Appendix-I

National Health Policy-2002
Goals to be achieved by 2015

<table>
<thead>
<tr>
<th>Goals</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eradicate Polio and Yaws</td>
<td>2005</td>
</tr>
<tr>
<td>• Eliminate Leprosy</td>
<td>2005</td>
</tr>
<tr>
<td>• Eliminate Kala-azar</td>
<td>2010</td>
</tr>
<tr>
<td>• Eliminate Lymphatic Filariasis</td>
<td>2015</td>
</tr>
<tr>
<td>• Achieve zero level growth of HIV/AIDS</td>
<td>2007</td>
</tr>
<tr>
<td>• Reduce mortality by 50% on account of TB, Malaria and other vector and water borne diseases</td>
<td>2010</td>
</tr>
<tr>
<td>• Reduce prevalence of blindness to 0.5%</td>
<td>2010</td>
</tr>
<tr>
<td>• Reduce IMR to 30/1000 and MMR to 100/lakh</td>
<td>2010</td>
</tr>
<tr>
<td>• Increase utilization of public health facilities from current level of &lt;20% to &gt;75%</td>
<td>2010</td>
</tr>
<tr>
<td>• Establish an integrated system of surveillance,</td>
<td></td>
</tr>
<tr>
<td>• National health accounts and statistics</td>
<td>2005</td>
</tr>
<tr>
<td>• Increase health and expenditure by government from the existing 0.9% of GDP to 2%</td>
<td>2010</td>
</tr>
<tr>
<td>• Increase share of central grants to constitute at least 25% of total health spending</td>
<td>2010</td>
</tr>
<tr>
<td>• Increase state sector health spending from 5.5% to 7% of the budget</td>
<td>2005</td>
</tr>
<tr>
<td>• Further increase to 8% of the budget</td>
<td>2010</td>
</tr>
</tbody>
</table>
Appendix-II

Directorate of Health Services,
Thiruvananthapuram, Dated, 07-02-2008


From
The Director of Health services

To
The District Medical Officer of Health,
Kottayam

Sir,

Sub:- Directorate of Health Services-Data collection for Ph. D study-permission granted regarding-


(2) Request from Smt. Sabeena Thomas

Permission is granted to Smt. Sabeena Thomas, Associate Professor, Government College of Nursing, Kottayam to interview JPHN, JHI and Supervisors of randomly selected Family Welfare Centers of Kottayam district as part of her research studies. Data and report based on the interviews are to be presented subject to the approval of the District Medical Officer (H), Kottayam. The District Medical Officer is requested to forward a copy of the report obtained from Smt. Sabeena Thomas to the Directorate.

Yours faithfully

For DIRECTOR OF HEALTH SERVICES

Copy to
Smt. Sabeena Thomas, Associate Professor,
Government College of Nursing, Kottayam for information.
Appendix - III

Informed consent

In signing this document, I am giving my consent to be interviewed by Ms. Sabeena Thomas, part time research scholar, M.G. University. I understand that I will be part of the research study entitled ‘Primary Health Care in Kerala- Role of village level health workers’.

I have been informed that interview is entirely voluntary and I can refuse to answer or decide to terminate the interview at any point. I have also been informed that the information given by me will be kept strictly confidential and be used only for research purpose.

Place:  
Date:  
Signature of the Respondent

Signature of the Investigator
Code no:

Appendix -IV

Self-administered rating scale for Junior Public Health Nurse (JPHN)

1. Socio-demographic information
   1.1 Age:
   1.2 Work experience:
   1.3 Population coverage:

II. Performance assessment

   Instruction-A brief account of the activities to be carried out by the JPHN is given below, please read the statements carefully and evaluate your work sincerely. Place a ( ) mark in the column which you feel is most appropriate

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Areas of Performance</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Field visit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1 Conduct survey of all the houses once in a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 Visit all houses once in two months.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>Reproductive Child Health (RCH) services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1 Register all pregnant women of the area.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2 Render care to pregnant women as per Reproductive Child Health(RCH) guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3 Conduct three antenatal visits to all pregnant women of the area.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.4 Identify high risk cases and refer them early.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.5 Refer newborns with abnormalities to institutions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.6 Provide three post natal visits to each mother.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.7 Conduct eligible couples and motivate them to accept family welfare methods.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.8 Distribute conventional contraceptives to eligible couples.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.9 Provide follow up services to family planning acceptors and identify complications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.10 Assess growth and development of infants and take necessary actions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.11 Provide sex education and counseling services to adolescents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.12</td>
<td>Monitor girl children for anemia, malnutrition and take corrective steps.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.13</td>
<td>Educate women on the availability of services for Medical Termination of Pregnancy as per MTP Act.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.14</td>
<td>Provision of Janany Suraksha Yojana (JSY) fund to all eligible mothers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td><strong>Nutritional services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Identify cases of malnutrition among children and refer them to feeding centres.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Distribute of iron and folic acid tablets to eligible beneficiaries.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>Administer Vitamin A drops or syrup to children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>Educate families about nutrition.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>Direct beneficiaries of nutritional supplementation to anganadis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td><strong>Immunization.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Conduct monthly immunization in sub-centre or at fixed places.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Participate in special immunization campaigns like ‘Pulse Polio’.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Educate the community about the importance of immunization.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>Detect and report immunization complications promptly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School health.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Assist in organizing medical examination of school children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Conduct immunization sessions to school children of the area.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Arrange health education sessions to school children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communicable disease control.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Take malarial blood smear of all fever cases and give presumptive treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Identify persons with cough for more than two weeks and direct them to nearest sputum exam centers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>Administer DOTS and arrange DOTS providers for TB patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td>Provide health education to community about prevention, detection and treatment of TB.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.5</td>
<td>Notify the disease of public health importance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.6</strong></td>
<td>Assist in carrying control measures like chlorination, distribution of ORS and DDT spraying.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.7</strong></td>
<td>Exchange information about communicable disease with JHI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.8</strong></td>
<td>Educate the community about the importance of personal hygiene and environmental sanitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td><strong>Vital events.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.1</strong></td>
<td>Enquire and record births and deaths of the area.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.2</strong></td>
<td>Provide information about births and deaths to Panchayat.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.3</strong></td>
<td>Educate community about the importance of registration of births and deaths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td><strong>Non-communicable disease management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.1</strong></td>
<td>Identify the elderly population above 65 yrs of age and keep a list.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.2</strong></td>
<td>Identify cases of Diabetes, Hypertension and other chronic diseases and provide timely management to prevent complications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.3</strong></td>
<td>Provide health education about all lifestyle related diseases.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.4</strong></td>
<td>Identify the mentally challenged population and help in treatment and rehabilitations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.5</strong></td>
<td>Early detection of reproductive tract infections and refer them to the hospital.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.6</strong></td>
<td>Detect cases of cataract and other causes of blindness and direct them to eye centres.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.7</strong></td>
<td>Provide sufficient information about eye donation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.8</strong></td>
<td>Maintain a list of physically challenged persons in the area and provide them with support and rehabilitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.9</strong></td>
<td>Provide first aid and treatments to minor ailments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td><strong>Meetings and conferences.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9.1</strong></td>
<td>Attend staff meetings at PHC, Panchayat offices or any other places as required and instructed.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9.2 Attend ICDS meetings monthly and render continuing education to anganwadi workers.

9.3 Hold monthly meeting with sanitation committee members and carry out the activities.

9.4 Provide guidance to ASHA workers of the area and monitor their performance to promote the health care of the community.

9.5 Conduct Sub-centre meetings monthly

10. Maintained the following registers and records up to date.
10.1 General Information Register.
10.2 Family health survey and follow up Register.
10.3 Community Education Register
10.4 Mother and Child Register
10.5 Contraceptive acceptance and follow up register
10.6 Stock Register
10.7 Issue Register of contraceptives to individual Couple.
10.8 Daily case Register for clinics and treatment of minor ailments.
10.9 Area Map.
10.10 Field Diary.
10.11 Inspection Book.
10.12 NRHM registers
Appendix - V

Self-administered rating scale for Junior Health Inspector (JHI)

1. Socio-demographic Information

1.1 Age:
1.2 Sex:
1.3 Work experience:
1.4 Population coverage:

II. Performance assessment

Instruction-A brief account of the activities to be carried out by the JHI is given below, please read the statements carefully and evaluate your work sincerely. Place a tick(    ) mark in the column, which you feel is most appropriate.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Area of Performance</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Field Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Conduct survey of all houses of the area once in a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Visit all houses once in two months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Reproductive Child Health Services (RCH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Detect antenatal cases and furnish information to JPHN and refer them to PHC/SC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>List eligible couples and motivate them for accepting contraceptive methods.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Distribute conventional contraceptives.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>Spread message of small family norm to community and ensure male participation in RCH programme.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Provide follow up services to acceptors of Family Planning.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>Arrange sex education and counseling services to adolescents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Monitor girl children for anaemia, malnutrition and take corrective steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.8</td>
<td>Educate women about the availability of MTP services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Nutritional services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------------</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Identify cases of malnutrition.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Distribute iron and folic acid tablets to eligible beneficiaries.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>Administer Vitamin A syrup to children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>Educate families about Nutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Immunization</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Help in the administration of vaccine against vaccine Preventable diseases.</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Assist in organizing immunization clinic in the area.</td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Educate the community about the importance of Immunization</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>School health</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Assist in organizing medical examination of school children.</td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Assist in organizing immunization camps in schools</td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Arrange health education session to schoolchildren.</td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>Conduct sanitation inspection of schools and assist teachers in maintaining healthy environment in schools.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Control of communicable diseases.</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Identify fever cases and take malarial smear as needed.</td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Collect contact smears and mass survey smear when positive case is detected.</td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>Arrange for radical treatment of diagnosed malarial cases.</td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td>Carry out control measures such as insecticidal spraying.</td>
<td></td>
</tr>
<tr>
<td>6.5</td>
<td>Identify persons with cough for more than two weeks and direct them to nearest sputum examination centres.</td>
<td></td>
</tr>
<tr>
<td>6.6</td>
<td>Help in the provision of Directly Observed Treatment Short course (DOTS) and arrange DOTS providers with regular follow up.</td>
<td></td>
</tr>
<tr>
<td>6.7</td>
<td>Identify persons having anesthetic patches and direct them to Primary health centres for the diagnosis of leprosy</td>
<td></td>
</tr>
<tr>
<td>6.8</td>
<td>Report to authorities about any other communicable disease and take appropriate measures to control them</td>
<td></td>
</tr>
</tbody>
</table>
6.9  Estimate vector indices and undertake source reduction measures in the area
6.10 Educate the community about the prevention and control of all communicable diseases.
6.11  Give advice for construction and maintenance of sanitary wells.
6.12 Chlorinate public water sources on routine visits.
6.13 Educate community on the use of protected and purified water.
6.14 Educate community on disposal of liquid waste and solid waste.
6.15 Monitor the hygiene of markets/hotels/pilgrim centers
6.16 Provide advice about use of sanitary latrine & maintenance of cattle sheds, stables, etc.

7  Collection of vital events
8.1  Enquire and record births and deaths.
8.2  Provide information of births and deaths to JPHN or Health Supervisor.
8.3  Educate the community about the importance of registration of births and deaths.

8  Non-communicable disease management
8.1  Identify elderly population above 65 yrs of age and keep a list.
8.2  Identify cases of D.M, Hypertension and provide timely management to prevent complications
8.3  Provide health education about all life style related diseases.
8.4  Identify the mentally challenged population and help in treatment and rehabilitations.
8.5  Early detection of reproductive tract infections and refer them to the hospital.
8.6  Detect cases of cataract and other causes of blindness and direct them to eye care centres.
8.7  Render first aid services and treatment to minor ailments
8.8  Maintain a list of physically challenged persons in the area and provide them with support on rehabilitation.
8.9  Conduct inspection of places with unhealthy eating practices or Offensive trade occurs.
8.10 Assist supervisors and medical officers in preparing technical reports relating to public health activities.
<table>
<thead>
<tr>
<th></th>
<th>Meetings and conferences.</th>
</tr>
</thead>
</table>
| 9 | 9.1 Attend staff meetings at PHC, panchayat office or any other places as required and instructed.  
   | 9.2 Attend ICDS meetings monthly and render continuing education to anganwadi workers.  
   | 9.3 Hold monthly ward level sanitation committee meetings  
   | 9.4 Provide guidance to Accredited Social Health Activist (ASHA) and monitor their performance  
   | 9.5 Conduct monthly sub-centre committee meetings |
| 10 | Maintained of registers and records up to date  
    | 10.1 General Information register.  
    | 10.2 Family health survey and follow up register.  
    | 10.3 Community Education Register  
    | 10.4 Stock register  
    | 10.5 Issue register of contraceptives  
    | 10.6 Daily case Register for clinics and treatment of Minor ailments  
    | 10.7 Area Map.  
    | 10.8 Field Diary.  
    | 10.9 NRHM registers  
    | 10.10 Registers for National Health Programmes. |
Appendix-VI

Household survey proforma

**Instruction**-Investigator interviews the adult member of the household and write information in the appropriate place after introducing herself and obtaining consent.

1. **General information**
   
   1.1. PHC:
   
   1.2. Sub-centre:
   
   1.3. Address:
   
   1.4. Monthly income:
   
   1.5. Demographic information

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Health status/Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Information regarding the awareness about sub-centre and visit by health workers**

2.2 Do you have a sub-centre in your area? Yes/ No /Do not know
2.3 If yes, where is it located? Correct answer/wrong answer
2.4 How often the Junior Health Inspector (JHI) of your area visit your house? Once in two months/ Once in six months/ None
2.5 How often the Junior Public Health Nurse (JPHN) visit your house? Once in two months/ Once in six months/ None
2.6 How often the ASHA worker visits your house? Once in a month/ once in three months/none
3  Maternal health services

3.1 Do you have pregnant woman in the family                        Yes/No
3.2 If yes, specify the trimester of pregnancy - first/ second/ third
3.3 Did she receive any kind of services from the health workers?   Yes/No
3.4 If yes, tick the services received-
   a. Blood pressure checked                          (   )
   b. Weight checked                                      (   )
   c. Urine checked for albumin and sugar     (   )
   d. Antenatal examination done                    (   )
   e. Injection T.T received                             (   )
   f. Tablet Iron and Folic acid received         (   )
   g. Health teachings received                        (   )
3.5 Do you have any postnatal woman (with in 42 days of delivery) in the family?  
   Yes/ No
3.6 If yes, did she receive any services from village level health workers?  Yes/No
3.7. If yes, explain the services-

4.  Child health services

4.1 Do you have any under-five child/ children in the family?

4.2 If yes, did the under five child /children receive immunization as per age?  
   Yes/No
4.3 If yes, where did they receive immunization?                  
   Government source/ private source
4.4 Did the child /children receive Vitamin A supplementation as per age?  
   Yes/No

5. Family planning services

5.1 Is there any eligible couple (age of wife between 15- 49 yrs) in the family?  
   Yes/No
5.2 If yes, what type of family planning measures adopted?  
   Permanent/Temporary/None
5.3 Did you receive any family planning services from village level health workers during the last six months?
Yes/No

5.4 If yes, explain-

6. **Non-communicable disease management**

6.1 Is there any one suffering from long-term illness (more than six months) in the family?
Yes/No

6.2 If yes explain -

6.3 Did the family receive any type of services from the health workers for long term illness during the last six months?
Yes/No

If yes, describe the services received-

7 **Communicable Disease control**

7.1 Did the family receive any type of services from health workers for the prevention and control of communicable diseases during the last six months?
Yes/No

7.2 If yes, tick ( ) the services received
   a. Well chlorination ( )
   b. ORS distribution ( )
   c. Mosquito control measures ( )
   d. Health teachings ( )
   e. Any other- specify:

8. **Household’s assessment on the performance of village level health workers**

8.1 How do you assess the overall performance of the village level health workers of your area?
Good/ Satisfactory / Poor

8.2 Give your suggestions if any, for future improvement-
## Appendix-VII

### Sub-centre facilities assessment format

I. Observation check list

**Instruction:** Observer verifies the facilities and put a tick (✓) mark in the appropriate place.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Item</th>
<th>Score</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Building and basic facilities</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1 Government building</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 Compound wall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 Protected waiting area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4 Office room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5 Examination room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.6 Toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.7 Store room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.8 Accommodation facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.9 Power supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.10 Safe water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Furniture and articles</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1 Examination table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2 Screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3 Tables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.4 Chairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.5 Cupboards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.6 Fans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.7 Tube lights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.8 Gas/kerosene stove</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.9 Steam sterilizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.10 Steel tray</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Equipments</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.1 Weighing scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.2 Weighing scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>BP instrument-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>Stethoscope -1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>Thermometer-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6</td>
<td>Foetoscope-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7</td>
<td>Hemoglobin meter-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8</td>
<td>Diastix and uristix-10 each</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.9</td>
<td>Intra uterine device set-2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td>Slide and lancet-20 each</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Medicines</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Tab Folic acid -5mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Tab Iron and folic acid-20 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Tab Iron and folic acid-100mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>Tab Paracetamol -500mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td>Tab Mebandazole- 100mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6</td>
<td>Tab. Chloroquine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.7</td>
<td>Syrup. Paracetamol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8</td>
<td>Syrup.Vitamin A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.9</td>
<td>Oral Rehydration Solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.10</td>
<td>Betadine solution/ointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Supplies</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Cotton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Gauze</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Bandage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>Plaster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>Syringes and needles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6</td>
<td>Contraceptive pills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.7</td>
<td>Condoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.8</td>
<td>Gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.9</td>
<td>Health education materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.10</td>
<td>Prescribed registers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum score</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
II. Semi-structured interview schedule for JPHN regarding the availability and utilization of facilities

1. Who is the custodian of the sub-centre building?
   Government / Private party

2. If the sub-centre is working in a private building, how the rent is paid?

3. Is the building shared for any other programme? Yes/ No
   If yes, explain-

4. If accommodation facility is provided, is it utilized by the JPHN? Yes/No
   If no, give the reason-

5. Do you receive the Reproductive Child Health (RCH) kit items on a regular basis? Yes/No
   If no, explain-

6. Do you think that RCH kit items are adequate for giving services? Yes/No
   If no, discuss-

7. Do you face any problem in getting the NRHM fund for the sub-centre? Yes/No
   If yes, explain-
Appendix- VIII
Opinionnaire for JPHN/ JHI

1. General information
1.1 Primary health centre:
1.2 Sub-centre:
1.3 Designation:

Instruction: Please examine the following statements regarding primary health care. Your responses can be Agree, Undecided or Disagree. Place a tick (    ) mark in the appropriate place.

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Statements</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Present sub-centre facilities are adequate to render optimum services to the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NRHM project helped to procure equipment and supplies for the sub-centre.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Separate office for JPHN and JHI is required within the same building.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Inadequate public transportation to the sub-centre locality and assigned area affect the services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Village health workers are well accepted by the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>All the assigned houses cannot be visited in two months time period.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Specific division of responsibilities should be assigned to JPHN and JHI rather than combining the work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Introduction of ASHA scheme helped to improve the services to the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Co-operation from the ward member is lacking.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Co-worker (JPHN/JHI) shares equal responsibility in providing quality services to the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Anganwadi workers co-operate well in the field activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Standing orders should be issued from the Government to JPHN and JHI for treating minor ailments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Health card should be issued to each family to document the services given by the health workers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Present system of recording and reporting is time consuming and should be simplified.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Existing supervision is ineffective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Current in-service training is inadequate for rendering quality services to the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Health workers get adequate motivation and encouragement from supervisors.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>JPHN/JHI training as well as promotion criteria should be made equal to both the groups of workers.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix - IX

FOCUS GROUP DISCUSSION GUIDE

Group- JPHNs / JHIs/ASHA/ Anganwadi workers

Topics for discussion

1. House visits

2. Reproductive Child Health (RCH) services

3. Communicable disease control

4. Non-communicable disease management and control

5. Records and reports

6. Team work
Appendix - X

In-depth interview schedule for JPHN/JHI

1. General Information:
   1.1 Age :
   1.2 Sex :
   1.3 Designation :
   1.4 Experience :

2.1 Information related to health care delivery at the village level.
   2.1.1 How long you are working in this place?
   2.1.2 What is your population coverage?
   2.1.3 How many houses are assigned to you?
   2.1.4 How often do you visit these houses?

2.2 Maternal health services
   2.2.1 How many pregnant women in your area?
   2.2.2 Do you give care to all the pregnant women in your area? Yes/No
   2.2.3 If No, give reason-
   2.2.4 How many post-natal women in your area?
   2.2.5 Do you visit them at home and give services? Yes/No
   2.2.6 If No, give reason-
   2.2.7 Do you face any problem in rendering maternal health services in your area? Yes/No
   2.2.8 If Yes, Discuss-
2.3 Child health services
2.3.1 How many under five children in your area?
2.3.2 How often you conduct out reach immunization programmes in your area?
2.3.3 Do you encounter any problem in arranging these sessions Yes/No
2.3.4 If yes, discuss-
2.3.5 How many schools in your area?
2.3.6 How often do you arrange the school health programmes?
2.3.7 Do you find any difficulty in conducting school health programmes? Yes/No
2.3.8 If yes, explain-
2.3.9 How do you evaluate the adolescent health services in your area?

2.4 Family planning services
2.4.1 How many eligible couples in the area?
2.4.2 Do you get adequate supply of contraceptive devices?
2.4.3 If no, explain-
2.4.4 Are you able to achieve the family planning targets in your area?
2.4.5 If no, give reason-

2.5 Communicable disease control
2.5.1 Which are the commonly occurring communicable diseases in your area?
2.5.2 What are the activities carried out for the control of communicable diseases in your area?
2.5.3 What more to be done for the effective control of communicable diseases?

2.6 Non-communicable disease management and control
2.6.1 Which are the common life style diseases in your area?
2.6.2 What are your contributions in the management and control of life style diseases?
2.6.3 What else to be done for the effective management of non communicable diseases?

2.7 Maintenance of records and reports
2.7.1 How many registers do you maintain in the sub-centre?
2.7.2 Do you have adequate supply of registers? Yes/ No
2.7.3 If No, explain-
2.7.4 Do you face any problem in the computer recording? Yes/No
2.7.5 If yes, explain:
2.7.6 What are your concerns regarding the present recording and reporting system?
2.7.8 Discuss-

2.8 Supervision and team work
2.8.1 How effectively the work is co-ordinated between JPHN/JHI of your area?
2.8.2 Do you get co-operation from ASHA/Anganwadi workers?
2.8.3 If No, discuss-
2.8.4 Do you get adequate guidance from your supervisors?
2.8.5 If no, explain-
2.8.6 What are the problems you face in rendering optimum services to the community?
2.8.7 Give your suggestions if any, for the improvement of services to the community?
Appendix-XI

In-depth interview schedule for supervisor

1. General information
   1.1 Age :
   1.2 Sex :
   1.3 Designation :
   1.4 Experience :

2. Information related to health care delivery at the village level
   2.1 What are your duties and responsibilities as a supervisor?
   2.2 How do you assess the maternal health services rendered by the health workers of your area?
   2.3 What is your opinion about the child health services of your area?
   2.4 How do you evaluate the family planning services in your area??
   2.5 What is your opinion about the measures adopted for the prevention and control of communicable diseases in the area?
   2.6 How do you assess the non-communicable disease control measures in your area?
   2.7 How accurately the records and registers are maintained by the JPHNs and JHIs of your area?
   2.8 How do you evaluate the co-ordination of activities between JPHNs, JHIs and other health team members of your area?
   2.9 As a supervisor, what are the problems you face in rendering optimum services to the community?
   2.10 What are your suggestions to improve the services to the community?
Appendix-XII

In-depth interview schedule for Medical Officer (MO) in-charge

1. General information

1.1 Age:
1.2 Sex:
1.3 Designation:
1.4 Experience:

2. Information related to health care delivery at the village level

2.1 How do you assess the maternal health services rendered by JPHN/JHI of your area?
2.2 What is your opinion about the child health services of your area?
2.3 How do you assess the contributions of JPHN/JHI towards family planning services?
2.4 What is your opinion about the measures adopted for the prevention and control of communicable diseases in the area?
2.5 How do you assess the life-style diseases management and control measures in the area?
2.6 How accurately the records and registers are maintained by JPHNs and JHIs of your area?
2.7 How do you evaluate the co-ordination of activities by JPHNs, JHIs and other team members of the area?
2.8 How do you assess the performance of supervisors working with you?
2.9 As a medical officer, what are the problems you face in rendering optimum services to the community?
2.10 What are your suggestions to improve the services to the community?
Appendix-XIII

FAMILY HEALTH CARD

1. Family Identification

1.1 Name of head of the family:
1.2 Address with house number:
1.3 Panchayat and ward:
1.4 PHC and sub-centre:

2. Family Details

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name of family members</th>
<th>Age</th>
<th>Sex</th>
<th>Education</th>
<th>Occupation</th>
<th>Health status/Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Family Health Services

<table>
<thead>
<tr>
<th>Date</th>
<th>Services rendered</th>
<th>Signature with designation of employee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX-XIV

GOVERNMENT OF KERALA

Abstract

EUROPEAN COMMISSION SUPPORTED SECTOR INVESTMENT PROGRAMME—“DEFINE/REDEFINE THE JOB RESPONSIBILITIES OF MULTI PURPOSE HEALTH WORKERS AND MEDICAL OFFICERS IN PRIMARY HEALTH CARE INSTITUTIONS IN THE KERALA HEALTH SERVICES”—APPROVED—ORDERS ISSUED

HEALTH & FAMILY WELFARE (FW) DEPARTMENT


Read:—G. O. (P) 225/83/H&FWD dated 8-8-1983.

ORDER

As envisaged in the European Commission—Sector Investment Programme Project Document and in supersession of the Government Order read above, Government are pleased to approve the “Define/Redefine the Job Responsibilities of Multi Purpose Health Workers and Medical Officers in Primary Health Care Institutions in the Kerala Health Services” appended to this order.

By order of the Governor,
F. K. BHARAT BHUSHAN,
Secretary to Government

To
Shri S. C. Srivastava, Director (DC),
Mr. Indrajit Pal, Programme Advisor, ECTA Office, D-127, Panch Shed Enclave, New Delhi-110 017. (with covering letter)
The Director of Health Services/Additional Director of Health Services (FW), Thiruvananthapuram.
The Technical Secretary (SRC).
All District Medical Officers.
All Medical Officers in Public Health Centres.
Stock File/Office Copy.

GCPT. 3/146/2004/DTP.
JOB RESPONSIBILITIES OF
MULTI PURPOSE HEALTH WORKER
Junior Public Health Nurses (JPHNs)

The Female Health Workers or Junior Public Health Nurses (JPHNs), as they are known in Kerala, are expected to provide comprehensive primary health to the community. The gamut of services they are expected to provide under Multi Purpose Health Worker (MPW) scheme is very wide and encompasses promotive, preventive and curative services. They are neither trained nor intended to work as full time curative service providers. They are basically trained as field oriented functionaries. A JPHN can work attached to a Primary Health Care institution and be involved in field activities. They can be deployed for in-patient and out patient services only if such services are integral components of primary health care activities or those under National Health Programmes like contraception, immunization etc.

JPHNs have both institutional and field responsibilities. Their institutional responsibilities include activities in sub centers from where they operate. Their field activities are related to specified population or geographic areas assigned from time to time. Normally they will be assigned 3,000 to 8,000 population depending on the density of population of area and its geographic terrain. The area assigned jointly to male and female worker constitutes a “sub-center area”. Both workers will be operating from a sub center situated in the service delivery area.

A committee viz “Sub-center committee” should be constituted to help, guide and monitor the functioning of the sub center, which the local Grama Panchayat ward members as Chair person and JPHN as convener. The members of the committee should be as per the guidelines issued from time to time. The committee should meet at least once in two months. It will support the sub center in its smooth and effective functioning. The committee should support the sub centre in activities like selection and motivation of beneficiaries and in the implementation of health Programmes and other activities. The JPHN should maintain written minutes suggested action take of the meetings of such committee.
Field Level Activities

For the ease of discharging duties, area assigned to the grass root level workers viz. the male and female workers may be divided it to 40 “Day Blocks”. A “Day Block” is the field area to be covered by a health worker in a day’s field work. Earlier the service area of a sub center used to be divided in 20 “day blocks”. Taking in to consideration the demographic changes that have occurred over the past two decades, the area to be covered in day’s field work may be reduced to half of its previous dimension and hence the earlier 20 day blocks to be reorganized in to 40. A worker should cover 20 such day blocks in a month so that the whole area may be covered in two months. Field visits should be planned in such a way that her male counter part (JHL) is involved in field activities in the other half of the area. Thus if a JPHN is involved in the field activities in day blocks 1-20 to 40. This should be reversed during the succeeding month so that each household in the area is visited by a health worker (either a female or male) every month and each worker visits all the house holds in their area in two months time.

1. Field Visit

1-1 Area- Designated area under a sub-centre. This may be redefined as and when necessary. The whole population under the designated area may be considered as her beneficiaries. Irrespective of the residential status whole population in the area should be provided services. Any individual who is a normal resident in the area for more than six months will be considered a “regular beneficiaries”. They should also be provided services and reported accordingly. Whoever is provided service, irrespective of their beneficiary status; should be reported and accounted for.

1-2 Visit- At least one visit, once in two months to each household on the area allotted.

1-3 Reporting- to the concerned medical officer through their Multi purpose supervisors. In the case of Block Primary Health Centers and Community Health Centers the Reports should be routed through the Health Supervisors or Lady Health Supervisors.
1-4 Supervision- Being multipurpose health workers, JPHN’s should be supervised by female multipurpose supervisors’ viz. Lady Health Inspector and Lady Health Supervisors.

2. Maintenance of Records and Registers

2-1 Family and Village Survey

Comprehensive survey of all households in the sub-center areas should be conducted during the specified period. Such data should be updated from time to time. Periodicity of such updating will be specified from time to time by authorities. The responsibility of survey should be shared by male and female workers and a single updated database on the area should be maintained in the sub center, which may be used by both the workers. All house holds that qualify to be “beneficiary households” are to be separately registered. The sub centre should also collect details about the migrant or nomadic population present in the area houseless dwellers and individuals on visit to the area. These groups should be constantly followed up. Once they exceed their stay in the area for more than six months they should be considered regular eligible beneficiaries.

2-2 Family and Village Records

A copy of the family and village record should be maintained in the sub center and utilized by both male and female workers for planning activities. This may be prepared and updated through joint effort.

3 Reproductive and Child Health (RCH) Services

RCH programme envisages “client centered, quality oriented, demand driven services” provided with full community participation and based on “life cycle approach.” Sub-centre is the key institution in provision of such services. The programme implementation plan of RCH project clearly defines the service to be made available through the sub centers. Here also sub-centre is considered as a unit having two grass root level workers- one male and one female. Essential services to be provided at the sub centre and community levels under this programme are as follows.
A. Maternity Care
1. Awareness rising for the importance of appropriate care during pregnancy & identifications of danger signs
2. To mobilize community support for transport, referral and blood donation.
3. Counseling/education for breast feeding, nutrition, family planning, rest, exercise and personal hygiene etc. early detection and referral of high-risk pregnancies.
4. Three antenatal contacts with women either at the sub centre or at the outreach village sites during immunization/MCH sessions.
5. Early detection of high risk factors & material complication and prompt referral.
6. Referral of high-risk women for institutional delivery.

B. Prevention and management of unwanted pregnancy
1. Sexuality and gender information, education and counseling.
2. Providing Oral Contraceptives and condoms
3. Providing IUD after screening for contra-indications.
5. Counseling / management/referral for side effects, methods–related problems. Change of method were indicated
6. Add other methods to expand choice.
7. Providing treatment for minor alignments and referral for problems

3-1 Registration
3-1-1 Register
(a) Women in the reproductive age group (15 to 49 years of age)
(b) All pregnant women in her area as early as possible during pregnancy
(c) All Post menopausal women in the area
(d) All Infants and children through home visits and clients. Separate list of children of age less than one year and less than 5 years may be maintained.
(e) All adolescents, sex-wise in the area.
3-1-2 Maintain
(a) Eligible couple register (Common for both the workers)
(b) Mother and Child Register.
(c) Register of contraceptive acceptors.
3-1-3 Categorize the eligible couple according to the number and age of mothers.

3-2 Field level services
JPHN should render the following services
3-2-1 Render care to pregnant women throughout the period of pregnancy
3-2-2 Give advice on nutrition to expectant and nursing mothers.
3-2-3 Distribute Iron and Folic acid tablets to eligible beneficiaries.
3-2-4 Distribute Vitamin A drops or syrup.
3-2-5 Immunize pregnant women with Tetanus Toxoid
3-2-6 Test urine for albumin and sugar and estimate Hemoglobin percentage.
3-2-7 Identify high risk cases and refer them early.
3-2-8 Attend to deliveries in the area, if so requested. Prefer institutional delivery and refer accordingly.
3-2-9 Supervise delivery conducted by dais when called in.
3-2-10 Refer cases of difficult labors to institutions and render follow up care.
3-2-11 Refer newborns with abnormalities to institutions and follow them up.
3-2-12 Provide at least three post delivery visits to each mother and render necessary advice.
3-2-13 Contact eligible couples educate and motivate them for accepting family welfare methods
3-2-14 Distribute conventional contraceptives.
3-2-15 Provide follow-up service to acceptors and identify complications and failures and provide service or advice.
3-2-16 Assess growth and development of infants and take necessary actions.
3-2-17 Provide advise to pre menopausal and post menopausal women. Sensitize them regarding common malignancies among women arid motivate them for periodic check up and screening for these conditions.

3-2-18 Provide counselling services to the adolescents. Monitor the girl children for anaemia malnutrition and take corrective steps. Arrange sessions to provide sex education and family education to this group of beneficiaries

**Care in the Clinic**

JPHN should render the following services.

3-2-19 Arrange and assist the Medical officer in various RCH clinics

3-2-20 Conduct antenatal and Immunisation clinics in the sub-centre on a regular basis. Routine examination, weight recording, checking the blood pressure, urine examination, haemoglobin estimation and per abdominal examination may be done in all pregnant women attending these clinics. SERUM VDRL and HBs Ag testing may be done in all pregnant women. Periodicity of such examination may be decided as per the guidelines issued in the RCH programme or as modified from time to time. Details of such examinations may always be documented. Proper entries to be made in the "Mother and Child register" and the beneficiary to be provided a copy of such examination findings and details of services.

3-2-21 Educate mothers individually and in groups regarding family health, M.C.H., family planning, nutrition, immunisation, personal hygiene etc.

3-2-22 Conduct adolescent counselling sessions, distribute Iron and folic acid tablets.

**3-3 Care in the community**

JPHN should render the following services at community level.

3-3-1 Spread the message of small family concept and of family welfare to the community and motivate the eligible couples to adopt the small family norm.

3-3-2 Identify local leaders and educate them and utilize their services for implementing RCH programme.

3-3-3 Distribute contraceptives and setup depot holders for contraceptive distribution.
3-3-4 Participate in Mahila Samajam meetings and utilize the occasion for educating women.

3-3-5 Render necessary assistance to voluntary workers and organizations involved in health and family welfare activities.

3-3-6 Organize and conduct meetings of Mahila Swasthya Sanghs (MSS) and provide guidance and supervision to these voluntary workers in health activities.

3-3-7 Utilize satisfied customers and village leaders for promoting family welfare methods.

3-3-8 Provide regular follow up services to contraceptive acceptors for early detection of complications.

3-3-9 Provide prompt services to any complication following contraception. Make timely referral under report to the medical officer through supervisors.

3-3-10 Participate in training of Dais when required.

3-3-11 Impart training to voluntary workers, MSS workers and Anganwadi Workers when required.

4 **Nutritional Services**

4-1 Identify cases of malnutrition among children and refer them to feeding centres or P.H. Centres for nutrient supplement or treatment.

4-2 Distribute iron and folic acid tablets to eligible beneficiaries.

4-3 Administer Vitamin A drops or syrup to children.

4-4 Visit Balavadis, Anganwadis under the ICDS programme and other feeding centres under other departments and provide support and supervision.

4-5 Educate families about nutritious diets and method of preparing food without loosing of nutritive value.

4-6 Conduct nutrition education sessions, orientation sessions to women and adolescents and help other departments in arranging camps and nutrition education sessions.
5 Immunisation

5-1 JPHNs should be responsible for maintenance of cold chain at all levels of service provision. They may discharge duties as per the instructions of Lady Health Inspectors and Lady Health Supervisors and other superiors in maintenance of cold chain upkeep of vaccines and other related activities.

5-2 JPHN attached to the main centre should do the temperature recording of ILR and all other activities related to vaccine storage. She may help the LHI in maintaining stock and distribution of vaccines. She may also render support in maintenance and utilization of ice-packs, vaccine carries, day carriers and any other accessory for vaccine storage and distribution.

5-3 Administer vaccines against Vaccine Preventable Diseases (VPDs), as and when supplied with instructions.

5-4 Assist in organizing immunisation camps and in school immunisation.

5-5 Conduct immunisation clinics in the sub-centre or at fixed places in sub-centre area. At least monthly sessions may be arranged such manner. It is preferred to have fixed day "out reach sessions”

5-6 Educate the community about the importance and procedures of immunisation and encourage community participation in immunisation programmes.

5-7 Organize and conduct special immunisation sessions as and when necessary. This will include sessions like National Immunisation Days as in "Pulse Polio” immunisation, “Mop up rounds” etc.

5-8 Help to arrange immunisation sessions for other vaccine preventable diseases that are not currently included in the government immunisation schedule. Examples are vaccination against Hepatitis-B, Meningitis etc.

5-9 Keep abreast with the latest developments in immunisation and spread the message. Render support to individuals and organisations earning forward for immunisation against any VPDs.
6 Implementation of Health Programmes

JPHN should be responsible for the following services.

6-1 Take blood smear of any fever case that she comes across during house visits and give presumptive treatment. The blood smears may be handed over to the male Health worker.

6-2 Enquire about persons with chest symptoms, particularly cough of more than two weeks duration and direct them to the nearest sputum examination centres.

6-3 Administer DOTS and arrange for DOTS providers for TB patients RNTCP. Ensure follow up of patients enrolled for treatment. Help to trace defaulters of treatment and bring them back to medical treatment.

6-4 Provide health education about prevention, detection and treatment of Tuberculosis with emphasis on DOTS.

6-5 Identify persons having suspicious patches or anaesthetic patches and direct them to

6-6 S.E.T. Centres, medical officers or to visiting medical team during "Pulse circuit".

6-7 Assist to collect or collect cervical smears for cancer detection when instructed.

6-8 Sensitize females about the common forms of cancers among them and educate them on early detection and timely care seeking.

6-9 Any other duties or functions in respect of implementation of any other health programmes as and when instructed by authorities.

7 Health and Family Welfare Education

7-1 Educate community about health and diseases, personal hygiene, prevention of diseases and promotion of health.

7-2 Conduct health and Family Welfare education through personal interviews, group discussions.
7-3 Assist in conducting film shows and health and family welfare education activities.

7-4 Assist in special programmes of education for specified purposes.

8 **Control of communicable diseases**

8-1 Notify notifiable diseases and other diseases of public health importance.

8-2 Assist in carrying out control measures like anti-cholera inoculation, chlorination, distribution of ORS, DDT spraying, mass survey etc.

8-3 Exchange information about communicable diseases with the male Health Worker.

9. ** Provision of Curative Services**

9.1 Render services in the management of sick persons including treatment of minor ailments and render first aid to the extent to which she is trained and permitted.

10. **National Disease Surveillance Programme**

10.1 Assist in the implementation of National Diseases Surveillance programme as per guidelines issued.

11. **Vital Events**

11.1 Enquire and record births and deaths and give information about deaths to the Health Worker or Health Inspector.

11.2 Provide information about births/deliveries to the Registrar of Births and Deaths.

11.3 Educate community about the importance of registration of births and deaths, and about procedure for Registration

12 **School Health.**

12.1 Assist in organizing and conducting Medical Examination of School children.

12.2 Assist in organizing and conducting School immunization sessions.

12.3 Conduct health education talks to pupils of the schools of the area.
13. **Environmental Sanitation**

13.1 Render help and co-operation for implementation of environmental sanitation programmes.

13.2 Educate community about the importance and significance of environmental sanitation.

14. **Medical Termination of Pregnancy.**

14.1 Render assistance and guidance of those requiring Medical Termination of Pregnancy (vide services under RCH programme) & Act.

14.2 Educate women on the availability of services for medical termination of pregnancy.

15. **Other Responsibilities**

15.1 Identify the elderly in the area and keep a list of all persons above 65 years of age. Collect details about the common ailments among them and provide services to the extent possible.

15.2 Identify cases of Hypertension and Diabetes mellitus in the community. Provide health education about prevention, detection, timely and proper management and complications of such diseases.

15.3 Help in the implementation of mental health programme and provide health education on early detection and treatment of such problems. Assist in follow up and community rehabilitation of the mentally ill.

15.4 Provide health education about other life style related diseases.

15.5 Provide health education about Reproductive Tract Infections, Sexually Transmitted Infections, HIV and AIDS. (Vide RCH guidelines). Help in early detection of such diseases and fetch the victims counselling and medical support.

15.6 Detect cases of Cataract and other causes of blindness and fetch them medical help. Provide health education regarding care of eyes, causes of blindness and other services available under the National Programme for control of blindness. Provide sufficient information and support to those willing for "Eye Donation".
15.7 Maintain a list of all the physically challenged persons in the area. Provide them with support on rehabilitation.

15.8 Any other duty assigned by authorities from time to time.

16. **Staff meetings and Conferences.**

16.1 Attend staff meetings and conferences at PHCs, Block Offices or Panchayat Offices or at any other places or occasions as and when required or instructed.

16.2 Attend the sectoral and project level meetings of the ICDS. Render continuing education sessions to the Anganwadi workers in the sectoral meetings. Collect and consolidate the Monthly Monitoring Reports of the Anganwadi Workers of their field area and pass it on to the primary health centre through their superiors.

16.3 Hold regular meetings of the MSS and other voluntary workers and enhance their participation in health care activities.

17. **Registers and Records.**

The JPHNs should maintain the following registers

1. General Information Register
2. Family Health Survey and follow up register with an index,
3. Community Education Register.

These three registers are common to both the male and female health workers

4. Mother and Child Register.
5. Contraceptive Acceptance and follow up register:
7. Issue Register of contraceptives to individual couples.
8. Daily case register for clinics and treatment of minor ailments:
10. Field Diary.
11. Instruction Book.
12. Inspection Book any other register required by specific programmes"

18. **On call Services**

    Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

19. **Any Other duty assigned by authorities from time to time**
JOB RESPONSIBILITIES OF
MULTI PURPOSE HEALTH WORKER

Junior Health Inspectors (JHIs)

Multipurpose Health Worker- Male (Junior Health Inspector in Kerala) is one of the two staff members of a sub-centre, the grass root level facility to provide comprehensive primary health care to the community. This level of institutions and these two grass root level workers are the first level of contact of community with the formal health care delivery system of the State. The gamut of services a male health worker is expected to provide under the Multi purpose Health worker scheme is very wide and encompasses promotive, preventive and curative services. They have public health responsibilities also.

Male Health Workers have both institutional and field responsibilities. Their Institutional responsibilities include activities in the sub-centre from where they operate and field activities are related to specified population or geographic areas assigned from time to time. Normally they will be assigned, 3,000-to 8,000 populations depending on the density of population of the area and geographic terrain of the area.

1. Area, Periodicity of visit and Reporting.
1-1 Area- Area and population to be covered may be specified from time to time
1-2 Visit- At least one visit in two months to each household in the area allotted
1-3 Reporting - To the concerned medical officer through his supervisors,

2. Maintenance of Family and Village records
2-1 Family and Village Survey-Survey all families in the allotted area and collect general information about each family, village and locality of the area'. This should be completed by joint effort of both the JHI and JPHN.

2-2 Family and Village Records- Along with the JPHN, prepare and maintain and utilise family records and village registers containing particulars about Family Planning, Immunisation, Vital events, Environmental Sanitation^ local health problems, services rendered, achievement etc.
3. **Implementation of National Health Programmes**

3-1 **National Malaria Programme**

3-1-1 May identify Fever cases

3-1-2 Make thick and thin smears of blood from patients

3-1-3 May give presumptive treatment

3-1-4 Despatch blood smears to the laboratory twice a week by post or personally.

3-1-5 Record results of examination of blood smears.

3-1-6 Should collect contact smears and mass survey smears when positive case is detects

3-1-7 Arrange in focal spraying.

3-1-8 Assist or arrange for radical treatment of diagnosed Malaria cases.

3-1-9 Collect follow-up smears.

3-1-10 Educate community on the importance of blood smear examination i.e. fever insecticidal spraying and treatment of malaria cases.

3-2 **Revised National Tuberculosis Control Programme**

3-2-1 Enquire about persons with, chest symptoms particularly cough lasting for more than two weeks duration and direct them to PH centre.

3-2-2 Create awareness regarding the importance of sputum examination and direct symptomatic patients to microscopy centres.

3-2-3 Help in the provision of Directly Observed Treatment Short Course (DOTS) arranging DOTS providers.

3-2-4 Help those under treatment to continue and complete treatment,

3-2-5 Follow up the cases on direction from the by the Medical Officer. Help to trace defer of treatment and bring them back for treatment.

3-2-6 Conduct BCG vaccination when required.

3-2-7 Any other responsibility regarding TB Control as and when instructed.

3-2-8 Educate public about prevention, detection and treatment of Tuberculosis.
3-3  National Leprosy Control Programme.

3-3-1 Identify persons having suspicious patches or anaesthetic patches and direct to S.E.T.Centre, Control Unit, medical officer or to "Pulse circuits".

3-3-2 Help those under treatment to continue and complete treatment.

3-3-3 Follow up reported cases.

3-3-4 Educate the community about leprosy, its causation, ways of detection, treatment and try to dispel the stigma attached to the disease.

3-4  Other health programmes and activities

3-4-1 Identify elderly in the area and keep a list of all persons above 65 years of age. Collect details about common ailments among them and provide services to the extent possible.

3-4-2 Identify cases of Hypertension and Diabetes mellitus in the community. Provide health education about prevention, detection, timely and proper management and complications of such diseases.

3-4-3 Help in the implementation of mental health programme and provide health education on early detection and treatment of such problems. Assist in follow up and community rehabilitation of the mentally challenged.

3-4-4 Provide health education about other life style related diseases.

3-4-5 Provide health education about Reproductive Tract Infections, Sexually Transmitted Infections, HIV and AIDS. (Vide RCH guidelines). Help in early detection of such, diseases and fetch the victims counselling and medical support.

3-4-6 Detect cases of Cataract and other causes of blindness and fetch them medical help. Provide health education regarding care of eyes, causes of blindness and other services available under the National Programme for control of blindness. Provide sufficient information and support to those willing for "Eye Donation".

3-4-7 Maintain a list of all the physically challenged persons in the area. Provide them with support on rehabilitation.
3-5 Implement any other national health programme or activities as per the instructions issued from time to time. Any other duties like mass surveying, mass vaccination etc., of the area of the PHC for which the worker is deputed or allotted in connection with the implementation of programmes:

4. **Reproductive and Child Health Programme (Vide. Essential RCH services rendered through the sub-centres- Job responsibilities of JPHNs)**

4-1 Detect antenatal cases and furnish information to Lady Health worker and refer them to P.H.C or sub-centre.

4-2 List Eligible Couples and contact them, educate them, motivate them for accepting suitable contraceptive methods.

4-3 Spread the message of small family concept and of family planning to the community and motivate the eligible couples to adopt the small family norm.

4-4 Distribute conventional contraceptives.

4-5 Provide follow up service to acceptors of family planning. Identify complications and failures and provide service or necessary advice.

4-6 Establish Depot holders and provide necessary information and replenishment of stocks.

4-7 Render assistance to family planning promoters.

4-8 Utilize satisfied customers, village teachers and others for promoting family planning programme.

4-9 Identify local leaders and with their help educate and involve the community in health and family planning programmes.

4-10 Assist in sub-centre clinics

4-11 Get acquainted with the services to be provided at the community and sub-centre level under the RCH programme (included in the job responsibilities of the female health workers) and render all support and service in accomplishing them.

4-12 Ensure male participation in the RCH programme
4-13 Provide advise to pre-menopausal and post-menopausal women. Sensitize them regarding common malignancies among women and motivate them for periodic check up and screening for these conditions.

4-14 Provide counselling services to the adolescents. Monitor the girl children for anaemia, malnutrition and take corrective steps. Arrange sessions to provide sex education and family education to this group of beneficiaries.

5. **Environmental Sanitation.**

5-1 Give advice for construction and maintenance of sanitary wells. Educate community about the advantages of protected and purified water. Chlorinate public water sources during routine visits.

Educate the community on:

a) Methods of disposal of liquid wastes and help in construction of soakage pits, kitchen garden etc.

b) Methods of disposal of solid wastes (including excreta) and help to provide manure pits, compost pits etc.

c) Home sanitation, advantages and uses of sanitary types of latrines and

5-2. Provide them information on construction and maintenance of such latrines.

Provide advice about cattle sheds and stables to prevent nuisance and hazards due to dung and other wastes.

6. **Control of Communicable diseases**

6.1 Identify modifiable diseases like Cholera, Chickenpox, Smallpox, Plague, Poliomyelitis, Hepatitis, Measles, Mumps, Whooping Cough, Meningitis, intermittent fever and other communicable diseases like diarrhoea, gastroenteritis, etc. and notify to P.H.C.

6.2 Carry out control measures and other supports including distribution of ORS, Educate community about the importance of control and preventive measures against such diseases.

6.3 Render assistance in the implementation of National Diseases Surveillance programme.

6.4 Report to the authorities about stray dogs.
7. **Health and Family Education**

7-1 Educate community about health and diseases, personal hygiene, environmental sanitation, prevention of diseases and promotion of health as and when occasions arise during routine visits or during special campaigns.

7-2 Conduct health and family education through personal interviews, group discussions and other IEC methods.

7-3 Assist in arranging film shows and health education activities.

7-4 Conduct specific education for specific programmes

8. **Nutritional Services**

8-1 Identify cases of malnutrition among children and refer them to P.H.C for nutrient supplement or treatment.

8-2 Distribute iron and folic acid tablets to eligible beneficiaries.

8-3 Administer Vitamin A drops or syrup to children as per instructions.

8-4 Educate families about nutritious diets for mothers and children.

9. **Immunisation**

   JHI should take part in the following.

9-1 Help in the administration of Vaccines against Vaccine Preventable Diseases (VPDs) as and when instructed by higher authorities.

9-2 Help in the maintenance of "cold chain? and in proper storage and distribution vaccines. Render support for maintenance of cold chain as per the instructions of LAD; Health Inspectors and other supervisors.

9-3 Assist other staff in immunisation camps and in school immunisation programmes.

9-4 Assist in conducting immunisation clinics in the area.

9-5 Educate community about the importance and procedures of immunisation and encourage community participation in immunisation programmes.
10. CURATIVE SERVICES

Provide services to the sick persons including treatment of minor ailments and render first aid, to the extent to which a Health Worker is trained and permitted. (Supervisory Officers provide separate guidelines to the Workers on this.)

11. Collection of details of vital events.

11-1 Enquire and record births and deaths and give information about births to the Female Health Worker/Lady Health Inspector and regarding death to the Health Inspector/Health Supervisor.

11-2 Educate the community about the importance of registration of births and deaths about procedures for registration of such events.

12 School Health

12-1 Assist in Medical Examination of School children when instructed.

12-2 Assist in organizing and conducting immunization camps in schools.

12-3 Conduct health education talks to pupils of schools in the area.

12-4 Conduct sanitation inspection of schools and assist teachers for maintenance of healthy environment of schools.


13-1 Render assistance and guidance to those requiring Medical Termination of Pregnancy.

13-2 Educate women on the availability of services for medical termination of pregnancy and about the hazards of "unsafe abortion".

14. Public Health Responsibilities

14-1 Conduct inspection of places where dangerous and offensive trades are occurring, including eating and drinking places, places where food items are prepared (eg. Bakery). Suggest corrective measures if necessary. In cases where action under Public Health Act or any other statute is required, the matter shall be reported to the concerned health authority, through superiors.

14-2 Assist the supervisors and medical officers in preparing technical reports related to public health activities.
14-3 Any other duty assigned by higher authorities, related to Public Health.

15. Environmental Sanitation

15.1 Give help and co-operation for implementation of environmental sanitation programme.

15.2 Educate community about the importance and significance of environmental sanitation.

16. Staff meetings and Conferences.

16.1 Attend staff meetings and conferences at PHCs, Block Offices or Panchayat Offices or at any other places as and when required or instructed.

16.2 Attend the sectoral and project level meetings of the ICDS. Render continuing education sessions to the Anganwadi workers in the sectoral meetings. Help the female worker to collect and consolidate Monthly Monitoring Reports of the Anganwadi Workers of their field area.

16.3 Render help to female health worker in organizing and conducting meetings for MSS workers and other voluntary agencies.

17. Services to the Elderly "Challenged" and "Mentally ill"

17.1. Maintain an updated register of the elderly (above 65 years of age) and provided them services. Detect Hypertension and Diabetes among the elderly and motivate them to avail treatment. Provide follow up services for already detected cases

17.2. Provide health education to prevent life style diseases and sensitize the community about prevention of such diseases and on promotion of positive health.

17.3. Keep an updated list of the "Physically challenged" persons in the area and render support in fetching them help and rehabilitation support wherever necessary.

17.4. Render support in the implementation of mental health programmes and help the community in early detection of mental disorders.
18. Services for prevention of RTI/STI and HIV/AIDS

18.1 Provide health education and arrange IEC activities to prevent the spread of RTI/STI. Spread the message of prevention of spread of HIV/AIDS infection.

18.2 Target the "Special High risk groups" and come out with interventions as specified in the National HIV/AIDS control programme.

19. Services under other National health programmes

Provide services under other national health programmes, as per the guidelines of such programmes, as and when directed to do so.


JHI should maintain the following registers.

1. General Information Register
2. Family Health Survey and follow up register with an index.
3. Community Education Register.

(These three registers are common to both male and female workers).

4. Stock Register.
5. Issue Register of contraceptives to individual couples.
7. Daily abstract of activities, area maps, progress charts.
8. Field Diary.
10. Individual Registers for National health programmes like National Anti-malaria programme, National Leprosy Eradication programme etc.

11. Registers of any other health activities or programmes as and when required.

21. On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

22. Any other duties or responsibilities assigned by authorities.