

Job Functions of Health Worker Female (ANM)

She will carry out the following functions:

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

Maternal and Child Health

1. Register and provide care to pregnant women throughout the period of pregnancy. Ensure that every pregnant woman makes at least 4 (Four) visits for Ante Natal Check-up including Registration.
Suggested schedule for antenatal visits

1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up However, even if a woman comes late in her pregnancy for registration, she should be registered, and care given to her according to gestational age.

2nd visit: between 14 and 26 weeks

3rd visit: between 28 and 34 weeks

4th visit: between 36 weeks and term

Provide ante natal check ups and associated services such as IFA tablets, tt immunization etc.

2. test urine of pregnant women for albumin and sugar. Estimate haemoglobin level.
3. Refer all pregnant women to PHC/CHC for RPR test for syphilis and blood grouping.
4. Refer cases of abnormal pregnancy and cases with medical and gynaecological problems to

Health Assistant Female (LHV) or the Primary Health Centre.

5. Conduct deliveries in Sub-centre, if facilities of a Labour room are available and in her area when called for.

6. Supervise deliveries conducted by Dais and assist them whenever called for.
7. Refer cases of difficult labour and newborns with abnormalities, help them to get institutional

care and provide follow up to the patients referred to or discharged from hospital.

8. ANM will identify the ultimate beneficiaries, complete necessary formalities and obtain necessary approvals of the competent authority before disbursement to the beneficiaries under Janani Suraksha Yojana (JSY) and by 7th of each month will submit accounts of the previous month in the prescribed format to be designed by the State. ANM will prepare a monthly work schedule in the meeting of all accredited workers to be held on every 3 Friday of every month, which is mandatory. the guideline under JSY is to be followed. In addition ANM

will take weekly/fortnightly meetings with all ASHAs of her area to guide and monitor them

9. tracking of all pregnancies by name for scheduled ANC/PNC services.
10. Make post- natal home visits on 0, 3, 7 and 42nd day for deliveries at home and Sub-centre

and on 3, 7, and 42nd day for institutional delivery. Post-natal visits are to be made for each delivery happened in her area and she should render advice regarding care of the mother and care and feeding of the newborn.

11. In case of Low birth weight baby, a total of six post natal visits are to be made on 0, 3, 7, 14, 21 and 28th day to screen for congenital abnormalities, assess the neonate for danger signs of sickness etc. as per IMNCI guidelines and appropriate referral.
12. Initiation of early breast-feeding within one hour of birth, exclusive breastfeeding for 6 months and timely weaning at 6months as per Infant and Young Child Feeding Guidelines.
13. Assess the growth and development of the infants and under 5 children and make timely referral.
14. Provide treatment for all cases of Diarrhoea, acute respiratory infections (pneumonia) and other minor ailments and refer cases of severe dehydration, respiratory distress, infections, severe acute malnutrition and other serious conditions as per IMNCI guidelines/National Guidelines.
15. Educate mothers individually and in groups in better family health including maternal and child health, family planning, nutrition, immunization, control of communicable diseases, personal and environmental hygiene.
16. Assist Medical Officer and Health Assistant (Female) in conducting antenatal and postnatal clinics at the Sub-centre.

Family Planning

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

Medical termination of Pregnancy

1. Identify the women requiring help for medical termination of pregnancy and refer them to nearest approved institution.
2. Educate the community of the consequences of unsafe abortion methods and septic abortion; inform them about the availability of services for medical termination of pregnancy.

Nutrition

1. Identify cases of Low birth weight, malnutrition among infants and young children (zero to five years), give the necessary treatment and advice and refer serious cases to the Primary Health Centre.
2. Distribute Iron and Folic Acid tablets as prescribed to pregnant women, nursing mothers, adolescent girls and syrups to young children (up to five years), as per the national guidelines.
3. Administer Vitamin A solution to children as per the guidelines.
4. Educate the community about nutritious diet for mothers and children.
5. Coordinate with Anganwadi Workers.

Universal Programme on Immunization (uIP)

1. Immunize pregnant women with tetanus toxoid.
2. Administer DPt vaccine, oral poliomyelitis vaccine, measles vaccine and bCG vaccine to all infants and children, (Hepatitis b in pilot areas) as per immunization schedule.
3. Ensure injection safety, safe disposal and record, report and manage minor & serious Adverse Event Following Immunization (AEFI). Submit monthly uIP reports, weekly surveillance reports (AFP, Measles under IDSP). Serious AEFI and outbreak should be reported immediately.
4. ANM is responsible for cold chain maintenance for vaccines during fixed and outreach sessions.
5. Manage waste generated during immunization as per GOI/CPCb guidelines.
6. Preparing work plan, estimating beneficiaries and logistics, preparing due list of expected beneficiaries in coordination with Anganwadi worker and ASHA/mobilizer on the session day and ensure their vaccination through adequate mobilization.
7. Maintain tracking bag/tickler box at each Sub- centre, file updated counterfoils and utilize them for follow up.
8. tracking of dropouts and left outs, records/ reports (including MCH register and immunization card counterfoils), surveillance/reporting Vaccine Associated Paralytic Poliomyelitis (VAPP) and AEFI incidents in catchment area.
9. Indent order of vaccines and logistics should be weekly based on the due beneficiary list. HW/Alternate Vaccinator should receive the required quantity of vaccine and logistics on the day of Immunization and supply to the session site.
10. Work plan indicating village, place, date & time of organizing proposed session, including the names of ASHA and AWW must be displayed at each Sub-centre.
11. Posters/Paintings on key messages, Immunization schedule, Positioning during vaccine

administration, Safe Injection Practices, VVM, AEFI awareness, use of Hub cutters.

12. Village-wise dropout list for display at Sub-centre
13. Norm for due beneficiaries: 3 per session.

Communicable Diseases

1. Notify the MO, PHC immediately about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, fever with rash, flaccid paralysis of acute onset in a child <15 years (AFP), tetanus, fever with jaundice or fever with unconsciousness, minor and serious AEFIs which she comes across during her home visits, take the necessary measures to prevent their spread, and inform the Health Assistant (Male)/LHV to enable him/her to take further action.
2. HIV/StI Counseling, HIV/StI screening after receiving training.
3. Leprosy
 - Impart Health Education on Leprosy and its treatment to the community.
 - Refer suspected new cases of leprosy and those with complications to PHC.
 - Provide subsequent doses of MDt to patients Ensure regularity and completion of treatment and assist health supervisor in retrieval of absentee/defaulters.
 - Update the case cards at Sub-centres & treatment register at sector PHC.
 - Assist leprosy disabled people in self-care practices, monitor them and refer them to PHC whenever required.
4. Assist the Health Worker (Male) in maintaining a record of cases in her area, who are under treatment for malaria, tuberculosis and leprosy, and check whether they are taking regular treatment, motivate defaulters to take regular treatment and bring these cases to the notice of the Health Worker (Male) or Health Assistant (Male).
5. Give Oral Rehydration solution to all cases of cataract to M O, PHC.
6. Education, Counselling, referral, follow-up of cases of StI/RtI, HIV/AIDS.
7. Malaria
 - She will identify suspected malaria fever cases during ANC or Immunisation Clinic and home visits, and will make blood smears or use RDt for diagnosis of Pf malaria.
 - to advise seriously ill cases to visit PHC for immediate treatment. All the fever cases with altered sensorium must be referred to PHC/District Hospital. the cases will be referred after collection of blood smear and performing RDt. to arrange transportation for such patients from home to the PHC/District Hospital.
 - to contact all ASHAs/FtDs of the area during visit to the village and collect blood smears for transportation to laboratory. to cross verify their records by visiting patients diagnosed positive between the previous and current visit.
 - to provide treatment to positive cases as per the drug policy.
 - to replenish the stock of micro slides, RDks and/or drugs to ASHAs/FtDs wherever necessary.
 - to keep the records of blood smears collected and patients given anti-malarial treatment.
 - to ensure early diagnosis & radical treatment of the diagnosed positive cases (PV &

PF) compliance of Radical treatment (PF – 45 mg & PV – 15 mg) for 15 day.

- to take all precautions to use properly sterilized needles and clean slides while collecting blood smears.
 - She will ensure that all pregnant women are provided insecticidal treated nets in high malaria endemic areas.
8. Where Filaria is endemic:

• Identification of cases of lymphoedema/ elephantiasis and hydrocele and their referrals to PHC/CHC for appropriate management.

- training of patients with lymphoedema/ elephantiasis about care of feet and home based management remedies.
- Identification and training of drug distributors including ASHAs and Community Health Guides for mass drug distribution of DEC + Albendazole on National Filaria Day.

9. Where kala-Azar is endemic:

- From each family
 1. A She shall enquire about the presence of any fever cases having a history of prolong fever more than 15 days duration in a village during her visit.
 2. B She will refer such cases to the nearest PHC for clinical examination by the Medical Officer and confirmation by RDK.
 3. C She shall take the migratory status of the family/guest during last three months.
- She will also follow up and persuade the patients to ensure complete treatment.
- She will keep a record of all such cases and shall verify from PHC about their

diagnosis during the monthly meeting or through health supervisor during her visit.

- She will carry a list of all kala-azar cases in her area for follow up and will ensure administration of complete treatment at PHC.
- She will assist the male health worker in supervision of the spray activities.
- She will conduct all health education activities particularly through inter-personal

communication by carrying proper charts etc. for community awareness and their involvement.

10. Where Dengue/Chikungunya is endemic

From each family

She shall enquire about the presence of any fever case having rash and joint pain a village during her visit.

She will refer such cases to the nearest PHC for clinical examination by the Med Officer and for laboratory confirmation by sending blood sample to the nearest Sentinel Surveillance hospital.

She will supervise the source reduction activities in her area including at the time of observance of anti-Dengue month

She will coordinate the activities carried out by Village Health Sanitation and Nutrition Committee.

She will conduct health education activities particularly through inter-personal communication by carrying proper charts etc. for social mobilization and community awareness to eliminate source of Aedes breeding and also guide the community for proper water storage practices.

11 Where JE is endemic:

From each family

- She shall enquire about the presence of any fever case having encephalitis

presentation.

- She will refer such cases to the nearest PHC for early diagnosis and management of

such cases.

She will conduct health education activities particularly through inter-personal communication by carrying proper charts etc. for social mobilization and community awareness for early referral of cases.

Non-Communicable Diseases

- IEC Activities for prevention and early detection of hearing impairment/deafness in health facility, community and schools, harmful effects of tobacco, mental illnesses, Iodine Deficiency Disorders (IDD), Diabetes, CVD and Strokes.
- House to House surveys to detect list & refer cases of hearing & visual impairment and (along with annual survey register/enumeration survey. Minimum is annual survey, desirable to be done twice yearly subject to availability of second ANM).
- Sensitization of ASHA/AWW/PRI about prevention and treatment of deafness.
- Mobilizing community members for screening camps and assisting in conduction of screening camps to identify hearing or visual impairment cases if needed.
- Motivation for quitting and referrals to tobacco Cessation Centre at District Hospital.
- Sensitization of ASHA/AWW/PRI about the Non- communicable diseases.
- Identification and referral of carer of common mental illnesses and Epilepsy for treatment and follow them up in community.
- Greater participation/role of Community for primary prevention of NCD and promotion of healthy lifestyle.
- Ensuring regular testing of salt at household level for presence of Iodine through Salt testing kits by ASHAs.
- In Fluorosis affected districts
 - IEC to prevent Fluorosis.
 - Identify the persons at risk of Fluorosis, suffering from Fluorosis and those having deformities due to Fluorosis.
- Line listing, source reduction activities, reconstructive surgery cases, rehabilitative intervention activities, focused local action and referral of what is not possible locally.
- Promoting formation and registration of Self Health Care Group of Elderly Persons'
- Oral Health education especially to antenatal and lactating mothers, school and adolescent children, first aid and referral for cases of oral problems.
- Health communications on Disability, Identification of Disabled persons and their appropriate

referral.

Vital Events

Record and report to the health authorities the vital events including births and deaths, particularly of mothers and infants in her area.

Record keeping

1. Maintenance of all the relevant records concerning mothers, children and eligible couples in her area.
2. Register (a) pregnant women at earliest contact (b) infants zero to one year of age (c) women aged 15-44 years (d) under and above five children (e) Adolescents.
3. Maintain the pre-natal and maternity records and child care records.
4. Prepare the eligible couple and child register and maintaining it up-to-date.
5. Maintain the records as regards contraceptive distribution, IuD insertion. Couples sterilized, clinics held at the Sub-centre and supplies received and issued.
6. Prepare and submit the prescribed weekly/ monthly reports in time to the Health Assistant (Female).
7. While maintaining passive surveillance register for malaria cases, she will record:
 - No. of fever cases
 - No. of blood slides prepared
 - No. of malaria positive cases reported
 - No. of cases given radical treatment

treatment of Minor Ailments

5. Provide treatment for minor ailments, first-aid for accidents and emergencies and refer cases beyond her competence to the Primary Health Centre/Community Health Centre or nearest hospital.
6. Provide treatment as per AYUSH* as needed at the local level.

team Activities

1. Attend and participate in staff meetings at Primary Health Centre/Community Development block or both.
2. Coordinate her activities with the Health Worker (Male) and other health workers including the Health volunteers/ASHA and Dais.
3. Coordinate with PRI and Village Health Sanitation and Nutrition Committee.
4. Draft annual Village Health Plan with the help of Health Worker (Male), PRI and VHSC for submitting the same to block.
5. Meet the Health Assistant (Female) each week and seek her advice and guidance whenever necessary.
6. Maintain the cleanliness of the Sub-centre.
7. Dispose medical waste as per the IMEP guidelines, of GOI.

8. Organize, participate and guide in organizing the VHN Days at Anganwadi Centers. 9. Participate as a member of the team in camps and campaigns.

House-to House Surveys

These surveys would be done once in April annually. Some of the diseases would require special surveys- but at all times not more than one survey per month would be expected. Surveys would be done with support and participation of HW (male), ASHAs, Anganwadi Workers, community volunteers, panchayat members and Village Health Sanitation and Nutrition Committee. Other details are given on page no. 11.

Role of ANM as a Facilitator of ASHA

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

- She will hold weekly/fortnightly meeting with ASHA and discuss the activities undertaken during the week/fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activities.
- ANM will act as a resource person for the training of ASHA.
- ANM will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session
- ANM will participate and guide in organizing the Health Days at Anganwadi Centres.
- She will take help of ASHA in updating eligible couple register of the village concerned.
- She will utilize ASHA in motivating the pregnant women for coming to sub- centre for initial checkups. ASHA will also help ANMs in bringing married couples to Sub-centres for adopting family planning methods.
- ANM will guide ASHA in motivating pregnant women for taking full course of IFA tablets and tt injections etc.
- ANMs will orient ASHA on the dose schedule and side affects of oral pills.
- ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- ANMs will inform ASHA on date, time and place for initial and periodic training schedule. She will also ensure that during the training ASHA gets the compensation for performance and also tA/DA for attending the training.
- Train in Salt testing using salt testing kits.

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

Job Functions of Health Worker Male

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

His duties pertaining to different National Health Programme are:

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

National Vector borne Disease Control Programme (NVbDCP) Malaria

A. Early Diagnosis & Complete Treatment

1. to conduct fortnightly domiciliary house to-house visit, in areas where FtDs/ASHAs have not been deployed, as per schedule developed by Medical Officer in-charge of PHC in consultation with the District Malaria Officer.
2. to collect blood smears (thick and thin) or perform RDt from suspected malaria cases during domiciliary visits to households and keep the records in M-1, to transport slide collected along with M1 to Lab for examination. to provide treatment to positive cases

as per the drug policy.

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

B. Integrated Vector Control Programme

to decide dumping sites for insecticides.

MPW should know the malaria-metric indices of his villages & should have micro action plan of his Sub-centre area.

to supervise the work of spray squads.

to deploy the squads (two pumps) in such a way that each squad works in a house at a time and all the squads under his supervision work in adjacent houses for convenience of supervision.

to make an abstract of spray output showing insecticide consumed, squads utilized, human dwellings sprayed, missed, locked, refused and rooms sprayed/rooms missed in the proforma prescribed.

MPW (Male) will ensure the quality of spray in the human dwellings.

- the spray should be uniform.
- the deposit should be in small discrete droplets and not splashes.

- All sprayable surfaces like walls, ceilings etc. should be covered.
- If the ceiling is thatched, it should be sprayed so as to cover both sides of

rafters/bamboos, if necessary the ceiling should have two coats each starting

from opposite direction.

All false ceilings and attics should be sprayed.

If houses are built on stilts/platforms, the under surface of platform should also be covered.

to put a stencil on the wall of the house indicating spray status of the human dwelling (All rooms and verandahs are counted).

to ensure that spray men use protective clothing and wash the spray equipment daily. the washing of the equipment, etc. should not pollute local drinking water source or water used for cattle. the spray men should wash the exposed surface of their body with soap and water.

to ensure that all precautions are taken by spray men to avoid contamination of food material or cooked food or drinking water in the house. these can be protected by covering with a plastic sheet. Similarly, fodder for animals should be protected.

to ensure the community owned bed-nets are timely treated with insecticide before transmission season of malaria.

C. IEC/BCC

1. to educate the community about signs & symptoms of malaria, its treatment, prevention and vector control.
2. Advance spray information to community/ villages.
3. to participate in the activities of anti-malaria month.
4. Sensitize the community for sleeping under Long Lasting Insecticidal Net (LLIN) in the high endemic areas.

D. Recording & Reporting

1. to maintain record of fever cases diagnosed by blood slides/RDts in M1 and prepare a Sub-centre report (M4) for all cases in the area, including those of ASHAs and FtDs and submit it to PHC.
2. to keep a record of supervisory visits in tour diary and submit to MO-PHC during monthly meetings for verification.
3. to keep records & reports as per guidelines of NVbDCP.
4. Minutes of VHSNC decisions.

E. Village Health Sanitation & Nutrition Committee

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

Where Filaria is Endemic

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

Where kala-Azar is Endemic

1. From each family

1. He shall enquire about the presence of any fever cases having a history of prolonged fever more than 15 days duration in a village during his visit.
2. He will refer such cases to the nearest PHC for clinical examination by the Medical Officer and confirmation by RDK.
3. He shall take the migratory status of the family/guest during last three months.
2. He will also follow up and persuade the patients to ensure complete treatment.
3. He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through health supervisor during his visit.
4. He will carry a list of all kala-azar cases in his area for follow up and will ensure administration of complete treatment.
5. He will supervise the spray activities in his area.
6. He will conduct all health education activities particularly through inter-personal communication by carrying proper charts etc. for community awareness and their involvement.

Where Acute Encephalitis Syndrome/Japanese Encephalitis is Endemic

1. From each family he shall enquire about presence of any fever cases with encephalitic presentation.
2. He will guide the suspected cases to the nearest diagnostic and treatment centre (Primary Health Care Centre or Community Health Centre) for diagnosis and treatment by the medical officer.
3. He will keep a record of all such cases and shall verify from PHC about their diagnosis during the monthly meeting or through health supervisor during his visit.
4. He will carry a list of all JE cases in his area for follow up.
5. He will assist during the spray activities in his area.
6. He will conduct all health education activities particularly through inter-personal communication by carrying proper charts etc. and also assist health supervisors and other functionaries in their education activities.

Where Dengue/Chikungunya is Endemic

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

National Leprosy Eradication Programme (NLEP)

- Impart Health Education on Leprosy and its treatment to the community.
- Refer suspected new cases of leprosy and those with complications to PHC.
- Provide subsequent doses of MDt to patients ensure regularity and completion of treatment

and assist health supervisor in retrieval of absentee/ defaulter.

- update the case cards at Sub-centres & treatment register at sector PHC.
- Assist leprosy disabled people in self care practices, monitor them and refer them to PHC

when ever required.

National blindness Control Programme (NbCP)

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

Revised National tuberculosis Control Programme (RNtCP)

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

treatment.

universal Immunization Programme

- Assistance to HW for administering all uIP vaccines like OPV, bCG, DPt, tt, Measles, Hepatitis b, JE etc. to all the beneficiaries including pregnant women and provision of Vitamin A prophylaxis as per immunization schedule.
- Assistance to HW(F) for conducting VHN Day in coordination with other partners
- Assist the Health Assistant (male)/Health Assistant (female)/LHV in the school health

programme

- Educate the people in the community about the importance of immunization against the various communicable diseases.

Reproductive and Child Health Programme (RCH)

- utilize the information from the eligible couple and child register for the family planning Programme.
- Spread the message of family planning to the couples and motivate them for family planning individually and in groups.

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

Communicable Diseases

- HIV/StI Counseling, HIV/StI screening after receiving training.
- Identify cases of diarrhoea/dysentery, fever with rash, jaundice encephalitis, diphtheria, whooping cough and tetanus, Poliomyelitis, neo-natal tetanus, acute eye infections and notify the Health Assistant male and M.O. PHC immediately about these cases.
- Carry out control measures until the arrival of the Health Assistant (Male) and assist him in

carrying out these measures.

- Educate the community about the importance of control and preventive measures against

communicable disease and about the importance of taking regular and complete treatment.

Non-Communicable Diseases

- IEC Activities for prevention and early detection of hearing impairment/deafness in health facility, community and schools, harmful effects of tobacco, mental illnesses, IDD, Diabetes, CVD and Strokes.
- House to House surveys to detect list & refer cases of hearing and visual impairment and maintain records.
- Early detection of hearing impairment and cases of deafness and level appropriate referrals.
- Sensitization of ASHA/AWW/PRI about prevention and treatment of deafness.
- Mobilizing community members for screening camps and assisting in conduction of screening

camps if needed.

- Motivation for quitting and referrals to tobacco Cassation Centre at District Hospital.
- Sensitization of ASHA/AWW/PRI about the Non- communicable diseases.
- Identification and referral of common mental illnesses and Epilepsy cases for treatment and

follow them up in community.

- Greater participation/role of Community for primary prevention of NCD and promotion of

healthy lifestyle.

- Ensuring regular testing of salt at household level for presence of Iodine through Salt testing

kits by ASHAs.

- In Fluorosis affected districts
- IEC to prevent fluorosis.
- Identify the persons at risk of Fluorosis, suffering from Fluorosis and those persons having deformities due to Fluorosis.

- Line listing source reduction activities, reconstructive surgery cases, rehabilitative intervention

activities, focused local action and referral of what is not possible locally.

- Promoting formation and registration of 'Self Health Care Group of Elderly Persons'.
- Oral Health education especially to antenatal and lactating mothers, school and adolescent

children, first aid and referral of cases with oral problems.

- Health messages on Disability, Identification of Disabled persons and their appropriate

referral.

House- to House Surveys

These surveys would be conducted once annually 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.

Environment Sanitation

- Chlorinate the public water sources including wells at regular intervals.
- Educate the community on
 1. the method of disposal of liquid wastes
 2. the method of disposal of solid waste
 3. Home sanitation
 4. Advantage and use of sanitary type of latrines
 5. Construction and use of smokeless chulhas
- Coordination with Village Health Sanitation and Nutrition Committee. **Primary Medical Care**

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

Health Education

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

Nutrition

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

Vital Events

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

Record keeping and other Miscellaneous functions

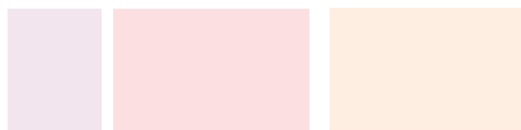
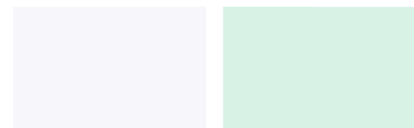
- Survey all the facilities in his area and prepare/ maintain maps and charts for the village.
- Prepare, maintain and utilize family and village records.
- Assist the ANM to prepare and maintain the eligible couple as well as maternal & child health

register.

- Maintain a record of cases in his area, who are under treatment for tuberculosis and leprosy.
- Prepare and submit the prescribed monthly reports in time to the Health Assistant (Male).
- While maintaining passive surveillance register for malaria cases, he will record:
 - No. of fever cases
 - No. of blood slides prepared
 - No. of malaria positive cases reported
 - No. of cases given radical treatment
- Prepare an annual Village Health Plan in association with ANM, PRI and VHSC members and submit the same to block.

Job Responsibilities of Staff Nurse (wherever to be provided)

1. All RCH related activities including conducting deliveries, episiotomy etc. as envisaged for a Type B Sub-centre
2. Supervision and facilitation of Immunization work
3. Supportive Supervision and facilitation of all the work to be done by Health worker (female and male)
4. Training of subordinate staff
5. Running the Sub-centre OPD
6. Ensuring quality in delivery of all services



SIMPLIFIED

by

DR. MUKHMOHIT