO I/C annually and sent it to the store in charge CRHSP Ballabgarh
3. List will be forwarded to the store at AIIMS through Officer I/C, Ballabgarh.
4. Person from AIIMS store has to visit Primary Health Centre and personally examine the items and condemn the item.
5. The final list of Condemnation is provided by Store at CRHSP, Ballabgarh after approval of AIIMS Condemnation committee.
ACCOUNTS AND AUDIT

Following accounts are maintained at the Primary Health Centre

1. NRHM funds
2. Money generated from OPD registration
3. Money generated from late registration of births and deaths, issuing Non-availability certificates etc.

1. NRHM funds

Following NRHM funds are received at Primary health centre:

a. Payment of ASHA
b. JSY payment
c. Untied fund for Primary Health Centre and Sub-centre
d. Money for Sakshar Mahila Samuh (SMS)
e. Money for VHSC-cum-VLC

a. Payment of ASHA- Multipurpose Worker (female) verifies the work done by ASHA. Based on the report of Multipurpose Worker (female), Medical officer in charge of the Primary Health Centre prepares the detail of the payment and forwards it to CHC Kurali. ASHA payment is received from NHM Haryana account which is then transferred to accounts of ASHAs.

b. JSY payment- Multipurpose Worker (female) identifies JSY beneficiary during ANC registration. JSY forms are filled and forwarded to the Medical Officer in charge. Medical officer in charge of the Primary Health Centre prepares the detail of the payment and forwards it to CRHSP, Ballabgarh. Payment is made at the time of ANC registration as well as at the time of delivery, in case of institutional delivery. Payment is made through bearer cheque.

c. Untied funds- Account will receive untied fund as well as an impress amount of Rs. 10000 will be maintained. Impress money will be used for payment of ASHA honorarium as well as JSY payment. Untied money is spent as per the guidelines.
d. **Money for VHSC/VLC** - Money for VHSC/VLC is received from district hospital and distributed to respective VHSC/VLC. An amount of Rs. 10000 is received on yearly basis. Report of their expenditure report is sent to district health authorities.

2. **OPD registration**
   Details of money collected from OPD registration will be maintained by pharmacist and the money will be deposited to CRHSP, Ballabgarh on monthly basis. Two rupee is charged for each new registration. This amount is also charged at Extension Health Clinics. This amount is deposited with AIIMS.

3. **Birth and death Registration**
   Money generated from birth and death registration is to be used as per the instructions of Civil Surgeon. A register is maintained for this purpose.

**Audit**

Yearly audit of consumable and non-consumable items as well as NRHM funds are done.

1. Audit of consumable and non-consumable items from AIIMS store- is done once in a year by a non-Ballabgarh faculty of Centre for Community Medicine, AIIMS.
2. Audit of RCH supply from Haryana is Govt. is done once a year by officers from District Hospital, Faridabad. Health Assistant (Female) gets it audited.
3. NRHM funds- audited once a year by District Hospital, Faridabad. MO I/C get it audited.
HOSTEL

Primary Health Centre, Dayalpur has a hostel with 16 rooms, while Chhainsa has 9 rooms. Guest rooms are also available. Interns are allotted rooms on twin sharing basis; residents are allotted rooms on single accommodation basis.

All rooms in the hostel are provided with desert cooler. There is one common television in the mess. For recreation, items are provided from gymkhana, AIIMS. There are carom boards, badminton and volley ball court, etc.

Mess

There is a common co-operative mess which runs on no profit no loss basis. It is managed by the cook. Money is paid in advance to the cook, who does all the purchasing. Bill is made on fortnightly basis. Pending expenses from interns should be recovered before their posting ends.
21. TRANSPORT FACILITIES

A vehicle is stationed at Primary Health Centre, Dayalpur while Primary Health Centre, Chhainsa is provided a vehicle when needed.

Vehicle is used for following purpose-

2. Supervisory visits by MOI/C.
3. Other special activities like IPPI, School Health Programme, etc.
4. Travelling doctors to and from Ballabgarh.
5. Travelling doctors for academic activities.
6. Transporting drugs and other materials from Ballabgarh to Primary Health Centres.

Drivers maintain a log book regarding their trips detail, and get each trip countersigned by the officer who undertook or authorized the travel.

Once a month, the log book is verified by the faculty who is in charge for vehicles and the mileage calculated.

Lot of fuel can be saved by planning the movement of the vehicle in advance, and by aligning the vehicle movement with the work requirement.
22. ENGINEERING UNIT

One Junior Engineer is posted in the project, who is in charge of all civil, electrical and other maintenance works.

One electrician is posted at Primary Health Centre who visits Primary Health Centre Chhainsa on first three days of the week and Primary Health Centre Dayalpur on later three days.

All rooms of the hospital and hostel are provided with air coolers. The maintenance of these is outsourced to external agencies who keep a person posted at Ballabgarh. Any complaints regarding engineering works is to be forwarded to Junior Engineer through MOI/C of the Primary Health Centre.

Maintenance Team

A maintenance team from Ballabgarh which comprises of gardeners, mason, plumber etc. visits both the Primary Health Centres on alternate Wednesdays. Any complaint should be forwarded to Junior Engineer in advance, so that maintenance team can take care of that.

Rules for generator use:

1. There are two generators at each Primary Health Centres.
2. Generators are used as and when required alternately.
3. Each generator should not run more than four hours at a stretch.
4. Record of usage of generator is maintained with security guard and monitored by MOI/C.
5. Diesel for generator is procured by CRHSP Ballabgarh.
Faculty

Centre for Community Medicine
Dr. Chandrakant S. Pandav
Professor and Head
(M.B.B.S., M.D., M.Sc., FNAMS, FIAPSM, FIPHA)

Dr. Chandrakant S. Pandav is currently Professor & Head of the Department. Centre for Community Medicine at the All India Institute of Medical Sciences (AIIMS), New Delhi, India. He is the founder member and regional co-ordinator for South Asia of International Council for Control of Iodine Deficiency Disorders since 1985. Dr. Pandav completed his MBBS and later MD in Community Medicine from AIIMS, New Delhi and M.Sc from McMaster University Hamilton, Canada with specialization in Health Economics, Clinical Epidemiology and Biostatistics. Dr. Pandav is also an alumnus of the Department of Human Nutrition, at the London School of Hygiene and Tropical Medicine. Dr. Pandav was former President of Indian Association of Preventive and Social Medicine (IAPSM) for the year 2007-2008. Currently, Dr. Pandav is the President of Indian Public Health Association (2010-2013). Dr. Pandav has been WHO & UNICEF consultant on iodine deficiency disorders since 1983. To over 60 countries as consultant of WHO/UNICEF, South Asia, Western Pacific, Middle East and African countries at National, regional and global level. Dr. Pandav has been working in the areas of Iodine Deficiency Disorders (IDD), Micronutrients, Health Systems Research, Health Economics, Health Policy, Health Programme evaluation, Public Private Partnership & Human Rights Issues. Dr. Pandav is Co-Editor of 14 books on Health Sciences and authored about 336 papers published in various National and International Journals. He is Advisory board member and Reviewer for various reputed Journals. He is currently member of many technical/expert groups constituted by Government of India, ICMR, Nutrition Foundation of India and various others National and International bodies. Dr. Pandav is having many awards and honors to his name including the most prestigious Dr. M.K. Seshadri Prize & Gold Medal by ICMR for the year 2000 for his outstanding contributions to the field of Community Medicine.
Dr. Shashi Kant
Professor
(M.B.B.S., M.D., D.N.B., M.B.A., M.A.E.)

Dr. Shashi Kant joined the All India Institute of Medical Sciences as an MBBS student in the year 1976. Subsequently, he completed his MD (Community Medicine) from the same Institute. Since September 2005, he is working as a Professor of Community Medicine. Currently he is Professor in-charge of Comprehensive Rural Health Services Project (CRHSP) at Ballabgarh, district Faridabad, Haryana. Dr. Shashi Kant has done Masters Degree in Applied Epidemiology from Australian National University, Canberra, Australia. His area of special interest is teaching and training in epidemiology. The area of research interest is HIV/AIDS. He is member of National Technical Resource Group on HIV surveillance, and member of Core Group on HIV estimation. He provides technical assistance to government of India on health related program. At AIIMS, heserves as Faculty in-charge of telemedicine facility and is a member of ethics sub-committee.
Dr. Sanjeev Kumar Gupta

Professor

Dr. Sanjeev Kumar Gupta joined the All India Institute of Medical Sciences as an MBBS student in the year 1977. Subsequently, he completed his MD (Community Medicine) from the same Institute. Since September 2005, he is working as a Professor of Community Medicine. Dr. Gupta is engaged in the teaching of medical undergraduates, postgraduates, and nursing students. He has conducted population-based epidemiological studies, provided technical inputs to national health programmes, developed health education material, and contributed to distance learning courses in the field of health care. Dr. Gupta was the Professor-in-charge of Comprehensive Rural Health Services Project, Ballabgarh, from August 2006 to March 2011. He is a Fellow of the Indian Public Health Association (2007), and Indian Association of Preventive and Social Medicine (2007). He is a life member of several professional bodies. He has more than hundred publications and texts to his credit.
Dr. Kiran Goswami
Professor

MBBS from LHMC, Delhi (Delhi University) in 1984, MD (Preventive and Social Medicine) from Delhi University in 1988, DNB – MCH (NBE, Delhi), DIM (IGNOU Delhi). Worked as Lecturer and Reader in Community Medicine at Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, 1991-1993. Worked as Assistant Professor at JIPMER, Pondicherry, 1993. She is a faculty member at AIIMS since 24/10/93.

Areas of Interest - Participated in First National Review of Immunisation Coverage conducted by National Institute of Health and Family Welfare in May 1989 as a District Team Member and immunization surveys in Delhi 1987-90. Member of IPEN, Inclen Resource person for Model Injection Centre Program and India Population Stabilisation Fund.
Dr. Anand Krishnan is a trained public health professional currently working as an Additional Professor in Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi. He has been associated with the Comprehensive Rural Health Services Project Ballabgarh of Centre for Community Medicine sites since 1988. This site currently manages a population of about 90,000 in 28 villages. The site provides an excellent platform for community based research and training with its current version of fully computerized Health Management Information System whose development was led by him.

His academic interests include non-communicable diseases surveillance, epidemiology prevention and control. He was a member of the National Technical Advisory Group for National Program for Diabetes, CVD and Stroke as well as for NCD surveillance under the Integrated Disease Surveillance Program. He has worked with WHO/SEARO as Short Term Professional in the area of NCD prevention and control for more than a year and has attended more than thirty WHO Regional meetings as temporary Advisor in the last ten years. He has provided technical assistance to Health Ministries of Bhutan, Nepal, Maldives in planning their NCD surveillance programs.

His other research interests include use of information technology in public health, health policy and program development & evaluation. He has more than hundred publications to his credit and is a regular reviewer of many major national and international journals. He is currently involved in a research on human influenza surveillance and vaccine effectiveness studies in collaboration with University of Alabama and Centers for Disease Control, Atlanta.

He has been awarded BC Srivastava Award for Best Young Scientist in Community Medicine in India for the year 2000 by Indian Council of Medical Research. He has also been awarded Fellowship of the two leading public health associations in the country – Indian Public Health Association and Indian Association of Preventive and Social Medicine. (2006-07).
Dr. Baridalyne Nongkynrih
Professor

Educational Qualification:
1. MBBS from Silchar Medical College, Silchar, Assam in 1992
2. M.D. (Community Medicine) from All India Institute of Medical Sciences, New Delhi in December 1999.

Work Experience:
1. Additional Professor, Community Medicine, AIIMS New Delhi since June 2010
2. Associate Professor, Community Medicine, AIIMS New Delhi (June 2007- June 2010)
3. Assistant Professor, Community Medicine, AIIMS New Delhi (June 2003 - June 2007)

Areas of interest
- Non communicable diseases, cancer prevention and control.
- Medical Education – was involved in revising undergraduate and post graduate curriculum by Medical Council of India in 2009.
- Urban health

Publications
Published 38 papers (national and international journals), in various areas – non communicable diseases, medical education, maternal and child health etc.

Research projects
Involved in more than 15 research projects through intramural and extramural funding.
Dr. Puneet Misra
Professor
MD, MPH (USA), PGDHHM, MIPHA, MIAPSM

Dr. Puneet Misra is a member of the Medical faculty at the All India Institute of Medical Sciences. He has done his residency in Preventive Medicine and in Pediatrics. He has over fifteen years of experience as Physician, Researcher, & Teacher of Community Medicine, Epidemiology and Public Health. He has worked and actively participated in research and academics at various institutions in India and abroad. He has served as a member of the Executive Committee of Indian Association of Preventive and Social Medicine for many years. He is also:

- Member – Regional Institute Central Zone for HIV Sentinel Surveillance, NACO, Govt Of India, responsible for HSS activity in five states of India for technical support and quality control.
- Member – Telemedicine Committee of AIIMS and In charge Telemedicine Facility at CRHSP-AIIMS, Ballabgarh.
- Team member of Consensus Development for Cut-offs of Measures of Obesity and Metabolic Syndrome, Physical activity for Asian Indians.
- Fellow Indian Public Health Association
- Life Member Indian Association of Preventive and Social Medicine, Indian Public Health Association, International Epidemiology Association, Asia Oceania Research Organization for Genital Infections and Neoplasia

**Interest areas:**

- Diabetes, Metabolic Syndrome, NAFLD, Injury Prevention
- Intervention on diet, physical activity, and related factors to prevent Non communicable diseases.
- Reproductive and sexual Health, HIV Surveillance
- Clinical Practice - Family Medicine
- Health and Hospital administration, Health Insurance
Research

- A study of tobacco consumption in villages under CRHSP, Ballabgarh, Haryana
- Innovative Culturally Appropriate Intervention Package to Reduce Low Birth Weight
- To study the prevalence of Rheumatic Heart Disease among children of 5-15 years age group in Ballabhgarh block of Haryana using echocardiography with Doppler.
- Indoor air pollutants and Behaviour Assessment of rural community to reduce health effects
- Prevalence of metabolic syndrome and its selected socio-behavioral determinants among females aged more than 20 years residing in a rural area of Haryana
- A Pilot Study on Menstrual Hygiene and practices of rural women and their willingness to pay for low cost sanitary pads
- Strengthening Rural Health Services using IT
- Development of a model for integrated management of Non-Communicable diseases through existing health system in India
- School-Based Healthy Lifestyle Program in Ballabgarh
- Reliability and Validity of GPAQ and IPAQ
- Effect of consumption of micronutrient-fortified candies on iron and vitamin A status of children aged 3-6 years in Rural Haryana
- Field Testing of psychosis identification questionnaire in the community of CRHSP, Ballabgarh, India for WHO-SEARO
- Validation of an Adult Verbal Autopsy Tool at CRHSP Ballabgarh.
- Feasibility of introducing dried Blood spot (DBS) for HIV Sentinel Surveillance and assessment of quality of HIV testing
- A study of knowledge, beliefs, and attitudes about AIDS & Human sexuality among Medical, Engineering & University under graduates.
Dr. Sanjay K Rai
Professor
M.B.B.S., M.D., FIPHA

Dr. Sanjay K Rai is a faculty member, Centre for Community Medicine at the All India Institute of Medical Sciences (AIIMS), New Delhi, India since 2003.

Dr. Rai completed his graduation (MBBS) from GSVM Medical College Kanpur and post graduation (MD; Community Medicine) from the Institute of Medical Sciences, BHU, Varanasi. Before joining the AIIMS, he has worked as Senior Resident at Maulana Azad Medical College New Delhi and faculty member at Government Medical College Chandigarh.

Dr. Rai has to his credit over 50 publications and is a regular reviewer of many major national and international journals. He was involved in more than 25 research projects. Currently he is involved in a research on human influenza disease burden in India, and vaccine effectiveness trial studies in collaboration with Centers for Disease Control, Atlanta, and University of Alabama, USA.

Dr Rai is having many awards and honors to his name including “Dr J. E. Park Memorial Oration” of Indian Public Health Association (IPHA) in 2012, delivered an “Invited Lecture” in a plenary session on “Incidence, Severity and Impact 2012: An isirv international conference on seasonal and pandemic influenza” held from 5-8 September 2012 at Munich, Germany, and has also been conferred “Fellowship” of IPHA in 2008.

Currently, he is member of many technical/expert groups constituted by Government of India, ICMR, INCLEN and Public Health Foundation of India and has contributed in many national health programmes e.g. National AIDS Control Proramme, NRHM, RNTCP etc. His few main contributions are:

Working in the area of HIV / AIDS and providing technical support to National AIDS Control Organization (NACO). Currently he is the nodal person for providing technical support to HIV Sentinel Surveillance (HSS) of five northern states (UP, Bihar, Jharkhand, Uttara Khand and Delhi) of India.
Assessed the “Validity and Feasibility of Dried Blood Spot (DBS) for HSS” (supported by WHO & NACO 2008) which led to policy change in HIV Surveillance for HRG group in India.

Helped and participated in HIV data triangulation of Uttar Pradesh and Uttara Khand and organized several “Capacity Building Workshops” in 2008 -10 for district level personal involved in HSS.

Involved in NRHM since inception and was member of the task force on IPHS for Sub-District / Sub-divisional hospital.

Other Experience and Professional Memberships:

National trainer on HIV / AIDS Counseling and Sexually Transmitted Infection (STI) for NACO, Ministry of Health and Family Welfare, Govt. of India, since 1997 and 2008 respectively.


Faculty for “CME programme for PAN-African e-network project” The project was started by President of India and is broadcasting in 35 African countries since 2009.

Joint Secretary - Indian Public Health Association for 2010 -2012.

Life member of various professional organizations e.g. International Epidemiological Association, Indian Public Health Association, Indian Association of Preventive and Social Medicine, Indian Medical Association, Indian Journal of Preventive and Social Medicine, Breast Feeding Promotion Network of India etc.
Dr. Yadlapalli S. Kusuma  
Additional Professor

Dr. Y.S. Kusuma is Associate Professor at the Centre for Community Medicine of AIIMS since 2005. Previous to it she was in Andhra University and Utkal University as doctoral and post-doctoral fellows, respectively. Her research interests are cultural epidemiology of hypertension across cross-cultural populations, in addition to social and behavioural health research.

**Specialization:** Medical Anthropology, Social and behavioural aspects of health and healthcare  

**Education:**  
Post-Graduate and Doctoral degrees in Anthropology from Andhra University, Visakhapatnam in 1992 and 1999, respectively.  

**Research projects undertaken:**

1. Epidemiology of blood pressure across a few cross-cultural populations of Visakhapatnam district, Andhra Pradesh (funded by Council of Scientific and Industrial Research (CSIR), New Delhi).  
2. Blood pressure and its correlates among urban communities of Bhubaneswar city (funded by CSIR, New Delhi).  
3. Blood Pressure epidemiology in tribal, rural and urban slum and urban rich communities of Orissa with special reference to physical and social parameters(funded by CSIR, New Delhi).

**Memberships in Professional bodies:**

1. Life Member, Indian Society for Human Genetics  
2. Life member, International Association for Human Biologists  
3. Life Member, S.C. Roy Institute of Anthropological Studies  
4. Member, Indian Society for Medical Statistics  
5. Member, Nutritional Society of India  
6. Member, Anthropological Association of Orissa
Dr Kapil Yadav
Assistant Professor
MBBS, MD

Dr Kapil Yadav joined All India Institute of Medical Sciences (AIIMS) in year 2003 and has worked at AIIMS ever since, in various capacities. He is currently faculty member at Centre for Community Medicine, AIIMS, New Delhi. Dr Kapil Yadav’s area of interest include Public Health Nutrition, Micronutrients, Iodine Deficiency Disorders, Medical Education, Social Determinants of Health, Health Policy, Epidemiology and Community based research.

His core area of work includes Micronutrients deficiencies and Iodine Deficiency Disorders. He is currently the National Coordinator (India) for International Council for Control of Iodine Deficiency Disorders (ICCIDD) Global Network. In past, he has been a short term consultant with World Health Organisation – South East Asia Regional Office (WHO-SEARO) and also worked closely with Unicef and Micronutrient Initiative. Dr Kapil Yadav has been technical expert for strengthening National Iodine Deficiency Disorders control program in Bangladesh, Democratic People’s Republic of Korea, Myanmar and Sri Lanka.

Dr Kapil Yadav has more than 65 research publications to his credit. He also contributes regularly to chapters in books, curriculum/course material and radio and television programs. He is also member of several committees constituted by Government of India and state governments in domain of nutrition, iodine deficiency disorders and public health.

He was awarded the prestigious Sri R N Roy award for best original research article by Indian Public Health Association in year 2010. He was elected for the prestigious membership of National Academy of Medical Sciences, India in year 2014.

Dr Kapil Yadav is currently guide/co-guide of five postgraduate MD students at AIIMS.

He is Principal investigator and co-investigator of nine research projects including the National Iodine Deficiency Disorders and Salt intake Survey, 2014.
**Dr. Anil Kumar Goswami**

**Assistant Professor**

**Academic Qualification:**

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<tr>
<th>Name of the Examination</th>
<th>College / University</th>
<th>Year of passing</th>
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<tbody>
<tr>
<td>M. S. W.</td>
<td>Jamia Millia Islamia (JMI)</td>
<td>1979</td>
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<tr>
<td>L. L. B.</td>
<td>Delhi University (DU)</td>
<td>1989</td>
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<tr>
<td>P. G. D. H. E.</td>
<td>Delhi University (DU)</td>
<td>1995</td>
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<tr>
<td>Ph. D.</td>
<td>All India Institute of Medical Sciences (AIIMS)</td>
<td>2003</td>
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</table>

Dr. Anil Kumar Goswami has been working at AIIMS since 25th May 1982 in the Medical Social Service Cadre. After pursuing PG Diploma in Health Education he has been teaching health education since 1995. He completed his Ph. D. in Community Medicine, from AIIMS in 2003. He is currently a faculty member at Centre for Community Medicine, AIIMS.

He holds the responsibility of National Service Scheme (NSS) Programme Officer at AIIMS since 1992. He has contributed in various National Calamities/Disasters relief work under NSS. He is Treasurer of Indian Association of Preventive and Social Medicine (April 2007-March 2013). He is a Nodal Officer for Disease Prevention Outbreak and Response Cell from August 2011 onwards. He is also the General Secretary of All India Association of Medical Social Work Professionals (2009-2013).

Dr. Anil K. Goswami’s area of interest include Social Welfare, Health Education & Health Promotion, Care of the Elderly, Community Organization, and Health & Human Rights. He has published 22 research papers in national and international journals. He has been a part of AIDS Education & Training Cell and a member of telephonic helpline “Shubhchintak”. He has a vast experience in organizing Health Exhibition and Health Education programs in the institute and at community level.
Dr. Sumit Malhotra  
Assistant Professor

Academic Qualification:

MBBS, Bangalore Medical College, Bangalore  
MD (Community Medicine), AIIMS, New Delhi  
DNB (Social and Preventive Medicine)  
Post Graduate Diploma in Clinical Trials, London School of Hygiene and Tropical Medicine

Academic Distinction:

1. Gold Medal and certificate of excellence for securing highest marks in Microbiology in MBBS, Bangalore Medical College.
3. Appreciation Certificate from Maulana Azad Medical College during Senior Residency for commendable service to the department and community.
4. Received Ford Foundation Epidemiological Grant for carrying out Research work during Senior Residency at Maulana Azad Medical College.
5. Recipient of Operational Research Grant by International Union against TB and Lung Diseases.
6. Recipient of Common Wealth Scholarship to pursue Distance Learning MSc in Clinical Trials from London School of Hygiene and Tropical Medicine.
8. Recipient of travel grant to present papers at World Ophthalmology Congress 2014 held at Tokyo, from 2nd-6th April 2014.

He has authored a book on Primary Health Care- Indian Scenario with support of World Health Organization- Country Office India and has several publications in National and
International indexed peer reviewed journals. With keen interest in teaching and training, has conducted and organized several trainings on research methods and monitoring and evaluation. He has led health systems based projects evaluating performance of national health initiatives at district and block levels. He has also designed along with team of personnel from World Health Organization, a course on programme management for district and block based programme managers involved in implementation of national health programmes. He has contributed to several national public health programmes.

**Research and work area interests:** Operational and health systems research, community based interventional trials, adolescent and school health, chronic care including mental health, primary health care, sexual and reproductive health, neonatal health, programme management and health literacy.