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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: INDIA

July 2015

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The Health Finance and Governance Project
USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, $209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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Photo: A mother teaches her child health precautions in Bangalore, India.
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ACRONYMS

ASHA	Accredited social health activist
EPHS	Essential Package of Health Services
NHP	National Health Package
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.

THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN INDIA

The series of documents that best fits the definition of the EPHS in India is the *Indian Public Health Standards* (2012) series, plus Annexure II of the *Guidelines for Community Processes* (2013), which lists the services provided by community health workers referred to as accredited social health activists (ASHAs). While responsibility for health services resides with state governments, these documents were published by the central government in 2012 and 2013, and provide relatively specific information on the services that will be provided by community health workers and the first three levels of public sector health care facilities throughout India. *India's Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (AFMC 2007) provide more detail on how specific services shall be provided "so that maximum patients derive benefit from the scarce available resources." For the complete list of services, see Annex A.

Additionally, the government of India appears to be considering proposals to create a more explicit EPHS. In 2011, the Planning Commission of India convened a High-Level Expert Group to provide policy recommendations to move toward universal health coverage. The Group's report took the position that "every citizen should be entitled to essential primary, secondary and tertiary health care services that will be guaranteed by the Central government. The range of essential health care services offered as a National Health Package (NHP) will cover all common conditions and high-impact, cost-effective health care interventions for reducing health-related mortality and disability." The report recommended that the government of India "earmark resources for health service entitlement packages at each level to include timely preventive, promotive, curative and rehabilitative interventions."

Prime Minister Narendra Modi's manifesto ahead of the 2014 election promised a universal health assurance plan. However, the draft policy[1] proposed by the Ministry of Health and Family Welfare aimed to provide free drugs, diagnostic services, and insurance for serious ailments for all Indian citizen. This policy came with a very high price tag and was rejected by the prime minister's office in January 2015. The Ministry of Health and Family Welfare was asked to revamp the policy, but work had reportedly not started as of March 2015 (Reuters 2015, Joint Learning Network 2015).

[1] In a May 2014 meeting to discuss public health sector performance, the Joint Secretary of Policy acknowledged that the full gamut of health care services may not be possible to provide as an entitlement under universal health coverage, and noted that 20 defined health services are proposed to be provided universally on an entitlement basis. It is likely that the policy rejected in January 2015 was for the government to provide this list of 20 services on a universal basis, although the rejected policy is not available publicly. The next iteration of the proposed universal health coverage policy will likely either reduce the benefit package or limit the entitled population in order to rein in costs.

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of India's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included..	43
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	5
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	11

The following six priority RMNCH services are excluded from India's EPHS:

Implicitly excluded:

- Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines
- Low-dose aspirin to prevent pre-eclampsia
- Magnesium sulphate for eclampsia
- Screen for and initiate or continue antiretroviral therapy for HIV
- Comprehensive care of children infected with, or exposed to, HIV

Explicitly excluded:

- Routine immunization plus H. influenzae, meningococcal, pneumococcal, and rotavirus vaccines

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)				
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2005		73.5	37.5
BCG immunization coverage among one-year-olds (%)	2013	87		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	72		
Median availability of selected generic medicines (%)—private	2003-2011*	76.2		
Median availability of selected generic medicines (%)—public	2003-2011*	22.1		

*Average across seven state surveys.

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

In India, up to 80 percent of outpatient and 60 percent of inpatient care is provided by private practitioners (Ministry of Statistics and Program Implementation 2004). However, public sector facilities act as the safety net for many people who face access issues for private sector health care provision. The *Indian Public Health Standards* (2012) describe the EPHS that is delivered through the public sector facility network.

At the bottom of the public health sector referral network, sub-centers and ASHAs provide the most basic primary care services. ASHAs spend most of their time in the village providing some home-based preventive care and promoting use of facility-based services. According to norms established in the *Indian Public Health Standards* (2012), six sub-centers each covering a population of 5,000 provide some primary care services and refer up to one primary health center at the second level of provision, which provides a comprehensive package of primary care. Four or five primary health centers refer up to community health centers for secondary care. Community health centers refer to district hospitals for tertiary care. The reality does not always reflect these norms, and some facilities cover smaller or larger catchment populations. Additionally, patients often self-refer to higher level facilities for primary care (Nagpal 2013).

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of India based on data from a 2005 Demographic and Health Survey.

Key findings from the health equity profile include:

- Coverage of reproductive health, maternal health, and immunization services appears to be associated with wealth, education level of the mother, and rural versus urban place of residence, suggesting inequity in service coverage.
- Reproductive health service coverage across education level appears to be an exception, where contraceptive prevalence and family planning needs satisfied do not change dramatically across education levels of women.
- Coverage of births attended by a skilled health professional is approximately 20 percent among the poorest families, compared with approximately 90 percent among the wealthiest.
- Coverage of full immunization is 39 percent among one-year-olds with rural place of residence, compared with 58 percent coverage among one-year-olds with urban place of residence.

The *Indian Public Health Standards (2012)* mandate specific activities for people with rural residence as well as pregnant women, newborns, children, and adolescents. Additionally, the ASHA program is designed to bring certain health services closer to rural communities or the indigent people who face physical access issues.

Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ Some services included in the EPHS are legally exempt from user fees on a national scale.

Financial protection for the EPHS varies across states, with some wealthier states able to provide more financial protection for vulnerable populations than poorer states. However, several national-level initiatives also provide financial protection for some services included in the EPHS. The Janani Suraksha Yojana program under the National Health Mission scheme allows free institutional maternity services, and provides conditional cash transfers to poor women. A separate scheme managed by the Ministry of Labor and Employment is a demand-side financing scheme called Rashtriya Swasthya Bima Yojana that purchases health insurance coverage capped at 30,000 rupees (US$600) per family per year, for inpatient care episodes (except a specified negative list). After a year of implementation experience, this scheme added coverage for maternity services and removed the exclusion for HIV and AIDS. The evolution of benefits packages is an ongoing process.

Some states (Andhra Pradesh, Himachal Pradesh, and other states that were in the planning stages as of 2013) offer tertiary-focused health insurance schemes, in part to address shortcomings of the system in the areas of equity and access. There were over a dozen such government-sponsored health insurance schemes in the country in 2013 (Nagpal 2013).

Additionally, India's health sector includes social insurance schemes for formal private sector workers, civil servants, and military and railway employees. These schemes are mandatory, and most are financed through employee and employer contributions via a payroll tax, but also receive partial government subsidies.

The new Prime Minister's promise of universal health coverage gives hope that many of the non-poor informal sector workers will gain access to health insurance as well. Meanwhile, these workers do not have a national social health insurance option.

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ANNEX A. INDIA'S EPHS

Guidelines for
COMMUNITY PROCESSES

ASHA

VILLAGE COMMITTEE

SUPPORT STRUCTURE

National Rural Health Mission

Annexure - II

TRAINING COMPETENCIES

Competencies	Knowledge required	Skill required
General Competencies	▸ Knowledge about qualities that need to be inculcated to successfully work as ASHA. ▸ Knowledge about village and its dynamics. ▸ Clear understanding of role and responsibilities. ▸ Understanding of who are the marginalized and the specific role in ensuring that they are included in health services.	▸ Conducting a village level meeting. ▸ Communication skills – especially interpersonal communication and communication to small groups. ▸ Skill of maintaining diary, register and drug kit stock card. ▸ Tracking beneficiaries and updating MCH/Immunization card.
Maternal Care	▸ Key components of antenatal care and identification of high risk mothers. ▸ Complications in pregnancy that require referral. ▸ Detection and management of anaemia. ▸ Facility within reach, provider availability, arrangement for transport, escort and payment. ▸ Understanding labour processes (helps to understand and plan for safe delivery). ▸ In malaria endemic areas, identify malaria in ANC and refer appropriately. ▸ Understanding obstetric emergencies and readiness for emergencies including referral.	▸ Diagnosing pregnancy using Nischay kit. ▸ Determining the Last Menstrual Period (LMP) and calculating Expected Date of Delivery (EDD). ▸ Tracking pregnant women and ensuring updated Maternal and Child Health Cards for all eligible women. ▸ Developing birth preparedness plans for the pregnant woman. ▸ Screening of pregnant woman for problems and danger signs and referral. ▸ Imparting a package of health education with key messages for pregnant women. ▸ Attend and observe delivery and record various events. ▸ Recording pregnancy outcomes as abortion, live births, still birth or newborn death). ▸ Recording the time of birth in Hrs, Min and Seconds, using digital wrist watch.
Home Based Newborn Care	▸ Components of Essential Newborn Care. ▸ Importance of early and exclusive breastfeeding.	▸ Provide normal care at birth (dry and wrap the baby, keep baby warm and initiate breastfeeding). ▸ Observation of baby at 30 seconds and 5 minutes for movement of limbs, breathing and crying.

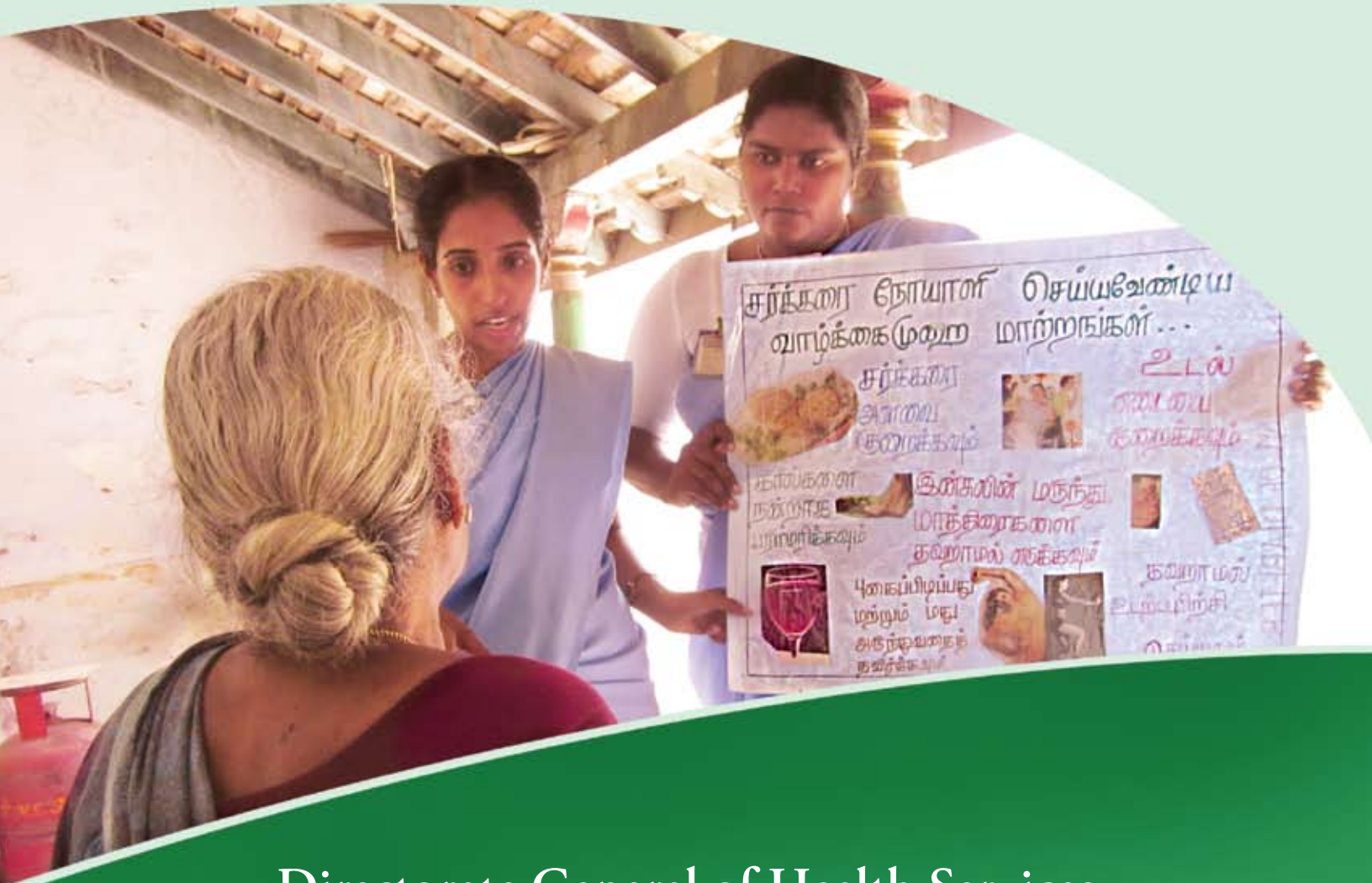
Competencies	Knowledge required	Skill required
	▸ Common problem of initiating and maintaining breastfeeding which can be managed at home. ▸ Signs of ill health or a risk in a newborn.	▸ Conduct examination of new born for abnormality. ▸ Provide care of eyes and umbilicus. ▸ Measure newborn temperature. ▸ Weigh newborn and assess if baby is normal or low birth weight. ▸ Counsel for exclusive breastfeeding. ▸ Ability to identify hypothermia and hyperthermia in newborns. ▸ Keep newborns warm.
Sick New Born Care	▸ Knowledge of risks of preterm and low birth weight. ▸ Knowledge of referral of sick. newborns – when and where?	▸ Identify low birth weight and preterm babies. ▸ Care for LBW, Pre-term babies. ▸ Identify birth asphyxia (for home deliveries) and manage with mucus extractor. ▸ Manage breastfeeding problems and support breastfeeding of LBW/ Preterm babies. ▸ Identification of signs of sepsis and symptomatic management. ▸ Diagnose newborn sepsis and manage it with Cotrimoxazole.
Child Care	▸ Immunisation schedule. ▸ Child's entitlements in ICDS services. ▸ Weaning and adequacy in complementary feeding. ▸ Feeding during an illness. ▸ Causes of diarrhoea and prevention of diarrhoea. ▸ Knowledge of signs of Acute Respiratory Infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild Vs moderate ARI with Cotrimoxazole) (CTM), and refer the severe ones.	▸ Planning the home visits- which child to visit and at what frequency. ▸ Child immunisation tracking skills to ensure complete immunisation in the community. ▸ Weighing of children below five years of age- assessing grades of malnutrition. ▸ Analysis of causes of malnutrition in a specific child- the role of feeding practices, role of illnesses, of familial and economic factors and of access to services. ▸ Diagnosis of dehydration and ability to ascertain if referral is required. ▸ Skill to make adaption of the message of six essential feeding advice to each household. ▸ Skill in preparing and demonstrating ORS use to the mother/caregiver.

Competencies	Knowledge required	Skill required
		▸ Signs of Acute Respiratory infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild Vs moderate ARI with CTM, and refer the severe ones. ▸ Skill in counselling the mother for feeding during diarrhoeal episode ▸ Testing for anaemia and ensuring appropriate treatment.
Women's Health and Gender Concerns	▸ Understanding the life-cycle approach to women's health ▸ Understanding the various determinants like nutrition, discrimination, violence affecting women's health at each stage of life. ▸ Understanding overt and covert domestic violence and abuse against women and steps to counter/address them. ▸ Knowledge of key laws related to women.	▸ Communication skills in discussing gender issues in the VHSNCs or women's group meetings. ▸ Identifying women at risk for violence and taking appropriate action on a one on one basis or collective action as required. ▸ Counselling and referral support for women and families with domestic violence. ▸ Be able to disseminate provisions of acts on domestic violence, sexual harassment etc. ▸ Support women in breaking silence about violence. ▸ Organising women around issues of violence and gender.
Abortion, Family Planning, RTI/ STI and HIV/ AIDS	▸ Understanding contraceptive needs of women/couples in various categories. Knowledge of: ▸ Contraceptives in public sector programmes. ▸ Availability of safe abortion services. ▸ Post abortion complications and referral. ▸ Types and causes of RTI/STI, including HIV/AIDS. ▸ Referral facilities for women/men suspected of RTI/STI.	▸ Counsel for delay in age of marriage, delay in age of first child bearing and in spacing the second child. ▸ Helping vulnerable and marginalized women access contraception. ▸ Supporting women in need of such services to access safe abortion services. ▸ Counsel for post abortion contraceptive use. ▸ Counsel on safe sexual behaviours. ▸ Counsel for partner treatment in case of STI.
For High Malaria Areas or High Prevalence of TB	▸ Knowledge about Malaria and its prevention. ▸ Protecting pregnant women and the young child from malaria. ▸ How to prevent tuberculosis. ▸ Suspecting tuberculosis and knowledge of further referral.	▸ Managing fever in the young child- when to suspect malaria, how and when to test, when to refer, when and how to treat. ▸ Being a provider of Directly Observed Therapy- Short Course (DOTS) for TB.

Competencies	Knowledge required	Skill required
Village Health Planning	▸ Knowledge of key components of village plans. ▸ Understanding of steps in preparing village health plans. ▸ Understanding of methods of data collection and PRA.	▸ Interpret and use basic data. ▸ Identify priorities for the village based on data. ▸ Conduct Participatory Rural Appraisal. ▸ Include specific actions to ensure coverage of marginalized and vulnerable women and children with services.

सत्यमेव जयते

Indian Public Health Standards (IPHS)
Guidelines for Sub-Centres
Revised 2012



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

Type B (MCH Sub-Centre)

This would include following types of Sub-centres:

i. Centrally or better located Sub-centres with good connectivity to catchment areas.
ii. They have good physical infrastructure preferably with own buildings, adequate space, residential accommodation and labour room facilities.
iii. They already have good case load of deliveries from the catchment areas.
iv. There are no nearby higher level delivery facilities.

Guidelines

Such Sub-centers should be developed as a delivery facility and should also cater to adjacent Type A sub-centres areas for delivery purpose. Type B Sub-centre, will provide all recommended services including facilities for conducting deliveries at the Sub-centre itself. They will be expected to conduct around 20 deliveries in a month. They should be provided with all labour room facilities and equipment including Newborn care corner. ANMs of these Sub-centres should be SBA trained. These centers may be provided extra equipment, drugs, supplies, materials, 2 beds and budget for smooth functioning. If number of deliveries is 20 or more in a month, then additional 2 beds will be provided.

Staff recommended
Two ANM **(Essential)**
One Health Worker (Male): **(Essential)**
One Staff Nurse or ANM (if Staff Nurse not available) **(Desirable,** if number of deliveries at the Sub-centre is 20 or more in a month)
Sanitation services should be provided through outsourcing on full time basis

Services to be Provided in a Sub-Centre

Sub-centres are expected to provide promotive, preventive and few curative primary health care services. Keeping in view the changing epidemiological situation in the country, both types of Sub-centres should lay emphasis on Non-Communicable Diseases related services.

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

a. In the village: Village Health and Nutrition Day/ Immunization session.
b. During house visits.
c. During house to house surveys.
d. During meetings and events with the community.
e. At the facility premises. It is desirable, that the Sub-centre should provide minimum of six of hours of routine OPD services in a day for six days in a week. Wherever two ANMs are provided, it shall be ensured that one of the ANMs is available at the Sub-centre and the Sub-centre remains open for providing OPD services on all working days. Only one of them may provide outreach services at a time.

The main differences in services to be provided by the two types of Sub-centres are:

Type A: Shall provide all services as envisaged for the Sub-centre except the facilities for conducting delivery will not be available here.

Type B: They will provide all recommended services including facilities for conducting deliveries at the Sub-centre itself. This Sub-centre will act as Maternal and Child Health (MCH) centre with basic facilities for conducting deliveries and Newborn Care at the Sub-centre.

Although the main focus shall be to promote institutional deliveries, however, the facilities for attending to home deliveries shall remain available at both types of Sub-centres. The following is the consolidated list of services to be provided through two types of Sub-centres. The services have been classified as **Essential (Minimum Assured Services) or Desirable (that all States/UTs should aspire to achieve).**

Maternal and Child Health

Maternal Health

i. Antenatal care:
Essential

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

Such a Sub-Centre having the case load may be developed as a MCH/type B Sub-Centre.

- Minimum 4 ANC including Registration Suggested schedule for antenatal visits:

  1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration, history and first antenatal check-up

  2nd visit: Between 14 and 26 weeks

  3rd visit: Between 28 and 34 weeks

  4th visit: Between 36 weeks and term

- Associated services like general examination such as height, weight, B.P., anaemia, abdominal examination, breast examination, Folic Acid Supplementation (in first trimester), Iron & Folic Acid Supplementation from 12 weeks, injection tetanus toxoid, treatment of anaemia etc., (as per the Guidelines for Antenatal care and Skilled Attendance at Birth by ANMs and LHVs).
- Recording tobacco use by all antenatal mothers.
- Minimum laboratory investigations like Urine Test for pregnancy confirmation, haemoglobin estimation, urine for albumin and sugar and linkages with PHC for other required tests.
- Name based tracking of all pregnant women for assured service delivery.
- Identification of high risk pregnancy cases.
- Identification and management of danger signs during pregnancy.
- Malaria prophylaxis in malaria endemic zones for pregnant women as per the guidelines of NVBDCP.
- Appropriate and Timely referral of such identified cases which are beyond her capacity of management.
- Counselling on diet, rest, tobacco cessation if the antenatal mother is a smoker or tobacco user, information about dangers of exposure to second hand smoke and minor problems

during pregnancy, advice on institutional deliveries, pre-birth preparedness and complication readiness, danger signs, clean and safe delivery at home if called for, postnatal care & hygiene, nutrition, care of newborn, registration of birth, initiation of breast feeding, exclusive breast feeding for 6 months, demand feeding, supplementary feeding (weaning and starting semi solid and solid food) from 6 months onwards, infant & young child feeding and contraception.

- Provide information about provisions under current schemes and programmes like Janani Suraksha Yojana.
- Identify suspected RTI/STI case, provide counseling, basic management and referral services.
- Counselling & referral for HIV/AIDS.
- Name based tracking of missed and left out ANC cases.

ii. Intra-natal care:

Essential

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

Essential for Type B Sub-centre

- Managing labour using Partograph.
- Identification and management of danger signs during labor.
- Proficient in identification and basic fist aid treatment for PPH, Eclampsia, Sepsis and prompt referral of such cases as per'Antenatal Care and Skilled Birth Attendance at Birth'or SBA Guidelines.
- Minimum 24 hours of stay of mother and baby after delivery at Sub-centre. The environment at the Sub-centre should be clean and safe for both mother and baby.

iii. Postnatal care:

Essential

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

Child Health

Essential

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

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

  Post natal visits as mentioned under 'Post natal Care'.
- Counselling on exclusive breast-feeding for 6 months and appropriate and adequate complementary feeding from 6 months of age while continuing breastfeeding. (As per National Guidelines on Infant and Young Child Feeding, 2006, by Ministry of WCD, Government of India).
- Assess the growth and development of the infants and under 5 children and make timely referral.
- **Immunization Services:** Full Immunization of all infants and children against vaccine

preventable diseases as per guidelines of Government of India (Current Immunization Schedule at **Annexure 1**).

- Vitamin A prophylaxis to the children as per National guidelines.
- Prevention and control of childhood

Janani Suraksha Yojana

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. This scheme integrates cash assistance with delivery and post-delivery care.

While the scheme would create demand for institutional delivery, it would be necessary to have adequate number of 24X7 delivery services centre, doctors, mid-wives, drugs etc. at appropriate places. Mainly, this will entail

- Linking each habitation (village or a ward in an urban area) to a functional health centre- public or accredited private institution where 24X7 delivery service would be available,
- Associate an ASHA or a health link worker to each of these functional health centre.
- It should be ensured that ASHA keeps track of all expectant mothers and newborn. All expectant mother and newborn should avail ANC and immunization services, if not in health centres, atleast on the monthly health and nutrition day, to be organised in the Anganwadi or sub-centre.
- Each pregnant women is registered and a micro-birth plan is prepared.
- Each pregnant woman is tracked for ANC,
- For each of the expectant mother, a place of delivery is pre-determined at the time of registration and the expectant mother is informed,
- A referral centre is identified and expectant mother is informed,
- ASHA and ANM to ensure that adequate fund is available for disbursement to expectant mother,
- ASHA takes adequate steps to organize transport for taking the women to the pre-determined health institution for delivery.
- ASHA assures availability of cash for disbursement at the health centre and she escorts pregnant women to the pre-determined health centre.
- ASHA package in the form of cash assistance for referral transport, cash incentive and transactional cost to be provided as per guidelines.

Janani Shishu Suraksha Karyakram (JSSK)

JSSK launched on 1st of June of 2011 is an initiative to assure free services to all pregnant women and sick neonates accessing public health institutions. The scheme envisages free and cashless services to pregnant women including normal deliveries and caesarian section operations and also treatment of sick newborn (up to 30 days after birth) in all Government health institutions across State/UT.

This initiative supplements the cash assistance given to pregnant women under the JSY and is aimed at mitigating the burden of out of pocket expenditure incurred by pregnant women and sick newborns,

Entitlements for Pregnant Women

1. Free and Zero expense delivery and Caesarian Section
2. Free Drugs and Consumables
3. Free Diagnostics (Blood, Urine tests and Ultrasonography etc. as required.)
4. Free diet during stay in the health institutions (up to 3 days fro normal deliveries and upto 7 days for caesarian deliveries)
5. Free provision of the Blood
6. Free transport from home to health institutions, between facilities in case of referrals and drop back from institutions to home.
7. Exemption from all kinds of user charges

Entitlements for Sick newborn till 30 days after Birth

1. Free and zero expense treatment
2. Free Drugs and Consumables
3. Free Diagnostics
4. Free provision of the Blood
5. Free transport from home to health institutions, between facilities in case of referrals and drop back from institutions to home.
6. Exemption from all kinds of user charges

diseases like malnutrition, infections, ARI, Diarrhea, Fever, Anemia etc. including IMNCI strategy.

- Name based tracking of all infants and children to ensure full immunization coverage.
- Identification and follow up, referral and reporting of Adverse Events Following Immunization (AEFI).

Family Planning and Contraception

Essential

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

Safe Abortion Services (MTP)

Essential

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

Curative Services

Essential

- Provide treatment for minor ailments including fever, diarrhea, ARI, worm infestation and First Aid including first aid to animal bite cases (wound care, tourniquet (in snake bite) assessment and referral).
- Appropriate and prompt referral.

Desirable

- Provide treatment as per AYUSH as per the local need. ANMs and MPW (M) be trained in basic AYUSH drugs.
- Once a month clinic by the PHC medical officer. LHV, HWM and ANM should be available for providing assistance.

Adolescent Health Care

Desirable

- Education, counselling and referral.
- Prevention and treatment of Anemia.
- Counselling on harmful effects of tobacco and its cessation.

School Health Services

Essential

- Screening, treatment of minor ailments, immunization, de-worming, prevention and management of Vitamin A and nutritional deficiency anemia and referral services through fixed day visit of school by existing ANM/MPW
- Staff of Sub-centre shall provide assistance to school health services as a member of team

Control of Local Endemic Diseases

Essential

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

Disease Surveillance, Integrated Disease Surveillance Project (IDSP)

Essential

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

Water and Sanitation

Desirable

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

Out reach/Field Services

Village Health and Nutrition Day (VHND)

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

The number of VHNDs should be enough to reach every habitation/Anganwadi center at least once in a month. The ANM is accountable for these services, with the male worker also taking a due share of the work, and being in charge of logistics and organisation, especially vaccine logistics. Participation of Anganwadi workers, ASHAs and community volunteers would be essential for mobilization of beneficiaries and local organizational support.

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

The services to be provided at VHND are listed below.

Essential

- Early registration and Antenatal care for pregnant women – as per standard treatment protocol for the SBA.
- Immunization and Vitamin A administration to all under 5 children- as per immunization schedule.
- Coordination with ICDS programme for Supplementary nutritional services, health check up and referral services, health and nutrition education, immunization for children below 6 years, Pregnant & Lactating Mother and health and nutrition education for all women in the age group (15 to 45 years).
- Family planning counseling and distribution of contraceptives.
- Symptomatic care and management of persons with minor illness referred by ASHAs/AWWs or coming on their own accord.
- Health Communication to mothers, adolescents and other members of the community who attend the VHND session for whatever reason.
- Meet with ASHAs and provide training/support to them as needed.
- Registration of Births and Deaths.

Desirable

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

Home Visits

Essential

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

Desirable

- Visits to houses of eligible couples who need contraceptive services, but are not currently using them e.g. couples with children less than three years of age, where women are married and less than 19 years of age, where the family is complete etc.
- Follow up of cases who have undergone Sterilization and MTP, as per protocols especially those who can not come to the facility.
- Visits to community based DOTS providers, leprosy depot holders where this is needed.
- Visits to support ASHA where further counselling is needed to persuade a family to utilize required

health services e.g., immunization dropouts, antenatal care dropouts, TB defaulter etc.

- To take blood slides/do RDK test in cases with fever where malaria is suspected.

House-to-House Surveys

These surveys would be done once annually, preferably in April. Some of the diseases would require special surveys- but at all times not more than one survey per month would be expected. Surveys would be done with support and participation of ASHAs, Anganwadi Workers, community volunteers, panchayat members and Village Health Sanitation and Nutrition Committee members.

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

Essential

- Age and sex of all family members.
- Assess and list eligible couples and their unmet needs for contraception.
- Identify persons with skin lesions or other symptoms suspicious of leprosy and refer: essential in high leprosy prevalence blocks.
- Identify persons with blindness, list and refer: Identify persons with hearing impairment/ deafness, list and refer.
- Annual mass drug administration in filaria endemic areas.

Desirable

- Identify persons with disabilities, list and refer and call for counselling where needed.
- Identify and list senior citizens who need special care and support.
- Identify persons with mental health problems and Epilepsy; list and refer.
- In high endemicity areas-survey for fever suspicious of kala- azar, for epidemic management of malaria, for detection of fluorosis affected cases etc.
- Ani other obvious disease/disorder; list and refer.

Community Level Interactions

Essential

- Focus group discussions for information gathering and health planning.
- Health Communication especially as related to National Health programmes through attending Village Health Sanitation and Nutrition Committee meetings, ASHA local review meetings and meetings with panchayat members/sarpanch, Self Help Groups, women's groups and other BCC activities.

Coordination and Monitoring

- Coordinated services with AWWs, ASHAs, Village Health Sanitation and Nutrition Committee PRI etc.

National Health Programmes

Communicable Disease Prgramme

a. National AIDS Control Programme (NACP):

Essential

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

Desirable

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

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

Essential

- Collection of Blood slides of fever patients
- Rapid Diagnostic Tests (RDT) for diagnosis of Pf malaria in high Pf endemic areas.
- Appropriate anti-malarial treatment.
- Assistance for integrated vector control activities in relation to Malaria, Filaria, JE, Dengue, Kala-Azar etc. as prevalent in specific areas. Prevention of breeding places of vectors

through IEC and community mobilization. Where filaria is endemic, identification of cases of lymphoedema/elephantiasis and hydrocele and their referrals to PHC/CHC for appropriate management. The disease specific guidelines issued by NVBDCP are to be followed.

- Annual mass drug administration with single dose of Diethyl carbamazine (DEC) to all elligible population at risk of lymphatic filariasis.
- Promotion of use of insecticidal treated nets, wherever supplied.
- Record keeping and reporting as per programme guidelines.

c. National Leprosy Eradication Programme (NLEP):

Essential

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

d. Revised National Tuberculosis Control Programme (RNTCP):

Essential

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

Desirable

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

Non-communicable Disease (NCD) Programmes

Note: These services are to be provided at both types of Sub-centres.

a. National Programme for Control of Blindness (NPCB):

Essential

- Detection of cases of impaired vision in house to house surveys and their appropriate referral. The cases with decreased vision will be noted in the blindness register.
- Spreading awareness regarding eye problems, early detection of decreased vision, available treatment and health care facilities for referral of such cases. IEC is the major activity to help identify cases of blindness and refer suspected cataract cases.

Desirable

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

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

Essential

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

c. National Mental Health Programme:

Essential

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

participation/role of Community for primary prevention of mental disorders.

d. ***National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke:***

Essential

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

e. ***National Iodine Deficiency Disorders Control Programme:***

Essential

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

f. ***In Fluorosis affected (Endemic) Areas:***

Essential

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

Desirable

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

g. ***National Tobacco Control Programme:***

Essential

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

Desirable

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

h. ***Oral Health:***

Desirable

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

i. ***Disability Prevention:***

Desirable

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

j. ***National Programme for Health Care of Elderly:***

Desirable

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

Promotion of Medicinal Herbs

Desirable

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

Record of Vital Events

Essential

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

Manpower

In order to provide above mentioned services, different categories of Sub-centres should have the following personnel.

- The Sub-centre village has some communication net work (road communication/public transport/ post office/telephone).
- Sub-centre should be away from garbage collection, cattle shed, water logging area etc.

Type of subcentre	Sub-centre A		Sub-centre B (MCH Sub-centre)	
Staff	Essential	Desirable	Essential	Desirable
ANM/Health Worker (Female)	1	+1	2	
Health Worker (Male)	1		1	
Staff Nurse (or ANM, if Staff Nurse is not available)				1**
Safai-Karamchari*	1 (Part-time)		1 (Full-time)	

*To be outsourced.

** if number of deliveries at the Sub-centre is 20 or more in a month

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

Note: The job functions of ANM, Health worker (Male) and Staff Nurse (if provided) are given at **Annexure 2**.

Physical Infrastructure

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

Location of the Centre

For all new upcoming Sub-centres, following may be ensured:

- Sub-centre to be located within the village for providing easy access to the people and safety of the ANM.
- As far as possible no person has to travel more than 3 km to reach the Sub-centre.
- While finalizing the location of the Sub-centre, the concerned Panchayat should also be consulted.

Building and Lay out

- **Boundary wall/fencing:** Boundary wall/fencing with Gate should be provided for safety and security.
- In the typical layout of the Sub-centre, the residential facility for ANM is included, however, it may happen that some of the existing Sub-centres may not have residential facilities for ANM. In that case, some house should be available on rent in the Sub-centre headquarter village for accommodating the ANM.
- Residential facility for Health Worker (Male), if need is felt, may be provided by expanding the Sub-centre building to the first floor. The entrance to the Sub-centre should be well lit and easy to locate. It should have provision for easy access for disabled and elderly. Provision of ramp with railing to be made for use of wheel chair/stretcher trolley, wherever feasible.
- The minimum covered area of a Sub-centre along with residential quarter for ANM will vary depending on land availability, type of Sub-centre and resources.
- Separate entrance for the Sub-centre and for the ANM quarter may be ensured.

- Type B Sub-centre should have, about 4 to 5 rooms with facilities of
  - Waiting Room
  - One Labour Room with one labour table and Newborn corner
  - One room with two to four beds (in case the no. of deliveries at the Sub-centre is 20 or more, four beds will be provided)
  - One room for store
  - One room for clinic/office
  - One Toilet facility each in labour room ward room and in waiting area (Essential)

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

  - Room - 1 (3.3 m x 2.7 m)
  - Room - 2 (3.3 m x 2.7 m)
  - Kitchen - 1 (1.8 m x 2.5 m)
  - W.C (1.2 m x 9.0 m)
  - Bath Room (1.5 m x 1.2 m)

  Residential Facility for a minimum of 2 staff and desirably for 3 staff should be provided at Type B (MCH) Sub-centres.

  A typical layout plan for type A Sub-centre with ANM residence having area of 85 square metres and type B Sub-centre having an additional area of 65 square metres on ground floor and 125 square metres on first floor, with area/space specifications is given at **Annexure 3.**

Signage

- The building should have a prominent board displaying the name of the Centre in the local language at the gate and on the building.
- Prominent display boards in local language providing information regarding the services available and the timings of the Sub-centre should be displayed at a prominent place.
- Visit schedule of "ANMs" should be displayed.
- Suggestion/complaint box for the patients/ visitors and also information regarding the person responsible for redressal of complaints, be displayed.

Disaster Prevention Measures against Earthquake, flood and fire

(Desirable for all new upcoming facilities)

- Earthquake proof measures – Building structure and the internal structure of SC should be made disaster proof especially earthquake proof. Structural and non-structural elements should be built in to withstand quake as per geographical/ state govt. guidelines. Non-structural features like fastening the shelves, equipment etc. are as important as structural changes in the buildings.
- SC should not be located in low lying area to prevent flooding.
- Fire fighting equipment – fire extinguishers, sand buckets, etc. should be available and maintained to be readily available when there is a problem.
- The health staff should be trained and well conversant with disaster prevention and management aspects.

Environment Friendly Features

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

Furniture

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

Equipment

The equipment provided to the Sub-centres should be adequate to provide all the assured services in the Sub-centres. This will include all the equipment necessary for conducting safe deliveries at Sub-centre (for type B Sub-centres), home deliveries (for both Type A and Type B), immunization, contraceptive services like IUD insertion, etc. In addition, equipment for first aid and emergency care, water quality testing, blood smear collection should also be available. Maintenance of the equipment should be ensured either through

preventive maintenance/prompt repair of non-functional equipment so as to ensure uninterrupted delivery of services. A standard mechanism should be in place for the same. The list of equipment has been annexed (**Annexure 5).** Proper sterilization of all equipment and compliance of all Universal precautions are to be ensured.

Drugs

The list of drugs that should be available as per the guidelines in given at **Annexure 6**. Accurate records of stock should be maintained.

Support Services

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

b. **Electricity:** Wherever facility exists, uninterrupted power supply has to be ensured for which inverter facility/solar power facility is to be provided. Generator facility is made available at Type B Sub-centres.

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

d. **Telephone:** At Type B Sub-centres, landline telephone facility should be provided.

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

f. **Toilet:** Toilet facility for use of patients/attendants and Sub-centre Staff must be provided in all Sub-centres. In case of Type B Sub-centre, additional one Toilet facility each in labour room and ward room are also to be provided. Regular cleaning of Toilets should be ensured.

Waste Disposal

Infection Management and Environment Plan "Guidelines for Health Care Workers for Waste Management and Infection Control in Sub Centres" of Ministry of Health and Family Welfare, Government of India are to be followed. Standards for Deep Burial Pit as per Bio-Medical Waste (Management and Handling) Rules, 1998 are given at Annexure 7

Record Maintenance and Reporting

Proper maintenance of records of services provided at the Sub-centres and the morbidity/mortality data is necessary for assessing the health situation in the Sub-centre area. In addition, all births and deaths under the jurisdiction of sub- centre should be documented and sex ratio at birth should be monitored and reported. A list of minimum number of registers to be maintained at Sub-centre is given in **Annexure 8**.

Monitoring Mechanism

Internal mechanisms: Supportive supervision and Record checking at periodic intervals by the Male and Female Health supervisors from PHC (at least once a week) and by MO of the PHC (at least once in a month) etc. A check list for Sub-centres is given at **Annexure 9**.

External mechanisms: Sub-centres will be under the oversight of Gram Panchayats. A simpler check-

list that can be used by PRI/NGO/SHG is given in **Annexure 9A**.

A detailed Facility Survey Format **(Annexure 10)** is also given to monitor periodically whether the Sub-centre is up-to the level of Indian Public Health Standards (IPHS).

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

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

Quality Assurance and Accountability

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

In order to ensure quality of services and patient satisfaction, it is essential to encourage community participation. To ensure accountability, the **Citizens' Charter** should be available in all Sub-centres (**Annexure 11).**

Annexure 1

NATIONAL IMMUNIZATION SCHEDULE FOR INFANTS, CHILDREN AND PREGNANT WOMEN

Immunization programme provides vaccination against seven vaccine preventable diseases

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1 & 2	Early in pregnancy and 4 weeks after TT-1* [one dose (booster)* if previously vaccinated within last 3 years]	0.5 ml	Intra-muscular	Upper Arm
TT-Booster	If pregnancy occur within three years of last TT vaccinations*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth (for institutional deliveries) or along with DPT-1 (upto one year if not given earlier)	0.1 ml (0.05 ml for infant up to 1 month)	Intra-dermal	Left Upper Arm
Hepatitis B - 0	At birth for institutional delivery, preferably within 24 hrs of delivery	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
OPV - 0	At birth for institutional deliveries within 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
Hepatitis B - 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks**	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid- thigh)
Measles 1 & 2	At 9-12 months and 16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin-A (1st dose)	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster	16-24 months	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid- thigh)
	2nd booster at 5 years of age	0.5 ml	Intra-muscular	Upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
JE†	16-24 months	0.5 ml	Sub-cutaneous	Upper Arm

Vaccine	When to give	Dose	Route	Site
Vitamin A (2nd to 9th dose)	2nd dose at 16 months with DPT/OPV booster. 3rd to 9th doses are given at an interval of 6 months interval till 5 years age	2 ml (2 lakh IU)	Oral	Oral
DT Booster	5 years	0.5 ml	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

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

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

† JE in Selected Districts with high JE disease burden (currently 112 districts)

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

Annexure 5

EQUIPMENT AND CONSUMABLES

List of Equipment

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

Sl. No.	Item Description	Quantity/Kit	
		Essential	Desirable
1	Basin 825 ml. ss (Stainless Steel) Ref. IS 3992	**1**	**+1**
2	Basin deep (capacity 6 litre) ss Ref: IS: 5764 with Stand	**1**	
3	Tray instrument/Dressing with cover 310 x 195x63mm SS, Ref IS: 3993	**1**	
4	Flashlight/Torch Box-type pre-focused (4 cell)	**1**	
5	Torch (ordinary)	**2**	
6	Dressing Drum with cover 0.945 liters stainless steel	**1**	
7	Hemoglobinometer – set Sahli type complete	**1**	
8	Weighing Scale, Adult 125 kg/280 lb	**1**	
9	Weighing Scale, Infant (10 Kg)	**1**	
10	Weighing Scale, (baby) hanging type, 5 kg	**1**	
11	Sterilizer	**1**	
12	Surgical Scissors straight 140 mm, ss	**1**	
13	Sphygmomanometer Aneroid 300 mm with cuff IS: 7652	**1**	**2**
14	Kelly's hemostat Forceps straight 140 mm ss	**1**	
15	Vulsellum Uterine Forceps curved 25.5 cm	**1**	
16	Cusco's/Graves Speculum vaginal bi-valve medium	**1**	
17	Sims retractor/depressor	**1**	
18	Sims Speculum vaginal double ended ISS Medium	**1**	

Sl. No.	Item Description	Quantity/Kit	
		Essential	Desirable
19	Uterine Sound Graduated	**1**	
20	Cheatle's Forcep	**1**	
21	Vaccine Carrier	**2**	
22	Ice pack box	**8**	
23	Sponge holder	**2**	**+2**
24	Plain Forceps	**5**	
25	Tooth Forceps	**2**	
26	Needle Holder	**2**	
27	Suture needle straight	**10**	
28	Suture needle curved	**10**	
29	Kidney tray	**4(big) & 4 (small)**	
30	Artery Forceps, straight, 160mm Stainless steel	**5**	**+5**
31	Dressing Forceps (spring type), 160mm, stainless steel	**1**	
32	Cord cutting Scissors, Blunt, curved on flat, 160 mm ss	**1**	**+1**
33	Clinical Thermometer oral & rectal	**1 each**	
34	Talquist Hb scale	**1**	
35	Stethoscope	**1**	
36	Foetoscope	**1**	
37	Hub Cutter and Needle Destroyer	**1**	
38	Ambu Bag(Paediatric size) with Baby mask	**1**	
39	Suction Machine		**1**
40	Oxygen Administration Equipment	**1**	
41	Tracking Bag and Tickler Box (Immunization)		**1**
42	Measuring Tape	**1**	
43	I/V Stand	**1**	

Note: Number of equipment required may vary according to case load and usage.

List of Consumables

Syringe (10 cc, 5 cc, 2 cc) and AD Syringes (0.5 ml and 0.1 ml) for immunization	As per requirement
Disposable gloves	As per requirement
Mucus extractor	As per requirement
Disposable Cord clamp	As per requirement
Disposable Sterile Urethral Catheter (rubber plain 12 fr)	As per requirement
Foley's catheter (Adult)	As per requirement
Dry cell/Battery	As per requirement
Dipsticks for urine test for protein and sugar	1 container of 25 strips

Urine Pregnancy test Kits	As per requirement
Disposable lancet (Pricking needles)	As per requirement
Disposable Sterile Swabs	As per requirement
Glass Slide box of 25 slides	As per requirement
Routine Immunization Monitoring Chart	As per requirement
Blank Immunization Cards/Joint MCH Card (one per pregnant mother) and Tally Sheets (one per immunization session)	As per requirement
Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each (In Type B Sub-centres in high prevalence districts to be provided by NACO)	300 (Desirable)
Reagents such as Hydrochloric acid, acetic acid, Benedict's solution, Bleaching powder, Hypochlorite solution, Methylated spirit etc.	As per requirement
Partgraph charts	As per requirement
Cleaning material, detergent	As per requirement
Speciman collection Bottles	As per requirement
IV canula and Intravenous set	As per requirement
200 watt Bulb	2
Black Disposal bags	As per requirement
Red Disposal Bags	As per requirement
Salt - Iodine test kit	As per requirement

Requirements for a fully Equipped and Operational Labour Room

(Essential if delivery is conducted at the Sub-Centre i.e. Type B Sub-Centre)

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

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

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

Requirements for Home Delivery by Skilled Birth Attendant

A. Home Delivery Kit

The delivery kit should contain disposable items, as well as supplies and essential drugs required for conducting a home delivery.

Pocket 1: Disposable Delivery Kit

Soap, new blade, clean thread, clean sheet, gloves, plastic apron, gauze piece.

Pocket 2: Drugs

Injection Gentamicin, Injection Magnesium sulphate 50%, Injection Oxytocin, Capsules Ampicillin, Tablet Metronidazole, Tablet Misoprostol, Tablet Paracetamol, ORS.

Pocket 3: Supplies

Syringes with needle (2ml, 5ml, 10ml) Needles 22G, Intravenous set, Ringer lactate solution 500 ml, Adhesive tape, Blood pressure apparatus with stethoscope, Measuring tape, Partographs, Dipsticks for testing sugar and proteins in urine, Puncture –proof box, Thermometer, Spirit, cotton and gauze, Torch, Plain Rubber catheter and Foley's catheter, Mucus sucker, Ambu bag and mask, Mouth gag, Trash bag.

B. Home Birth Checklist

1. Clean home
2. Clean surfaces in room where woman will give birth
3. Light for birth attendant (flashlight)
4. Clean gowns for mother
5. Sanitary napkins
6. Bath towels
7. Clean sheets
8. Plastic sheeting to protect mattress (to be placed under sheets during delivery- can cut up large plastic bags if necessary)
9. Disinfectant soap
10. Cord clamp/Thread which can be boiled.
11. Disposable sterile new blade (to cut the cord)
12. Disposable single-use gloves
13. One trash can (preferable lined with plastic bags) for trash and/or waste products
14. Clean cotton blankets to receive newborn Diapers
15. Clean clothes for newborn
16. If it is cold, a source of heat should be provided so that the newborn is not born into a cold environment. A 200 watt bulb is appropriate. A traditional heating option, which generates minimal smoke, in case there is no electricity, may be used.

Annexure 5A: NEWBORN CORNER IN LABOUR ROOM

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

Services at the Corner

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

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

Configuration of the Corner

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

Equipment and Consumables Required for the Corner

Item No.	Item Description	Essential	Desirable	Quantity	Installation	Training	Civil	Mechanical	Electrical
1	Open care system: radiant warmer, fixed height, with trolley, drawers, O^2-bottles	E		1	X	X	X	X	X
2	Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated, neonate, 500 ml	E		1		X			
3	Weighing Scale, spring	E		1		X			
4	Pump suction, foot operated	E		1		X			
5	Thermometer, clinical, digital, 32-34 ^{0}C	E		2					
6	Light examination, mobile, 220-12 V		D	1	X				X
7	Hub Cutter, syringe	E		1		X			
Consumables									
8	Intra Venous Cannula 24 G, 26 G	E							
9	Extractor, mucus, 20 ml, ster, disp Dee Lee	E							
10	Tube, feeding, CH07, L40cm,ster,disp	E							
11	Oxygen catheter 8 F, Oxygen Cylinder		D						
12	Sterile Gloves	E							

Annexure 6

SUGGESTED LIST OF DRUGS

Note: Drug Requirements would be same for both types of Sub-Centre except the drugs to manage Deliveries may not be required for type A Sub-centres.

KIT- A for Sub-Centres

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

KIT- B for Sub-Centres

Sl. No	Name of the Drug/Form	Dosage	Quantity/Kit
1	Methylergometrine Tablets IP	Methylergometrine maleate IP 0.125 mg	240 tablets
2	Paracetamol Tablets IP	Paracetamol IP 500 mg	1000 tablets
3	Methylergometrine Injection IP	Methyergometrine maleate 0.2 mg/ml; 1 ml in each ampoule	10 ampoules

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

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

Desirable

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

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

Other Drugs and vaccines:

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

Medicines and other consumables required for responsibilities regarding different National Disease Control Programmes:

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

Contraceptive supplies required for Family Planning:

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

List of Drugs being provided in ASHA Drug Kit

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

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

सत्यमेव जयते

Indian Public Health Standards (IPHS)
Guidelines for Primary Health Centres
Revised 2012

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

improvements in quality. The performance of health care delivery organizations can be assessed against standards. The National Rural Health Mission (NRHM) has provided the opportunity to set Indian Public Health Standards (IPHS) for Health Centres functioning in rural areas.

In order to provide optimal level of quality health care, a set of standards called Indian Public Health Standards (IPHS) were recommended for Primary Health Centre (PHC) in early 2007.

The nomenclature of a PHC varies from State to State that include a Block level PHCs (located at block HQ and covering about 100,000 population and with varying number of indoor beds) and additional PHCs/New PHCs covering a population of 20,000-30,000 etc. Regarding the block level PHCs it is expected that they are ultimately going to be upgraded as Community Health Centres with 30 beds for providing specialized services.

Setting standards is a dynamic process. Currently the IPHS for Primary Health Centres has been revised keeping in view the resources available with respect to functional requirement for PHCs having 6 beds with minimum standards such as building manpower, instruments, and equipment, drugs and other facilities etc. The revised IPHS has incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non-communicable diseases.

It is desirable that on the basis of essential services, State/UT should issue the Government notification for minimum mandate standard for services at PHC.

Objectives of Indian Public Health Standards (IPHS) for Primary Health Centres (PHC)

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community.

The objectives of IPHS for PHCs are:

i. To provide comprehensive primary health care to the community through the Primary Health Centres.
ii. To achieve and maintain an acceptable standard of quality of care.
iii. To make the services more responsive and sensitive to the needs of the community.

Services at the Primary Health Centre for meeting the IPHS

From Service delivery angle, PHCs may be of two types, depending upon the delivery case load – Type **A and Type B.**

Type A PHC: PHC with delivery load of less than 20 deliveries in a month,

Type B PHC: PHC with delivery load of 20 or more deliveries in a month

All the following services have been classified as **Essential (Minimum Assured Services) or Desirable (which all States/UTs should aspire to achieve at this level of facility)**.

Medical care

Essential

- **OPD services:** A total of 6 hours of OPD services out of which 4 hours in the morning and 2 hours in the afternoon for six days in a week. Time schedule will vary from state to state. Minimum OPD attendance is expected to be 40 patients per doctor per day. In addition to six hours of duty at the PHC, it is desirable that MO PHC shall spend at least two hours per day twice in a week for field duties and monitoring.
- **24 hours emergency services:** appropriate management of injuries and accident, First Aid, stitching of wounds, incision and drainage of abscess, stabilisation of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions. These services will be provided primarily by the nursing staff. However, in case of need, Medical Officer may be available to attend to emergencies on call basis.
- **Referral services.**
- **In-patient services (6 beds).**

Maternal and Child Health Care Including Family Planning

Essential

a) Antenatal care

i. Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy). However, even if a woman comes

late in her pregnancy for registration she should be registered and care given to her according to gestational age. Record tobacco use by all antenatal mothers.

ii. Minimum 4 antenatal checkups and provision of complete package of services.

Suggested schedule for antenatal visits:

1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up.

2nd visit: Between 14 and 26 weeks.

3rd visit: Between 28 and 34 weeks.

4th visit: Between 36 weeks and term.

Associated services like providing iron and folic acid tablets, injection Tetanus Toxoid etc (as per the "guidelines for Ante-Natal Care and Skilled Attendance at birth by ANMs and LHVs) Ensure, at-least 1 ANC preferably the 3rd visit, must be seen by a doctor.

iii. Minimum laboratory investigations like Haemoglobin, Urine albumin and sugar, RPR test for syphilis and Blood Grouping and Rh typing.

iv. Nutrition and health counseling. Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.

v. Identification and management of high risk and alarming signs during pregnancy and labour. Timely referral of such identified cases to FRUs/ other hospitals which are beyond the capacity of Medical Officer PHC to manage.

vi. Tracking of missed and left out ANC.

vii. Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.

b) Intra-natal care: (24-hour delivery services both normal and assisted)

i. Promotion of institutional deliveries.

ii. Management of normal deliveries.

iii. Assisted vaginal deliveries including forceps/ vacuum delivery whenever required.

iv. Manual removal of placenta.

v. Appropriate and prompt referral for cases needing specialist care.

vi. Management of pregnancy Induced hypertension including referral.

vii. Pre-referral management (Obstetric first-aid) in Obstetric emergencies that need expert assistance (Training of staff for emergency management to be ensured).

viii. Minimum 48 hours of stay after delivery.

ix. Managing labour using Partograph.

c) Proficient in identification and basic first aid treatment for PPH, Eclampsia, Sepsis and prompt referral

As per 'Antenatal Care and Skilled Birth Attendance at Birth' Guidelines

d) Postnatal Care

i. Ensure post- natal care for 0 & 3rd day at the health facility both for the mother and new-born and sending direction to the ANM of the concerned area for ensuring 7th & 42nd day post-natal home visits. 3 additional visits for a low birth weight baby (less than 2500 gm) on 14th day, 21st day and on 28th day.

ii. Initiation of early breast-feeding within one hour of birth.

iii. Counseling on nutrition, hygiene, contraception, essential new born care (As per Guidelines of GOI on Essential new-born care) and immunization.

iv. Others: Provision of facilities under Janani Suraksha Yojana (JSY).

v. Tracking of missed and left out PNC.

e) New Born care

i. Facilities for Essential New Born Care (ENBC) and Resuscitation (Newborn Care Corner in Labour Room/OT, Details given in Annexure 3A).

ii. Early initiation of breast feeding with in one hour of birth.

iii. Management of neonatal hypothermia (provision of warmth/Kangaroo Mother Care (KMC), infection protection, cord care and identification of sick newborn and prompt referral.

f) Care of the child

i. Routine and Emergency care of sick children including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and inpatient care. Prompt referral of sick children requiring specialist care.

ii. Counseling on exclusive breast-feeding for 6 months and appropriate and adequate complementary feeding from 6 months of age while continuing breastfeeding. (As per National Guidelines on Infant and Young Child Feeding, 2006, by Ministry of WCD, Government of India).

iii. Assess the growth and development of the infants and under 5 children and make timely referral.

iv. Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI. (Current Immunization Schedule at **Annexure 1**). **Tracking of vaccination dropouts**.

v. Vitamin A prophylaxis to the children as per national guidelines.

vi. Prevention and control of routine childhood diseases, infections like diarrhoea, pneumonia etc. and anemia etc.

vii. Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

Janani Suraksha Yojana

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. This scheme integrates cash assistance with delivery and post-delivery care.

While the scheme would create demand for institutional delivery, it would be necessary to have adequate number of 24X7 delivery services centre, doctors, mid-wives, drugs etc. at appropriate places. Mainly, this will entail

- Linking each habitation (village or a ward in an urban area) to a functional health centre- public or accredited private institution where 24X7 delivery service would be available,
- Associate an ASHA or a health link worker to each of these functional health centre.
- It should be ensured that ASHA keeps track of all expectant mothers and newborn. All expectant mother and newborn should avail ANC and immunization services, if not in health centres, atleast on the monthly health and nutrition day, to be organised in the Anganwadi or sub-centre.
- Each pregnant women is registered and a micro-birth plan is prepared.
- Each pregnant woman is tracked for ANC,
- For each of the expectant mother, a place of delivery is pre-determined at the time of registration and the expectant mother is informed,
- A referral centre is identified and expectant mother is informed,
- ASHA and ANM to ensure that adequate fund is available for disbursement to expectant mother,
- ASHA takes adequate steps to organize transport for taking the women to the pre-determined health institution for delivery.
- ASHA assures availability of cash for disbursement at the health centre and she escorts pregnant women to the pre-determined health centre.
- ASHA package in the form of cash assistance for referral transport, cash incentive and transactional cost to be provided as per guidelines.

Janani Shishu Suraksha Karyakram (JSSK)

JJSSK launched on 1st of June of 2011 is an initiative to assure free services to all pregnant women and sick neonates accessing public health institutions. The scheme envisages free and cashless services to pregnant women including normal deliveries and caesarian section operations and also treatment of sick newborn (up to 30 days after birth) in all Government health institutions across State/UT.

This initiative supplements the cash assistance given to pregnant women under the JSY and is aimed at mitigating the burden of out of pocket expenditure incurred by pregnant women and sick newborns,

Entitlements for Pregnant Women

1. Free and Zero expense delivery and Caesarian Section
2. Free Drugs and Consumables
3. Free Diagnostics (Blood, Urine tests and Ultrasonography etc. as required.)
4. Free diet during stay in the health institutions (up to 3 days fro normal deliveries and upto 7 days for caesarian deliveries)
5. Free provision of the Blood
6. Free transport from home to health institutions, between facilities in case of referrals and drop back from institutions to home.
7. Exemption from all kinds of user charges

Entitlements for Sick newborn till 30 days after Birth

1. Free and zero expense treatment
2. Free Drugs and Consumables
3. Free Diagnostics
4. Free provision of the Blood
5. Free transport from home to health institutions, between facilities in case of referrals and drop back from institutions to home.
6. Exemption from all kinds of user charges

g) Family Welfare

i. Education, Motivation and Counseling to adopt appropriate Family planning methods.
ii. Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD insertions.
iii. Referral and Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).
iv. Counseling and appropriate referral for couples having infertility.
v. Permanent methods like Tubal ligation and vasectomy/NSV, where trained personnel and facility exist.

Medical Termination of Pregnancies

Essential

Counseling and appropriate referral for safe abortion services (MTP) for those in need.

Desirable

- MTP using Manual Vacuum Aspiration (MVA) technique will be provided in PHCs, where trained personnel and facility exist.
- Medical Method of Abortion with linkage for timely referral to the facility approved for 2nd trimester of MTP.

Management of Reproductive Tract Infections/Sexually Transmitted Infections

Essential

a. Health education for prevention of RTI/STIs.
b. Treatment of RTI/STIs.

Nutrition Services (coordinated with ICDS)

Essential

a. Diagnosis of and nutrition advice to malnourished children, pregnant women and others.
b. Diagnosis and management of anaemia and vitamin A deficiency.
c. Coordination with ICDS.

School Health

Teachers screen students on a continuous basis and ANMs/HWMs (a team of 2 workers) visit the schools (one school every week) for screening, treatment of minor ailments and referral. Doctor from CHC/PHC will also visit one school per week based on the screening reports submitted by the teams. Overall services to be provided under school health shall include

Essential

Health service provision

Screening, health care and referral:

- Screening of general health, assessment of Anaemia/Nutritional status, visual acuity, hearng problems, dental check up, common skin conditions, Heart defects, physical disabilities, learning disorders, behavior problems, etc.
- Basic medicines to take care of common ailments, prevalent among young school going children.
- Referral Cards for priority services at District/ Sub-District hospitals.

Immunization:

- As per national schedule
- Fixed day activity
- Coupled with education about the issue

Micronutrient (Vitamin A & IFA) management:

- Weekly supervised distribution of Iron-Folate tablets coupled with education about the issue
- Administration of Vitamin-A in needy cases.

De-worming

- Biannually supervised schedule
- Prior IEC
- Siblings of students also to be covered

Capacity building

Monitoring & Evaluation

Mid Day Meal: in coordination with department of school education, Ministry of Human Resource Development

Desirable

Health Promoting Schools

- Counseling services
- Regular practice of Yoga, Physical education, health education
- Peer leaders as health educators.
- Adolescent health education-existing in few places
- Linkages with the out of school children
- Health clubs, Health cabinets
- First Aid room/corners or clinics.

Adolescent Health Care

To be provided preferably through adolescent friendly clinic for 2 hours once a week on a fixed day. Services should be comprehensive i.e. a judicious mix of promotive, preventive, curative and referral services

Core package (Essential)

- Adolescent and Reproductive Health: Information, counseling and services related to sexual concerns, pregnancy, contraception, abortion, menstrual problems etc.
- Services for tetanus immunization of adolescents
- Nutritional Counseling, Prevention and management of nutritional anemia
- STI/RTI management
- Referral Services for VCTC and PPTCT services and services for Safe termination of pregnancy, if not available at PHC

Optional/additional services (desirable): as per local need

Outreach services in schools (essential) and community Camps (desirable)

- Periodic Health check ups and health education activities, awareness generation and Co-curricular activities

Promotion of Safe Drinking Water and Basic Sanitation

Essential

- Disinfection of water sources and Coordination with Public Health Engineering department for safe water supply.
- Promotion of sanitation including use of toilets and appropriate garbage disposal.

Desirable

- Testing of water quality using H_2S - Strip Test (Bacteriological).

Prevention and control of locally endemic diseases like malaria, Kala Azar, Japanese Encephalitis etc. (Essential)

Collection and reporting of vital events. (Essential)

Health Education and Behaviour Change Communication (BCC). (Essential)

Other National Health Programmes

Revised National Tuberculosis Control Programme (RNTCP)

Essential

All PHCs to function as DOTS Centres to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines. Facility for Collection and transport of sputum samples should be available as per the RNTCP guidelines.

National Leprosy Eradication Programme

Essential

a. Health education to community regarding Leprosy.
b. Diagnosis and management of Leprosy and its complications including reactions.
c. Training of leprosy patients having ulcers for self-care.
d. Counselling for leprosy patients for regularity/ completion of treatment and prevention of disability.

Integrated Disease Surveillance Project (IDSP)

Essential

a. Weekly reporting of epidemic prone diseases in S, P & L forms and SOS reporting of any cluster of cases (formats for the data collection are added in **Annexures 11, 11A, 11B, 11C**).
b. PHC will collect and analyse data from Sub-Centre and will report information to district surveillance unit.
c. Appropriate preparedness and first level action in out-break situations.
d. Laboratory services for diagnosis of Malaria, Tuberculosis, and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

National Programme for Control of Blindness (NPCB)

Essential

a. The early detection of visual impairment and their referral.
b. Detection of cataract cases and referral for cataract surgery.
c. Provision of Basic treatment of common eye diseases.
d. Awareness generation through appropriate IEC strategies for prevention and early detection of impaired vision and other eye conditions.
e. Greater participation/role of community in primary prevention of eye problems.

National Vector Borne Disease Control Programme (NVBDCP)

Essential in endemic areas

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

a. Diagnosis of Malaria cases, microscopic confirmation and treatment.
b. Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case management as per the protocols.
c. Complete treatment to Kala-azar cases in Kala-azar endemic areas as per national Policy.
d. Complete treatment of microfilaria positive cases with DEC and participation in and arrangement for Mass Drug Administration (MDA) along with management of side reactions, if any. Morbidity management of Lymphoedema cases.

National AIDS Control Programme

Essential

a. IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
b. Organizing School Health Education Programme.
c. Condom Promotion & distribution of condoms to the high risk groups.
d. Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

Desirable

a. Integrated Counseling and Testing Centre, STI services.
b. Screening of persons practicing high-risk behaviour with one rapid test to be conducted at the PHC level and development of referral linkages with the nearest ICTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states.
c. Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital for PPTCT services in the six high HIV prevalence states (Tamil Nadu, Andhra Pradesh, Maharashtra, Karnataka, Manipur and Nagaland) of India.
d. Linkage with Microscopy Centre for HIV-TB coordination.
e. Pre and post-test counseling of AIDS patients by PHC staff in high prevalence states.

National Programme for Prevention and Control of Deafness (NPPCD)

Essential

a. Early detection of cases of hearing impairment and deafness and referral.
b. Basic Diagnosis and treatment services for common ear diseases like wax in ear, otomycosis, otitis externa, Ear discharge etc.
c. IEC services for prevention, early detection of hearing impairment/deafness and greater participation/role of community in primary prevention of ear problems.

National Mental Health Programme (NMHP)

Essential

a. Early identification (diagnosis) and treatment of mental illness in the community.

b. Basic Services: Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and epilepsy and referral).
c. IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation/role of Community for primary prevention of mental disorders.

National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS)

Cancer

Essential

a. IEC services for prevention of cancer and early symptoms.
b. Early detection of cancer with warning signals like change in Bladder/Bowel habits, bleeding per rectum, blood in urine, lymph node enlargement, Lump or thickening in Breast, itching and/or redness or soreness of the nipples of Breast, non healing chronic sore or ulcer in oral cavity, difficulty in swallowing, obvious change in wart/mole, nagging cough or hoarseness of voice etc.
c. Referral of suspected cancer cases with early warning signals for confirmation of the diagnosis.

Desirable

PAP smear

Other NCD Diseases

Essential

a. Health Promotion Services to modify individual, group and community behaviour especially through;
   i. Promotion of Healthy Dietary Habits.
   ii. Increase physical activity.
   iii. Avoidance of tobacco and alcohol.
   iv. Stress Management.
b. Early detection, management and referral of Diabetes Mellitus, Hypertension and other Cardiovascular diseases and Stroke through simple measures like history, measuring blood pressure, checking for blood, urine sugar and ECG.

Desirable

Survey of population to identify vulnerable, high risk and those suffering from disease.

National Iodine Deficiency Disorders Control Programme (NIDDCP)

Essential

a. IEC activities to promote the consumption of iodated salt by the people.
b. Monitoring of Iodated salt through salt testing kits.

National Programme for Prevention and Control of Fluorosis (NPPCF) (In affected (Endemic Districts)

Essential

a. Referral Services.
b. IEC activities to prevent Fluorosis.

Desirable

a. Clinical examination and preliminary diagnostic parametres assessment for cases of Fluorosis if facilities are available.
b. Monitoring of village/community level activity.

National Tobacco Control Programme (NTCP)

Essential

a. Health education and IEC activities regarding harmful effects of tobacco use and second hand smoke.
b. Promoting quitting of tobacco in the community.
c. Providing brief advice on tobacco cessation to all smokers/tobacco users.
d. Making PHC tobacco free.

Desirable

Watch for implementation of ban on smoking in public places, sale of tobacco products to minors, sale of tobacco products within 100 yards of educational institutions.

National Programme for Health Care of Elderly

Essential

IEC activities on healthy aging.

Desirable

'Weekly geriatric clinic at PHC' for providing complete health assessment of elderly persons, Medicines, Management of chronic diseases and referral services.

Oral Health

Essential

Oral health promotion and check ups & appropriate referral on identification.

Physical Medicine and Rehabilitation (PMR) Services

Desirable

a. Primary prevention of Disabilities.
b. Screening, early identification and detection.
c. Counseling.
d. Issue of Disability Certificate for obvious Disabilities by PHC doctor.

Referral Services

Appropriate and prompt referral of cases needing specialist care including:

a. Stabilization of patient.
b. Appropriate support to patient during transport.
c. Providing transport facilities either by PHC vehicle or other available referral transport.
d. Drop back home for patients as mandated under JSSK

Training

Essential

a. Imparting training to undergraduate medical students and intern doctors in basic health care.
b. Orientation training of male and female health workers in various National Health Programmes including RCH, Adolescent health services and immunization
c. Skill based training to ASHAs.
d. Initial and periodic Training of paramedics in treatment of minor ailments.
e. Periodic training of Doctors and para medics through Continuing Medical Education, conferences, skill development trainings.
f. All health staff of PHC must be trained in IMEP.

Desirable

g. Others
   i. There should be provision of induction training for doctors, nursing and paramedical staff.
   ii. Whenever new/higher responsibility is assigned or new equipment/technology is introduced, there must be provision of training.
   iii. There must be mechanism for ensuring quality assurance in trainings by Training feedback and Training effectiveness evaluation.
   iv. Appropriate placement for trained person should be ensured.
   v. Trainings in minor repairs and maintenance of available equipment should be provided to the user.
   vi. Training of para medics in indenting, forecasting, inventory and store management
   vii. Development of protocols for equipment (operation, preventive and breakdown maintenance).

Note: 1. Trainings should commensurate with job responsibilities for each category of health personnel.

Note: 2. Since ECG machine is envisaged in PHCs hence lab technician or some other paramedic should be trained in taking ECG.

Basic Laboratory and Diagnostic Services

Essential Laboratory services including

i. Routine urine, stool and blood tests (Hb%, platelets count, total RBC, WBC, bleeding and clotting time).
ii. Diagnosis of RTI/STDs with wet mounting, Grams stain, etc.
iii. Sputum testing for mycobacterium (as per guidelines of RNTCP).
iv. Blood smear examination malarial.
v. Blood for grouping and Rh typing.
vi. RDK for Pf malaria in endemic districts.
vii. Rapid tests for pregnancy.
viii. RPR test for Syphilis/YAWS surveillance (endemic districts).
ix. Rapid test kit for fecal contamination of water.
x. Estimation of chlorine level of water using ortho-toludine reagent.
xi. Blood Sugar.

Desirable

xii. Blood Cholesterol.
xiii. ECG.

Validation of reports: periodic validation of laboratory reports should be done with external agencies like District PHC/Medical college for Quality Assurance. Periodic calibration of Laboratory and PHC equipment.

Monitoring and Supervision

Essential

i. Monitoring and supervision of activities of Sub-Centre through regular meetings/periodic visits, by LHV, Health Assistant Male and Medical Officer etc..
ii. Monitoring of all National Health Programmes by Medical Officer with support of LHV, Health Assistant Male and Health educator.
iii. Monitoring activities of ASHAs by LHV and ANM (in her Subcentre area).

iv. Health educator will monitor all IEC and BCC activities
v. Health Assistants Male and LHV should visit Sub-Centres once a week.
vi. Checking for tracking of missed out and left out ANC/PNC, Vaccinations etc. during monitoring visits and quality parameters (including using Partograph, AMTSL, ENBC etc.) during delivery and post delivery.
vii. Timely payment of JSY beneficiaries.
viii. Timely payment of TA/DA to ASHAs.

Desirable

i. MO should visit all Sub-Centres at least once in a month. This will be possible only if more than one Medical Officer is posted in the PHC.

Functional Linkages with Sub-Centres

Essential

- There shall be a monthly review meeting at PHC chaired by MO (or in-charge), and attended by all the Health Workers (Male and Female) and Health Assistants (Male and female).
- On the spot Supervisory visits to Sub-Centres.
- Organizing Village Health and Nutrition day at Anganwadi Centres.

Desirable

- ASHAs and Anganwadi Workers should attend monthly review meetings. Medical Officer should orient ASHAs on selected topics of health care.

Mainstreaming of AYUSH

Desirable

- Provision of one AYUSH Doctor and one AYUSH Pharmacist has been made at PHC to provide choices to the people wherever an AYUSH public facility is not available in the near vicinity. The AYUSH doctor at PHC shall attend patients for system specific AYUSH based preventive, promotive and curative health care and take up public health education activities including awareness generation about the uses of medicinal plants and local health practices.
- The signboard of the PHC should mention AYUSH facilities.
- AYUSH Doctor should support in implementation of national health programmes after requisite training if required.
- Locally available medicinal herbs/plants should be grown around the PHC.

Selected Surgical Procedures

(Desirable)

The vasectomy, tubectomy (including laparoscopic tubectomy), MTP, hydrocelectomy as a fixed day approach have to be carried out in a PHC having facilities of O.T. During all these surgical procedures, universal precautions will be adopted to ensure infection prevention. These universal precautions are mentioned at **Annexure 5**.

Record of Vital Events and Reporting

Essential

a. Recording and reporting of Vital statistics including births and deaths.
b. Maintenance of all the relevant records concerning services provided in PHC.

Maternal Death Review (MDR).

(Desirable)

Facility Based MDR shall be conducted at the PHC, the form is given at **Annexure 10**.

Infrastructure

The PHC should have a building of its own. The surroundings should be clean. The details are as follows:

PHC Building

Location

It should be centrally located in an easily accessible area.

The area chosen should have facilities for electricity, all weather road communication, adequate water supply and telephone. At a place, where a PHC is already located, another health centre/SC should not be established to avoid the wastage of human resources.

PHC should be away from garbage collection, cattle shed, water logging area, etc. PHC shall have proper boundary wall and gate.

Area

It should be well planned with the entire necessary infrastructure. It should be well lit and ventilated with as much use of natural light and ventilation as possible.

The plinth area would vary from 375 to 450 sq. metres depending on whether an OT facility is opted for.

Sign-age

The building should have a prominent board displaying the name of the Centre in the local language at the gate and on the building. PHC should have pictorial, bilingual directional and layout sign-age of all the departments and public utilities (toilets, drinking water).

Prominent display boards in local language providing information regarding the services available/user charges/fee and the timings of the centre. Relevant IEC material shall be displayed at strategic locations.

Citizen charter including patient rights and responsibilities shall be displayed at OPD and Entrance in local language.

Entrance with Barrier free access

Barrier free access environment for easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons as per guidelines of GOI.

Ramp as per specification, Hand- railing, proper lightning etc must be provided in all health facilities and retrofitted in older one which lack the same. The doorway leading to the entrance should also have a ramp facilitating easy access for old and physically challenged patients. Adequate number of wheel chairs, stretchers etc. should also be provided.

Disaster Prevention Measures

For all new upcoming facilities in seismic 5 zone or other disaster prone areas.

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

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

PHC should not be located in low lying area to prevent flooding as far as possible.

Fire fighting equipment – fire extinguishers, sand buckets etc. should be available and maintained to be readily available when needed. Staff should be trained in using fire fighting equipment.

All PHCs should have Disaster Management Plan in line with the District Disaster management Plan. All health staff should be trained and well conversant with disaster prevention and management aspects. Surprise mock drills should be conducted at regular intervals.

Waiting Area

a. This should have adequate space and seating arrangements for waiting clients/patients as per patient load.
b. The walls should carry posters imparting health education.
c. Booklets/leaflets in local language may be provided in the waiting area for the same purpose.
d. Toilets with adequate water supply separate for males and females should be available. Waiting area should have adequate number of fans, coolers, benches or chairs.
e. Safe Drinking water should be available in the patient's waiting area.

There should be proper notice displaying departments of the centre, available services, names of the doctors, users' fee details and list of members of the Rogi Kalyan Samiti/Hospital Management Committee.

A locked complaint/suggestion box should be provided and it should be ensured that the complaints/suggestions are looked into at regular intervals and addressed.

The surroundings should be kept clean with no water-logging and vector breeding places in and around the centre.

Outpatient Department

a. The outpatient room should have separate areas for consultation and examination.
b. The area for examination should have sufficient privacy.
c. In PHCs with AYUSH doctor, necessary infrastructure such as consultation room for AYUSH Doctor and AYUSH Drug dispensing area should be made available.
d. OPD Rooms shall have provision for ample natural light, and air. Windows shall open directly to the external air or into an open verandah.

e. Adequate measures should be taken for crowd management; e.g. one volunteer to call patients one by one, token system.
f. One room for Immunization/Family Planning/ Counseling.

Wards 5.5 m x 3.5 m each

a. There should be 4-6 beds in a Primary Health Centre. Separate wards/areas should be earmarked for males and females with the necessary furniture.
b. There should be facilities for drinking water and separate clean toilets for men and women.
c. The ward should be easily accessible from the OPD so as to obviate the need for a separate nursing staff in the ward and OPD during OPD hours.
d. Nursing station should be located in such a way that health staff can be easily accessible to OT and labour room after regular clinic timings.
e. Proper written handover shall be given to incoming staff by the outgoing staff.
f. Dirty utility room for dirty linen and used items.
g. Cooking should not be allowed inside the wards for admitted patients.
h. Cleaning of the wards, etc. should be carried out at regular intervals and at such times so as not to interfere with the work during peak hours and also during times of eating. Cleaning of the wards, Labour Room, OT, and toilets should be regularly monitored.

Operation Theatre (Optional)

To facilitate conducting selected surgical procedures (e.g. vasectomy, tubectomy, hydrocelectomy etc.).

a. It should have a changing room, sterilization area operating area and washing area.
b. Separate facilities for storing of sterile and unsterile equipment/instruments should be available in the OT.
c. The Plan of an ideal OT has been annexed showing the layout.
d. It would be ideal to have a patient preparation area and Post-Operative area. However, in view of the existing situation, the OT should be well connected to the wards.
e. The OT should be well-equipped with all the necessary accessories and equipment.
f. Surgeries like laparoscopy/cataract/Tubectomy/ Vasectomy should be able to be carried out in these OTs.
g. OT shall be fumigated at regular intervals.
h. One of the hospital staff shall be trained in Autoclaving and PHC shall have standard Operative procedure for autoclaving.
i. OT shall have power back up (generator/Invertor/ UPS). OT should have restricted entry. Separate foot wear should be used.

Labour Room (3.8 m x 4.2 m)

Essential

a. Configuration of New Born care corner
   - Clear floor area shall be provided in the room for newborn corner. It is a space within the labour room, 20-30 sq ft in size, where a radiant warmer (Functional) will be kept.
   - Oxygen, suction machine and simultaneously-accessible electrical outlets shall be provided for the newborn infant in addition to the facilities required for the mother. Both Oxygen Cylinder and Suction Machine should be functional with their tips cleaned and covered with sterile gauze etc for ready to use condition. They must be cleaned after use and kept in the same way for next use.
   - The Labour room shall be provided with a good source of light, preferably shadow-less.
   - Resuscitation kit including Ambu Bag (Paediatric size) should be placed in the radiant warmer.
   - Provision of hand washing and containment of infection control if it is not a part of the delivery room.
   - The area should be away from draught of air, and should have power connection for plugging in the radiant warmer.
b. There should be separate areas for septic and aseptic deliveries.
c. The Labour room should be well-lit and ventilated with an attached toilet and drinking water facilities. Facilities for hot water shall be available.
d. Separate areas for Dirty linen, baby wash, toilet, Sterilization.
e. Standard Treatment Protocols for common problems during labour and for newborns to be provided in the labour room.
f. Labour room should have restricted entry. Separate foot wear should be used.
g. All the essential drugs and equipment (functional) should be available.
h. Cleanliness shall always be maintained in Labour room by regular washing and mopping with disinfectants.

i. Labour Room shall be fumigated at regular interval **(Desirable)**.
j. Delivery kits and other instruments shall be autoclaved where facility is available.
k. If Labour Room has more than one labour table then the privacy of the women must be ensured by having screens between 2 labour tables.

Minor OT/Dressing Room/Injection Room/ Emergency

a. This should be located close to the OPD to cater to patients for minor surgeries and emergencies after OPD hours.
b. It should be well equipped with all the emergency drugs and instruments.
c. Privacy of the patients should be ensured.

Laboratory (3.8 m x 2.7 m)

a. Sufficient space with workbenches and separate area for collection and screening should be available.
b. Should have marble/stone table top for platform and wash basins.

General store

a. Separate area for storage of sterile and common linen and other materials/drugs/consumable etc. should be provided with adequate storage space.
b. The area should be well-lit and ventilated and rodent/pest free.
   - Sufficient number of racks shall be provided.
   - Drugs shall be stored properly and systematically in cool (away from direct sunlight), safe and dry environment.
   - inflammable and hazardous material shall be secured and stored separately
c. Near expiry drugs shall be segregated and stored separately
d. Sufficient space with the storage cabins separately for AYUSH drugs be provided.

Dispensing cum store area: 3 m x 3 m

Infrastructure for AYUSH doctor

Based on the system of medicine being practiced, appropriate arrangements should be made for the provision of a doctor's room and a dispensing room cum drug storage.

Waste disposal pit - As per GOI/Central Pollution Control Board (CPCB) guidelines.

Cold Chain room – Size: 3 m x 4 m

Logistics Room – Size: 3 m x 4 m

Generator room – Size: 3 m x 4 m

Office room 3.5 m x 3.0 m

Dirty utility room for dirty linen and used items

Residential Accommodation

Essential

Decent accommodation with all the amenities likes 24-hrs. water supply, electricity etc. should be available for Medical Officer, nursing staff, pharmacist, laboratory technician and other staff.

If the accommodation can not be provided due to any reason, then the staff may be paid house rent allowance, but in that case they should be staying in near vicinity of PHC so that they are available 24 × 7, in case of need.

Boundary wall/Fencing

Essential

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

Environment friendly features

Desirable

The PHC should be, as far as possible, environment friendly and energy efficient. Rain-Water harvesting, solar energy use and use of energy-efficient bulbs/ equipment should be encouraged.

Other amenities

Essential

Adequate water supply and water storage facility (over head tank) with pipe water should be made available.

Computer

Essential

Computer with Internet connection should be provided for Management Information System (MIS) purpose.

Lecture Hall/Auditorium

Desirable

For training purposes, a Lecture Hall or a small Auditorium for 30 Person should be available. Public address system and a black board should also be provided.

The suggested layout of a PHC and Operation Theatre is given at **Annexure 2** and **Annexure 2A** respectively. The Layout may vary according to the location and shape of the site, levels of the site and climatic conditions. The prescribed layout may be implemented in PHCs yet to be built, whereas those already built may be upgraded after getting the requisite alteration/additions. The funds may be made available as per budget provision under relevant strategies mentioned in NRHM/RCH-II program and other funding projects/programs.

Equipment and Furniture

a. The necessary equipment to deliver the assured services of the PHC should be available in adequate quantity and also be functional.
b. Equipment maintenance should be given special attention.
c. Periodic stock taking of equipment and preventive/ round the year maintenance will ensure proper functioning equipment. Back up should be made available wherever possible. A list of suggested equipment and furniture including regents and diagnostic kits is given in **Annexure 3**.

Manpower

To ensure round the clock access to public health facilities, Primary Health Centres are expected to provide 24-hour service with basic Obstetric and Nursing facilities. Under NRHM, PHCs are being operationalized for providing 24 X 7 services in various phases by placing at least 3 Staff Nurses in these facilities. If the case load is there, operationalization of 24 X 7 PHC may be undertaken in a phase-wise manner according to availability of manpower. This is expected to increase the institutional deliveries which would help in reducing maternal mortality.

From Service delivery angle, PHCs may be of two types, depending upon the delivery case load – **Type A and Type B.**

Type A PHC: PHC with delivery load of less than 20 deliveries in a month,

Type B PHC: PHC with delivery load of 20 or more deliveries in a month

Select PHCs, especially in large blocks where the CHC is over one hour of journey time away, may be upgraded to provide 24 hour emergency hospital care for a number of conditions by increasing number of Medical Officers, preferably such PHCs should have the same IPHS norms as for a CHC.

The manpower that should be available in the PHC is given in the table below:

- For Type B PHCs, additional staff in the from of one MBBS medical officer (desirable, If the case load of delivery cases is more than 30 per month) one Staff Nurse and one sanitary worker

Manpower: PHC

Staff	Type A		Type B	
	Essential	Desirable	Essential	Desirable
Medical Officer- MBBS	1		1	1#
Medical Officer –AYUSH		1^		1^
Accountant cum Data Entry Operator	1		1	
Pharmacist	1		1	
Pharmacist AYUSH		1		1
Nurse-midwife (Staff-Nurse)	3	+1	4	+1
Health worker (Female)	1*		1*	
Health Assistant. (Male)	1		1	
Health Assistant. (Female)/Lady Health Visitor	1		1	
Health Educator		1		1
Laboratory Technician	1		1	
Cold Chain & Vaccine Logistic Assistant		1		1
Multi-skilled Group D worker	2		2	
Sanitary worker cum watchman	1		1	+1
Total	**13**	**18**	**14**	**21**

* For Sub-Centre area of PHC.
# If the delivery case load is 30 or more per month. One of the two medical officers (MBBS) should be female.
^ To provide choices to the people wherever an AYUSH public facility is not available in the near vicinity.

cum watchman have been provided have been provided to take care of additional delivery case load.

- Medical Officer should be available on call duty to manage emergencies.
- Accommodation for at least one MO and 3 Staff Nurses will be provided.
- One of the Class IV employee may be identified as helper to Cold Chain & Vaccine Logistic Assistant & trained.

The job responsibilities of the different personnel are given in **Annexure 7**. Funds may be made available for hiring additional manpower as per provision under NRHM.

Drugs

Essential:

a. All the drugs available in the Sub-Centre should also be available in the PHC. All the drugs as per state/UT essential drug list shall be available.

b. In addition, all the drugs required for the National Health Programmes and emergency management should be available in adequate quantities so as to ensure completion of treatment by all patients.

c. Adequate quantities of all drugs should be maintained through periodic stock-checking, appropriate record maintenance and inventory methods. Facilities for local purchase of drugs in times of epidemics/outbreaks/emergencies should be made available.

d. Drugs of that discipline of AYUSH to be made available for which the doctor is present. The list of suggested drugs is given in **Annexure 4**.

The Transport Facilities with Assured Referral Linkages

Referral Transport Facility

It is desirable that the PHC has ambulance facilities for transport of patients for timely and assured referral to functional FRUs in case of complications during pregnancy and child birth. This may be outsourced either through Govt/PPP model or linkages with Emergency Transport system should be in place.

Transport for Supervisory and Other Outreach Activities

It is desirable that the vehicle is made available through outsourcing.

Laundry Services

Provision for clean linen shall be made for admitted patients. At least 5 sets of linen shall be made available. Laundry Services may be available in house or outsourced.

Dietary Facilities for indoor Patients

Desirable

Nutritious and well- balanced diet shall be provided to all IPD patients keeping in mind their cultural prefernces. A suitable arrangement with a local agency like a local women's group/NGO/Self-Help Group for provision of nutritious and hygienic food at reasonable rates may be made wherever feasible and possible.

Waste Management at PHC Level

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

Quality Assurance

- Periodic skill development training of the staff of the PHC in the various jobs/responsibilities assigned to them.
- Standard Treatment Protocol for all National Health Programmes and locally common disease should be made available at all PHCs.
- Regular monitoring is another important means. A few aspects that need definite attention are:
  - i. Interaction and Information Exchange with the client/patient:
    - Courtesy should be extended to patients/ clients by all the health providers including the support staff.

- All relevant information should be provided as regards the condition/illness of the client/patient.
- Attitude of the health care providers needs to undergo a radical change so as incorporate the feeling that client is important and needs to be treated with respect.

ii. Cleanliness should be maintained in all areas.

Monitoring of PHC functioning

This is important to ensure that quality is maintained and also to make changes if necessary.

Internal Mechanisms: Record maintenance, checking and supervision.

Medical Audit

Death Audit

Patient Satisfaction Surveys: For both OPD and IPD patients.

Evaluation of Complaints and suggestions received;

External Mechanisms: Monitoring through the PRI/ Village Health Sanitation and Nutrition Committee/Rogi Kalyan Samiti/community monitoring framework. (as per guidelines of GOI/State Government). A checklist for the same is given in **Annexure 6**. A format for conducting facility survey for the PHCs to have baseline information on the gaps in comparison to Indian Public Health Standards and subsequently to monitor the availability of facilities as per IPHS guidelines is given at **Annexure 9**.

Social audit

Accountability

To ensure accountability, the **Charter of Patients' Rights** should be made available in each PHC (as per the guidelines given in **Annexure 8**). Every PHC should have a **Rogi Kalyan Samiti/Primary Health Centre's Management Committee** for improvement of the management and service provision of the PHC (as per the Guidelines of Government of India). This committee will have the authority to generate its own funds (through users' charges, donation etc.) and utilize the same for service improvement of the PHC. The PRI/Village Health Sanitation and Nutrition Committee/ Rogi Kalyan Samiti should also monitor the functioning of the PHCs.

Statuary and Regulatory Compliance

PHC shall fulfil all the statuary and regulatory requirements and comply to all the regulations issued by local bodies, state and union of India. PHC shall have copy of these regulations/Acts. List of statuary and regulatory compliances is given in **Annexure 12**.

Annexure 3

LIST OF SUGGESTED EQUIPMENT AND FURNITURE INCLUDING REAGENTS AND DIAGNOSTIC KITS

Essential

1. Normal Delivery Kit.
2. Equipment for assisted vacuum delivery.
3. Equipment for assisted forceps delivery.
4. Standard Surgical Set (for minor procedures like episiotomies stitching).
5. Equipment for Manual Vacuum Aspiration.
6. Equipment for New Born Care and Neonatal Resuscitation.
7. IUCD insertion kit.
8. Equipment/reagents for essential laboratory investigations.
9. Refrigerator.
10. ILR (Small) and DF (Small) with Voltage Stabilizer.
11. Cold Boxes (Small & Large): Small- one, Large – two.
12. Vaccine Carriers with 4 Icepacks: Two per SC (maximum 2 per polio booth) + 1 for PHC.
13. Spare ice pack box: 8, 25 & 60 ice pack boxes per vaccine carrier, Small cold box & Large cold box respectively.
14. Waste disposal twin bucket, hypochlorite solution/ bleach: As per need.
15. Freeze Tag: 2 per ILR bimonthly.
16. Thermometres Alcohol (stem): Need Based
17. Ice box.
18. Computer with accessories including internet facility.
19. Binocular microscope.
20. Equipment under various National Programmes.
21. Radiant warmer for new born baby.
22. Adult weighing scale.
23. Baby weighing scale.
24. Height measuring Scale.
25. Table lamp with 200 watt bulb for New born baby.
26. Phototherapy unit (Desirable).
27. Self inflating bag and mask-neonatal size.
28. Laryngoscope and Endotracheal intubation tubes (neonatal).
29. Mucus extractor with suction tube and a foot operated suction machine.
30. Feeding tubes for baby.
31. Sponge holding forceps – 2.
32. Vulsellum uterine forceps – 2.
33. Tenaculum uterine forceps – 2.
34. MVA syringe and cannulae of sizes 4-8 (2 sets; one for back up in case of technical problems).
35. Kidney tray for emptying contents of MVA syringe.
36. Torch without batteries – 2.
37. Battery dry cells 1.5 volt (large size) – 4.
38. Bowl for antiseptic solution for soaking cotton swabs.
39. Tray containing chlorine solution for keeping soiled instruments.
40. Kits for testing residual chlorine in drinking water.
41. H_2S Strip test bottles.

42. Head Light.
43. Ear specula.
44. B.P. Apparatus table model – 2.
45. Stethoscope – 2.
46. 3 sets of NSV instruments.
47. Minilap kits –5.

Desirable

1. Room Heater/Cooler for immunization clinic with electrical fittings as per need.
2. Ear Syringe.
3. Otoscope.
4. Jobson Horne Probe.
5. Tuning fork.
6. Noise Maker.
7. ECG machine ordinary – 1.
8. Nebuliser – 1

Requirements for a fully equipped and operational labour room

Essential

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

1. A labour table
2. Suction machine
3. Facility for Oxygen administration
4. Sterilisation equipment
5. 24-hour running water
6. Electricity supply with back-up facility (generator with POL)
7. Attached toilet facilities
8. **Newborn Corner: Details mentioned in Annexure 3A**
9. **Emergency drug tray:** This must have the following drugs:
    - Inj. Oxytocin
    - Inj. Diazepam
    - Tab. Nifedepine
    - Inj. Magnesium sulphate
    - Inj. Lignocaine hydrochloride
    - Inj. Methyl ergometrine maleate
    - IV Haemaccel
    - Sterilised cotton and gauze
10. Delivery kits, including those for normal delivery and assisted deliveries. PRIVACY of a woman in labour should be ensured as a quality assurance issue.

List of equipment for Pap smear

1. Cusco's vaginal speculum (each of small, medium and large size)
2. Sim's vaginal speculum – single & double ended - (each of small, medium and large size)
3. Anterior Vaginal wall retractor
4. Sterile Gloves
5. Sterilised cotton swabs and swab sticks in a jar with lid
6. Kidney tray for keeping used instruments
7. Bowl for antiseptic solution
8. **Antiseptic solution:** Chlorhexidine 1% or Cetrimide 2% (if povidone iodine solution is available, it is preferable to use that)
9. Cheatle's forceps
10. Proper light source/torch
11. For vaginal and Pap Smears:
    - Clean slides with cover slips
    - Cotton swab sticks
    - KOH solution in bottle with dropper
    - Saline in bottle with dropper
    - Ayre's spatula
    - Fixing solution/hair spray

Requirements of the laboratory

Essential

Reagents

1. Reagents of Cyan meth - haemoglobin method for Hb estimation
2. Uristix for urine albumin and sugar analysis
3. ABO & Rh antibodies
4. KOH solution for Whiff test
5. Gram's iodine
6. Crystal Violet stain
7. Acetone-Ethanol decolourising solution.
8. Safranine stain
9. PH test strips
10. RPR test kits for syphilis

11. H_2S Strip test kits for fecal contamination of drinking water
12. Test kits for estimation of residual chlorine in drinking water using orthotoludine reagent
13. 1000 Nos Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each.

Essential

Glassware and other equipment:

1. Colorimetre
2. Test tubes
3. Pipettes
4. Glass rods
5. Glass slides
6. Cover slips
7. Light Microscope
8. Differential blood cell counter (Desirable)
9. Glucometer (Desirable)

List of Furniture at PHC

The list is indicative and not exhaustive. The Furniture/ fittings and Medical and Surgical itmes are to be provided as per need and availability of space and services provided by the PHC.

Essential Items

1.	Examination table	4
2.	Writing tables with table sheets	6
3.	Plastic chairs (for in-patients' attendants)	6
4.	Armless chairs	16
5.	Full size steel almirah	7
6.	Table for Immunization/FP/Counseling	1
7.	Bench for waiting area	2
8.	Wheel chair	2
9.	Stretcher on trolley	2
10.	Wooden screen	1
11.	Foot step	5
12.	Coat rack	2
13.	Bed side table	6
14.	Bed stead iron (for in-patients)	6
15.	Baby cot	2
16.	Stool	10
17.	Medicine chest	1
18.	Lamp	3
19.	Side Wooden racks	4
20.	Fans	6
21.	Tube light	8
22.	Basin	2
23.	Basin stand	2
24.	Buckets	4
25.	Mugs	4
26.	LPG stove	1
27.	LPG cylinder	2
28.	Sauce pan with lid	2
29.	Water receptacle	3
30.	Rubber/plastic shutting	2 metres
31.	Drum with tap for storing water	2
32.	Mattress for beds	12
33.	Foam Mattress for OT table	2
34.	Foam Mattress for labour table	2
35.	Bed sheets	30
36.	Pillows with covers	30
37.	Blankets	18
38.	Baby blankets	4
39.	Towels	18
40.	Curtains with rods	20 metres
41.	Dustbin	5
42.	Coloured Puncture proof bags	as per need
43.	Generator (5 KVA with POL for immunization purpose)	1

Essential Medical/Surgical items

1.	Blood Pressure Apparatus (Non-mercury is desirable)	3
2.	Stethoscope	3
3.	Tongue Depressor	10
4.	Torch	2
5.	Thermometre Clinical	4
6.	Hub cutter	2
7.	Needle Destroyer	2
8.	Labour table	1 (02 for Type B PHC)
9.	OT table	1
10.	Arm board for adult and child	4
11.	Instrument trolley	2
12.	I V stand	10
13.	Shadowless lamp light (for OT and Labour room)	2
14.	Macintosh for labour and OT table	As per need

15.	Kelly's pad for labour and OT table	2 sets
16.	Red Bags	As per need
17.	Black bags	As per need

Desirable

1.	Black Board/Overhead Projector	1
2.	Public Address System	1

Annexure 3A: NEWBORN CORNER IN LABOUR ROOM/OT

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

Services at the Corner

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

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

Configuration of the corner

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

Equipment and Consumables required for the Corner

Item No.	Item Description	Essential	Desirable	Quantity	Installation	Training	Civil	Mechanical	Electrical
1	Open care system: radiant warmer, fixed height, with trolley, drawers, O2-bottles	E		1	X	X	X	X	X
2	Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated, neonate, 500 ml	E		1		X			
3	Weighing Scale, spring	E		1		X			
4	Pump suction, foot operated	E		1		X			
5	Thermometre, clinical, digital, 32-34 ^{0}C	E		2					
6	Light examination, mobile, 220-12 V	E		1	X				X
7	Hub Cutter, syringe	E		1		X			
Consumables									
8	I/V Cannula 24 G, 26 G	E							
9	Extractor, mucus, 20ml, ster, disp Dee Lee	E							
10	Tube, feeding, CH07, L40cm, ster, disp	E							
11	Oxygen catheter 8 F, Oxygen Cylinder	E							
12	Sterile Gloves	E							

Annexure 4

ESSENTIAL DRUGS FOR PHC

All the drugs available at the Sub-Centre level should also be available at the PHC, perhaps in greater quantities, (if required). List of the drugs given under is not exhaustive and exclusive but has been provided for delivery of minimum assured services.

Oxygen	Inhalation
Diazepam	Injection 5 mg/ml
Acetyl Salicylic Acid	Tablets 300 mg, 75 mg & 50 mg
Ibuprofen	Tablets 400 mg
Paracetamol	Injection 150 mg/ml Syrup 125 mg/5ml
Chlorpheniramine Maleate	Tablets 4 mg
Dexchlorpheniramine Maleate	Syrup 0.5 mg/5 ml
Dexamethasone	Tablets 0.5 mg
Pheniramine Maleate	Injection 22.75 mg/ml
Promethazine	Tablets 10 mg, 25 mg Syrup 5 mg/5 ml Capsules 250 mg, 500 mg
Ampicillin	Capsules 250 mg, 500 mg Powder for suspension 125 mg/5 ml
Benzylpenicillin	Injection 5 lacs, 10 lacs units
Cloxacillin	Capsules 250 mg, 500 mg Liquid 125 mg/5 ml
Procaine Benzylpenicillin	Injection Crystalline penicillin (1 lac units) + Procaine penicillin (3 lacs units)
Cephalexin	Syrup 125 mg/5 ml
Gentamicin	Injection 10 mg/ml, 40 mg/ml

Activated Charcoal Powder	
Antisnake Venom (Lyophilyzed Polyvalent Serum)	Ampoule
Carbamazepine	Tablets 100 mg, 200 mg Syrup 20 mg/ml
Phenytoin Sodium	Capsules or Tablets 50 mg,100 mg Syrup 25 mg/ml
Mebendazole	Tablets 100 mg Suspension 100 mg/5 ml
Albendazole	Tablets 400 mg
Diethylcarbamazine Citrate	Tablets 150 mg
Amoxycillin	Powder for suspension 125 mg/5 ml
Glyceryl Trinitrate	Sublingual Tablets 0.5 mg Injection 5 mg/ml
Isosorbide 5 Mononitrate	Tablets 10 mg
Propranolol	Tablets 10 mg, 40 mg Injection 1 mg/ml
Amlodipine	Tablets 2.5 mg, 5 mg, 10 mg
Atenolol	Tablets 50 mg, 100 mg
Enalapril Maleate	Tablets 2.5 mg, 5 mg, 10 mg Injection 1.25 mg/ml
Methyldopa	Tablets 250 mg
Tab. Metoprolol	Tablets 25 mg, 50 mg, 100 mg
Hydrochlorthiazide	Tablets 12.5, 25 mg
Tab. Captopril	Tablets 25 mg
Tab. Isosorbide Dinitrate (Sorbitrate)	Tablets 5 mg, 10 mg
Benzoic Acid + Salicylic Acid	Ointment or Cream 6%+3%
Miconazole	Ointment or Cream 2%
Framycetin Sulphate	Cream 0.5%
Neomycin +Bacitracin	Ointment 5 mg + 500 IU
Povidone Iodine	Solution and Ointment 5%
Silver Nitrate	Lotion 10%
Nalidixic Acid	Tablets 250 mg, 500 mg
Nitrofurantoin	Tablets 100 mg
Norfloxacin	Tablets 400 mg
Tetracycline	Tablets or Capsules 250 mg
Griseofulvin	Capsules or Tablets 125 mg, 250 mg
Nystatin	Tablets 500,000 IU

Metronidazole	Pessaries 100,000 IU Tablets 200 mg, 400 mg Syrup
Dextran	Injection 6%
Silver Sulphadiazine	Cream 1%
Betamethasone	Cream/Ointment 0.05%
Dipropionate Calamine	Lotion
Zinc Oxide	Dusting Powder
Glycerin	Solution
Benzyl Benzoate	Lotion 25 %
Benzoin Compound	Tincture
Chlorhexidine	Solution 5% (conc. for dilution)
Ethyl Alcohol	70% Solution
Gentian Violet	Paint 0.5%, 1%
Hydrogen Peroxide	Solution 6%
Bleaching Powder	Powder
Formaldehyde IP	Solution
Potassium Permanganate	Crystals for solution
Furosemide	Injection, 10 mg/ml Tablets 40 mg
Aluminium Hydroxide + Magnesium	Suspension
Hydroxide	Tablet
Omeprazole	Capsules 10, 20, 40 mg
Ranitidine Hydrocholoride	Tablets 150 mg, 300 mg Injection 25 mg/ml
Domperidone	Tablets 10 mg Syrup 1 mg/ml
Metoclopramide	Tablets 10 mg Syrup 5 mg/ml Injection 5 mg/ml
Dicyclomine Hydrochloride	Tablets 10 mg Injection 10 mg/ml
Hyoscine Butyl Bromide	Tablets or 10 mg Injection 20 mg/ml
Bisacodyl	Tablets/suppository 5 mg
Isphaghula	Granules
Oral Rehydration Salts	Powder for solution As per IP
Oral Contraceptive pills	
Condoms (Nirodh)	
Copper T (380 A)	
Prednisolone	Tablets 5 mg, 10 mg

Glibenclamide	Tablets 2.5 mg, 5 mg
Insulin Injection (Soluble)	Injection 40 IU/ml
Metformin	Tablets 500 mg
Rabies Vaccine	Injection
Tetanus Toxoid	Injection
Chloramphenicol Eye Drops	Drops/Ointment 0.4%, 1%
Ciprofloxacin Hydrochloride Eye Drops	Drops/Ointment 0.3%
Gentamicin Eye/Ear	Drops 0.3%
Miconazole	Cream 2%
Sulphacetamide Sodium Eye Drops	Drops 10%, 20%, 30%
Tetracycline Hydrochloride Eye oint	Ointment 1%
Prednisolone Sodium Phosphate	Eye Drops 1%
Xylometazoline Nasal Drops	Drops 0.05%, 0.1%
Diazepam	Tablets 2 mg, 5 mg, 10 mg
Aminophylline	Injection 25 mg/ml
Beclomethasone Dipropionate	Inhalation 50 mg, 250 mg/dose
Salbutamol Sulphate	Tablets 2 mg, 4 mg Syrup 2 mg/5 ml Inhalation 100 mg/dose
Dextromethorphan	Tablets 30 mg
Dextrose	IV infusion 5% isotonic 500 ml bottle
Normal Saline	IV Infusion 0.9% 500 ml bottle
Potassium Chloride	Syrup 1.5 gm/5 ml, 200 ml
Ringer Lactate	IV infusion 500 ml
Sodium Bicarbonate	Injection
Ascorbic Acid	Tablets 100 mg, 500 mg
Calcium salts	Tablets 250 mg, 500 mg
Multivitamins	Tablets (As per Schedule V)
Broad spectrum antibiotic/antifungal	Ear drops
Wax dissolving	Ear drops
NVP	Tablets and bottle (5 ml)
STI syndromic treatment kit	As per Need
Clofazimine	Tablets 100 mg (loose)

Drugs and Logistics for Immunization

Essential

Vaccines	BCG, DPT, OPV, Measles, TT, Hep B, JE and other vaccines if any as per GOI guidelines
Antirabies vaccine	As per need
AD syringes	(0.5 ml & 0.1 ml) - need based

Reconstitution syringes	5 ml – need based
Vaccine Carriers	as per need
Zipper bag	per vaccine carrier
Vial Opener	Need based
Vitamin A	1 months supply for all the SCs directly under the PHC + 10% buffer stock

Note: Minimum and maximum Stock: 0.5 and 1.25 month respectively. Indent order and receipt of vaccines and logistics should be monthly at minimum stock level. CC & VL Assistant should coordinate timely receipt of required vaccines and Logistics from the District Stores.

Emergency drug kit to manage Anaphylaxis and other AEFI

Essential

Inj. Adrenaline,

Inj. Hydrocortisone,

Inj. Dexamethasone,

Ambu bag (Paediatric),

Sterile hypodermic syringe for single use with reuse prevention feature 2ml and 5ml syringes, Needles (Size 24, 22, 20).

Drugs and Consumables for MVA:

- Syringe for local anaesthesia (10 ml) and Sterile Needle (22-24 gauge).
- Chlorine solution.
- Antiseptic solution (savlon).
- Local Anaesthetic agent (injection 1% Lignocaine, for giving para cervical block).
- Sterile saline/sterile water for flushing cannula in case of blockage.
- Infection prevention equipment and supplies.

Drugs under RCH for Primary Health Centre

Many of these drugs are already included in the above mentioned Essential Drug List. For grouping purpose repetition is being done.

Essential Obstetric Care Drug Kit for PHC

Sl. No.	Name of the Drug/Form	Dosage	Quantity/Kit
1	Diazepam Injection IP	Diazepam IP 5 mg/ml; 2 ml in each ampoule	50 ampoules
2	Lignocaine Injection IP	Lignocaine Hydrochloride IP 2% w/v; 30 ml in each vial	10 vials
3	Pentazocine Injection IP	Pentazocine Lactate IP eq. to Pentazocine 30 mg/ml; 01 ml in each ampoule	50 ampoules
4	Dexamethasone Injection IP	Dexamethasone Sodium Phosphate IP eq. to Dexamethasone Phosphate, 4 mg/ml.; 02 ml in each ampoule	100 ampoules

Sl. No.	Name of the Drug/Form	Dosage	Quantity/Kit
5	Promethazine Injection IP	Promethazine hydrochloride IP, 25 mg/ml; 02 ml in each ampoule	50 ampoules
6	Methylergometrine Injection IP	Methylergometrine maleate, 0.2 mg/ml; 01 ml in each ampoule	150 ampoules
7	Etofylline BP plus Anhydrous Theophylline IP Combination Injection (As per standards provided)	Etofylline BP 84.7 mg/ml & Theophylline IP eq. to Theophylline anhydrous, 25.3 mg/ml; 02 ml in each ampoule	100 ampoules
8	Adrenaline Injection IP	0.18% w/v Adrenaline tartrate or Adrenaline Tartrate IP eq. to Adrenaline 1 mg/ml; 01 ml in each ampoule	50 ampoules.
9	Methylergometrine Tablets IP	Methylergometrine maleate IP, 0.125 mg	500 tablets
10	Diazepam Tablets IP	Diazepam IP 5 mg	250 tablets
11	Paracetamol Tablets IP	Paracetamol IP 500 mg	1000 tablets
12	Co-trimoxazole combination of Trimethoprim & Sulphamethoxazole Tablets IP (Adults)	Trimethoprim IP 80 mg/Sulphamethoxazole IP 400 mg	2000 tablets
13	Amoxycillin Capsules IP	Amoxycylline Trihydrate IP eq. to amoxycylline 250 mg	2500 capsules
14	Doxycycline Capsules IP	Doxycycline Hydrochloride eq. to Doxycycline 100 mg	500 capsules
15	Metronidazole Tablets IP	Metronidazole IP 200 mg	1000 tablets
16	Salbutamol Tablets IP	Salbutamol sulphate eq. to Salbutamol 2 mg	1000 tablets
17	Phenoxymethylpenicillin Potassium Tablets IP	Phenoxymethylpenicillin Potassium IP eq. to Phenoxymethylpenicillin 250 mg	2000 tablets
18	Menadione Injection USP (Vitamin K3)	Menadione USP 10mg/ml; 01 ml in each ampoule	200 ampoules
19	Atropine Injection IP	Atropine Sulphate IP 600µg/ml; 02 ml in each ampoule	50 ampoules
20	Fluconazole Tablets (As per standards provided)	Fluconazole USP 150 mg	500 tablets
21	Methyldopa Tablets IP	Methyldopa IP eq. to Methyldopa anhydrous 250 mg	500 tablets
22	Oxytocin Injection IP	Oxytocin IP 5.0 I.U./ml; 02 ml in each ampoule	100 ampoules
23	Phenytoin Injection BP (in solution form)	Phenytoin Sodium IP 50 mg/ml; 02 ml in each ampoule	25 ampoules
24	Cephalexin Capsules IP	Cephalexin IP eq. to Cephalexin anhydrous 250 mg	1000 capsules
25	Compound Sodium Lactate Injection IP	0.24 % V/V of Lactic Acid (eq. to 0.32% w/v of Sodium Lactate), 0.6 % w/v Sodium Chloride, 0.04% w/v Potassium Chloride and 0.027% w/v Calcium Chloride; 500 ml in each bottle/pouch	200 FFS pouches/ BFS Bottles
26	Dextrose Injection IP	Dextrose IP, 5% w/v; 500 ml in each bottle/pouch	100 FFS pouches/ BFS bottles
27	Sodium Chloride Injection IP	Sodium Chloride IP 0.9% w/v; 500 ml in each bottle/ pouch	100 FFS pouches/ BFS bottles
28	Lindane Lotion USP	Lindane IP 1% w/v; each tube containing 50 ml	100 tubes
29	Dextran 40 Injection IP	Dextrans 10% w/v; 500 ml in each bottle	5 bottles
30	Infusion Equipment	IV Set with hypodermic needle 21G of 1.5” length	200

List of RTI/STI Drugs under RCH Programme

Essential

Sl. No.	Drug	Strength	Annual Quantity I. FRU
1	Ciprofloxacin Hydrochloride Tablets	500 mg I tablet	1000 Tablets
2	Doxycycline Hydrochloride Capsules	100 mg I cap	6000 Capsules
3	Erythromycin Estolate Tablets	250 mg I tablet	1000 Tablets
4	Benzathine Penicillin Injection	24 lakhs units/vial	1000 vials
5	Tinidazole Tablets	500 mg tablet	5000 Tablets
6	Clotrimazole Cream	100 mg pessary	6000 Pessaries
7	Clotrimazole Cream	2% w/w cream	500 Tubes
8	Compound Podophyllin	25% w/v	5 Bottles
9	Gramma Benzene Hexachloride Application (Lindane Application)	1 % w/v	10 Bottles
10	Distilled Water		10001 Ampoules

List of AYUSH Drugs to be used by AYUSH doctor posted at PHCs (as per the list provided by the Department of AYUSH, Ministry of Health & Family Welfare, Government of India)

List of Ayurvedic Medicines for PHCs

1. Sanjivani Vati
2. Godanti Mishran
3. AYUSH-64
4. Lakshmi Vilas Rasa (Naradeeya)
5. Khadiradi Vati
6. Shilajatwadi Louh
7. Swag Kuthara rasa
8. Nagarjunabhra rasa
9. Sarpagandha Mishran
10. Punarnnavadi Mandura
11. Karpura rasa
12. Kutajaghan vati
13. Kamadudha rasa
14. Laghu Sutasekhar rasa
15. Arogyavardhini Vati
16. Shankha Vati
17. Lashunadi Vati
18. Agnitundi Vati
19. Vidangadi louh
20. Brahmi Vati
21. Sirashooladi Vajra rasa
22. Chandrakant rasa
23. Smritisagara rasa
24. Kaishora guggulu
25. Simhanad guggulu
26. Simhanad guggulu
27. Yograj guggulu
28. Gokshuradi guggulu
29. Gandhak Rasayan
30. Rajapravartini vati
31. Triphala guggulu
32. Saptamrit Louh
33. Kanchanara guggulu
34. Ayush Ghutti
35. Talisadi Churna
36. Panchanimba Churna
37. Avipattikara Churna
38. Hingvashtaka Churna
39. Eladi churna

40. Swadishta virechan churna
41. Pushyanuga Churna
42. Dasanasamskara Churna
43. Triphala Churna
44. Balachaturbhadra Churna
45. Trikatu Churna
46. Sringyadi Churna
47. Gojihwadi kwath Churna
48. Phalatrikadi kwath Churna
49. Maharasnadi kwath Churna
50. Pashnabhedadi kwath Churna
51. Dasamoola kwath Chuna
52. Eranda Paka
53. Haridrakhanda
54. Supari pak
55. Soubhagya Shunthi
56. Brahma Rasayana
57. Balarasayana
58. Chitraka hareetaki
59. Amritarishta
60. Vasarishta
61. Arjunarishta
62. Lohasava
63. Chandansava
64. Khadirarishta
65. Kutajarishta
66. Rohitakarishta
67. Ark ajwain
68. Abhayarishta
69. Saraswatarishta
70. Balarishta
71. Punarnnavasav
72. Lodhrasava
73. Ashokarishta
74. Ashwagandharishta
75. Kumaryasava
76. Oasamoolarishta
77. Ark Shatapushpa (Sounf)
78. Drakshasava
79. Aravindasava
80. Vishagarbha Taila
81. Pinda Taila
82. Eranda Taila
83. Kushtarakshasa Taila
84. Jatyadi Taila/Ghrita
85. Anu Taila
86. Shuddha Sphatika
87. Shuddha Tankan
88. Shankha
89. Abhraka Bhasma
90. Shuddha Gairika
91. Jahar mohra Pishti
92. Ashwagandha Churna
93. Amrita (Giloy) Churna
94. Shatavari Churna
95. Mulethi Churna
96. Amla Churna
97. Nagkesar Churna
98. Punanrnava
99. Dadimashtak Churna
100. Chandraprabha Vati

List of Unani Medicines for PHCs

1. Arq-e-Ajeeb
2. Arq-e-Gulab
3. Arq-e-kasni
4. Arq-e-Mako
5. Barashasha
6. Dawaul Kurkum Kabir
7. Dwaul Misk Motadil Sada
8. Habb-e-Aftimoon
9. Habb-e-Bawasir Damiya
10. Habb-e-Bukhar
11. Habb-e-Dabba-e-Atfal
12. Habb-e-Harmal
13. Habb-e-Hamal
14. Habb-e-Hilteet
15. Habb-e-Hindi Oabiz
16. Habb-e-Hindi Zeeqi

17. Habb-e-Jadwar
18. Habb-e-Jawahir
19. Habb-e-Jund
20. Habb-e-Kabid Naushadri
21. Habb-e-karanjwa
22. Habb-e-khubsul Hadeed
23. Habb-e-Mubarak
24. Habb-e-Mudirr
25. Habb-e-Mumsik
26. Habb-e-Musaffi
27. Habb-e-Nazfuddam
28. Habb-e-Nazla
29. Habb-e-Nishat
30. Habb-e-Raal
31. Habb-e-Rasaut
32. Habb-e-Shaheeqa
33. Habb-e-Shifa
34. Habb-e-Surfa
35. Habb-e-Tabashir
36. Habb-e-Tankar
37. Habb-e-Tursh Mushtahi
38. Ltrifal Shahatra
39. Ltrifal Ustukhuddus
40. Ltrifal Zamani
41. Jawahir Mohra
42. Jawarish Jalinoos
43. Jawarish Kamooni
44. Jawarish Mastagi
45. Jawarish Tamar Hindi
46. Khamira Marwareed
47. Kushta Marjan Sada
48. Laooq Katan
49. Laooq khiyarshanbari
50. Laooq Sapistan
51. Majoon Arad Khurma
52. Majoon Dabeedulward
53. Majoon Falasifa
54. Majoon Jograj Gugal
55. Majoon Kundur
56. Majoon Mochras
57. Majoon Muqawwi-e-Reham
58. Majoon Nankhwah
59. Majoon Panbadana
60. Majoon Piyaz
61. Majoon Suhag Sonth
62. Majoon Suranjan
63. Majoon Ushba
64. Marham Hina
65. Marham Kafoor
66. Marham Kharish
67. Marham Ouba
68. Marham Ral Safaid
69. Qurs Aqaqia
70. Qurs Dawaul shifa
71. Qurs Deendan
72. Qurs Ghafis
73. Qurs Habis
74. Ours Mulaiyin
75. Ours Sartan Kafoor
76. Qurs Mulaiyin
77. Qurs Sartan Kafoori
78. Qurs Zaranbad
79. Qurs Ziabetus Khaas
80. Qurs Ziabetus sada
81. Qurs-e-Afsanteen
82. Qurs-e-Afsanteen
83. Qurs-e-Sartan
84. Qutoor-e-Ramad
85. Raughan Baiza-e-Murgh
86. Raughan Bars
87. Raughn Kamila
88. Raughan Qaranful
89. Raughan Surkh
90. Raughan Turb
91. Roghan Malkangni
92. Roghan Qust
93. Safppf Amla
94. Safoof Amla

95. Safoof Chutki
96. Safoof Dama Haldiwala
97. Safof Habis
98. Safoof Muqliyasa
99. Safoof Mustehkam Dandan
100. Safoof naushadar
101. Safoof Salilan
102. Safoof Teen
103. Sharbat Anjabar
104. Sharbat Buzoori Motadil
105. Sharbat faulad
106. Sharbat Khaksi
107. Sharbat sadar
108. Sharbat Toot Siyah
109. Sharbat Zufa
110. Sunoon Mukhrij-e-Rutoobat
111. Tiryaq Nazla
112. Tiryaq Pechish
113. Zuroor-e-Oula

List of Sidha Medicines for PHCs

1.	Amai out parpam	-	For diarrhea
2.	Amukkarac curanam	-	For general debility, insomnia, Hyper acidity
3.	Anna petic centuram	-	For anemia
4.	Antat Tailam	-	For febrile convulsions
5.	Atotataik kuti nir	-	cough and cold
6.	Aya kantac centuram	-	aneamia
7.	Canku parpam	-	anti allergic
8.	Canta cantirotayam	-	fevers and jaundice
9.	Cilacattu parpam	-	Urinary infection, white discharge
10.	Civanar Amirtam	-	anti allergic, bronchial asthma
11.	Comput Tinir	-	indigestion, loss of appetite
12.	Cuvacakkutori mathirai	-	asthma and cough
13.	Elatic curanam	-	allergy, fever in primary complex
14.	Incic Curanam	-	indigestion, flatulence
15.	Iraca Kanti Mrluku	-	skin 9 infections, venereal infections
16.	Kantaka racayanam	-	skin diseases and urinary infections
17.	Kapa Curak Kutinir	-	fevers
18.	Karappan tailam	-	eczema
19.	Kasturik Karuppu	-	fever, cough, allergic bronchitis
20.	Korocanai Mattirai	-	sinus, fits
21.	Kunkiliya Vennay	-	external application for piles and scalds
22.	Manturati Ataik Kutinir	-	anaemia
23.	Mattan Tailam	-	ulcers and diabetic carbuncle
24.	Mayanat Tailam	-	swelling, inflammation
25.	Muraukkan Vitai Mattirai	-	intestinal worms
26.	Nantukkal parpam	-	diuretic
27.	Nelikkai llakam	-	tonic

28. Neruncik Kutinir - diuretic
29. Nilavakaic Curanam - constipation
30. Nila Vempuk Kutinir - fever
31. Omat Tinir - indigestion
32. Parankip pattaic curanam - skin diseases
33. Pattuk karuppu - DUB, painful menstruation
34. Tayirc Cuntic Curanam - diarrhea, used as ORS
35. Terran kottai llakam - tonic, used in bleeding piles
36. Tiripalaic Curanam - styptic and tonic
37. Visnu Cakkaram - pleurisy

Patent & Proprietary Drug

1. 777 oil - for psoriasis

List of Homeopathy Medicines for PHCs

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

Sl. No.	Name of Medicine	Potency
27	Ammon Phos	30
28	Ammon Phos	200
29	Anacardium Ori.	30
30	Anacardium Ori.	200
31	Anacardium Ori.	1M
32	Angustura	Q
33	Anthracinum	200
34	Anthracinum	1M
35	Antim Crud	30
36	Antim Crud	200
37	Antim Crud	1M
38	Antimonium Tart	3X
39	Antimonium Tart	6
40	Antimonium Tart	30
41	Antimonium Tart	200
42	Apis mel	30
43	Apis mel	200
44	Apocynum Can	Q
45	Apocynum Can	30
46	Arg. Met	30
47	Arg. Met	200
48	Arg. Nit.	30
49	Arg. Nit.	200
50	Arnica Mont.	Q
51	Arnica Mont.	30
52	Arnica Mont.	200

Sl. No.	Name of Medicine	Potency
53	Arnica Mont	1M
54	Arsenicum Alb.	6
55	Arsenicum Alb.	30
56	Arsenicum Alb.	200
57	Arsenicum Alb.	1M
58	Aurum Met.	30
59	Aurum Met.	200
60	Bacillinum	200
61	Bacillinum	1M
62	Badiaga	30
63	Badiaga	200
64	Baptisia Tinct	Q
65	Baptisia Tinct	30
66	Baryta Carb.	30
67	Baryta Carb.	200
68	Baryta Carb.	1M
69	Baryta Mur.	3X
70	Belladonna	30
71	Belladonna	200
72	Belladonna	1M
73	Bellis Perennis	Q
74	Bellis Perennis	30
75	Benzoic Acid	30
76	Benzoic Acid	200
77	Berberis vulgaris	Q
78	Berberis vulgaris	30
79	Berberis vulgaris	200
80	Blatta Orientalis	Q
81	Blatta Orientalis	30
82	Blumea Odorata	Q
83	Borax	30
84	Brovista	30
85	Bromium	30
86	Bryonia Alba	3X
87	Bryonia Alba	6
88	Bryonia Alba	30
89	Bryonia Alba	200
90	Bryonia Alba	1M
91	Bufo rana	30
92	Carbo veg	30
93	Carbo veg	200
94	Cactus G.	Q
95	Cactus G.	30
96	Calcarea Carb	30

Sl. No.	Name of Medicine	Potency
97	Calcarea Carb	200
98	Calcarea Carb	1M
99	Calcarea Fluor	30
100	Calcarea Fluor	200
101	Calcarea Fluor	1M
102	Calcarea Phos	30
103	Calcarea Phos	200
104	Calcarea Phos	1M
105	Calendula Off.	Q
106	Calendula Off.	30
107	Calendula Off.	200
108	Camphora	6
109	Camphora	200
110	Cannabis Indica	6
111	Cannabis Indica	30
112	Cantharis	Q
113	Cantharis	30
114	Cantharis	200
115	Capsicum	30
116	Capsicum	200
117	Carbo Animalis	30
118	Carbo Animalis	200
119	Carbolic Acid	30
120	Carbolic Acid	200
121	Carduus Mar	Q
122	Carduus Mar	6
123	Carduus Mar	30
124	Carcinosinum	200
125	Carcinosinum	1M
126	Cassia sophera	Q
127	Caulophyllum	30
128	Caulophyllum	200
129	Causticum	30
130	Causticum	200
131	Causticum	1M
132	Cedron	30
133	Cedron	200
134	Cephalendra Indica	Q
135	Chamomilla	6
136	Chamomilla	30
137	Chamomilla	200
138	Chamomilla	1M
139	Chelidonium	Q
140	Chelidonium	30

Sl. No.	Name of Medicine	Potency
141	Chin Off.	Q
142	Chin Off.	6
143	Chin Off.	30
144	Chin Off.	200
145	Chininum Ars	3X
146	Chininum Sulph	6
147	Cicuta Virosa	30
148	Cicuta Virosa	200
149	Cina	Q
150	Cina	3X
151	Cina	6
152	Cina	30
153	Cina	200
154	Coca	200
155	Coculus Indicus	6
156	Coculus Indicus	30
157	Coffea Cruda	30
158	Coffea Cruda	200
159	Colchicum	30
160	Colchicum	200
161	Colocynthis	6
162	Colocynthis	30
163	Colocynthis	200
164	Crataegus Oxy	Q
165	Crataegus Oxy	3X
166	Crataegus Oxy	30
167	Crataegus Oxy	200
168	Crotalus Horridus	200
169	Croton Tig.	6
170	Croton Tig.	30
171	Condurango	30
172	Condurango	200
173	Cuprum met.	30
174	Cuprum met.	200
175	Cynodon Dactylon	Q
176	Cynodon Dactylon	3X
177	Cynodon Dactylon	30
178	Digitalis	Q
179	Digitalis	30
180	Digitalis	200
181	Dioscorea	30
182	Dioscorea	200
183	Diphtherinum	200
184	Drosera	30

Sl. No.	Name of Medicine	Potency
185	Drosera	200
186	Dulcamara	30
187	Dulcamara	200
188	Echinacea	Q
189	Echinacea	30
190	Eqyusetum	30
191	Eqyusetum	200
192	Eupatorium Perf.	3X
193	Eupatorium Perf.	30
194	Eupatorium Perf.	200
195	Euphrasia	Q
196	Euphrasia	30
197	Euphrasia	200
198	Ferrum Met.	200
199	Flouric Acid	200
200	Formica Rufa	6
201	Formica Rufa	30
202	Gelsimium	3X
203	Gelsimium	6
204	Gelsimium	30
205	Gelsimium	200
206	Gelsimium	1M
207	Gentiana Chirata	6
208	Glonoine	30
209	Glonoine	200
210	Graphites	30
211	Graphites	200
212	Graphites	1M
213	Guaiacum	6
214	Guaiacum	200
215	Hamamelis Vir	Q
216	Hamamelis Vir	6
217	Hamamelis Vir	200
218	Helleborus	6
219	Helleborus	30
220	Hepar Sulph	6
221	Hepar Sulph	30
222	Hepar Sulph	200
223	Hepar Sulph	1M
224	Hippozaeniim	6
225	Hydrastis	Q
226	Hydrocotyle As.	Q
227	Hydrocotyle As.	3X
228	Hyocyamus	200

Sl. No.	Name of Medicine	Potency
229	Hypericum	Q
230	Hypericum	30
231	Hypericum	200
232	Hypericum	1m
233	Ignatia	30
234	Ignatia	200
235	Ignatia	1m
236	Lodium	30
237	Lodium	200
238	Lodium	1m
239	Lpecacuanha	Q
240	Lpecacuanha	3X
241	Lpecacuanha	6
242	Lpecacuanha	30
243	Lpecacuanha	200
244	Lris Tenax	6
245	Lris Veriscolor	30
246	Lris Veriscolor	200
247	Jonosia Ashoka	Q
248	Justicia Adhatoda	Q
249	Kali Broamtum	3X
250	Kali Carb	30
251	Kali Carb	200
252	Kali Carb	1M
253	Kali Cyanatum	30
254	Kali Cyanatum	200
255	Kali Lod	30
256	Kali lopd	200
257	Kali Mur	30
258	Kali Mur	200
259	Kali Sulph	30
260	Kalmia Latifolium	200
261	Kalmia Latifolium	30
262	Kalmia Latifolium	30
263	Kreosotum	200
264	Kreosotum	1M
265	Kreosotum	Q
266	Lac Defloratum	30
267	Lac Defloratum	200
268	Lac Defloratum	1M
269	Lac Can	30
270	Lac Can	200
271	Lachesis	30
272	Lachesis	200

Sl. No.	Name of Medicine	Potency
273	Lachesis	1M
274	Lapis Albus	3X
275	Lapis Albus	30
276	Ledum Pal	30
277	Ledum Pal	200
278	Ledum Pal	1M
279	Lillium Tig.	30
280	Lillium Tig.	200
281	Lillium Tig.	1M
282	Labella inflata	Q
283	Labella inflata	30
284	Lucopodum	30
285	Lucopodum	200
286	Lucopodum	1M
287	Lyssin	200
288	Lyssin	1M
289	Mag. Carb	30
290	Mag. Carb	200
291	Mag phos	30
292	Mag phos	200
293	Mag phos	1M
294	Medorrhinum	200
295	Medorrhinum	1M
296	Merc Cor	6
297	Merc Cor	30
298	Merc Cor	200
299	Merc Sol	6
300	Merc Sol	30
301	Merc Sol	200
302	Merc Sol	1m
303	Mezeruim	30
304	Mezeruim	200
305	Millefolium	Q
306	Millefolium	30
307	Muriatic Acid	30
308	Muriatic Acid	200
309	Murex	30
310	Murex	200
311	Mygale	30
312	Naja Tri	30
313	Naja Tri	200
314	Natrum Ars	30
315	Natrum Ars	200
316	Natrum Carb	30

Sl. No.	Name of Medicine	Potency
317	Natrum Carb	200
318	Natrum Carb	1M
319	Natrum Mur	6
320	Natrum Mur	30
321	Natrum Mur	200
322	Natrum Mur	1M
323	Natrum Phos	30
324	Natrum Sulph	30
325	Natrum Sulph	200
326	Natrum Sulph	1M
327	Nitric Acid	30
328	Nitric Acid	200
329	Nitric Acid	1M
330	Nux Vomica	6
331	Nux Vomica	30
332	Nux Vomica	200
333	Nux Vomica	1M
334	Nyctenthus Arbor	Q
335	Ocimum Sanctum	Q
336	Oleander	6
337	Petroleum	30
338	Petroleum	200
339	Petroleum	1M
340	Phosphoric Acid	Q
341	Phosphoric Acid	30
342	Phosphoric Acid	200
343	Phosphoric Acid	1M
344	Phosphorus	30
345	Phosphorus	200
346	Phosphorus	1M
347	Physostigma	30
348	Physostigma	200
349	Plantago Major	Q
350	Plantago Major	6
351	Plantago Major	30
352	Platina	200
353	Platina	1M
354	Plumbum Met	200
355	Plumbum Met	1M
356	Podophyllum	6
357	Podophyllum	30
358	Podophyllum	200
359	Prunus Spinosa	6
360	Psorinum	200

Sl. No.	Name of Medicine	Potency
361	Psorinum	1M
362	Pulsatilla	30
363	Pulsatilla	200
364	Pulsatilla	1M
365	Pyrogenium	200
366	Pyrogenium	1M
367	Ranunculus bulbosus	30
368	Ranunculus bulbosus	200
369	Ranunculus repens	6
370	Ranunculus repens	30
371	Ratanhia	6
372	Ratanhia	30
373	Rauwolfia serpentina	Q
374	Rauwolfia serpentina	6
375	Rauwolfia serpentine	30
376	Rhododendron	30
377	Rhododendron	200
378	Rhus tox	3X
379	Rhus tox	6
380	Rhus tox	30
381	Rhus tox	200
382	Rhus tox	1M
383	Robinia	6
384	Robinia	30
385	Rumex criispus	6
386	Rumex criispus	30
387	Ruta gr	30
388	Ruta gr	200
389	Sabal serreulata	Q
390	Sabal serreulata	6
391	Sabina	3X
392	Sabina	6
393	Sabina	30
394	Sang can	30
395	Sang can	200
396	Sarsaprilla	6
397	Sarsaprilla	30
398	Secalecor	30
399	Secalecor	200
400	Selenium	30
401	Selenium	200
402	Senecio aureus	6
403	Sepia	30
404	Sepia	200

Sl. No.	Name of Medicine	Potency
405	Sepia	1M
406	Silicea	30
407	Silicea	200
408	Silicea	1M
409	Spigellia	30
410	Spongia tosta	6
411	Spongia tosta	30
412	Spongia tosta	200
413	Stannum	30
414	Stannum	200
415	Staphisagria	30
416	Staphisagria	200
417	Staphisagria	1M
418	Sticta pulmonaria	6
419	Sticta pulmonaria	30
420	Stramonium	30
421	Stramonium	200
422	Sulphur	30
423	Sulphur	200
424	Sulphur	1M
425	Sulphuric acid	6
426	Sulphuric acid	30
427	Syphilimum	200
428	Syphilimum	1M
429	Tabacum	30
430	Tabacum	200
431	Tarentula cubensis	6
432	Tarentula cubensis	30
433	Tellurium	6
434	Tellurium	30
435	Terebinthina	6
436	Terebinthina	30
437	Terminalia arjuna	Q
438	Terminalia arjuna	3X
439	Terminalia arjuna	6
440	Thuja occidentalis	Q
441	Thuja occidentalis	30
442	Thuja occidentalis	200

Sl. No.	Name of Medicine	Potency
443	Thuja occidentalis	1M
444	Thyroidinum	200
445	Thyroidinum	1M
446	Tuberculinum bov	200
447	Uran. Nit	3X
448	Urtica urens	Q
449	Urtica Urens	6
450	Ustilago	6
451	Verst Blb	6
452	Vibrurnan opulus	6
453	Vibrurnan opulus	30
454	Vibrurnan opulus	200
455	Vipera tor	200
456	Vipera tor	1M
457	Verat viride	30
458	Verat viride	200
459	Viscum album	6
460	Wyethia	6
461	Wyethia	30
462	Wyethia	200
463	Zinc met	200
464	Zinc met	1M
465	Zinck phos	200
466	Zinck phos	1M
467	Globules	20 No.
468	Suger of milk	
469	Glass piles	5 ml
470	Glass piles	10 ml
471	Butter Paper	
472	Blank Sticker Ointment	½*3/2 inch
473	Aesculus Hip	
474	Arnica	
475	Calendula	
477	Cantharis	
478	Hamamelis Vir	
479	Twelve Biochemic Medicines	6x & 12x
480	Chinerairia Eye Drop	
481	Mullein Oil (Ear Drop)	

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

सत्यमेव जयते

Indian Public Health Standards (IPHS)

Guidelines for Community Health Centres

Revised 2012

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

INDIAN PUBLIC HEALTH STANDARDS (IPHS) FOR COMMUNITY HEALTH CENTRES

Introduction

Health care delivery in India has been envisaged at three levels namely primary, secondary and tertiary. The secondary level of health care essentially includes Community Health Centres (CHCs), constituting the First Referral Units (FRUs) and the Sub-district and District Hospitals. The CHCs were designed to provide referral health care for cases from the Primary Health Centres level and for cases in need of specialist care approaching the centre directly. 4 PHCs are included under each CHC thus catering to approximately 80,000 populations in tribal/hilly/desert areas and 1,20,000 population for plain areas. CHC is a 30-bedded hospital providing specialist care in Medicine, Obstetrics and Gynecology, Surgery, Paediatrics, Dental and AYUSH. There are 4535 CHCs functioning in the country as on March 2010 as per Rural Health Statistics Bulletin 2010. These centres are however fulfilling the tasks entrusted to them only to a limited extent. The launch of the National Rural Health Mission (NRHM) gives us the opportunity to have a fresh look at their functioning.

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

Objectives of Indian Public Health Standards (IPHS) for CHCs

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

Service Delivery in CHCs

- **OPD Services and IPD Services:** General, Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, Dental and AYUSH services.

- Eye Specialist services (at one for every 5 CHCs).
- Emergency Services
- Laboratory Services
- National Health Programmes

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

I. Care of Routine and Emergency Cases in Surgery

Essential

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

II. Care of Routine and Emergency Cases in Medicine

Essential

- Specific mention is being made of handling of all emergencies like Dengue Haemorrhagic Fever, Cerebral Malaria and others like Dog & snake bite cases, Poisonings, Congestive Heart Failure, Left Ventricular Failure, Pneumonias, meningoencephalitis, acute respiratory conditions, status epilepticus, Burns, Shock, acute dehydration etc. In case of National Health Programmes, appropriate guidelines are already available, which should be followed.
- Conducting daily OPD.

III. Maternal Health

Essential

- **Minimum 4 ANC check ups including Registration & associated services :** As some antenatal cases may directly register with CHC, the suggested schedule of antenatal visits is reproduced below.

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

IV. Newborn Care and Child Health

Essential

- Essential Newborn Care and Resuscitation by providing Newborn Corner in the Labour Room and Operation Theatre (where caessarian takes place). Details of Newborn Corner given at **Annexure 1A.**
  i. Early initiation of breast feeding with in one hour of birth and promotion of exclusive breast-feeding for 6 months.
- **Newborn Stabilization Unit (Details given at Annexure 1B).**
- Counseling on Infant and young child feeding as per IYCF guidelines.
- Routine and emergency care of sick children including Facility based IMNCI strategy.
- Full Immunization of infants and children against Vaccine Preventable Diseases and

Vitamin-A prophylaxis as per guidelines of Govt. of India. Tracking of vaccination drop outs and left outs.

- Prevention and management of routine childhood diseases, infections and anemia etc.
- Management of Malnutrition cases.
- Provisions of Janani Shishu Suraksha Karyakram (JSSK) as per guidelines.

V. Family Planning

Essential

- Full range of family planning services including IEC, counseling, provision of Contraceptives, Non Scalpel Vasectomy (NSV), Laparoscopic Sterilization Services and their follow up.
- Safe Abortion Services as per MTP act and Abortion care guidelines of MOHFW.

Desirable

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

VI. Other National Health Programmes (NHP): (Essential Except as Indicated)

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

Communicable Diseases Programmes

- **RNTCP:** CHC should provide ***diagnostic services*** through the ***microscopy centres*** which are already established in the CHCs and treatment services as per the Technical and Operational Guidelines for Tuberculosis Control **(Annexure 2)**.
- **HIV/AIDS Control Programme:** The services to be provided at the CHC level are **(Annexure 3).**
  - Integrated Counselling and Testing Centre.
  - Blood Storage Centre[1].
  - Sexually Transmitted Infection clinic.

Desirable

  - Link Anti Retroviral Therapy Centre.

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

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

Essential

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

Desirable

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

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

- **Under Integrated Disease Surveillance Project,** CHC will function as peripheral surveillance unit and collate, analyse and report information to District Surveillance

Unit on selected epidemic prone diseases. In outbreak situations, appropriate action will be initiated **(Annexure 7).**

National Programme for Prevention and Control of Deafness (NPPCD)

CHC will provide following services:

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

National Mental Health Programme (NMHP)

Essential

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

Desirable

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

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Cancer Control

Essential

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

Desirable

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

Diabetes, CVD and Strokes

Essential

Promotion & Prevention

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

Desirable

Early detection

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

National Iodine Deficiency Disorders Control Programme (NIDDCP)

- IEC activities in the form of posters, pamphlets, Interpersonal communication

to promote the consumption of iodised salt by the people and monitoring of iodised salt through salt testing kits.

National Programme for Prevention and Control of Fluorosis (NPPCF) Essential in Fluorosis affected Villages

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

National Tobacco Control Programme (NTCP)

Essential

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

Desirable

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

National Programme for Health Care of Elderly

Desirable

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

Physical Medicine and Rehabilitation (PMR)

Essential

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

Desirable

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

Oral Health

Essential

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

VII. Other Services

School Health:

Teachers screen students on a continuous basis and ANMs/HWMs (a team of 2 workers) visit the schools (one school every week) for screening, treatment of minor ailments and referral. Doctor from CHC/PHC will also visit one school per week based on the screening reports submitted by the teams. Overall services to be provided under school health shall include

Essential

Health service provision:

- **Screening, health care and referral:**
  - Screening of general health, assessment of Anaemia/Nutritional status, visual acuity, hearng problems, dental check up, common skin conditions, Heart defects, physical disabilities, learning disorders, behavior problems, etc.
  - Basic medicines to take care of common ailments, prevalent among young school going children.
  - Referral Cards for priority services at District / Sub-District hospitals.
- **Immunization:**
  - As per national schedule
  - Fixed day activity

- Coupled with education about the issue

❖ **Micronutrient (Vitamin A & IFA) management:**
- Weekly supervised distribution of Iron-Folate tablets coupled with education about the issue
- Administration of Vitamin-A in needy cases.

❖ **De-worming**
- Biannually supervised schedule
- Prior IEC
- Siblings of students also to be covered

❖ **Capacity building**

❖ **Monitoring & Evaluation**

❖ **Mid Day Meal**

Desirable

Health Promoting Schools

- Counseling services
- Regular practice of Yoga, Physical education, health education
- Peer leaders as health educators.
- Adolescent health education-existing in few places
- Linkages with the out of school children
- Health clubs, Health cabinets
- **First Aid room/corners or clinics.**

Adolescent Health Care

To be provided preferably through adolescent friendly clinic for 2 hours once a week on a fixed day. Services should be comprehensive i.e. a judicious mix of promotive, preventive, curative and referral services

Core package (Essential)

♦ Adolescent and Reproductive Health: Information, counseling and services related to sexual concerns, pregnancy, contraception, abortion, menstrual problems etc.

♦ Services for tetanus immunization of adolescents

♦ Nutritional Counseling, Prevention and management of nutritional anemia

♦ STI/RTI management

♦ Referral Services for VCTC and PPTCT services and services for Safe termination of pregnancy, if not available at PHC

Optional/additional services (desirable): as per local need

Outreach services in schools (essential) and community Camps (desirable)

♦ Periodic Health check ups and health education activities, awareness generation and Co-curricular activities

Essential

Blood Storage Facility

Diagnostic Services **(Annexure 12)**

♦ In addition to the lab facilities and X-ray, ECG should be made available in the CHC with appropriate training to a nursing staff/Lab. Technician.

♦ All necessary reagents, glass ware and facilities for collecting and transport of samples should be made available.

Referral (transport) Services

Maternal Death Review (MDR).

Facility Based MDR form is **at Annexure 8.**

Minimum Requirement for Delivery of the Above-mentioned Services

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

Manpower

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

Under the present scenario of shortage of clinical manpower, it is suggested that doctors of PHCs, in addition to attending to routine OPD duties at PHCs may also do shift duties to provide emergency services at CHCs.

Manpower: CHC

PERSONNEL	ESSENTIAL	DESIRABLE	QUALIFICATIONS	REMARKS
Block Public Health Unit				
Block Medical Officer/Medical Superintendent	1		Senior most specialist/ GDMO preferably with experience in Public Health/Trained in Professional Development Course (PDC)	Will be responsible for coordination of NHPs, management of ASHAs Training and other responsibilities under NRHM apart from overall administration/ Management of CHC etc. He will be responsible for quality & protocols of service delivery being delivered in CHC.
Public Health Specialist	1		MD (PSM)/MD (CHA)/ MD Community Medicine or Post Graduation Degree with MBA/DPH/MPH	
Public Health Nurse (PHN) #	1	+1		
Specialty Services				
General Surgeon	1		MS/DNB, (General Surgery)	
Physician	1		MD/DNB, (General Medicine)	
Obstetrician & Gynaecologist	1		DGO /MD/DNB	
Paediatrician	1		DCH/MD (Paediatrics)/ DNB	
Anaesthetist	1		MD (Anesthesia)/DNB/ DA/LSAS trained MO	Essential for utilization of the surgical specialities. They may be on contractual appointment or hiring of services from private sectors on per case basis
General Duty Officers				
Dental Surgeon	1		BDS	
General Duty Medical Officer	2		MBBS	
Medical Officer - AYUSH	1		Graduate in AYUSH	
Nurses and Paramedical				
Staff Nurse	10			
Pharmacist	1	+1		
Pharmacist – AYUSH	1			

PERSONNEL	ESSENTIAL	DESIRABLE	QUALIFICATIONS	REMARKS
Lab. Technician	2			
Radiographer	1			
Dietician		1		
Ophthalmic Assistant	1			
Dental Assistant	1			
Cold Chain & Vaccine Logistic Assistant	1			
OT Technician	1			
Multi Rehabilitation/ Community Based Rehabilitation worker	1	+1		
Counsellor	1			
Administrative Staff				
Registration Clerk	2			
Statistical Assistant/ Data Entry Operator	2			
Account Assistant	1			
Administrative Assistant	1			
Group D Staff				
Dresser (certified by Red Cross/Johns Ambulance)	1			
Ward Boys/Nursing Orderly	5			
Driver*	1*	3		
Total	**46**	**52**		

Note:

- If patient load increases, then number of General Duty Doctors may be increased.
- Funds would be provided for out-sourcing and providing support services as per need.
- One of nursing orderlies could be trained in CSSD procedures.
- Budget to be provided for outsourcing Class IV services like Mali, Aya, Peon, OPD Attendant, Security and Sanitary workers.

* May be outsourced.

Graduate or Diploma in Nursing and will be trained for 6 months in Public Health.

Note:

1. As a short term arrangement, MBBS doctors who have received short term training or having experience of at least two years in the particular speciality can be utilized against the spciality post. However, in such cases a specific order after posting such doctors must be issued.
2. One of the Class IV employees can be identified as a helper to Cold Chain & Vaccine Logistic Assistant and trained as Cold Chain Handler.
3. States shall as per provision under NRHM explore keeping part time/contractual staff wherever deficient. Outsourcing of services may be done as per State's policy.
4. One nursing staff/Lab technician may be trained for ECG.
5. One Ophthalmologist is recommended for 5 CHCs.
6. The Health Educator at PHC should work in coordination with block public health unit for organizing health education services.

Equipment

- The list of equipment provided under the CSSM may be referred to as they are deemed to be adequate for providing all services in the CHC **(Annexure 9).** Before ordering new sets, the existing equipment should be properly assessed.
- For ophthalmic equipment wherever the services are available, Annexure no. 6 may be referred to.
- Maintenance of equipment. It is estimated that 10-15% of the annual budget is necessary for maintenance of euipments.
- Refrigerators [3(Essential), 4 (Desirable)], one for each ward, one for OT, One for laboratory, should be available in the CHC. No Sharing of Refrigerator with the lab should be done.
- Appropriate standards for equipment are already available in the Bureau of Indian Standards. If standards for any equipment are not available, technical specifications for the equipment may be prepared by the technical committee of the State for the process of tendering and procurement.

Drugs

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

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

Physical Infrastructure

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

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

- To the extent possible, the centre should be located at the centre of the block headquarter in order to improve access to the patients.
- The area chosen should have the facility for electricity, all weather road communication, adequate water supply, telephone etc.
- It should be well planned with the entire necessary infrastructure. It should be well lit and ventilated with as much use of natural light and ventilation as possible.
- CHC should be away from garbage collection, cattle shed, water logging area, etc.

Disaster Prevention Measures: (For all new upcoming facilities in seismic zone 5 or other disaster prone areas).

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

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

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

CHC should have dedicated, intact boundary wall with a gate. Name of the CHC in local language should be prominently displayed at the entrance which is readable in night too.

Fire fighting equipment: Fire extinguishers, sand buckets, etc. should be available and maintained to be readily available when needed. Staff should be trained in using fire fighting equipment. Each CHC should develop a fire fighting and fire exit plan with the help of Fire Department. Regular mock drills should be conducted.

All CHCs should have a Disaster Management Plan in line with the District Disaster management Plan. All health staff should be trained and well conversant with disaster prevention and management aspects Surprise mock drills should be conducted at regular intervals. After each drill the efficacy of the Disaster Plan, preparedness of the CHC, and the competence of the staff should be

evaluated followed by necessary changes in the Plan and training of the staff.

The CHC should be, as far as possible, environment friendly and energy efficient. Rain-Water harvesting, solar energy use and use of energy-efficient CFL bulbs/equipment should be encouraged. Provision should be made for horticulture services including herbal garden.

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

Entrance Zone

Signage

- Prominent display boards in local language providing information regarding the services available and the timings of the institute.
- Directional and layout signages for all the departments and utilities (toilets, drinking water etc.) shall be appropriately displayed for easy access. All the signages shall be bilingual and pictorial.
- Citizen charter shall be displayed at OPD and Entrance in local language including patient's rights and responsibilities.
- On-the-way signages of the CHC & location should be displayed on all the approach roads.
- Safety, hazards and caution signs shall be displayed prominently at relevant places, e.g. radiation hazards for pregnant woman in X-Ray.
- Fluroscent Fire-Exit signages at strategic locations.
- **Barrier free access environment** for easy access to non-ambulant (wheel-chair stretcher), semi-ambulant, visually disabled and elderly persons as per "Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons" of Government of India.
- Ramp as per specification, Hand-railing, proper lightning etc must be provided in all health facilities and retrofitted in older one which lack the same.
- Registration cum Inquiry counters.
- Pharmacy for drug dispensing and storage.
- Clean Public utilities separate for males and females.
- Suggestion/complaint boxes for the patients/ visitors and also information regarding the person responsible for redressal of complaints.

Outpatient Department

The facility shall be planned keeping in mind the maximum peak hour load and shall have scope for future expansion.

Name of Department and doctor, timings and user fees/ charges shall be displayed.

Layout of the Out Patient Department shall follow the functional flow of the patients: e.g.

Enquiry→Registration→Waiting→SubWating→ Clinic→Dressing room/Injection Room→Billing→ Dignostics (lab/X-ray)→pharmacy→Exit

Clinics for Various Medical Disciplines : These clinics include general medicine, general surgery, dental, obstetric and gynaecology, paediatrics and family welfare. Separate cubicles for general medicine and surgery with separate area for internal examination (privacy) can be provided if there are no separate rooms for each. The cubicles for consultation and examination in all clinics should provide for doctor's table, chair, patient's stool, follower's seat, wash basin with hand washing facilities, examination couch and equipment for examination.

- Room shall have, for the admission of light and air, one or more apertures, such as windows and fan lights, opening directly to the external air or into an open verandah. The windows should be in two opposite walls.
- **Family Welfare Clinic :** The clinic should provide educative, preventive, diagnostic and curative facilities for maternal, child health, school health and health education. Importance of health education is being increasingly recognized as an effective tool of preventive treatment. People visiting hospital should be informed of personal and environmental hygiene, clean habits, need for taking preventive measures against epidemics, family planning, non-communicable diseases etc. Treatment room in this clinic should act as operating room for IUCD insertion and investigation, etc. It should be in close proximity

to Obstetric & Gynaecology. Family Welfare counselling room should be provided.

- Waiting room for patients.
- The Pharmacy should be located in an area conveniently accessible from all clinics. The dispensary and compounding room should have two dispensing windows, compounding counters and shelves. The pattern of arranging the counters and shelves shall depend on the size of the room. The medicines which require cold storage and blood required for operations and emergencies may be kept in refrigerators.
- **Emergency Room/Casualty:** At the moment, the emergency cases are being attended in OPD during OPD hours and in inpatient units afterwards. It is recommended to have a separate earmarked emergency area to be located near the entrance of hospital preferalbly having 4 rooms (one for doctor, one for minor OT, one for plaster/dressing) and one for patient observation (At least 4 beds).

Treatment Room

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

Wards: Separate for Males and Females

- **Nursing Station :** The nursing station shall be centered such that it serves all the clinics from that place. The nursing station should be spacious enough to accommodate a medicine chest/a work counter (for preparing dressings, medicines), hand washing facilities, sinks, dressing tables with screen in between and colour coded bins (as per IMEP guidelines for community health centres). It should have provision for Hub cutters and needle destroyers.
- Examination and dressing table.
- **Patient Area**
  - Enough space between beds.
  - Toilets; separate for males and females.
  - Separate space/room for patients needing isolation.
- **Ancillary rooms**
  - Nurses rest room.
  - There should be an area separating OPD and Indoor facility.
- **Operation theatre/Labour room**
  - Patient waiting Area.
  - Pre-operative and Post-operative (recovery) room.
  - Staff area.
  - Changing room separate for males and females.
  - Storage area for sterile supplies.
  - Operating room/Labour room.
  - Scrub area.
  - Instrument sterilization area.
  - Disposal area.
  - Newborn care Corner **(Annexure 1A).**

Newborn Care Stabilization Unit: Annexure 1B

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

Physical Infrastructure for Support Services

- **Central Steritization Supply Department (CSSD):** Sterilization and Sterile storage.
- **Laundry:** Storage should be separate for dirty linen and clean linen.

  Outsourcing is recommended after appropriate training of washer man regarding segregation and separate treatment for infected and non-infected linen.
- **Engineering Services:** Electricity/telephones /water/civil Engineering may be outsourced. Maintenance of proper sanitation in toilets and other public utilities should be given utmost attention. Sufficient funding for this purpose must be kept and the services may be outsourced.
- **Water Supply :** Arrangements shall be made to supply 10,000 litres of potable water per day to meet all the requirements (including laundry) except fire fighting. Storage capacity

for 2 days requirements should be on the basis of the above consumption. Round the clock water supply shall be made available to all wards and departments of the hospital. Separate reserve emergency overhead tank shall be provided for operation theatre. Necessary water storage overhead tanks with pumping/boosting arrangement shall be made. The laying and distribution of the water supply system shall be according to the provisions of IS: 2065-1983 (a BIS standard). Cold and hot water supply piping should be run in concealed form embedded into wall with full precautions to avoid any seepage. Geyser in O.T./L.R. and one in ward also should be provided. Wherever feasible solar installations should be promoted.

- **Emergency Lighting :** Emergency portable/ fixed light units should also be provided in the wards and departments to serve as alternative source of light in case of power failure. Generator back-up should be available in all facilities. Generator should be of good capacity. Solar energy wherever feasible may be used.
- **Generator :** 5 KVA with POL for Immunization Cold Chain maintenance.
- **Telephone:** minimum two direct lines with intercom facility should be available.

Administrative zone

Separate rooms should be available for:

- Office
- Stores

Residential Zone

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

If the accommodation can not be provided due to any reason, then the staff may be paid house rent allowance, but in that case they should be staying in near vicinity of CHC so that they are available for 24 x 7 in case of need.

Function & Space Requirement for Community Health Centre

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

Function & Space Requirement for Different Zones

Zone	Functions	Size for Each Sub-function in Mtrs.	Total Areas in Sq Mtrs
Entrance Zone	Registration & Record storage, Pharmacy (Issue counter/Formulation/Drug storage) Public utilities & circulation space	Registration/Record Room 3.2 X 3.2 X 2 Queue area outside registration room 3.5 X 3 Pharmacy cum store 6.4 X 3.2 Pharmacy cum store for AYUSH 6.4 X 3.2	20.48 Sq Mtrs 10.5 Sq Mtrs 20.48 Sq Mtrs 20.48 Sq Mtrs
Ambulatory Zone (OPD)	Examination & Workup (Examination Room, sub waiting), Consultation (consultation room Toilets, sub waiting) Nursing station (Nurses desk, clean utility,	Space for 4 General Doctor Room 3.2 X 3.2 X 4 Space for 2 AYUSH doctors Room 3.2 X 3.2 X 2 8 specialist room with attach toilets = 3.7 X 3.2 X 8	40.96 Sq Mtrs 20.48 Sq Mtrs 94.72 Sq Mtrs

Zone	Functions	Size for Each Sub-function in Mtrs.	Total Areas in Sq Mtrs
	dirty utility, treatment rooms, injection & dressing room), Cold Chain, Vaccines and Logistics area, ECG (with sub waiting) Casualty/ Emergency, public utilities, circulation space	Treatment room 3.7 X 3.2 Refraction room 3.2 X 3.2 Nursing Station 6.4 X 3.2 Casualty 6.4 X 6.4 Dress Room 3.2 X 3.2 Injection Room 3.2 X 3.2 Female injection room 3.2 X 3.2 Public Utility/Common Toilets Waiting Area Cold Chain Room 3.5 x 3 Vaccine and Logistics Room 3.5 x 3	11.84 Sq Mtrs 10.24 Sq Mtrs 20.48 Sq Mtrs 40.96 Sq Mtrs 10.24 Sq Mtrs 10.24 Sq Mtrs 10.24 Sq Mtrs 9.5 Sq Mtrs 31.5 Sq Mtrs 10.5 Sq Mtrs 10.5 Sq Mtrs
Diagnostic Zone	Pathology (Optional) Laboratory, sample collection, bleeding room, washing disinfectants storage, sub waiting, Imaging (radiology, radiography, ultra-sound), Preparation, room, change room, toilet, control, Dark room, treatment room, sub waiting, public utilities	Area specification is recommended	180 Sq Mtrs

Zone	Functions	Area Requirement for Each Sub-function	Total Areas in Sq Mtrs
Intermediate Zone (inpatient Nursing units)	Nursing station (Nurse desk,clean utility, treatment room, pantry, store, sluice room, trolly bay) patient area (bed space, toilets, Day space, Isolation Space) Ancillary rooms (Doctor's rest room, Nurses duty room, Public utilities, circulation space.	Nursing station 6.4 X 6.4 4 wards each with 6 beds (2 male wards & 2 female wards) size (6.2 X 6.2) X 4 4 private room (2 each for male & females) with toilets 6.2 X 3.2 X 4 2 isolation rooms with toilet (one each for male & female) 6.2 X 3.2 X 2	40.96 Sq Mtrs 153.76 Sq Mtrs 79.36 Sq Mtrs 39.68 Sq Mts
Critical Zone (Operational Theater/Labour room	Patient area (Preparation, Preanaesthesia, post operative resting) Staff area (Changing Resting) Supplies area (trolley bay, equipment storage, sterile storage) OT/ LR area (Operating/Labour room, scrub, instrument sterilization, Disposal) public utilities, circulation space	Area specification is recommended	240 Sq Mtrs

Zone	Functions	Area Requirement for Each Sub-function	Total Areas in Sq Mtrs
Service Zone	Dietary (Dry Store, Day Store, Preparation, Cooking, Delivery, pot wash, Utensil wash, Utensil store, trolley park) C.S.S.D. (Receipt, wash, assembly, sterilization, sterile storage, Issue) Laundry (Receipt, weigh, sluice/wash, Hydro extraction, tumble, calender, press) Laundry (clean storage, Issue), Civil engineering (Building maintenance, Horticulture, water supply, drainage and sanitation), Electrical engineering (sub station & generation, Illumination, ventilation), Mechanical engineering, Space for other services like gas store, telephone, intercom, fire protection, waste disposal, Mortuary.	Services like Electrical engineering /Mechanical engineering & Civil engineering can be privately hired to avoid permanent space in the CHC building	Area specification is recommended
Administrative zone	General Administration, general store, public utilities circulation space	Area specification is recommended	60 Sq Mtrs
Total Circulation Area/Corridors			**191.15 Sq Mtrs**
Total Area			**1503.32 Sq Mtrs**

Capacity Building

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

Quality Assurance in Service Delivery

Quality of Service Should be Maintained at all Levels

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

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

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

Laundry

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

Services: Maintenance of Electricity/telephones/water supply/civil engineering etc. may be outsourced.

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

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

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

Quality Control

Internal Monitoring

Routine Monitoring by District Health Authority at least once in a month..

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

Medical audit

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

Patient Satisfaction Surveys

Out Patient care: This shall include:

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

In Patient Care

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

External Monitoring

- Gradation of the centre by PRI (Zilla Parishad)/ Rogi Kalyan Samitis.
- Community monitoring.

Monitoring of laboratory:

- Internal Quality Assessment scheme.
- External Quality Assessment scheme.

Patient Safety and Infection Control

Essential

1. Hand washing facilities in all OPD clinics, wards, emergency and OT areas.
2. Safe clinical practices as per standard protocols to prevent health care associated infections and other harms to patients.
3. There shall be proper written handing over system between health care staff.
4. Safe Injection administration practices as per the prescribed protocol.
5. Safe Blood transfusion practices need to be implemented by the hospital administrators.
6. Ensuring Safe disposal of Bio-medical Waste as per rules (National Guidelines to be followed).
7. Regular Training of Health care workers in Patient safety, infection control and Bio-medical waste management.

Desirable

1. Use of safe Surgery check lists in the ward and operation Theatre to minimize the errors during surgical procedures. (for the detailed checklist refer to **Annexure 15.)**
2. **Antibiotic Policy :** CHC shall develop its own antibiotic policy to check indiscriminate use of antibiotics and reduce the emergence of resistant strains**.**

Health Care Workers Safety

1. Provision of Protective gears like gloves, masks, gowns, caps, personal protective equipment, lead aprons, dosimeters etc and their use by Health Care workers as per standard protocols.

2. Display Standard operating procedures at strategic locations in the hospitals.
3. Implementation of Infection control practices and Safe BMW Management.
4. Regular Training of Health care workers in Universal precautions, Patient safety, infection control and Bio-medical waste management.

Desirable

1. Immunization of Health care workers against Tetanus and Hepatitis B.
2. Provision of round the clock Post exposure prophylaxis against HIV in cases of needle sticks injuries.

Statutory and Regulatory Compliances

CHC shall fulfil all the statuary and regulatory requirements and comply to all the regulations issued by local bodies, state, and union of India. CHC shall have copy of these regulations/acts. List of statuary and regulatory compliances is given in **Annexure 14.**

Record Maintenance

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

Checklist

Checklist for Minimum Requirement of CHCs

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

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

Checklist for Equipment

Equipment (As per List)	Available	Functional	Remarks

Checklist for Drugs

Drugs (As per Essential Drug list)	Existing	Remarks

Checklist for Audit

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

*Standard Operating Procedures/ Standard Treatment Protocols.

Checklist for Monitoring Maternal Health	
ANC Minimum 4 ANC **High Risk pregnancy** Cases with Danger sign and symptoms treated. No of Caesarian Section (CS) done Proportion of Caesarian sections out of total deliveries **PNC Visit** Minimum 3 PNC Visits within 1st week of delivery i.e. on 0, 3,7th day. **Are deliveries being monitored through Partograph?**	

Annexure 1

NEWBORN CARE FACILITIES AT CHC

Annexure 1A: NEWBORN CORNER IN OT/LABOUR ROOM

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

Services at the Corner

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

- Care at birth.
- Resuscitation.
- Provision of warmth.
- Early initiation of breast feeding.
- Weighing the neonate.

Configuration of the Corner

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

Equipment and Consumables Required for the Corner

Item No.	Item Description	Essential	Desirable	Quantity	Installation	Training	Civil	Mechanical	Electrical
1	Open care system: radiant warmer, fixed height, with trolley, drawers, O2-bottles	E		1	X	X	X	X	X
2	Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated, neonate, 500 ml	E		1		X			
3	Weighing Scale, spring	E		1		X			
4	Pump suction, foot operated	E		1		X			
5	Thermometer, clinical, digital, 32-34 ^{0}C	E		2					
6	Light examination, mobile, 220-12 V	E		1	X				X
7	Hub Cutter, syringe	E		1		X			
Consumables									
8	I/V Cannula 24 G, 26 G	E							
9	Extractor, mucus, 20 ml, ster, disp Dee Lee	E							
10	Tube, feeding, CH07, L40 cm, ster, disp	E							
11	Oxygen catheter 8 F, Oxygen Cylinder	E							
12	Sterile Gloves	E							

Annexure - 1 B: NEWBORN CARE STABILIZATION UNIT

Setting of Stabilization Unit at First Referral Units

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

Services at the Stabilization Unit

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

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

Configuration of the Stabilization Unit

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

Human Resource

Staffing

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

Training

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

Referral Services

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

Equipment and Consumables Required for the Stabilization Unit

Item No.	Item Description	Essential	Desirable	Quantity	Installation	Training	Civil	Mechanical	Electrical
1	**Open care system:** radiant warmer, fixed height, with trolley, drawers, O_2-bottles	E		4	X	X	X	X	X
2	Resuscitator, hand-operated, neonate and child, 500 ml	E		2		X			
3	Laryngoscope set	E		2		X			
4	Scale, baby, electronic, 10 kg <5 kg>	E		1		X			
5	Pump suction, foot operated	E		1		X			
6	Thermometer, clinical, digital, 32-34 C	E		4					
7	Light examination, mobile, 220-12 V	E		4	X				X
8	Hub Cutter, syringe	E		1		X			
	Consumables								
9	I/V Cannula 24 G, 26 G	E							
10	Extractor, mucus, 20 ml, ster, disp Dee Lee	E							
11	Tube, feeding, CH07, L40 cm, ster, disp	E							
12	Oxygen cylinder 8 F	E							
13	Sterile Gloves	E							
14	Tube, suction, CH 10, L50 cm, ster, disp	E							
15	Cotton wool, 500 g, roll, non-ster	E							
16	Disinfectant, chlorhexidine, 20%	E							

Annexure 2

REQUIREMENTS WITH REGARD TO REVISED NATIONAL TB CONTROL PROGRAMME

Diagnostic Services

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

Inputs

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

Treatment Services

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

ii. **DOTS Centres:** All sub-centres, PHCs, CHCs and District Hospitals work as DOTS Centres. In addition, the community DOTS providers are also trained to deliver DOTS. A room of the CHC is used to function as DOTS centre. Facilities for seating and making available drinking water to the patients for consumption of drugs are provided under the Programme.

iii. **DOTS Providers:** The Multi Purpose Workers (MPWs), Pharmacists and Staff Nurses are trained in to monitor consumption of anti TB drugs by the patients.

   a. All the DOTS providers to deliver treatment as per treatment guidelines. All the doctors to categorize patients as per treatment guidelines (refer Technical Guidelines).

   b. Drugs in patient wise boxes and loose drugs are provided at DOT Centres through District TB Centre (DTC). Details of the drugs given in RNTCP guidelines.

   c. Recording and reporting to be done as per Operational Guidelines (refer Operational Guidelines).

Treatment of Complicated Cases

1. For patients who require admission (Pleural Effusion, Emphysema etc.) drugs are provided in the form of prolongation pouches through District TB Centre for indoor treatment.

2. The common complications of TB can be treated by the Medical Officers/Specialists at CHC and side effects of drugs can also be handled by the doctors at CHC.

Quality Assurance

i. **Diagnosis:** The diagnostic services are supervised by Senior TB Laboratory Supervisor (STLS) for all the Microscopy Centres at the sub-district level (5,00,000 population or 2,50,000 population in the hilly, difficult and tribal areas).

ii. **Treatment:** All major drugs are procured at the Centre through World Bank recommended procedures and provided to the States, thereby assuring quality of the drugs.

Annexure 3

NATIONAL AIDS CONTROL PROGRAMME: GUIDELINES

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

Consumables/Logistics

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

IEC/Job aids

Counseling Flip Chart, Posters etc.

Reporting

Registers and Monthly formats as per NACO guidelines.

Sl. No.	Activities	Proposed
1	STI clinic: RTI/STD management services	Expansion of services up to CHC & 24 hours PHC. Basic screening test for RTI/STD to be made available at the CHCs.
2	Integrated Counseling and Testing Centre (ICTC), Link ART Centre & youth information centres	Expansion of services up to CHCs in all States
3	Prevention of parent-to-Child Transmission (PPTCT)	Services to be provided at all CHCs
4	Behaviour Change Communication (BCC)	Joint communication strategy messages & medium development to be done
5	Condom promotion	Joint condom procurement & distribution of condoms to meet the needs of sexually active women and men as a method of dual protection
6	Blood safety	Blood storage centres planned at FRUs will procure blood from licensed blood banks but will be supported by RCH
7	Trainings	A specific plan will be developed jointly by both the departments to train the peripheral staff at CHC
8	Management Information System	All facilities to report service performance on RTI/STI, ICTC, Link ART services, PPTCT as a part of routine reporting
9	Operationalisation	A convergence facilitator to be appointed under NACP to ensure coordinated inputs between the activities implemented by NACP and RCH

Annexure 4

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

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

Following are the strategies for control of these diseases:

Malaria

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

Dengue:

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

Kala-azar

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

Japanese Encephalitis

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

Filariasis

For elimination of Lymphatic Filariasis, following are the strategies:

- Annual Mass Drug Administration (MDA) with single dose of DEC to all eligible population at risk of Lymphatic Filariasis.

- Home based management of Lymphodema cases.
- Hydrocelectomy.

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

Services to be provided are:

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

Standards

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

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

Drugs

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

Equipment

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

IEC Material

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

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

Annexure 5

NATIONAL LEPROSY ERADICATION PROGRAMME

Minimum Services to be Available at Community Health Centres (CHC)

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

Manpower Required

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

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

Standard MDT Regimens

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

Annexure 6

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Standards at Community Health Centres

Physical Structure for Eye Care at CHC

a. Refraction Room.

b. Eye OT with Eye Ward, only if eye surgeon is posted. (number of beds based on workload).

Equipment

For IOL Surgery

Operating microscope
A-Scan Biometer
Keratometer
Slit Lamp
AutoRefractometer
Flash Autoclave
Streak Retinoscope
Tonometers (Schiotz)
Direct Ophthalmoscope

For Primary Eye Care & Vision Testing

Tonometers (Schiotz)
Direct Ophthalmoscope
Illuminated Vision Testing Drum
Trial Lens Sets with Trial Frames
Snellen & Near Vision Charts
Battery Operated Torch (2)

Drugs

Eye Ointments

Atropine (1%)
Local antibiotic: Framycetin/Gentamicin etc.
Local antibiotic steroid ointment

Ophthalmic Drops

Xylocaine 4% (30 ml)
Local antibiotic: Framycetin/Gentamicin etc.
Local antibiotic steroid drops
Pilocarpine Nitrate 2%
Timolol 0.5%
Homatropine 2%
Tropicamide 1%

Injections

Xylocaine 2% (30 ml)
Inj Hyalase (Hyaluronidase)
Gentamycin
Betamethasone/Dexamethasone
Inj. Maracaine (0.5%) (For regoinal anesthesia)
Inj. Adrenaline
Ringer Lacate (540 ml) from reputed firm

Surgical Accessories

Gauze
Green Shades
Blades (Carbon Steel)
Opsite surgical gauze (10 x 14 c. m.)
Double needle Suture (commodity asstt. GOI)
Visco-elastics from reputed firm

Annexure 7

INTEGRATED DISEASE SURVEILLANCE PROJECT

Services and Standards at Community Health Centres

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

Annexure 9

LIST OF EQUIPMENT IN CHC

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

1	Tray, instrument/dressing with cover, 310 x 200 x 600 mm-ss	1
2	Gloves surgeon, latex sterilizable, size 6	12
3	Gloves surgeon, latex sterilizable, size 6-1/2	12
4	Gloves surgeon, latex sterilizable, size 7	12
5	Gloves surgeon, latex sterilizable, size 7-1/2	12
6	Gloves surgeon, latex sterilizable, size 8	12
7	Forceps, backhaus towel, 130 mm	4
8	Forceps, sponge holding, 228 mm	6
9	Forceps, artery, pean straight, 160 mm, stainless steel	4
10	Forceps hysterectomy, curved, 22.5 mm	4
11	Forceps, hemostatic, halsteads mosquito, straight, 125 mm-ss	6
12	Forceps, tissue, all/is 6x7 teeth, straight, 200 mm-ss	6
13	Forceps, uterine, tenaculum, 280 mm, stainless steel	1
14	Needle holder, mayo, straight, narrow jaw, 175 mm-ss	1
15	Knife-handle surgical for minor surgery # 3	1
16	Knife-handle surgical for major surgery # 4	1
17	Knife-blade surgical, size 11, for minor surgery, pkt of 5	3
18	Knife-blade surgical, size 15 for minor surgery, pkt of 5	4
19	Knife blade surgical, size 22, for major surgery, pkt of 5	3
20	Needles, suture triangular point, 7.3 cm, pkt of 6	2
21	Needles, suture, round bodied, 3/8 circle No. 12 pkt of 6	2
22	Retractor, abdominal, Deavers, size 3, 2.5 cm x 22.5 cm	1
23	Retactor, double-ended abdominal, Beltouis, set of 2	2
24	Scissors, operating curved mayo-blunt pointed 170 mm	1
25	Retractor abdominal, Balfour 3 blade self-retaining	1
26	Scissors, operating, straight, blunt point, 170 mm	1
27	Scissors, gauze, straight, 230 mm, stainless steel	1

28	Suction tube, 225 mm, size 23 F	1
29	Clamp intestinal, Doyen, curved, 225 mm, stainless steel	2
30	Clamp intestinal, Doyen straight, 225 mm, stainless steel	2
31	Forceps, tissue spring type, 160 mm, stainless steel	2
32	Forceps , tissue spring type, 250 mm, stainless steel.	1
Standard Surgical Set – II (Essential)		
1	Forceps, tissue, 6 x 7 teeth, Thomas-Allis, 200 mm- ss	1
2	Forceps, backhaus towel, 130 mm, stainless steel	4
3	Syringe, anaesthetic (control), 10 ml, luer-glass	1
4	Syringe, hypodermic, 10 ml glass, spare for item 3	4
5	Needles, hypodermic 20G x 1-1/2” box of 12	1
6	Forceps, tissue, spring type, 145 mm, stainless steel	1
7	Forceps, tissue spring type 1 x 2 teeth, Semkins, 250 mm	1
8	Forceps, tissue spring type, 250 mm, stainless steel	1
9	Forceps, hemostat curved mosquito halsteads, 130 mm	6
10	Forceps, artery, straight pean, 160 mm, stainless steel	3
11	Forceps artery, curved pean, 200 mm, stainless steel	1
12	Forceps, tissue, Babcock, 195 mm, stainless steel	2
13	Knife handle for minor surgery No. 3	1
14	Knife blade for minor surgery No. 10, pkt of 5	8
15	Needle holder, straight narrow-jaw Mayo-Heger, 175 mm	1
16	Needle suture straight, 5.5 mm, triangular point, pkt of 6	2
17	Needle, Mayo, % circle, taper point, size 6, pkt of 6 2	2
18	Catheter urethral Nelaton solid-tip one-eye 14 Fr	1
19	Catheter urethral Nelaton solid-tip one-eye 16 Fr	1
20	Catheter urethral Nelaton solid-tip one-eye 18 Fr	1
21	Forceps uterine tenaculum duplay dbl-cvd, 280 mm	1
22	Uterine elevator (Ranathlbod), stainless steel	1
23	Hook, obstetric, Smellie, stainless steel	1
24	Proctoscope Mcevedy complete with case	1
25	Bowl, sponge, 600 ml, stainless steel	1
26	Retractor abdominal Richardson-Eastman, dbl-ended, set 2	1
27	Retractor abdominal Deaver, 25 mm x 3 cm, stainless steel	1
28	Speculum vaginal bi-valve graves, medium, stainless steel	1
29	Scisssors ligature, spencer straight, 130 mm, stainless steel	1
30	Scissors operating straight, 140 mm, blunt/blunt ss	1
31	Scissors operating curved, 170 mm, blunt/blunt ss	2
32	Tray instrument curved, 225 x 125 x 50 mm, stainless steel	1
33	Battery cells for item 24	2
IUD Insertion Kit (Essential)		
1	Setal sterilization tray with cover size 300 x 220 x 70 mm, S/S, Ref IS:3993	1
2	Gloves Surgeon, latex, size 6-1/2 Ref. 4148	6
3	Gloves surgeon latex, size 7-1/2 Ref. 4148	6
4	Bowl, metal sponge, 600 ml, Ref. IS: 5782	1
5	Speculum vaginal bi-valve cusco’s graves small ss	1

6	Forceps sponge holding, straight 228 MMH Semken 200 mm	1
7	Sound uterine simpson, 300 mm graduated UB 20 mm	1
8	Forceps uterine tenaculum duplay DBL-CVD, 280 mm	1
9	Forceps tissue - 160 mm	1
10	Anterior vaginal wall retractor stainless	1
11	Torch without batteries	1
12	Gloves surgeon, latex, size 7, Ref: 4148	6
13	Gloves surgeon, latex size 6 Ref. IS: 4148	6
14	Battery dry cell 1.5 V 'D' Type for Item 7 G	1
15	Speculum vaginal bi-valve cusco's/Grea Ves Medium ss	1
16	Forceps artery, straight, Pean, 160 mm	1
17	Scissors operating, straight, 145 mm, Blunt/Blunt	1
18	Forceps uterine vulsellum curved, Museux, 240 mm	1
19	Speculum vaginal double-ended #3	1
CHC Standard Surgical Set – III (Essential)		
Tray, instrument/dressing with cover, 310 x 195 x 63 mm		1
Forceps, backhaus towel, 130 mm, stainless steel		4
Forceps, hemostat, straight, Kelly, 140 mm, stainless steel		4
Forceps, hemostat, curved, Kelly, 125 mm, stainless steel		2
Forceps, tissue Allis, 150 mm, stainless steel, 4 x 5 teeth		2
Knife handle for minor surgery No. 3		1
Knife blade for minor surgery, size 11, pkt of 5		10
Needle hypodermic, Luer 22G x 11/4", box of 12		1
Needle hypodermic, Luer 250G x 3/4", box of 12		1
Needle, suture straight 5.5 cm, triangular point, pkt of 6		2
Needle, suture, Mayo circle, taper point No. 6, pkt of 6		2
Scissors, ligature, angled on flat, 140 mm, stainless steel		1
Syringe anaesthetic control, Luer - 5 ml, glass		4
Syringe 5 ml, spare for item 13		4
Sterilizer, instrument 200 x 100 x 60 mm with burner ss		1
Syringe, hypodermic, Luer 5 ml, glass		4
Forceps, sterilizer, Cheatle, 265 mm, stainless steel		1
Normal Delivery Kit (Essential)		
Trolley, dressing carriage size 76C, long x 46 cm wide and 84 cm high. Ref. IS 4769/1968		1
Towel, trolley 84 cm x 54 cm		2
Gown, operation, cotton		1
Cap. operation, surgeon's 36 x 46 cm		2
Gauze absorbent non-sterile 200 mm x 6 m as per IS: 171/1985		2
Tray instrument with cover 450 mm (L) x 300 mm (W) x 80 mm (H)		1
Macintosh, operation, plastic		2
Mask, face, surgeon's cap of rear ties: B) Beret type with elastic hem		2
Towel, glove		3
Cotton wool absorbent non-sterilize 500 G		2
Drum, sterilizing cylindrical - 275 mm Dia x 132 mm, ss as per IS: 3831/1979		2
Table instrument adjustable type with tray ss		1

Standard Surgical Set – IV (Essential)	
Vaccum extractor, Malastrom	1
Forceps obstetric, Wrigley's, 280 mm, stainless steel	1
Forceps, obstetric, Barnes-Neville, with traction, 390 mm	1
Forceps, sponge holding, straight 228 mm, stainless steel	4
Forceps, artery, Spencer-Wells, straight, 180 mm-ss	2
Forceps, artery, Spencer-Wells, straight, 140 mm-ss	2
Holder, needle straight, Mayo-Hegar, 175 mm-ss	1
Scissors, ligature, Spencer, 130 mm, stainless steel	1
Scissors, episiotomy, angular, Braun, 145 mm, stainless steel	1
Forceps, tissue, spring-type, 1 x 2 teeth, 160 mm-ss	1
Forceps, tissue, spring-type, serrated ups, 160 mm-ss	1
Catheter, urethral, rubber, Foley's 14 ER	1
Catheter, urethral, Nelaton, set of five (Fr 12-20) rubber	1
Forceps, backhaus towel -130 mm-ss	4
Speculum, vaginal, Sim's, double-ended # 3-ss	1
Speculum, vaginal, Hamilton-Bailey	1
Standard Surgical Set – V (Essential)	
Forceps, obstetric, Neville-Barnes, W/traction 390 mm	1
Hook, decapitation, Braun, 300 mm, stainless steel	1
Hook, crochet, obstetric 300 mm, Smellie, stainless steel	1
Bone, forceps, Mesnard 280 mm, stainless steel	
Perforator, Smellie, 250 mm, stainless steel	1
Forceps, cranial, Gouss, straight, 295 mm-ss	1
Cranioclast, Braun, stainless steel, 365 mm long	1
Scissors ligature Spencer 130 mm, stainless steel	1
Forceps sponge holding, 22.5 cm straight - ss	1
Forceps, tissue, spring-type, 1 x 2 teeth, 160 mm, stainless steel	1
Forceps, tissue, spring-type, serrated tips, 160 mm-ss	1
Forceps, artery, Spencer-Wells, straight, 180 mm-ss	2
Forceps, artery, Spencer-Wells, straight, 140 mm-ss	2
Forceps, scalp flap, Willet's 190 mm -ss	4
Forceps, Vulsellum, duplay double curved, 280 mm-ss	4
Forceps, Vulsellum, duplay double curved, 240 mm-ss	1
Catheter, urethral, 14 Fr. solid tip, one eye, soft rubber	3
Holder, needle, Mayo-Hegar, narrow jaw, straight, 175 mm-ss	1
Speculum vaginal bi-valve, Cusco-medium, stainless steel	1
Speculum, vaginal sim's double-ended, size # 3-ss	1
Forceps, backhaus towel, 130 mm, stainless steel	4
Standard Surgical Set – VI (Essential)	
Forceps, sponge holding, straight, 225 mm, stainless steel	4
Speculum, vaginal, Sim's double-ended size # 3 - ss	1
Speculum, vaginal, weighted Auvard, 38 x 75 mm blade - ss	1
Forceps, tenaculum, Teale's, 230 mm-ss	3 x 42
Sound, uterine, Simpson, 300 mm with 200 mm graduations	1

Dilator, uterine, double - ended hegar, set of 5 - ss	1
Curette, uterine, sim's blunt, 26 cm x 11 mm size # 4-ss	2
Curette, uterine, sim's sharp, 26 cm x 9 mm size # 3-ss	2
Forceps, artery, Spencer-Well's straight, 140 mm-ss	1
Forceps, tissue, spring-type, serrated tips, 160 mm-ss	1
Forceps, ovum, Krantz, 290 mm, stainless steel	1
Miscellaneous	
NSV Kit	2
Laproscope	1
Nebuliser	1
Peak Expiratory Flow Rate (PEFR) Meter (Desirable)	1
Equipment for Anaesthesia (Essential)	
Face mask, plastic w/rubber cushion & headstrap, set of 4	4
Airway Guedel or Berman, autoclavable rubber, set of 6	2
Laryngoscope, set with infant, child, adolescent blades	3
Catheter, endotracheal w/cuff, rubber set of 4	3
Catheter, urethral, stainless steel, set of 8 in case	2
Forceps, catheter, Magill, adult and child sizes, set of 2	1
Connectors, catheter, straight/curved, 3, 4, 5 mm (set of 6)	3
Cuffs for endotracheal catheters, spare for item 4	4
Breathing tubes, hoses, connectors for item 1, anti-static	4
Valve, inhaler, chrome-plated brass, Y-shape	3
Bag, breathing, self inflating, anti-static rubber, set of 4	2
Vaporiser, halothane, dial setting	2
Vaporiser, ether or methoxyflurane, wick type	2
Intravenous set in box	6
Needle, spinal, stainless set of 4	2
Syringe, anesthetic, control 5 ml Luer mount glass	2
Cells for item 3	2
Equipment for Neo-natal Resuscitation (Essential)	
Catheter, mucus, rubber, open ended tip, size 14FR	2
Catheter, nasal, rubber, open tip, funnel end, size 8Fr	2
Catheter, endotracheal, open tip, funnel end rubber, 12Fr	3
Stilette, curved, for stiffening tracheal catheter SS	1
Catheter, suction, rubber, size 8Fr	3
Laryngoscope, infant, w/three blades and spare bulbs.	1
Lateral mask, with ventillatory bag, infant size	2
Resuscitator, automatic, basinet type	1
Lamp, ultra-violet (heat source) with floor stand	1
Cells for item 6 (Laryngoscope)	2
Oxygen Cylinders	1
Nasal Prongs	5
Thermometers	5
Infantometer: Measuring range 33-100 cm	2

Stadiometer: Measuring range 60-200 cm	1
Photo therapy Unit	1
Radiant warmers	2
Dextromsticks	100 sticks
Nebulisers/MDI	1
IV Canulas (22 G and 24 G)	100 each
Scalp vein set No. 22 and 24	100 each
Nasogastric tube (8,10,12 FG)	20
Oropharyngeal airway (000-4 Guydel size)	
Plastic/disposable syringes including tuberculin	100
IV infusion sets (adult and pediatric)	100

Materials Kit for Blood Transfusion (Essential)

Bovine albumin 20% testing agent, box of 10 X 5 ml vials	5
Centrifuge, angle head for 6 X 1 5 ml tubes, 240 volt	1
Bath, water, serological, with racks, cover, thermostat, 240 v	1
Pipette, volumetric, set of six 1 mol/2 ml/3 ml/5 ml/10 ml/20 ml	1
Test-tube without rim 75 X 12 mm HRG	12
Test-tube without rim 1 50 X 16 mm, HRG	12
Cuff, sphygmomanometer, set of two sizes – Child/Adult	1
Needle, blood collection disposable, 1 7 g X 1-1/3 box of 100	1
Ball, donor squeeze, rubber, dia, 60 mm	1
Forceps, artery, Spencer-Wells, straight 140 mm, stainless steel	1
Scissors, operating, straight 140 mm, blunt/jpoints, ss	1
CPDA anti-coagulent, pilot bottle 350 mil for collection	20
Microscope, binocular, inclined, 10 X 40 X 100 X magnificent	1
Illuminator	1
Slides, microscope, plain 25 X 75 mm, clinical, box of 100	1

Equipment for Operation Theatre (Essential)

Diathermy machine

Dressing drum all sizes

Lamps shadow less:
- Ceiling lamp
- Portable type

Sterilizer

Suction Apparatus

Stand with wheel for single basin

Table operation, hydraulic:
- Major
- Minor

Trolley for patients
Trolley for instruments
X-ray view box
Wheel chairs

Equipment for Labour Room

Aprons rubber
Cradles baby
Wheel Chair
Cabinet Instrument
Dressing drum
Shadow less lamps
Table for
- Obstetric labour
- Examination

Trolley for

Patients

Dressing

Torch (flash light)

Trays

Vacuum Extractor

Weighing machine baby

Wheel chairs

Equipment for Radiology

Aprons lead ribber

Diagnostic X-ray Unit 20 C 7300 m A with automatic device

Dark room accessories

Dark room timer

Film clips

Lead sheets

X-ray view box

X-ay protection screen

X-ray film processing tank

Immunization Equipment (Essential)

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

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

Cold Boxes (Large & Small):

Small – one, Large – two

Vaccine Carriers with Ice packs

Two per SC (maximum 2 per booth) + 1 for CHC: Transport of vaccines to session sites. For campaign, more vaccine carrier will be required

Spare ice Pack Box

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

Room Heater/Cooler for immunization clinic with electrical fittings

Thermometers Alcohol (stem) 2

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

Reconstitution syringes Reconstitution syringes (5ml) - need based

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

Freeze Tag :Monitoring Freezing of vaccine

Waste disposal twin bucket, hypochlorite solution/ bleach

Chair for new staffs proposed-4

Dustbin with lid-2

Water receptacle-1

Hub cutters-2

Computer with Modem with UPS, Printer with Internet connection

Immunization schedule printed on a tin plate

Posters/Paintings on key messages

Records and Reports

Immunization register-1

Vaccine stock & issue register-1

Tally sheets

Temperature monitoring registers/chart

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

Monthly UIP reports

RI Monitoring Chart

Weekly surveillance reports (AFP, Measles)

Serious AEFI reports

Outbreak reports

Tracking Bag and Tickler Box

Equipment and Renewable required for the Newborn Corner and Newborn Stabilization Unit (Essential): given in Annexure 1A and 1B respectively

Equipment Required for Non- Communicable Diseases (Essential wherever the Programme is Being Implemented)

NPPCD	◆ Head Light ◆ Ear specula ◆ Ear Syringe ◆ Otoscope ◆ Jobson Horne Probe ◆ Tuning fork ◆ Noise Maker	◆ For screening of patients of hearing impairment/deafness ◆ For diagnosis of common ear Problems ◆ For early detection of hearing loss ◆ Removal of foreign body from ear and nose
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)	◆ Consumable for screening of cervical cancer ◆ Disposable tongue depressor ◆ PAP smear kit ◆ ECG machine ordinary 1 ◆ Cardiac Monitor with defibrillator 1 ◆ Pulse Oximeter 1 ◆ Infusion pump 1 ◆ Ophthalmoscope (direct) 1 ◆ Slit Lamp 1 ◆ B.P.apparatus table model 4 ◆ Stethoscope 4	For early detection of common cancers PAP smear For screening of patients For diagnosis and early detection of CVD, DM, Stroke
PMR	◆ Shot wave diathermy ◆ Ultra sound therapy ◆ Infra-red lamp (therapy) ◆ Neuromuscular Stimulator ◆ Pocket TENS ◆ Paraffin Wax bath ◆ Hot packs with hydro collators. ◆ Exercise Table – 2 nos ◆ Static Cycle ◆ Shoulder Wheel ◆ Cervical & Lumber traction ◆ Medicine ball ◆ Quadriceps Exerciser ◆ Coordinator board ◆ Hand grips strength measurement kit. ◆ Kit for Neuro- Development assessment. ◆ CBR Manuals ◆ Assorted toys like sound making/colorful gadgets/building blocks/peg boards/pictorial charts and manuals	As PMR services would be provided with the posting of qualified paramedical these are all required equipment
Oral Health	Dental Unit consisting of Dental Chair and set of dental Equipment for examination, extraction and management of Dental & related problems.	Necessary for dental care services

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

Annexure 10

LIST OF DRUGS

List of the drugs given under is not exhaustive and exclusive but has been provided for delivery of minimum assured services.

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

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

Sl. No.	Name of the Drug/Form	Dosage	Quantity/Kit
13	Digoxin Tablets IP	Digoxin IP 250 mg/tab	500 tablets
14	Methyldopa Tablets IP	Methyldopa IP eq. to Methyldopa anhydrous 250 mg	500 tablets
15	Frusemide Tablets IP	Frusemide IP 40 mg	500 tablets
16	Frusemide Injection IP	Frusemide IP 10 mg/ml; 02 ml in each ampoule	100 ampoules
17	Ampicillin Injection IP	Ampicillin Sodium IP eq. to Ampicillin anhydrous 250 mg /vial	1000 vials
18	Gentamycin Injection IP	Gentamycin Sulphate eq. to gentamycin 40 mg/ml; 02 ml in each vial	1000 vials
19	Amoxycillin Capsules IP	Amoxycylline Trihydrate IP eq. to amoxycylline 250 mg	2000 capsules
20	Norfloxacin Tablets IP	Norfloxacin IP 400 mg	2000 tablets
21	Doxycycline Capsules IP	Doxycycline Hydrochloride eq. to Doxycycline100 mg	1000 capsules
22	Metronidazole Tablets IP	Metronidazole IP 400 mg	2000 tablets
23	Methylergometrine Injection IP	Methylergometrine maleate IP, 0.2 mg /ml; 01 ml in each ampoule	500 ampoules
24	Oxytocin Injection IP	Oxytocin IP 5.0 I.U./ml; 02 ml in each ampoule	500 ampoules
25	Etofylline BP plus Anhydrous Theophylline IP Combination Injection (As per standards provided)	Etofylline BP 84.7 mg/ml & Theophylline IP eq. to Theophylline anhydrous, 25.3 mg/ml; 02 ml in each ampoule	100 ampoules
26	Hydrocortisone Acetate Injection IP	Hydrocortisone Acetate IP 25 mg/ml; 02 ml in each vial	100 vials
27	Salbutamol Tablets IP	Salbutamol sulphate eq. to Salbutamol 2 mg	1000 tablets
28	Adrenaline Injection IP	0.18% w/v of Adrenaline Tartrate or Adrenaline Tartrate IP eq. to adrenaline 1 mg/ml; 01 ml in each ampoule	100 ampoules
29	Succinylcholine Injection IP	Succinylcholine Chloride IP 50 mg/ml; 10 ml in each vial	30 vials
30	Ketamine Injection IP	Ketamine Hydrochloride eq. to Ketamine base 10 mg/ml; 10 ml in each vial	50 vials
31	Diazepam Tablets IP	Diazepam IP 5 mg	250 tablets
32	Vecuronium Bromide Injection (as per standards provided)	Vecuronium Bromide USP 4 mg per ampoule	500 ampoules
33	Pancuronium Bromide Injection BP	Pancuronium Bromide BP 2 mg/ml; 02 ml in each ampoules	500 ampoules
34	Neostigmine Injection IP	Neostigmine methylsulphate 0.5 mg/ml (??); 01 ml in each ampoule	500 ampoules
35	Benzylpenicillin Injection IP	Benzylpenicillin Sodium IP eq. to Benzylpenicillin 300 mg/vial.	2000 vials
36	Fortified Procaine Penicillin Injection IP	Procaine Penicillin IP 300 mg and Benzylpenicillin Sodium/Potassium salt IP eq. to Benzylpenicillin 60 mg per vial	1000 vials
37	Benzathine Penicillin Injection IP	Benzathine penicillin IP 450 mg (6 lakh units)/vial	100 vials

Sl. No.	Name of the Drug/Form	Dosage	Quantity/Kit
38	Trimethoprim & Sulphamethoxazole Tablets IP	Trimethoprim IP 80 mg/Sulphamethoxzole IP 400 mg	5000 tablets
39	Phenoxymethylpenicillin Potassium Tablets IP	Phenoxymethylpenicillin Potassium 250 mg	3000 tablets
40	Fluconazole Tablets (as per the standards provided)	Fluconazole USP 150 mg	1500 tablets
41	Cloxacillin Injection IP	Cloxacillin Sodium IP 250 mg/vial	100 vials
42	Metronidazole Injection IP (IV infusion)	Metronidazole IP 5 mg/ml: 100 ml in each bottle	100 bottles
43	Ergometrine Tablets IP	Ergometrine maleate IP 250 mcg	2000 tablets
44	Phenytoin Tablets IP	Phenytoin Sodium IP 100 mg	150 tablets
45	Hydroxyprogestrone Injection IP	Hydroxyprogesterone Hexanoate IP 250 mg/ml; 02 ml in each vial	100 vials
46	Norethisterone Acetate Tablets (as per the standards provided)	Norethisterone Acetate BP 5 mg	1000 tablets
47	Insulin Injection IP	Insulin IP (porcine/bovine/human) 40 units/ml; 10 ml in each vial	20 vials
48	Insulin Zinc Suspension Injection IP	Insulin Zinc Suspension eq. to Insulin 40 units/ml; 10 ml in each vial	10 vials
49	Sodium Bicarbonate Injection IP (IV infusion)	Sodium Bicarbonate 7.5 % w/v; 10 ml in each ampoule	100 ampoules
50	Magnesium Sulphate Injection IP	Magnesium Sulphate 50% w/v ; 02 ml in each vial	50 vials
51	Phenytoin Injection BP	Phenytoin Sodium IP 50 mg/ml; 02 ml in each ampoule	50 ampoules.
52	Oxygen IP	Medical Oxygen in steel or aluminium, cylinder (10 litres water cap).with gas specific PIN system	2 Cylinders
53	Sodium Chloride Injection IP (I.V. Solution)	Sodium Chloride IP 0.9 % w/v; 500 ml in each bottle/pouch	1000 FFS pouches/BFS bottles
54	Dextrose Injection IP (I.V.Solution)	Dextrose eq. to Dextrose anhydrous 5% w/v	250 FFS pouches/BFS bottles
55	Nitrous Oxide Gas IP	Medical Nitrous Oxide B Type in steel or aluminium, Cylinder (10 litres water cap.) with gas specific PIN system	2 Cylinders
56	Dextran 40 Injection IP (Plasma Volume expander)	Dextrans 10 w/v; 500 ml in each bottle	10 bottles
57	Sterile Water for injections IP	05 ml in each ampoule	1000 ampoules
58	Infusion Equipment BIS	IV set with hypodermic needle 21 G of 1.5" length	900 nos.
59	Intracath Cannulas for Single use (Intravascular Catheters) BIS	Gauze 18, length 45 mm, Flow rate 90 ml/ minute	12 nos.
60	Intracath Cannula for Single use (Intravascular Catheters) BIS	Size 22, Length 25 mm, Flow rate 35 ml/ minute	12 nos.
61	Hypodermic Syringe for Single use - 2 ml BP/BIS	Cap. 2 ml + - 1.5%	500 nos.
62	Hypodermic Syringe for Single use - 5 ml BP/BIS	Cap. 5 ml + - 1.5%	500 nos.

Sl. No.	Name of the Drug/Form	Dosage	Quantity/Kit
63	Hypodermic Syringe for Single use - 10 ml BP/BIS	Cap. 10 ml + - 1.5%	500 nos.
64	Hypodermic Syringe for Single use - 50 ml BP/BIS	Cap. 50 ml + - 1.5%	20 nos.
65	Hypodermic Needle for Single use – Gauze 22 BIS	Length, 25 +1/-2	550 nos.
66	Hypodermic Needle for Single use – Gauze 23 BIS	Length, 25 +1/-2	500 nos.
67	Hypodermic Needle for Single use – Gauze 24 BIS	Length, 25 +1/-2	500 nos.
68	Compound Sodium Lactate Injection IP	0.24 % V/V of Lactic Acid (eq. to 0.32% w/v of Sodium Lactate), 0.6 % w/v Sodium Chloride, 0.04 % w/v Potassium Chloride and 0.027 % w/v Calcium Chloride; 500 ml in each bottle/pouch.	1000 FFS pouches/BFS bottles
69	Surgical Gloves, Sterile BIS	Size 6	500 pairs.
70	Surgical Gloves, Sterile BIS	Size 6.5	500 pairs
71	Surgical Gloves, Sterile BIS	Size 7	100 pairs.

Drug Kit for Sick Newborn & Child Care - FRU/CHC

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

23	Inj. Dopamine	200 mg/5 ml	Ampoule	20 Ampoule
24	Needles	23 G		750
25	Disposable Syringe	1 ml/ 2ml/5 ml		1 ml-200 2 ml-500 5 ml-500

List of Other Essential Drugs for CHC

Sl. No.	Name of the Drug	Route of administration/dosage form	Strength
1	Lignocaine Hydrochloride	Topical Forms	2-5%
2	Acetyl Salicylic Acid	Tablets	75 mg, 100 mg 300 mg 350 mg
3	Ibuprofen	Tablets	200 mg, 400 mg
4	Paracetamol	Injection	150 mg/ml
		Syrup	125 mg/5 ml
		Tablets	500 mg
5	Chloroquine Phosphate	Tablets	150 mg
		Injection	40 mg/ml
		Syrup	50 ml/5 ml
6	Chlorpheniramine Maleate	Tablets	4 mg
7	Prednisolone	Tablets	5 mg, 10 mg
8	Promethazine HCL	Tablets	25 mg
9	Phenobarbitone	Tablets	30 mg. 60 mg
10	Phenytoin Sodium	Capsules or Tablets	50 mg, 100 mg
		Syrup	25 mg/ml
11	Albendazole	Tablets	400 mg
		Suspension	200 mg/ 5 ml
12	Amoxicillin Powder	for suspension	125 mg/5 ml
13	Ciprofloxacin Hydrochloride	Tablets	250 mg, 500 mg
		Suspension	40 +200 mg/5 ml
14	Clotrimazole	Pessaries	100 mg, 200 mg
		Gel	2%
15	Sulfadoxine + Pyrimethamine	Tablets	500 mg + 25 mg
16	Ferrous Salt	Tablets	60 mg
		Oral solution	25 mg
17	Folic Acid	Tablets	1 mg, 5 mg
18	Isosorbide Mononitrate/Dinitrate	Tablets	10 mg, 20 mg
19	Amlodipine	Tablets	2.5 mg, 5 mg, 10 mg
20	Digoxin	Injection	0.25 mg/ml
		Elixir	0.05 mg/ml
21	Benzoic Acid + Salicylic Acid	Ointment or Cream	6% + 3%
22	Miconazole	Ointment or Cream	2%
23	Neomycin + Bacitracin	Ointment	5 mg + 500 IU
24	Silver Sulphadiazine	Cream	1%

Sl. No.	Name of the Drug	Route of administration/dosage form	Strength
25	Benzyl Benzoate	Lotion	25%
26	Acriflavin + Glycerin	Solution	
27	Gentian Violet	Paint	0.5%, 1%
28	Hydrogen Peroxide	Solution	6%
29	Povidone Iodine	Solution	5%, 10%
30	Bleaching Powder	Powder	
31	Potassium Permanganate	Crystals for solution	
32	Aluminium Hydroxide + Magnesium Hydroxide	Tablet	
		Suspension	
33	Domperidone	Tablets	10 mg
		Syrup	1 mg/ml
34	Local Anaesthetic, Astringent and Anti inflammatory Medicine	Ointment /suppository	
35	Dicyclomine Hydrochloride	Tablets	10 mg
		Injection	10 mg/ml
36	Oral Rehydration Salts	Powder for solution	As per IP
37	Ciprofloxacin Hydrochloride	Drops/Ointment	0.3%
38	Tetracycline Hydrochloride	Ointment	1%
39	Alprozolam	Tab	0.25 mg
40	Salbutamol Sulphate	Tablets	4 mg
		Syrup	2 mg/5 ml
		Inhalation	100 mg/dose
41	Glucose	Injection	50% hypertonic
42	Glucose with Sodium Chloride	Injection	5% + 0.9%
43	Ringer Lactate	Injection	
44	Ascorbic Acid	Tablets	100 mg, 500 mg
45	Calcium salts	Tablets	250 mg, 500 mg
46	Multivitamins (As per Schedule V)	Tablets	
47	Atenolol	Tablets	50 mg
48	Fluoxetine	Tablets	20 mg
49	Amitryptiline Hcl	Tablets	25 mg
50	Bisacodyl	Tablets	05 mg
51	Tinidazole	Tablets	300 mg,
52	Daonil	Tablets	5 mg
53	Haloperidol	Tablets	1, 2, 5 mg
54	Sulphacetamide eye drops	Drops	
55	Tab. Metoprolol Hydrochlorthiazide	Tablets	12.5, 25 mg, 100 mg
56	Tab Captopril	Tablets	25 mg
57	Glyceryl Trinitrate Inj.	Inj	
58	Carbamazepine	Tabs, syrup	100 mg, 200 mg
59	Tab. Methyldopa	Tablets	250 mg

Sl. No.	Name of the Drug	Route of administration/dosage form	Strength
60	Tab. Enalapril	Tablets	2.5/5mg
61	Atorvastatin Tab	Tablets	10 mg
62	Inj. Streptokinase 15 lac vial Inj. Streptokinase 7.5 lac vial	Inj. Inj.	15 lac vial 7.5 lac vial
63	Inj. Heparin sod. 1000 IU	Inj.	1000 IU
64	Inj. Insulin Regular Insulin Intermediate	Inj. Inj.	
65	Tab. Metformin	Tablets	500 mg
66	Inj. Crocin	Inj.	
67	Inj. Potassium chloride	Inj.	
68	Inj. Buscopan	Inj.	
69	Inj. Duvadilan	Inj.	
70	Inj. Chlormycetin	Inj.	
71	Inj. Manitol	Inj.	
72	Inj. Chloroquine	Inj.	
73	Inj. Pethidine	Inj.	
74	Inj. Chlorpromazine	Inj.	
75	Inj. Pheniramine (Avil)	Inj.	
76	Inj. Dextrose (10%)	Inj.	
77	Inj. Salbutamol MDI	Inj.	
78	Inj. Anti Rabies Vaccine	Inj.	1 ml
79	Inj. Anti Rabies Senem	Inj.	
80	Inj. Anti Snake Venom (Polyvalent)	Inj.	10ml

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

List of Ayurvedic Medicines for CHCs

1	Sanjivani Vati
2	Godanti Mishran
3	AYUSH-64
4	Lakshmi Vilas Rasa (Naradeeya)
5	Khadiradi Vati
6	Shilajatwadi Louh
7	Swas Kuthara rasa
8	Nagarjunabhra rasa
9	Sarpagandha Mishran
10	Punarnnavadi Mandura
11	Karpura rasa
12	Kutajaghan Vati
13	Kamadudha rasa
14	Laghu Sutasekhar rasa
15	Arogyavardhini Vati
16	Shankha Vati
17	Lashunadi Vati
18	Kankayana Vati
19	Agnitundi Vati
20	Vidangadi louh
21	Brahmi Vati
22	Sirashooladi Vajra rasa
23	Chandrakant rasa
24	Smritisagara rasa
25	Kaishora guggulu
26	Simhanad guggulu
27	Yograj guggulu
28	Gokshuradi guggulu
29	Gandhak Rasayan
30	Rajapravartini Vati
31	Triphala guggulu
32	Saptamrit Louh
33	Kanchanara guggulu
34	Ayush Ghutti
35	Talisadi Churna
36	Panchanimba Churna
37	Avipattikara Churna
38	Hingvashtaka Churna
39	Eladi Churna
40	Swadishta Virechan Churna

41	Pushyanuga Churna
42	Dasanasamskara Churna
43	Triphala Churna
44	Balachaturbhadra Churna
45	Trikatu Churna
46	Sringyadi Churna
47	Gojihwadi kwath Churna
48	Phalatrikadi kwath Churna
49	54. Maharasnadi kwath Churna
50	Pashnabhedadi kwath Churna
51	Dasamoola Kwath Churna
52	Eranda paka
53	Haridrakhanda
54	Supari pak
55	Soubhagya Shunthi
56	Brahma Rasayana
57	Balarasayana
58	Chitraka Hareetaki
59	Amritarishta
60	Vasarishta
61	Arjunarishta
62	Lohasava
63	Chandanasava
64	Khadirarishta
65	Kutajarishta
66	Rohitakarishta
67	Ark ajwain
68	Abhayarishta
69	Saraswatarishta
70	Balarishta
71	Punarnnavasav
72	Lodhrasava
73	Ashokarishta
74	Ashwagandharishta
75	Kumaryasava
76	Dasamoolarishta
77	Ark Shatapushpa (Sounf)
78	Drakshasava
79	Aravindasava
80	Vishagarbha Taila

81	Pinda Taila
82	Eranda Taila
83	Kushtarakshasa Taila
84	Jatyadi Taila/Ghrita
85	Anu Taila
86	Shuddha Sphatika
87	Shuddha Tankan
88	Shankha Bhasma
89	Abhraka Bhasma
90	Shuddha Gairika
91	Jahar mohra Pishti
92	Ashwagandha Churna
93	Amrita (Giloy) Churna
94	Shatavari Churna
95	Mulethi Churna
96	Amla Churna
97	Nagkesar Churna
98	Punanrnava Churna
99	Dadimashtak Churna
100	Chandraprabha Vati.
101	Dhanwantara Taila
102	Balaswagandhadi Taila
103	Mahanarayana Taila

104	Sahacharadi Taila
105	Ksheerabala Taila
106	Kaseesadi Taila
107	Kolakulatthadi Udvarthana Churna
108	Jatamayadi Udvarthana Churna
109	Upanaha Churna
110	Shadpala Ghrita
111	Panchthiktha Guggulu Ghrita
112	Panchagavya Ghrita
113	Madanapippali Churna
114	Saindhava Lavana
115	Madhu
116	Pippali Churna
117	Shuddha Ghrita
118	Trivrit Leha
119	Dashmoola or Ransnadi Kwath Churna
120	Manibhadra Guda
121	Gandharvahastadi Kwath Churna
122	Balaguluchyadi Kwath Churna
123	Aragwadadi Kwath Churna
124	Pure Ghrita
125	Icchabhedi Rasa

List of Unani Medicines for CHCs

1	Arq-e-Ajeeb
2	Arq-e-Gulab
3	Arq-e-Kasni
4	Arq-e-Mako
5	Barshasha
6	Dawaul Kurkum Kabir
7	Dawaul Misk Motadil Sada
8	Habb-e-Aftimoon
9	Habb-e-Bawasir Damiya
10	Habb-e-Bukhars
11	Habb-e-Dabba-e-Atfal
12	Habb-e-Gule Pista
13	Habb-e-Hamal
14	Habb-e-Hilteet
15	Habb-e-Hindi Qabiz
16	Habb-e-Hindi Sual
17	Habb-e-Hindi Zeeqi

18	Habb-e-Jadwar
19	Habb-e-Jawahir
20	Habb-e-Jund
21	Habb-e-Kabid Naushadri
22	Habb-e-karanjwa
23	Habb-e-Khubsul Hadeed
24	Habb-e-Mubarak
25	Habb-e-Mudirr
26	Habb-e-Mumsik
27	Habb-e-Musaffi
28	Habb-e-Nazfuddam
29	Habb-e-Nazla
30	Habb-e-Nishat
31	Habb-e-Raal
32	Habb-e-Rasaut
33	Habb-e-Shaheeqa
34	Habb-e-Shifa

35	Habb-e-Surfa
36	Habb-e-Tabashir
37	Habb-e-Tankar
38	Habb-e-Tursh Mushtahi
39	Itrifal Shahatra
40	Itrifal Ustukhuddus
41	Itrifal Zamani
42	Jawahir Mohra
43	Jawarish Jalinoos
44	Jawarish Kamooni
45	Jawarish Mastagi
46	Jawarish Tamar Hindi
47	Khamira Gaozaban Sada
48	Khamira Marwareed
49	Kushta Marjan Sada
50	Laooq Katan
51	Laooq Khiyarshanbari
52	Laooq Sapistan
53	Majoon Arad Khurma
54	Majoon Dabeedulward
55	Majoon Falasifa
56	Majoon Jograj Gugal
57	Majoon Kundur
58	Majoon Mochras
59	Majoon Muqawwi-e-Reham
60	Majoon Nankhwah
61	Majoon Panbadana
62	Majoon Piyaz
63	Majoon Seer Alwikhani
64	Majoon Suhag Sonth
65	Majoon Suranjan
66	Majoon Ushba
67	Marham Hina
68	Marham Kafoor
69	Marham Kharish
70	Marham Quba
71	Marham Ral Safaid
72	Qurs Aqaqia
73	Qurs Dawaul Shifa
74	Qurs Deedan
75	Qurs Ghafis

76	Qurs Gulnar
77	Qurs Habis
78	Qurs Kafoor
79	Qurs Mulaiyin
80	Qurs Sartan Kafoori
81	Qurs Zaranbad
82	Qurs Ziabetus Khaas
83	Qurs Ziabetus Sada
84	Qurs-e-Afsanteen
85	Qurs-e-Sartan
86	Qutoor-e-Ramad
87	Raughan Baiza-e-Murgh
88	Raughan Bars
89	Raughan Kahu
90	Raughan Kamila
91	Raughan Qaranful
92	Raughan Surkh
93	Raughan Turb
94	Roghan Luboob Saba
95	Roghan Malkangni
96	Roghan Qust
97	Safoof Amla
98	Safoof Chutki
99	Safoof Dama Haldiwala
100	Safoof Habis
101	Safoof Muqliyasa
102	Safoof Mustehkam Dandan
103	Safoof Naushadar
104	Safoof Sailan
105	Safoof Teen
106	Sharbat Anjabar
107	Sharbat Buzoori Motadil
108	Sharbat Faulad
109	Sharbat Khaksi
110	Sharbat Sadar
111	Sharbat Toot Siyah
112	Sharbat Zufa
113	Sunoon Mukhrij-e-Rutoobat
114	Tiryaq Nazla
115	Tiryaq pechish
116	Zuroor-e-Qula

List of Siddha Medicines for CHCs

1	Amai otu parpam	For diarrhoea in children and indigestion
2	Amukkarac curanam	For general debility, insomnia
3	Anna petic centuram	For anaemia
4	Antat Tailam	For febrile convulsions
5	Appirakac centuram	Diabetes mellitus
6	Arakkut Tailam	Headache and sinus infection
7	Arumukac Centuram	Arthritis
8	Atotataik kuti nir	cough and cold
9	Atatotai manappaku	cough and cold
10	Atatotai nei	cough and wheeze
11	Aya jampirac karpam	anaemia
12	Aya Kantac centuram	aneamia
13	Canku parpam	anti allergic
14	Cantamarutac Centuram	arthritis
15	Canta cantirotayam	fevers and jaundice
16	Carapunka Vilvati ilakam	nervine tonic
17	Cati Campirak Kulampu	Nausea and vomiting
18	Cempu Parpam	peptic ulcer
19	Cilacattu Parpam	Urinary infection, white discharge
20	Cilntil Curanam	Diabetes mellitus
21	Ciropara Nivarana Tailam	Headache and sinus
22	Cirra Muttit Tailam	Neuritis, uterine problems
23	Civanar Amirtam	Anti-allergic, bronchial asthma
24	Comput Tinir	Indigestion, loss of appetite
25	Cukkut Tailam	Headache and earache
26	Cuvacakkutori mathiral	Asthma and cough
27	Elatic curanam	Allergy, fever in primary complex
28	IIaku Viamuttit Tailam	Hemiplegia
29	Impural IIakam	Bleedings
30	Impural Vatakam	Blood vomiting
31	Inicic Curanam	Indigestion, flatulence
32	Iraca Kanti Meluku	Skin infections, venereal infections
33	Iti Vallati	Venereal uncer
34	Kaiyan Tailam	Cough with expectoration
35	Kantaka Racayanam	Skin diseases and urinary infections
36	Kapa Curak Kutinir	Fevers
37	Karappan Tailam	Eczema
38	Karunai Ilakam	Piles
39	Kasturik karuppu	Fever, cough, allergic bronchitis
40	Kauri Cintamanic Centuram	Liver disorders, fever, fistula
41	Kecari Ilakam	Dropsy, amoebic dysentery
42	Kilanellit Tailam	Jaundice, giddiness, neuritis
43	Kilincil Meluku	Cracks on the heel and sole
44	Korocanai mattirai	Sinus, fits
45	Kunkiliya parpam	Urinary infection, white discharge
46	Kunkumappu Mattirai	Peptic ulcer, habitual constipation
47	Kunkiliya Vennay	External application for piles and scalps
48	Kumak Kutori	Peptic ulcer
49	Kuntarikat Tailam	Swelling and inflammation
50	Man Kompup Parpam	Chest pain
51	Manturati Ataik Kutinir	Anaemia
52	Mattan Tailam	Ulers, carbuncle and gangrence
53	Matulai Manappaku	Nausea, vomiting, anaemia
54	Mayanat Tailam	Swelling, inflammation
55	Mayilirakatic Curanam	Hiccup
56	Mekanatak Kulikai	Constipation
57	Murukkan Vitai Mattirai	Intestinal worms
58	Muttuc cippi Parpam	Diarrhea in children
59	Naciroka Nacat Tailam	Nasal problems
60	Naka Parpam	Diuretic
61	Nantukkal Parpam	Diuretic
62	Nattai Parpam	Bleeding piles
63	Nellikkai Ilakam	Tonic

64	Neruncik Kutinir	Diuretic
65	Nilavakaic Curanam	Constipation
66	Nila Vempuk Kutinir	Fever
67	Noccit Tailam	Sinus
68	Omat Tinir	Indigestion
69	Palacancivi mattirai	Fever in children, indigestion
70	Palakarai Parpam	Anti-allergic
71	Panca Lavana Parpam	Hyper acidity
72	Parankip pattaic Curanam	Skin diseases
73	Paankip Pattai Iracayanam	Skin diseases
74	Parankip Pattaip Patankam	Skin diseases
75	Patikara parpam	Urinary infection, stomatitis
76	Pattuk karuppu	DUB, painful menstruation
77	Pavala Parapam	Cough and fever
78	Peranta Parpam No.1	Fits
79	Pinacat tailam	Sinus
80	Pirami Ney	Nervine tonic
81	Pirammanta pairavam	Fevers
82	Punkat Tailam	Injury and ulcers
83	Talampu mattirai	Toxic fever
84	Talicati Vatakam	Cough
85	Tayirc Cuntic Curanam	Diarrhea, used as ORS
86	Terran kottai Ilakam	Tonic, used in bleeding piles
87	Tiripalaic Curanam	Styptic and tonic
88	Tipplili Iracayanam	Cough
89	Uluntut Tailam	Musclar atrophy, deafness
90	Vacanta Kucumakaram	Fever, cough, and cold in child
91	Veti Anna Petic Centuram	Dropsy
92	Vilvati Ilakam	Tonic
93	Visnu Cakkaram	Pleurisy
Patent & Proprietary Drug		
1	777 Oil	for Psoriasis

List of Homeopathy Medicines for CHCs

Sl. No.	Name of Medicine	Potency
1	Abrotanum	30
2	Abrotanum	200
3	Absinthium	Q
4	Aconite Nap.	6
5	Aconite Nap.	30
6	Aconite Nap.	200
7	Aconite Nap.	1M
8	Actea Racemosa	30
9	Actea Racemosa	200
10	Aesculus Hip	30
11	Aesculus Hip	200
12	Aesculus Hip	1M
13	Agaricus musca.	30
14	Agaricus musca	200
15	Allium cepa	6
16	Allium cepa	30
17	Allium cepa	200
18	Aloe soc.	6
19	Aloe soc.	30
20	Aloe soc.	200
21	Alumina	30
22	Alumina	200
23	Ammon Carb	30
24	Ammon Carb	200
25	Ammon Mur	30
26	Ammon Mur	200
27	Ammon Phos	30
28	Ammon phos	200
29	Anacardium Ori.	30
30	Anacardium Ori.	200
31	Anacardium Ori.	1M
32	Angustura vera	Q
33	Anthracinum	200
34	Anthracinum	1M
35	Antim Crud	30
36	Antim Crud	200
37	Antim Crud	1M
39	Antimonium Tart	3X
40	Antimonium Tart	6
41	Antimonium Tart	30

Sl. No.	Name of Medicine	Potency
42	Antimonium Tart	200
43	Apis mel	30
44	Apis mel	200
45	Apocynum Can	Q
46	Apocynum Can	30
47	Arg. Met	30
48	Arg Met.	200
49	Arg. Nit.	30
50	Arg. Nit.	200
51	Arnica Mont.	Q
52	Arnica Mont	30
53	Arnica Mont	200
54	Arnica Mont	1M
55	Arsenicum Alb.	6
56	Arsenicum Alb.	30
57	Arsenicum Alb.	200
58	Arsenicum Alb.	1M
59	Aurum Met.	30
60	Aurum Met.	200
61	Bacillinum	200
62	Bacillinum	1M
63	Badiaga	30
64	Badiaga	200
65	Baptisia Tinct.	Q
66	Baptisia Tinct	30
67	Baryta Carb.	30
68	Baryta Carb.	200
69	Baryta Carb.	1M
70	Baryta Mur.	3X
71	Belladonna	30
72	Belladonna	200
73	Belladonna	1M
74	Bellis Perennis	Q
75	Bellis Perennis	30
76	Benzoic Acid	30
77	Benzoic Acid	200
78	Berberis Vulgaris	Q
79	Berberis Vulgaris	30
80	Berberis Vulgaris	200
81	Blatta Orientalis	Q
82	Blatta Orientalis	30
83	Blumea Odorata	Q
84	Borax	30

Sl. No.	Name of Medicine	Potency
85	Bovista	30
86	Bromium	30
87	Bryonia Alba	3X
88	Bryonia Alba	6
89	Bryonia Alba	30
90	Bryonia Alba	200
91	Bryonia Alba	1M
92	Bufo rana	30
93	Carbo veg	30
94	Carbo veg	200
95	Cactus G.	Q
96	Cactus G.	30
97	Calcarea Carb	30
98	Calcarea Carb	200
99	Calcarea Carb	1M
100	Calcarea Fluor	30
101	Calcarea Fluor	200
102	Calcarea Fluor	1M
103	Calcarea Phos	30
104	Calcarea Phos	200
105	Calcarea Phos	1M
106	Calendula Off	Q
107	Calendula Off	30
108	Calendula Off	200
109	Camphora	6
110	Camphora	200
111	Cannabis Indica	6
112	Cannabis Indica	30
113	Cantharis	Q
114	Cantharis	30
115	Cantharis	200
116	Capsicum	30
117	Capsicum	200
118	Carbo Animalis	30
119	Carbo Animalis	200
120	Carbolic Acid	30
121	Carbolic Acid	200
122	Carduus Mar	Q
123	Carduus Mar	6
124	Carduus Mar	30
125	Carcinosinum	200
126	Carcinosinum	1M
127	Cassia sophera	Q

Sl. No.	Name of Medicine	Potency
128	Caulophyllum	30
129	Caulophyllum	200
130	Causticum	30
131	Causticum	200
132	Causticum	1M
133	Cedron	30
134	Cedron	200
135	Cephalendra Indica	Q
136	Chamomilla	6
137	Chamomilla	30
138	Chamomilla	200
139	Chamomilla	1M
140	Chelidonium	Q
141	Chelidonium	30
142	Chin Off	Q
143	Chin Off	6
144	Chin Off	30
145	Chin Off	200
146	Chininum Ars	3X
147	Chininum Sulph	6
148	Cicuta Virosa	30
149	Cicuta Virosa	200
150	Cina	Q
151	Cina	3X
152	Cina	6
153	Cina	30
154	Cina	200
155	Coca	200
156	Cocculus Indicus	6
157	Cocculus Indicus	30
158	Coffea Cruda	30
159	Coffea Cruda	200
160	Colchicum	30
161	Colchicum	200
162	Colocynthis	6
163	Colocynthis	30
164	Colocynthis	200
165	Crataegus Oxy	Q
166	Crataegus Oxy	3X
167	Crataegus Oxy	30
168	Crataegus Oxy	200
169	Crotalus Horridus	200
170	Croton Tig.	6

Sl. No.	Name of Medicine	Potency
171	Croton Tig.	30
172	Condurango	30
173	Condurango	200
174	Cuprum met.	30
175	Cuprum met.	200
176	Cynodon Dactylon	Q
177	Cynodon Dactylon	3X
178	Cynodon Dactylon	30
179	Digitalis	Q
180	Digitalis	30
181	Digitalis	200
182	Dioscorea	30
183	Dioscorea	200
184	Diphtherinum	200
185	Drosera	30
186	Drosera	200
187	Dulcamara	30
188	Dulcamara	200
189	Echinacea	Q
190	Echinacea	30
191	Equisetum	30
192	Equisetum	200
193	Eupatorium Perf.	3X
194	Eupatorium Perf.	30
195	Eupatorium Perf.	200
196	Euphrasia	Q
197	Euphrasia	30
198	Euphrasia	200
199	Ferrum Met.	200
200	Flouric Acid	200
201	Formica Rufa	6
202	Formica Rufa	30
203	Gelsimium	3X
204	Gelsimium	6
205	Gelsimium	30
206	Gelsimium	200
207	Gelsimium	1M
208	Gentiana Chirata	6
209	Glonoine	30
210	Glonoine	200
211	Graphites	30
212	Graphites	200
213	Graphites	1M

Sl. No.	Name of Medicine	Potency
214	Guaiacum	6
215	Guaiacum	200
216	Hamamelis Vir	Q
217	Hamamelis Vir	6
218	Hamamelis Vir	200
219	Helleborus	6
220	Helleborus	30
221	Hepar Sulph	6
222	Hepar Sulph	30
223	Hepar Sulph	200
224	Hepar Sulph	1M
225	Hippozaenium	6
226	Hydrastis	Q
227	Hydrocotyle As.	Q
228	Hydrocotyle As.	3X
229	Hyocyamus	200
230	Hypericum	Q
231	Hypericum	30
232	Hypericum	200
233	Hypericum	1M
234	Ignatia	30
235	Ignatia	200
236	Ignatia	1M
237	Iodium	30
238	Iodium	200
239	Iodium	1M
240	Ipecacuanha	Q
241	Ipecacuanha	3X
242	Ipecacuanha	6
243	Ipecacuanha	30
244	Ipecacuanha	200
245	Iris Tenax	6
246	Iris Veriscolor	30
247	Iris Veriscolor	200
248	Jonosia Ashoka	Q
249	Justicia Adhatoda	Q
250	Kali Bromatum	3X
251	Kali Carb	30
252	Kali Carb	200
253	Kali Carb	1M
254	Kali Cyanatum	30
255	Kali Cyanatum	200
256	Kali Iod	30

Sl. No.	Name of Medicine	Potency
257	Kali Iopd	200
258	Kali Mur	30
259	Kali Mur	200
260	Kal Sulph	30
261	Kalmia Latifolium	30
262	Kalmia Latifolium	200
263	Kalmia Latifolium	1M
264	Kreosotum	Q
265	Kreosotum	30
266	Kreosotum	200
267	Lae Defloratum	30
268	Lae Defloratum	200
269	Lac Defloratum	1M
270	Lac Can	30
271	Lac Can	200
272	Lachesis	30
273	Lachesis	200
274	Lachesis	1M
275	Lapis Albus	3X
276	Lapis Albus	30
277	Ledum Pal	30
278	Ledum Pal	200
279	Ledum Pal	1M
280	Lillium Tig.	30
281	Lillium Tig.	200
282	Lillium Tig.	1M
283	Lobella inflata	Q
284	Lobella inflata	30
285	Lycopodium	30
286	Lycopodium	200
287	Lycopodium	1M
288	Lyssin	200
289	Lyssin	1M
290	Mag.Carb	30
291	Mag.Carb	200
292	Mag Phos	30
293	Mag Phos	200
294	Mag Phos	1M
295	Medorrhinum	200
296	Medorrhinum	1M
297	Merc Cor	6
298	Merc Cor	30
299	Merc Cor	200

Sl. No.	Name of Medicine	Potency
300	Merc Sol	6
301	Merc Sol	30
302	Merc Sol	200
303	Merc Sol	1m
304	Mezerium	30
305	Mezerium	200
306	Millefolium	Q
307	Millefolium	30
308	Muriatic Acid	30
309	Muriatic Acid	200
310	Murex	30
311	Murex	200
312	Mygale	30
313	Naja Tri	30
314	Naja Tri	200
315	Natrum Ars	30
316	Natrum Ars	200
317	Natrum Carb	30
318	Natrum Carb	200
319	Natrum Carb	1M
320	Natrum Mur	6
321	Natrum Mur	30
322	Natrum Mur	200
323	Natrum Mur	1M
324	Natrum Phos	30
325	Natrum Sulph	30
326	Natrum Sulph	200
327	Natrum Sulph	1M
328	Nitric Acid	30
329	Nitric Acid	200
330	Nitric Acid	1M
331	Nux Vomica	6
332	Nux Vomica	30
333	Nux Vomica	200
334	Nux Vomica	1M
335	Nyctenthus Arbor	Q
336	Ocimum Sanctum	Q
337	Oleander	6
338	Petroleum	30
339	Petroleum	200
340	Petroleum	1M
341	Phosphoric Acid	Q
342	Phosphoric Acid	30

Sl. No.	Name of Medicine	Potency
343	Phosphoric Acid	200
344	Phosphoric Acid	1M
345	Phosphorus	30
346	Phosphorus	200
347	Phosphorus	1M
348	Physostigma	30
349	Physostigma	200
350	Plantago Major	Q
351	Plantago Major	6
352	Plantago Major	30
353	Platina	200
354	Platina	1M
355	Plumbum Met	200
356	Plumbum Met	1M
357	Podophyllum	6
358	Podophyllum	30
359	Podophyllum	200
360	Prunus Spinosa	6
361	Psorinum	200
362	Psorinum	1M
363	Pulsatilla	30
364	Pulsatilla	200
365	Pulsatilla	1M
366	Pyrogenium	200
367	Pyrogenium	1M
368	Ranunculus bulbosus	30
369	Ranunculus bulbosus	200
370	Ranunculus repens	6
371	Ranunculus repens	30
372	Ratanhia	6
373	Ratanhia	30
374	Rauwolfia serpentina	Q
375	Rauwolfia serpentina	6
376	Rauwolfia serpentina	30
377	Rhododendron	30
378	Rhododendron	200
379	Rhus tox	3X
380	Rhus tox	6
381	Rhus tox	30
382	Rhus tox	200
383	Rhus tox	1M
384	Robinia	6
385	Robinia	30

Sl. No.	Name of Medicine	Potency
386	Rumex crispus	6
387	Rumex crispus	30
388	Ruta gr	30
389	Ruta gr	200
390	Sabal serreulata	Q
391	Sabal serreulata	6
392	Sabina	3X
393	Sabina	6
394	Sabina	30
395	Sang.can	30
396	Sang.can	200
397	Sarsaprilla	6
398	Sarsaprilla	30
399	Secalecor	30
400	Secalecor	200
401	Selenium	30
402	Selenium	200
403	Senecio aureus	6
404	Sepia	30
405	Sepia	200
406	Sepia	1M
407	Silicea	30
408	Silicea	200
409	Silicea	1M
410	Spigellia	30
411	Spongia tosta	6
412	Spongia tosta	30
413	Spongia tosta	200
414	Stannum	30
415	Stannum	200
416	Staphisagria	30
417	Staphisagria	200
418	Staphisagria	1M
419	Sticta pulmonaria	6
420	Sticta pulmonaria	30
421	Stramonium	30
422	Stramonium	200
423	Sulphur	30
424	Sulphur	200

Sl. No.	Name of Medicine	Potency
425	Sulphur	1M
426	Sulphuric acid	6
427	Sulphuric acid	30
428	Syphilinum	200
429	Syphilinum	1M
430	Tabacum	30
431	Tabacum	200
432	Tarentula cubensis	6
433	Tarentula cubensis	30
434	Tellurium	6
435	Tellurium	30
436	Terebinthina	6
437	Terebinthina	30
438	Terminalia arjuna	Q
439	Terminalia arjuna	3X
440	Terminalia arjuna	6
441	Thuja occidentalis	Q
442	Thuja occidentalis	30
443	Thuja occidentalis	200
444	Thuja occidentalis	1M
445	Thyroidinum	200
446	Thyroidinum	1M
447	Tuberculinum bov	200
448	Uran.Nit	3X
449	Urtica urens	Q
450	Urtica urens	6
451	Ustilago	6
452	Verat alb	6
453	Viburnan opulus	6
454	Viburnan opulus	30
455	Viburnan opulus	200
456	Vipera tor	200
457	Vipera tor	1M
458	Verat viride	30
459	Verat viride	200
460	Viscum album	6
461	Wyethia	6
462	Wyethia	30
463	Wyethia	200

Sl. No.	Name of Medicine	Potency
464	Zinc met	200
465	Zinc met	1M
466	Zink phos	200
467	Zink phos	1M
468	Globules	20 no.
469	Sugar of milk	
470	Glass Piles	5 ml
471	Glass Piles	10 ml
472	Butter Paper	
473	Blank Sticker Ointments	1/2*3/2 inch
474	Aesculus Hip	

Sl. No.	Name of Medicine	Potency
475	Arnica	
476	Calendula	
477	Cantharis	
478	Hamamelis Vir	
479	Rhus tox	
480	Twelve Biochemic Medicines	6x & 12x
481	Cineraria Eye Drop	
482	Euphrasia Eye Drop	
483	Mullein Oil (Ear Drop)	

Annexure 12

LIST OF DIAGNOSTIC SERVICES

List of Diagnostic Services

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

Sl. No.	Speciality	Diagnostic Services/Tests
IV	**SEROLOGY**	VDRL
		Pregnancy test (Urine gravindex)
		WIDAL test
V	**BIOCHEMISTRY**	Blood Sugar
		Blood urea
		Liver function tests
		Kidney function tests
		Blood lipid profile
VI	**CARDIAC INVESTIGATIONS**	a) ECG
VII	**OPHTHALMOLOGY**	a) Refraction by using Snellen's chart
		Retinoscopy
		Ophthalmoscopy
IX	**RADIOLOGY**	a) X ray for Chest, Skull, Spine, Abdomen, bones
		b) Dental X ray
		c) Ultrasonography (Desirable)

Physical Structure for Laboratory at CHC

Sl. No.	Item	No. at CHC Level
1	Marble/Stone Table Top for Platform	1
2	Wash-basins (Steel/Porcelain)	1
3	Water Taps	1
4	Electric Fittings	As per requirement
5	Office Table	1
6	Office Chairs	3
7	Revolving Stools	2
8	Almirah (Steel/Wooden)	1
9	Wooden/Steel Racks	1

Laboratory Equipment

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

Laboratory Supplies

1. Clean slides
2. Slide markers
3. Gloves
4. Transport medium (Cary Blair)
5. Sterile test tubes
6. Plastic vials
7. Sterile cotton wool swabs
8. Rapid Diagnostic Kit Typhoid
9. Rapid test kit for faecal contamination
10. Blood culture bottles with broth
11. Zeil Neelsen Acid fast stain
12. Aluminium Foil
13. Cotton
14. Sealing material
15. Extra plastic vials for

Annexure 16

LIST OF ABBREVIATIONS

AD	:	Auto Disabled
ANC	:	Ante Natal Care
ANM	:	Auxiliary Nurse Midwife
ASHA	:	Accredited Social Health Activist
AYUSH	:	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BCC	:	Behaviour Change Communication
BP	:	Blood Pressure
CBR	:	Community Based Rehabilitation
CHC	:	Community Health Centres
CS	:	Caesarian Section
CSSD	:	Central Sterile Supply Department
CSSM	:	Child Survival and Safe Motherhood
DEC	:	Di Ethyl Carbamazine
DF	:	Deep Freezer
DOTS	:	Directly Observed Treatment Short Course
DTC	:	District Tuberculosis Centre
ECG	:	Electro Cardio Graphy
ESR	:	Erythrocyte Sedimentation Rate
FRU	:	First Referral Unit
ICTC	:	Integrated Counselling and Testing Centre
IEC	:	Information, Education and Communication
ILR	:	Ice Lined Refrigerator
Inj	:	Injection
IPHS	:	Indian Public Health Standards
I/V	:	Intravenous
IUCD	:	Intra-urine Contraceptive Devise

IYCF	:	Infant and Young Child Feeding
JE	:	Japanese Encephalitis
LR	:	Labour Room
LTs	:	Laboratory Technicians
MC	:	Microscopic Centre
MDT	:	Multi Drug Therapy
MIS	:	Management Information System
MO	:	Medical Officer
MPWs	:	Multi Purpose Workers
NACP	:	National AIDS Control Programme
NAMP	:	National Anti Malaria Programme
NHP	:	National Health Programme
NLEP	:	National Leprosy Eradication Programme
NPCDCS	:	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
NRHM	:	National Rural Health Mission
NSV	:	Non Scalpel Vasectomy
NVBDCP	:	National Vector Borne Disease Control Programme
OPD	:	Out Patient Department
OT	:	Operation Theatre
PDC	:	Professional Development Course
PHC	:	Primary Health Centre
PMR	:	Physical Medicine and Rehabilitation
PNC	:	Post Natal Care
POL	:	Petrol Oil and Lubricant
PPH	:	Post Partum Haemorrhage
PPTCT	:	Prevention of Parent to Child Transmission
PRI	:	Panchayati Raj Institution
RCH	:	Reproductive & Child Health
RNTCP	:	Revised National Tuberculosis Control Programme
RTI/STI	:	Reproductive Tract Infections/Sexual Tract Infections
SNCU	:	Special Newborn Care Unit
SOPs	:	Standard Operating Procedures
STLS	:	Senior Tuberculosis Laboratory Supervisor
STPs	:	Standard Treatment Protocols
TENS	:	Transcutaneous Electrical Nerve Stimulation
UT	:	Union Territory
WC	:	Water Closet (i.e. a flush toilet)

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

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	**Level: Community Primary Referral**		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013)*
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013);*
	Folic acid fortification/supplementation to prevent neural tube defects	Yes	Source: *Indian Public Health Standards (2012)*
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: *Indian Public Health Standards (2012)*
	Level: Referral		
	Family planning (surgical methods)	Yes	Source: *Indian Public Health Standards (2012)*
Pregnancy (antenatal)	**Level: Community Primary Referral**		
	Iron and folic acid supplementation	Yes	Source: *Indian Public Health Standards (2012)*
	Tetanus vaccination	Yes	Source: *Indian Public Health Standards (2012)*
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: *Indian Public Health Standards (2012)*
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	No	Source: *Indian Public Health Standards (2012)*; HIV/AIDS patients referred outside of the public health system for ART provision (except for PMTCT), however management and prevention occurs within the public health system. It is implicitly excluded.
	Calcium supplementation to prevent hypertension (high blood pressure)	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Interventions for cessation of smoking	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Yes	Source: *Indian Public Health Standards (2012)*
	Low-dose aspirin to prevent pre-eclampsia	No	Source: *Indian Public Health Standards (2012)* includes aspirin as an essential drug, but *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify this intervention

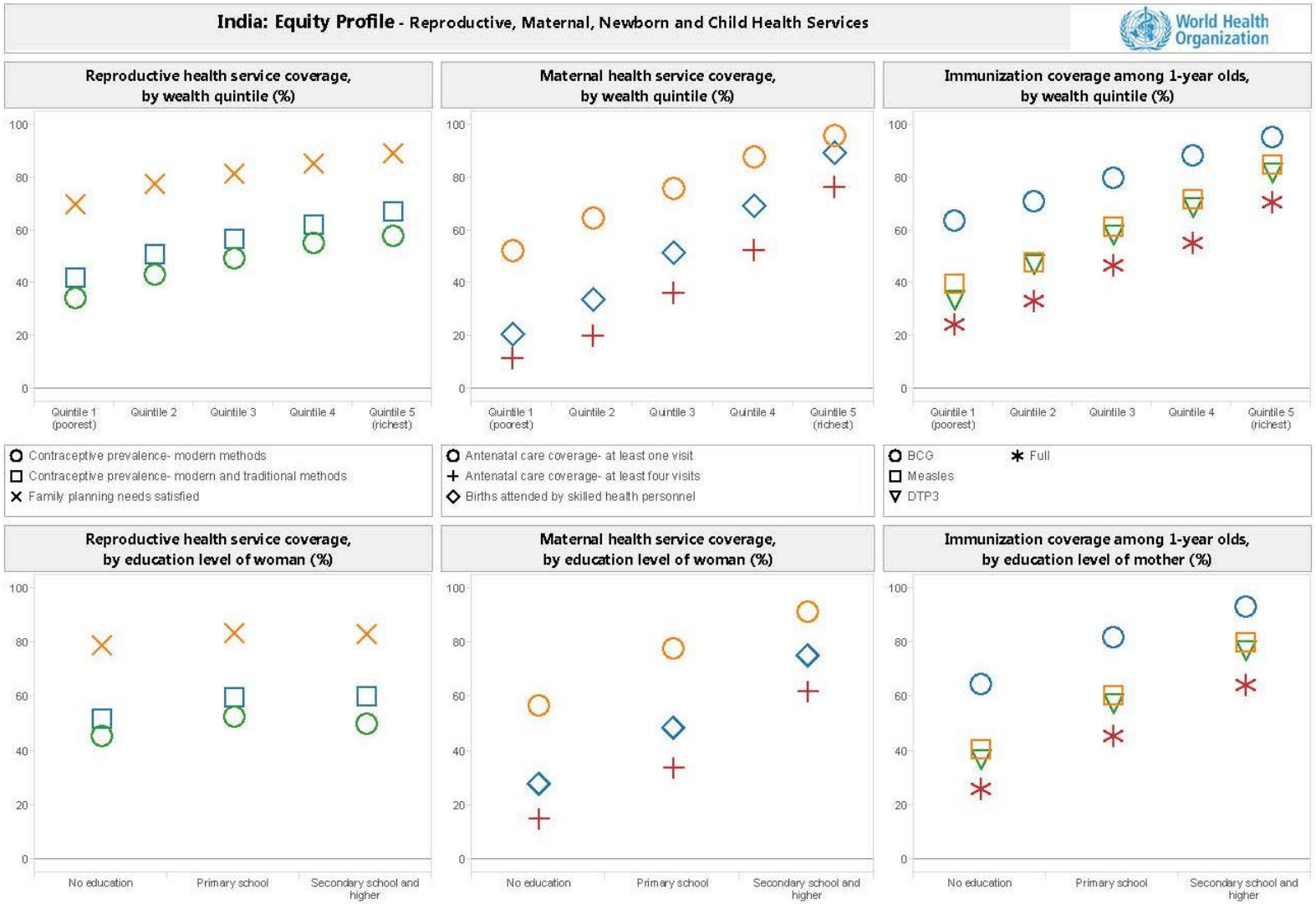
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Magnesium sulphate for eclampsia	No	Source: *Indian Public Health Standards (2012)* includes magnesium sulphate as an essential drug, but *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify this intervention
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) generically discusses preterm pre labor rupture but does not specify treatment
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	Source: *Indian Public Health Standards (2012)* includes prednisone as an essential drug, but *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify this intervention
	Safe abortion	Yes	Source: *Indian Public Health Standards (2012)*
	Post abortion care	Yes	Source: *Indian Public Health Standards (2012)*
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
Childbirth	**Level: Community Primary Referral**		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Manage postpartum haemorrhage using uterine massage and uterotonics	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Social support during childbirth	Yes	*Guidelines for Community Processes (2013)*
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (*as above plus controlled cord traction)*	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Screen and manage HIV (if not already tested)	Yes	Source: *Indian Public Health Standards (2012)*
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	mother/baby)		
	Prophylactic antibiotic for caesarean section	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Induction of labour for prolonged pregnancy (initiate labour)	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Management of postpartum haemorrhage *(as above plus surgical procedures)*	Unspecified	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify interventions for referral level treatment of postpartum haemorrhage.
Postnatal (Mother)	**Level: Community Primary Referral**		
	Family planning advice and contraceptives	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013)*
	Nutrition counselling	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013)*
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	No	Source: *Indian Public Health Standards (2012)*; HIV/AIDS patients referred outside of the public health system for ART provision (except for PMTCT), however management and prevention occurs within the public health system. It is implicitly excluded.
	Treat maternal anaemia	Yes	Source: *Indian Public Health Standards (2012)*
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify interventions for referral level treatment of postpartum sepsis.
Postnatal (Newborn)	**Level: Community Primary Referral**		
	Immediate thermal care (to keep the baby warm)	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013)*
	Initiation of early breastfeeding (within the first hour)	Yes	Source: *Indian Public Health Standards (2012)*
	Hygienic cord and skin care	Yes	Source: *Indian Public Health Standards (2012)*
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: *Indian Public Health Standards (2012)*
	Extra support for feeding small and preterm babies	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	This service was not specified in reviewed documents
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify interventions for referral level treatment of respiratory distress syndrome in preterm babies.
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Yes	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007)
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify interventions for referral level treatment of neonatal sepsis, meningitis and pneumonia.
Infancy and Childhood	**Level: Community Primary Referral**		
	Exclusive breastfeeding for 6 months	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013)*
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013)*
	Prevention and case management of childhood malaria	Yes	Source: *Indian Public Health Standards (2012)*; *Guidelines for Community Processes (2013)*
	Vitamin A supplementation from 6 months of age	Yes	Source: *Indian Public Health Standards (2012)*
	Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines	No	Source: *Indian Public Health Standards (2012)* and national immunization schedule explicitly excludes *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines
	Management of severe acute malnutrition	Yes	Source: *Indian Public Health Standards (2012)*
	Case management of childhood pneumonia	Yes	Source: *Indian Public Health Standards (2012)*
	Case management of diarrhoea	Yes	Source: *Indian Public Health Standards (2012)*
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	No	Source: *Indian Public Health Standards (2012)*; HIV/AIDS patients referred outside of the public health system for ART provision (except for PMTCT), however management and prevention occurs within the public health system. It is implicitly excluded.
	Level: Referral		

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Case management of meningitis	Unspecified	Source: *Standard Treatment Guidelines: Medical Management and Costing of Select Conditions* (2007) do not specify interventions for referral level treatment of meningitis
Across the continuum of care	**Level: Community Strategies**		
	Home visits for women and children across the continuum of care	Yes	Source: *Guidelines for Community Processes (2013)*
	Women's groups	Yes	Source: *Guidelines for Community Processes (2013)*

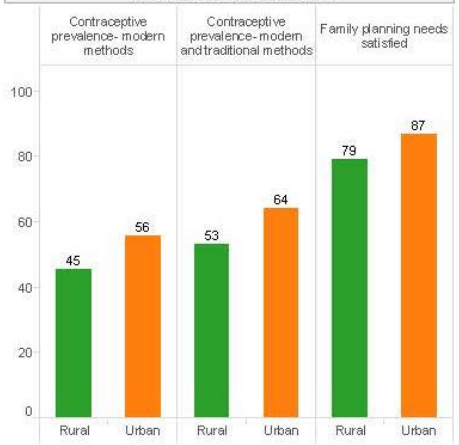
ANNEX C: INDIA HEALTH EQUITY PROFILE



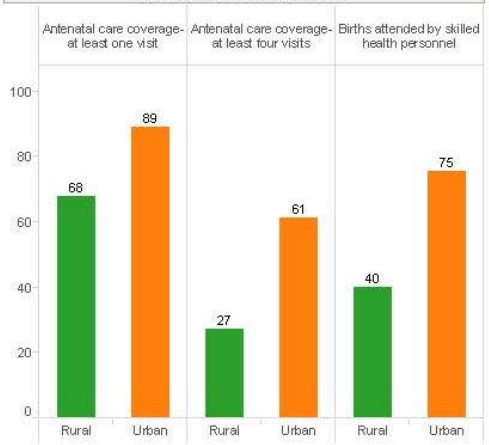
India: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services

World Health Organization

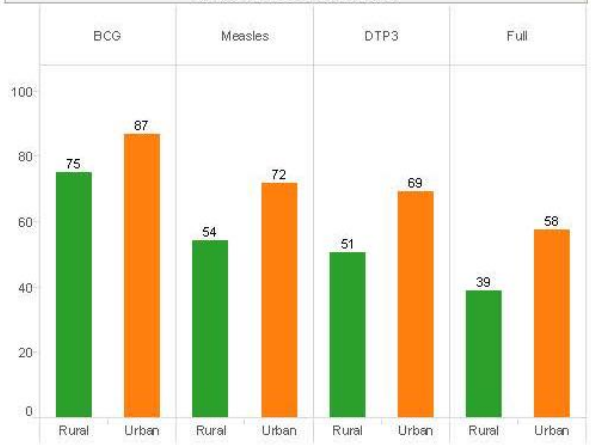
Reproductive health service coverage, by place of residence (%)



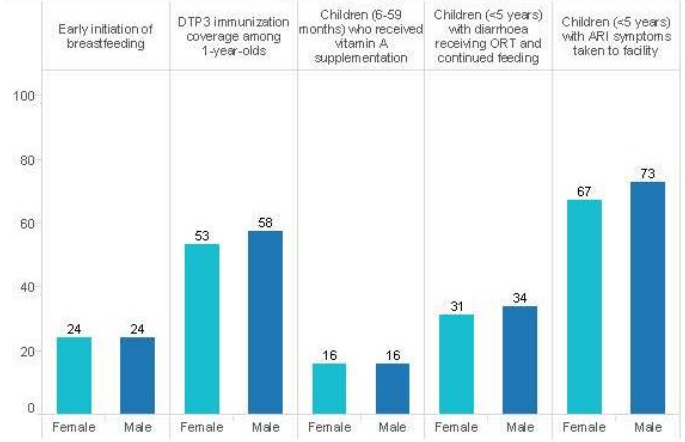
Maternal health service coverage, by place of residence (%)



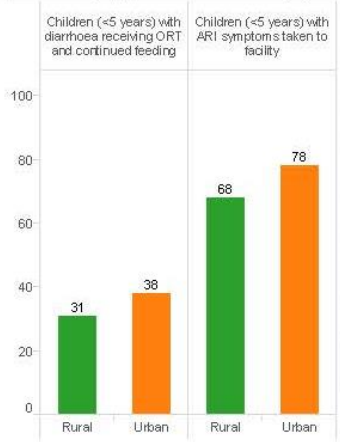
Immunization coverage among 1-year olds, by place of residence (%)



Health service and healthy behaviour coverage, by child sex (%)



Health service coverage among sick children, by place of residence (%)



Health service and healthy behaviour coverage (%)

Contraceptive prevalence- modern methods	49
Contraceptive prevalence- modern and traditional methods	56
Family planning needs satisfied	82
Antenatal care coverage- at least one visit	73
Antenatal care coverage- at least four visits	36
Births attended by skilled health personnel	49
Early initiation of breastfeeding	24
BCG immunization coverage among 1-year-olds	78
Measles immunization coverage among 1-year-olds	59
DTP3 immunization coverage among 1-year-olds	55
Full immunization coverage among 1-year-olds	44
Children (6-59 months) who received vitamin A supplementation	16
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	33
Children (<5 yrs) with ARI symptoms taken to facility	70

Source: DHS 2005

Antenatal care coverage at least 1 visit, antenatal care coverage at least 4 visits, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the five years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: www.who.int/gho/health_equity/en/index.html

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