



Government of Rajasthan

Job Responsibilities of All Health Personnel

Department of
Medical Health & Family Welfare
Government of Rajasthan



An ISO 9001 : 2015 Certified Institution

State Institute of Health and Family Welfare –Rajasthan

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Dr. Raghu Sharma



**Minister,
Medical and Health,
Government of Rajasthan**

Message

Rajasthan has diverse geographical conditions and the health manpower of the Medical and Health Department is a committed and dedicated team of staff working at all the health care centre level and also performing community level outreach services even in the remotest of areas.

There is a requirement of multitasking to meet the challenges of providing quality health care, which the health man-power thrives to do. An initiative by State Institute of Health and Family Welfare (SIHFW), Rajasthan to develop Job Responsibilities would further maximize understanding of roles and responsibilities. I hope this will lead to better performance thereby an improvement in quality health care for the community of Rajasthan.

I congratulate SIHFW team for the initiative to develop Job Responsibilities and wish this document will bring more cohesiveness and coordination among the staff of various cadre in Medical and Health Department.

Dr. Raghu Sharma



Rohit Kumar Singh
I.A.S



**Additional Chief Secretary
Department of Medical, Health and
Family Welfare
Government of Rajasthan**

Message

Health system in Rajasthan has taken a steady course in the past decade and the efforts in this area are visible in the Niti Ayog Report reflecting improvement in health indicators of Rajasthan. However, the inputs in terms of new programs and schemes have brought to surface new challenges. One of the challenges observed in the system is the role ambiguity faced by human resources working at different levels. It is an established fact that clarity in roles and responsibility is crucial for imparting effective services.

Recent developments in the health sector of Rajasthan have increased the responsibilities of the human resources manifolds. The document ascribing the job responsibilities developed in year 2005 does not suffice to the present scenario.

I commend the efforts of State Institute of Health and Family Welfare, for taking up the task of developing a document on Job Responsibilities of different cadre of Department of Medical and Health Services.

This document is expected to fill the missing pieces by removing role ambiguity and also providing the specific responsibilities for the specific cadres.

Rohit Kumar Singh



Dr. K.K. Sharma

**Director, Public Health
Directorate of Medical and Health Services
Government of Rajasthan**

Foreword

Human resources in health systems are considered as the main input for delivery of quality health services. Optimum utilization of Human Resource depends on role clarity.

State Institute of Health and Family Welfare prepared Job responsibilities of Health personnel's in Year 2005. As Public health care sector is constantly evolving, over the past decade, new programs and new cadres have been introduced in Health care delivery system of Rajasthan.

Hence, after multiple consultations at National and State level SIHFW has again prepared Job responsibilities of Health human resource in Rajasthan. These Job responsibilities are an important tool to articulate the important outcome we need from an employee. The hierarchy for accountability and the structure and resources established for support is also explicitly stated in these Job responsibilities.

We are hopeful that these Job responsibilities will be helpful in smooth functioning of Medical and Health Department, Government of Rajasthan

Dr. K.K. Sharma



Dr. Ravi Prakash Sharma

**Director,
State Institute of Health Family Welfare,
Rajasthan**

Acknowledgement

Acknowledgement is an opportunity to thank all those who have helped in carrying out the assignment.

On behalf of my team at State Institute of Health and Family Welfare, I express my gratitude for Dr. Amita Kashyap the then Director-State Institute of Health and Family Welfare for taking up this assignment and guiding Dr Swati Gupta, then Registrar-SIHFV and the team members Dr Mamta Chauhan, Dr Ajapa A Chomal, Ms Nishanka Chauhan, Ms Archana Saxena and Dr Rajni Singh for developing the conceptual design of this document on "Job Responsibilities". The team coordinated for gathering all relevant existing documents and reviewed the information therein with an objective to understand what had already been done in this direction. Dr. Aditya Atreya, Registrar SIHFV contributed in further streamlining the approved content and ensuring a quality document.

We express our gratitude to Sh. Rohit Kumar Singh, Additional Chief Secretary, Department of Medical, Health and Family Welfare for his guidance and approval.

We are thankful to Mission Director-National Health Mission, for helping us develop the document from a draft, through a critical revision and selecting the best intellectual and pragmatic contents to be a part of the document.

There were many others, who were not directly involved in developing the document but they gave their valuable contributions in the form of suggestions, insights based on their experiences of working on different cadres in the Medical and Health department, such as Joint Directors, Chief Medical Health Officers, RCHO, BCMO, Specialists, SMO, Medical Officers, Registrar and other representatives from the Rajasthan Nursing Council. We are thankful to them also.

Officers and Consultants from DMHS and Development partners have been our strength in giving valued guidance during workshops and working groups and helped us develop this document. Last but not the least, the staff of the department, for whom the document has been compiled have shared their feedbacks and suggestions on the job responsibilities and hence contributed a lot.

Dr. Ravi Prakash Sharma

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*Designations at the time of activity

Section A:
Administrative and Managerial Staff

Job Responsibilities of Joint Director (JD)

Reports to: Director Public Health

Controls: Deputy Director (zone), CMHO, PMO, Biologist/Entomologist, Junior Legal Officer

Responsible for:

JD will be responsible for smooth execution of Health Care Delivery in all the Districts under jurisdiction of Zone along with following responsibilities.

1. Administrative Functions
2. Monitoring and Supervision
3. Implementation/ Delivery of Health Care Services as per National and State Health Programmes and Schemes at all Districts of the Zone
4. Compliance of Acts and Rules
5. Convergence
6. Financial Management
7. Others

Brief description of Duties and Responsibilities:

1. Administrative Functions

- a) Delegate duties /responsibilities to the Staff for smooth execution of all National Health programs, Act and Rules, outbreak/ disaster management along with smooth functioning of the Office.
- b) Ensure that CMHOs in Districts of Zone are posting staff on rational basis, so as to reduce vacant positions at the facilities
- c) Ensure timely presence of Staff on duty in the Office (Biometric Attendance or other Measures) and at all health facilities in the zone through CMHO and PMO. Get monthly information from CMHO /PMO on this in the prescribed format.
- d) Carry out inspections and undertake tours as per norms laid down by the government, for JD and ensure the same for the subordinate officers. Monitor the inspection report and take follow up actions. Timely submit the report to Director Public Health/ Director RCH/ FW (DMHS).
- e) Ensure that the problems and grievances of the staff are addressed promptly.
- f) Ensure timely filing of reply in court cases, vidhansabha questions, RTIs, Human Rights Commission complaints on grievance redressal portals and expeditious implementation of orders of the courts through deputy Director-Zone.
- g) Identify low performing District in his Zone on the basis of monthly reports and take suitable action to improve performance. Initiate disciplinary action for CMHO/PMO. Take action upto IInd grade employees.
- h) Initiate Action against SMO and MO under 17 CC/ Conduct Rules.
- i) Ensure timely and adequate supply of drugs, medicines, equipment and other supplies to health institutions and also ensure their proper utilization using re-appropriation and repair mechanisms, maintain adequate buffers in district stores to meet emergent needs particularly during epidemics, emergencies, flood, famine etc.
- j) Ensure re-appropriation of Human resource with approval of appropriate authority, within the Zone to facilitate the service delivery.

- k) Identifying interest areas and capacity enhancement need and make provisions for capacity building needs of the staff at all the facilities through CMHO/ PMO/ BCMO and facility in-charges.
- l) Identify and appreciate good work, if possible reward good work and take disciplinary action for non performers.
- m) Report performance of officers (Deputy Director Zone, CMHOs, PMOs, Addl. CMHO, DY. CMHO, RCHO and others, as per guidelines of the State) on Annual Performance Appraisal Reports to Director Public Health.
- n) Ensure prompt and timely action related to enquiry on complaints against public servants and take appropriate action.
- o) Represent the department and ensure the compliance of orders of the state in various departmental enquires. Prepare functional report in Departmental enquiry cases.
- p) Take necessary steps to involve community, NGOs, Panchayati Raj Institutions, Social and religious leaders, other government departments and public representatives in planning and implementation of Health and FW Programme.
- q) Ensure appointment of specialist duty for emergency/ VIP visits/ disasters/ epidemics etc.
- r) Ensure hiring of retired specialists for vacant posts as per state norms.
- s) Circulate all orders and circulars

2. Monitoring and Supervision

- a) Ensure and monitor that all the health facilities in the zone are functional. Periodically check on infrastructure and equipments and ensure timely corrections.
- b) Monitor District Hospitals, SDH, Satellite Hospital for provision of quality services and for compliance of quality Assurance Standards.
- c) Ensure display of Citizen Charter with location for services (e.g. OPD, IPD, Laboratory, Blood Bank etc) with name and contact number of responsible person. Ensure display of IEC material of all Health Programs in all Health facilities of the Zone.
- d) Ensure that all the Standard operating Procedures and Protocols are displayed properly at right place and being implemented in all the Facilities of the Zone.
- e) Monitor effective implementation of all State and National level schemes and programs in all Districts of Zone- using set indicators.
- f) Ensure availability of appropriate person at the right job within the districts of the zone.
- g) Ensuring availability of Drugs and Diagnostic services at all facilities of the Zone
- h) Conduct monthly/ quarterly review meetings with CMHOs, PMOs, RCHO/ Dy CMHOs (FW and H), BCMOs, District Program Officers, CHC In-charges, District drug ware house In-charge.
- i) Conduct monthly/ quarterly review of physical and financial achievement of various activities going on in the districts of the zone.
- j) Ensure all the facilities of zone are conducting Maternal Death Surveillance Response and Child Death Review (MDSR and CDR). Take a stock of causes of maternal and child morbidity and mortality and ensure remedial steps for effective control.
- k) Ensure Districts Preparing District Program implementation plan including training PIP.
- l) Monitor ongoing trainings in Zone. Ensure timely physical and financial achievement.
- m) Monitoring and tracking of Health and Demographic indicators of all districts of the Zone.

3. Implementation/ Delivery of Health Services as per National, State Health Programmes and schemes at all Districts of Zone

- a) Ensure effective implementation and achievement of the ELA's/Targets under NHM Components/National and State programs through general control, supervision and active co-operation of CMHOs, PMOs and their team and in convergence with other related departments, as per the Annexure No 1.
- b) Ensure effective and timely achievement of physical and financial target of all the above through respective officers e.g. Medical Superintendent (Medical College – where funds are given for activities), CMHO, PMO, RCHO, Project coordinators, etc.

4. Compliance of Acts and Rules

Facilitate, Co- ordinate, supervise, monitor and ensure implementation of the provisions of the Acts and Rules in the zone, as per Annexure No 2.

5. Convergence

- a) Maintain close co-ordination with Officers of various concerned department at Zonal level and District level like Zonal commissioner, District Collector, Police, Pollution control, PHED, Water and Sanitation, ICDS, DWCD, Ayurved, ESI, Municipalities, Mines, Panchayati Raj Institutions, Education, Public Relation Department, Social Justice, NGO and others to seek their active co-operation in Health and FW Program and creating awareness in the community.

6. Financial Management

- a) Supervise that the funds are spent strictly as per the provision of GF&AR, RTPP Act and Rules and submit timely accounts/UCs of all the funds received directly or through budget under various program /NHM PIP.
- b) Ensure implementation and timely up-dation in various Financial Management software
- c) Ensure that all procurement should follow RTPP Act and Rules
- d) Supervise that Medical Superintendent (Medical College and attached hospitals)/ PMO – for NHM funding activities/ CMHO Office is ensuring timely compliance of all audit and inspection paragraphs.
- e) Supervise, timely disposal of obsolete stores, items and vehicles.
- f) Ensure that immediate action is being taken for embezzlement cases as per the GF&AR/RTPP Act and Rules.
- g) Ensure that CMHO Office/ PMO Office is ensuring full utilization of the budgetary allocations as per the scheme/program guidelines.
- h) Monitor and guide the activities of Rajasthan Medicare Relief Societies at DH, Sub District and CHCs and ensure proper utilization of funds.
- i) Ensure circulation of all circulars and financial guidelines of finance department in all districts. Supervise that Districts are following instructions of Finance Department from time to time.

Others

Maintain coordination with CMHOs/ PMOs to ensure effective liaison between Primary, Secondary and Tertiary health care services and effective support for implementation of all National Health Program.

Should carry out other orders as given by higher authorities from time to time.

Job Responsibilities of Deputy Director – Zone

Reports to: Joint Director-Zone

1. Assist Joint Director in implementation and Execution of all activities mentioned in ToR of JD.
2. Comply to all Job delegated by JD.
3. Facilitate, Co- ordinate, supervise, monitor and ensure implementation of the provisions of the relevant Acts and Rules in the zone, as per Annexure No 2.
4. Ensure quick compliance to contempt of court cases.
5. Take up all the inquiries allotted by Joint Director.
6. Ensure compilation of APRs of paramedical staff.
7. Gather immobile property details.
8. Ensure timely submission of ACR of medical staff for DACP
9. Assist JD in implementation/ delivery of Health Services as per National, State Health Programmes and schemes at all Districts of Zone
10. Carry out other orders as given by competent authority from time to time

Job Responsibilities of Chief Medical and Health Officer (CMHO)

Reports to: Joint Director of the Zone and Directors at DMHS and MD-NHM

Controls: District level administration for Public Health care delivery system

Responsible for:

1. Administrative Functions
2. Monitoring and Supervision
3. Implementation/ Delivery of Health Services as per National and State Health Program and Schemes
4. Compliance of Acts and Rules
5. Disease Surveillance
6. Convergence and Community Participation
7. IEC Activities
8. Coordination
9. Financial Management
10. Others

Brief description of Duties and Responsibilities:

1. Administrative Functions

Following are the administrative functions of CMHO:

- a) CMHO is responsible for proper functioning of all health care facilities in the district; by ensuring adequate and appropriate infrastructure, equipment, manpower and consumables. Also responsible for implementation of all National/ State Health Programs and Schemes and compliance of all Acts and Rules related to health care.
- b) CMHO is responsible for reallocation of medical (with permission from higher authorities) and paramedical staff in case of vacancy created due to transfer/deputation or any other reason at Sub center, PHCs and CHCs.
- c) Carry out inspections and undertake tours as per norms laid down by the government and ensure same for subordinate officers. Take stock of all monitoring report and take follow up action accordingly with a feedback to higher authority.
- d) Identify weak performing institutions on the basis of monthly reports and identified indicators and take suitable action/ supportive supervision to improve performance
- e) Take disciplinary action against defaulter Nurses, Paramedics and Ministerial and support staff. CMHO can initiate enquiry against Specialist/SMO/MOs, although decision will be taken at DMHS.
- f) CMHO has Administrative control over Food Safety Officer and drug Inspectors. CMHO will ensure to take report from ADC for drug quality control.
- g) CMHO will facilitate the strengthening of PRI in context of health and family planning programme.
- h) All officers and paramedical should work under over all supervision and direction of CMHO. CMHO is the incharge of all medical and paramedical staff in the District. Should have good liaison with PMO for effective implementation and monitoring of programs and schemes at DH.
- i) Ensure circulation of all orders and circulars at all level.

- j) Ensure constitution / functioning of all prescribed committees as per program guidelines at District, Block and Facility level.
- k) Constitute Board as and when required on request of District Administration.
- l) Ensure Prescription Audit at Facility level
- m) CMHO will give priority to the moral boosting of subordinate staff by attending to their administrative needs and personal growth.
- n) Prompt and timely action after appropriate enquiry on complaints against public servants

With other administrative functions, CMHO will also ensure following:

- a) Problems and grievances of the staff are addressed timely.
- b) Timely reply in court cases and expeditious implementation of orders of the courts through concerned Officers (Dy. CMHO-Health).
- c) Appropriate land acquirement (location accessible to maximum community) and supervision of building during construction; handing over – taking over and maintenance for functionality, timely maintenance of the Infrastructure in all District Health Facilities.
- d) Timely presence of the staff particularly in rural areas and send monthly information to the competent authority on this in the prescribed format. Bio metrics attendance is compiled and verify the same for payments and attendance
- e) Timely and adequate supply of drugs, medicines and equipment to health institutions and also ensure their proper utilization and re-appropriation, maintain adequate buffers in district stores to meet emergent needs particularly during epidemics, emergencies, mop up rounds.
- f) Annually physical verification of permanent equipment of each facility of the district and reallocate items within a facility or other facilities as per the requirement. Timely disposal of obsolete store items, drugs, equipments, furniture, fixtures and vehicles. If required take support of Joint Director.
- g) Ensure that every health facility is following latest BMW Rules and has connectivity with CTF.
- h) Availability of Drugs and Diagnostic services at all facilities of the districts
- i) Compilation of Annual Appraisals (APR), fill for those falling under CMHO. Compile details of immobile property.
- j) Implementation of Clinical Establishment Act as per provisions.
- k) Ensure display of Citizen Charter with available services and contact number of responsible person for easy access to the community at each and every Health Facility of the District.
- l) Develop proper referral system by ensuring referral linkages for each facility with contact details of specific Facility.
- m) Ensure availability of integrated ambulance services in the District
- n) Display grievance re-dressal mechanism at District, Block and CHC/ PHC level

2. Planning, Monitoring and Supervision

- a) CMHO will do quarterly/monthly monitoring of the functions of health facilities of all levels within the district and take steps that these institutions function as per the objectives or guidelines.
- b) Ensure and monitor that all the health facilities in the District are functional along with maintained infrastructure and functional equipments.
- c) CMHO will ensure submission of Monthly hospital indicator reports to DMHS
- d) CMHO will do the monitoring and tracking of Health and Demographic Indicators of the district
- e) Ensure that all health facilities are sending names of personnel for nominating for specific training as

per their needs and need of the facility.

- f) CMHO has the responsibility of monitoring of training batches going on at the district. CMHO will ensure timely achievement of Physical and Financial achievement of Training Targets and Quality of Trainings.
- g) Ensure monitoring for payments or benefits under all health related schemes and programs are reaching to the beneficiaries.
- h) Ensure disbursement/ resolution of all matters related to health functionaries like – salary/ fixation/ pension benefits and arrears/ TA/ Medical bills/ Annual increments.
- i) Ensure monitoring is done for VHSNC and other health committees and their functionality.
- j) Ensure that all District committee meetings (such as DHS, DQAC) are held timely as per schedule and minutes are shared with competent authority with timely execution on decisions.
- k) Conduct monthly meeting- Block meeting, Meeting of Medical and Paramedical Staff.
- l) Compile and collate monthly data received from facilities on outcome level indicators, especially those related to cases of adverse outcomes/complications in maternal, neonatal and child health, maternal, infant and child deaths (all cases), disease control programmes and share it with State.
- m) Co-ordinate for preparation of NHM-PIP and ensure its implementation in the district.

3. Implementation/ Delivery of Health Services as per National and State Health Programs and Scheme

- a) Ensure effective implementation and achievement of the ELA's/Targets under NHM Components/National and State programs through general control, supervision and active co-operation of BCMO, PMOs, CHC and PHC In charges their team and in convergence with other related departments, as per the Annexure No 1.
- b) Ensure effective and timely achievement of physical and financial target of all the above through respective officers e.g. BCMO, PMOs, CHC and PHC In charges, their team etc.

4. Compliance of Acts and Rules

Facilitate, Co- ordinate, supervise, monitor and ensure implementation of the provisions of the Acts and Rules in the District, as per Annexure No 2.

5. Disease Surveillance

- a) Ensure that final diagnosis of the patient in OPD and IPD are maintained at each facility of District for creating disease specific data base.
- b) CMHO has to monitor weekly IDSP data to curb the looming outbreak at the inception.
- c) Introduce and implement a system to identify early warning symptoms of seasonal diseases and take effective steps for prevention and control.
- d) Prepare an annual database for emerging pattern of diseases through collection of data (C to E registers)/ IDSP data and compare it with last year's number and plan appropriate interventions for effective prevention and control of disease.
- e) Close surveillance of vaccine preventable diseases and take effective steps for control/ prevention as the situation warrants.
- f) Identify causes of maternal and child morbidity and mortality and take remedial steps for effective control.
- g) Make collated calendar of activities, including IEC, using local festivals for timely preparedness to control seasonal diseases.

6. Convergence and Community Participation

- a) Coordination with other departments such as ICDS, Education, etc
- b) Take necessary steps to involve community, NGOs, Panchayati Raj Institutions, social and religious leaders, other government departments and public representatives in planning, implementation and awareness generation of Health and FW Programme.
- c) Ensure timely VHSNC and MAS meeting in the District
- d) Ensure timely meeting of RMRS at Facility level
- e) Make efforts to strengthen of ASHA program in District
- f) Take steps to involve Private Sector in Health and FW for making health and agenda of the community itself
- g) Direct ANMs and ASHAs to keep close contact with influencers and other volunteers to be used when needed for dealing with specific situation
- h) Ensure coordination and support through developmental partners.

7. I.E.C. Activities

- a) Prepare IEC activities plan relating to Health and FW in the district and ensure timely execution through District IEC Coordinator, PRIs, Other government departments, ICDS, NGOs, School Children and Developmental Partners
- b) Create awareness and disseminate information regarding the benefits available under various schemes/program of the Ministry and to guide the citizens on how to access them
- c) Spreading information on the preventive and promotive healthcare for the adolescents, newly married couples, expectant mothers, lactating mothers, newborns and children

8. Coordination

CMHO will act as Member Secretary of District Health Society (district co-ordination committee under chair of District Collector) and District Health Mission.

- a) CMHO will act as Member Secretary of District level co-ordination committee/District Health Society and District Health Mission.
- b) Ensure effective coordination with Panchayati Raj Institutions as laid down in government instructions from time to time and also ensure effective implementation of government orders in this regards.
- c) Convene regularly the meeting of the District Health Society and other committee at district level and ensure implementation and follow up of the decisions of these committees.
- d) Maintain close co-ordination with District Collector, PHED, ICDS, Women and Child development, Ayurved, Veterinary and Animal Husbandry, ESI, Municipalities, Pollution Control Board, Panchayati Raj Institutions Education and Public Relation Department to seek their active co-operation in Health and FW Program
- e) Liasion with pollution control boards, Industry and Mines Department for preventing air and water pollution. Check that industries are taking an NOC from Pollution Control Board.
- f) Coordinate and Liaison with PMO regarding clinical services and programs.

9. Financial Management

- a) Ensure that the funds are spent strictly as per the provision of GF&AR and submit timely accounts of all the funds received directly or through budget under various programs. Ensure that District Health Societies render accounts in time and also get their accounts audited regularly.
- b) Ensure timely external and internal audits and timely compliance of all audit and inspection paragraphs.

- c) Take immediate action for embezzlement cases as per GF&AR and RTPP Act and Rules.
- d) Ensure full utilization of the budgetary allocations as per the scheme/program guidelines at all levels by timely allocating funds and getting SoE and UCs.
- e) Monitor and guide the activities of Rajasthan Medicare Relief Societies at Satellite, Sub District Hospitals, CHCs and PHCs and ensure proper utilization of funds.
- f) Ensure that instructions of Finance Department are followed from time to time.
- g) Ensure timely distribution, availability and use of untied funds at all facilities and institutions
- h) Ensure timely tender for services and commodities
- l) Ensure that funds for trainings are utilized as per the norms and settled with timely SoE and UC and refunds to allocating institution

10. Others

Maintain coordination with PMOs to ensure effective liaison between primary and secondary health care services and effective support for implementation of all national health programmes.

Thus CMHO would be a Visionary, Planner, Analyst, Action taker, Leader and Trainer for the whole district. CMHO can and should think of innovations for betterment of services in the larger interest of the community.

CMHO should carry out other orders as given by competent authority from time to time.

Job Responsibilities of Deputy CMHO (Health)

Reports to: CMHO

Controls: All National Health Programs at District level (Except RCH program)

Responsible for :

1. Implementation/ Delivery of Health Services as per National Health Programmes at Districts
2. Administrative Functions
3. Compliance of Acts and Rules
4. Monitoring and Supervision
5. Convergence
6. Financial Management
7. Others

Brief Description of Duties and Responsibilities:

1. National Health Programmes

Dy. CMHO Health is responsible for effective implementation including creating awareness, supervision, monitoring and achievement of the ELAs/Targets under the following National Programmes through general control and supervision and active co-operation of District Program Officers, as per Annexure No. 1 and Safe Water, Sanitation and other Health Programmes.

2. Administrative Functions

- a) Ensure Proper management of Office by delegating Jobs and taking time to time feedback.
- b) Ensure proper delegation of duties to all peripheral Staff and take time to time feedback and review for effective implementation of all National Health programs.
- c) Entire field staff of Health and FW of the sub-division will be under direct administrative control of Dy. CMHO. Dy. CMHO will have authority to propose disciplinary action against all gazetted and non gazetted employees
- d) Ensure timely and adequate supply of drugs, reagents, medicines and equipment except those supplied by RMSCL to health institutions and also ensures their proper utilization. Maintain adequate buffers in all stores to meet out emergent needs particularly during epidemics, emergencies, flood, famine etc. and mobilize resources.
- e) Ensure re-appropriation of drugs, reagents and other consumables, medicines and equipment between the facilities
- f) Ensure that all programme related administrative, financial reports are sent to CMHO on scheduled dates.
- g) Identify weak performing institutions on the basis of monthly reports and take suitable action to improve performance and inform to CMHO. Ensure disciplinary action against non-performers.
- h) Timely reply in court cases and expeditious implementation of orders of the courts
- i) Ensure that the problems and grievances of the staff are solved promptly.
- j) Ensure prompt action on public grievances.
- k) Prompt and timely action on complaints against public servants and initiate enquiry

- l) Identify training need of the health staff and help RCHO in making District training plan for PIP.
- m) Ensure proper IEC activities relating to National Health Programs in the District through facility in charges.
- n) Ensure that all assigned health facilities in the district are conducting meetings of RMRS and utilizing RMRS funds for the welfare of the patients.
- o) Actively participate in RMRS meetings if Dy. CMHO is Chairman of RMRS of any block level Health Facility. Proactively help in taking decisions to make the facilities functional for better patient care

3. Compliance of Acts and Rules

Facilitate, Co-ordinate, Supervise and Monitor and ensure implementation of provisions of the following Acts and Rules made there under:-

- a) COTPA Act 2003
- b) Mental Health Act, 2017
- c) Right of persons with disabilities Act, 2016
- d) Pre Natal Diagnostic Techniques Act, 2003 and
- e) Transplantation of Human Organs and Tissues Rules, 2014, Act, 1994
- f) Bio Medical Waste (handling and management) Rules, 2016 and 2018
- g) The Epidemic Diseases Act 1897
- h) All other health related legislation envisaging role of Dy. CMHO Health, as per Annexure No.-2

4. Monitoring and Supervision

- a) Carry out inspections and undertake tours as per norms laid down by the government and ensure the same for subordinate officers. Monitor the inspection reports and follow up action taken, intervene as and when required and report to higher authorities
- b) Monitor Proper water Sampling as per the Target.
- c) Monthly monitoring of the functions of sub-district hospitals, CHCs, FRUs, PHC and SC by visiting the institute personally and take steps with CMHO that these institutions functions as per the objectives.
- d) Ensure that all hospitals, CHCs, FRUs, PHCs and sub-centre in the District are following norms and standards for delivery of health care laid down by the state government/Gol.
- e) Take monthly review meeting for the health program's progress and help solve issues
- f) Conduct regular review meeting with the in-charge and other staff of all the health institutions in the District. He will collect, collate and analyze all the reports and ensure onward transmission to CMHO on due date.
- g) Check and ensure proper display of "Citizen Charter" and IEC material in the health facilities as well as at the proper places in the community.
- h) Ensure effective implementation of MNJY and MNDY at all Health Facilities of the District
- i) Prepare an annual database for emerging pattern of disease through collection of data (IDSP and C to E registers) and plan appropriate interventions for effective prevention and control of disease.
- j) Introduce and implement a system to identify early warning symptoms of seasonal diseases and take effective steps for prevention and control.
- k) Close surveillance of vaccine preventable diseases and take effective steps for control prevention as the situation warrants.

- l) Identify MO/Staff for specific training needs with the help of facility in charges and share it with RCHO for preparing District training action plan
- m) As In charge of CMHO Store, will check and ensure timely indent, supply and disbursement of drugs, vaccine and other items with maintenance of equipments, other than RMSCL. Maintain buffers in Store to meet emergent need particularly during disaster/ epidemic.
- n) Ensure that facilities are conducting disaster management drills.

5. Convergence

- a) Facilitate and ensure that all facility In-charges are taking due efforts to involve community, NGOs, Private Sector, Panchyati Raj Institutions, Social and Religious leaders, other government departments and Public representative in planning and implementation of Health Programme.
- b) Maintain close co-ordination with District Administration and other District Officials of PHED, ICDS, Women and Child, Ayurved, ESI, Municipalities, Panchayati Raj Institution, Education, Veterinary and Public Relation Department to seek their active co-operation in Health Programme.

6. Financial Management

- a) Supervise that all funds assigned for national Health programs are fully utilized
- b) Ensure that the funds are spent strictly as per the provision of GF&AR, RTPP Act and Rules and instructions of Finance Department from time to time.
- c) Supervise timely submission of accounts, SoE and UCs of all the funds received directly or through budget under various programmes.
- d) Ensure timely compliance of all audit and inspection paras.
- e) Ensure all purchase is done as per RTPP Act and Rules

7. Others

Execute any other duties assigned by CMHO and any other authority.

Job Responsibilities of Additional CMHO/Deputy CMHO (Family Welfare)

Reports to: CMHO

Controls: FW component in the District

Responsible for :

1. Implementation of National Family Welfare Programme
2. Administrative Functions
3. Community Participation
4. IEC Activities
5. Monitoring and Supervision
6. Implementation of Act and Legislations
7. Financial Management
8. Others

Brief Description of Duties and Responsibilities:

1. Implementation of National Family Welfare Programme

- a) Ensure reducing unmet need of District by improved access to voluntary family welfare services, supplies and information.
- b) Expanding the basket of choices and scaling up usage of current methods available.
- c) Provision of services to all beneficiaries, including adolescents through an integrated RMNCH+A approach.
- d) Increasing access to contraceptives through community health workers.
- e) Ensuring recommended birth spacing through generating awareness using Peripheral worker, media, community participation and making services available at the door steps .
- f) Strengthening sterilization services through quality service delivery during fixed day service (FDS).
- g) Ensuring quality FP services in District through existing standard operating protocols – leading to skill enhancement of providers and better counseling and monitoring
- h) Ensuring availability of free commodities, through strengthened commodity supply system in public health facilities for all eligible couples and adolescents seeking contraceptive services
- i) Addressing equity and gender sensitivity in access to quality services and supply for the poorest and most vulnerable

- j) Fostering partnerships with non-government sector for improved service delivery
- k) Raising awareness on the positive impact of Family Planning.

2. Administrative Functions

- a) Dy. CMHO will be responsible for implementation, supervision and monitoring of overall Family welfare Programmes and ensure achievement of Family Welfare ELAs.
- b) Plan, Organize and monitor FDS. Ensure facilitation of Fixed Day Services for quality Family Welfare services and their monitoring
- c) Ensure quality of services under family welfare
- d) Ensure services under Indemnity Scheme
- e) Ensure proper documentation of all FW activities at the Facility level
- f) Ensure regular meeting of DQAC, DPIB and District indemnity subcommittee.
- g) Ensure proper implementation of Balika Sambhal Yojana.
- h) Ensure that Community Needs Assessment (CNA) survey is done by field functionaries every year before 1st April and develop ELA and Annual Plan accordingly.
- i) Ensure entry and updation of CNA data in ECTS
- j) Address grievances related to FW interventions (providers and users).
- k) Ensure timely payments of incentives and compensations under FW schemes (to beneficiaries, motivators and service providers)
- l) Timely reply in court cases and expeditious implementation of orders of the courts.
- m) Ensure that all programme related administrative, financial reports are sent to CMHO on scheduled dates.
- n) Ensure all staff are well versed with latest developments related to FW and plan for skill upgradation whenever and wherever required.
- o) Identify training needs of the health staff and help RCHO in making District training plan for PIP.
- p) Selection and training of doctors and para medical staff for various family welfare procedures e.g. Tubectomy (TT), Minilap, Laproscopy, NSV, Injectibles, IUCD, CAC and strengthening of Government facilities to work as MTP centres in the district
- q) Maintain data base of trained and untrained manpower on various components of FW and ensure that enough resource persons for each activity are available and all concerned staff members are trained.
- r) Facilitation of rational deployment of trained staff under FW by CMHO
- s) Entire field staff of FW of the district will be under direct administrative control of Additional / Dy. CMHO. Dy. CMHO will have authority to initiate disciplinary action against all gazetted and non gazetted employees.
- t) Prompt and timely action on complaints against public servants after proper enquiry .

- u) Identify weak performing institutions on the basis of monthly reports and take suitable action to improve performance. Ensure disciplinary action against non-performers.
- v) Ensure timely and adequate supply of commodities and equipments of FW at all level of health institutions and also ensure their proper utilization. Maintain adequate buffers in institution's store
- w) Ensure Quality Comprehensive Abortion Care services are available in the District.
- x) Ensure establishment of Family Planning Counseling Corners at all health facilities of the districts

3. Community Participation

- a) Take necessary steps to involve Community, NGOs, Panchyati Raj Institutions, Social and Religious leaders, other government departments and Public representations in planning and implementation of Health and FW Programme.
- b) Activate Village Health and Sanitation Committees to closely monitor all family welfare activities in the community.
- c) Take steps to involve private sector in Health and FW, for -
 - accreditation of Private hospitals for imparting quality family welfare services
 - organizing FDS, counseling on Spacing and limiting methods with involvements of NGOs and development partners.

4. I.E.C. Activities

Effectively implement the IEC activities relating to FW in the districts through:

- a) District IEC coordinator
- b) PRO
- c) Block Program Managers
- d) Panchayati Raj Institutions
- e) Other government departments
- f) Media and Social Media
- g) VHSNC committees

5. Monitoring and Supervision

- a) Conduct regular review meeting with the in-charges and other staff of all the health institutions in the district. Collect, collate and analyze all the reports on Family Welfare and ensure onward transmission to CMHO on due date.
- b) Additional/ Dy. CMHO Family Welfare is also nodal officer for Quality Assurance at District level and has the responsibility of programme implementation under QA at the district.
- c) Ensure regular meeting of District Quality Assurance committee/ DPIB and DISC at District
- d) Ensuring updation of data in applicable software (e.g. FPLIMS, Antara, ECTS, PCTS, ASHA Soft,

OJAS, e-Upkaran) at all levels and data checking for indenting of demand of FW commodities and supplies

- e) Monitoring of FDS for quality services FW services
- f) Monitor any other State/ District specific scheme –e.g. MPV at District level
- g) Ensure monitoring for District specific demographic statistics of Family Planning and generate reports on the same and display in the chamber as ready reckoner.
- h) Ensure that health facilities are having sufficient number of claim forms and using prescribed consent form, sterilization certificate and other documents for filing the FPIS claim.
- i) Ensure that Health Facilities are filing the FPIS Claims within the stipulated period as per the scheme.
- j) Monitor the low/high reporting trend of FPIS Claims, review the performance of the officials performing operation and report to concerned state officials for required action to be taken for improving performance.
- k) Ensure that Report on maintenance of quality, failure of sterilizations, complications or deaths attributable to sterilizations is submitted to the State.
- l) Carry out inspections and undertake tours as per norms laid down by the government and ensure for subordinate officers, monitor the inspection reports and follow up action taken.

6. Implementation of Acts and Legislations

Facilitate, Co- ordinate, supervise, monitor and ensure implementation of the provision of the following Acts and Rules made there under:-

- a) Pre Natal Diagnostic Techniques Act, 2003.
- b) Medical Termination of Pregnancy Act, 1971
- c) Bio Medical Waste (handling and management) rules, 2016 and 2018
- d) Drug and Cosmetic Act 1940
- e) Sexual Harassment of women at workplace Act, 2013
- f) All other health related legislation envisaging role of Additional / Dy CMHO-FW

7. Financial Management

- a) Dy CMHO - FW will have authority vested in head of office as per GF&AR / RTPP Act and Rules to operate budget head of both Health and FW department.
- b) Ensure that the funds are spent strictly as per the provision of GF&AR / RTPP Act and Rules and instructions of Finance Department from time to time.

- c) Submit timely accounts of all the funds received directly or through budget under various training and program heads.
- d) Ensure timely compliance of all audit and inspection paras.
- e) Timely disposal of obsolete stores and vehicles as per GF&AR / RTPP Act and Rules.
- f) Take immediate action for embezzlement cases as per GF&AR / RTPP Act and Rules.

8. Others

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of PMO at DH/SDH/Satellite Hospital

Reports to: Joint Director

Controls: District Hospital /Sub District / Satellite Hospital

Responsible for:

Provide curative, preventive and promotive care to patients along with following responsibilities:

1. General Administration of Hospital
2. Planning, organizing and monitoring health services
3. Supervision of Public Health and Hospital Management
4. Organizing Health Services
5. Human Resource Management
6. Management of inventory
7. Housekeeping, Maintenance and Security
8. Documentation and Reporting
9. Financial Management
10. Others

Brief description of Duties and Responsibilities:

1. General Administration

To fulfill the responsibilities in area of General Administration of Hospital, PMO will-

- a) Act with sense of ownership and feeling of oneness with staff and the community.
- b) Carry out Administration of District Hospital /Sub District / Satellite Hospital.
- c) Plan, organize and monitor work of the Hospital under PMO and will ensure preparation of yearly, monthly and weekly plans, implement them and review progress.
- d) Make all efforts to resolve the constraints, if any, faced by the Staff during working at Hospital.
- e) Organize hospital services in accordance with the orders, instructions and regulations issued from time to time by higher authorities.
- f) PMO will register a Medical Relief Society (if it is not already registered) and ensure yearly declaration of list of members to the registration Authority)
- g) Decide user charges for common points in CHC services with the help of other specialists/MOs, member of RMRS. PMO can plan to provide services to help patients, PMO will benefit both patients and providers e.g. Cycle stand, canteen, Dharmshala, Cafeteria etc. PMO will use Revenue generated by RMRS for improvement in Health care facility.
- h) Ensure that expectations, grievances and suggestions of the patients, authorities and community are taken care during providing health services through Hospital.
- i) Ensure conflict management among Staff and community. PMO may implement suggestion and recommendation made by Deputy Superintendent /Deputy Controller within norms.
- j) Ensure that all the resources allotted to the Hospital are fully and optimally utilized and economy is observed in the functioning.
- k) Liaison with Other health institutions/ Departments and Agencies concerned with hospital work. Maintain close coordination with District Collector, PHED, Women and Child department, ESI,

Municipalities, Education, Police, Panchayti Raj, Public Relation Department etc to seek their cooperation in RMNCH+A and all National Programmes

- l) Issue orders as necessary for carrying out hospital duties and for maintenance of discipline.
- m) Ensure convening the meeting of RMRS on regular frequency and exercise the interest of the hospital and community. Ensure timely implementation of decision taken in the meeting
- n) Ensure that service delivery points are complying with quality guidelines. Ensure periodical standing instructions regarding this pertaining to the various Hospital departments are periodically reviewed and updated.
- o) Ensure Implementation of National/State level health programs/project and schemes
- p) Actively involved in media management and public relation
- q) Ensure implementation of rules and regulation under various Acts such as – RTI, RTPP, Public Service delivery act, environment protection Act, COTPA, PCPNDT, AERB and all other prevailing Acts etc and Quality Management
- r) Ensure that office procedures are followed as per prevailing State Act and Rules.
- s) Ensure Prescription Audits
- t) Constitute various committees (Infection Prevention Committee, Drug and therapeutic committee, Quality Assurance, Committee for review of Facility based Maternal and Child Death Audits etc)

2. Planning, Organizing and Monitoring Health Services

PMO will ensure following planning tasks:

- a) Periodic review of present and future health care needs by involving all concerned stakeholders.
- b) Planning improvements and modernization of quality health care delivery, implementing them or submitting such proposals to the authority for further action.
- c) Keeping abreast of the latest developments in health care and introducing changes for better functioning of the hospital.

3. Supervision of Public Health and Hospital Management

PMO will have following responsibilities under Public Health and Hospital Management:

- a) Administration of preventive vaccinations whenever required. This must include medical check-up and vaccination of Staff as well.
- b) Organise Disaster Management drills from time to time, as per guidelines
- c) Constitute Rapid Response Team for Outbreak investigations and institute remedial measures when required
- d) Notification of outbreak of any infectious disease or notifiable disease to concerned authorities, investigation of the same and preventive action.
- e) Organize Outreach Camps as per State Guidelines
- f) PMO will ensure supervision of general sanitation of Hospital, through following measures:
 - (i) Pest and animal control measures are taken in Hospital
 - (ii) Open areas, abandoned/ dilapidated building within the premises are maintained, no water logging, and ensure no unauthorized Occupation in Hospital building is permitted
 - (iii) Hospital Infrastructure is well maintained
 - (iv) Furniture and fixtures at Hospital are well maintained
 - (v) Junk material is placed at designated place

- (vi) Measures have been taken for water conservation and water harvesting
- (vii) Staff working area/ places are clean and arranged in systematic manner
- (viii) Ward, Circulation Area, procedure areas, ambulatory areas, auxiliary areas of Hospital are clean
- g) PMO will also ensure following:
 - (i) Supervision of safety of drinking water.
 - (ii) Hospital is specially-abled friendly
 - (iii) Display of Citizen Charter, IEC material, SoP at desired places
 - (iv) All services are provided at Hospital as per guidelines
 - (v) Maintenance of health statistics with data analysis and its use for improvement.

4. Organizing Health Services

PMO is responsible for organizing OPD, IPD, Emergency, Laboratory, Labour Room, ICU, SNCU, Immunization Clinic, Family Planning Clinic, NCD Clinic, Blood Bank, OT, ICTC, Isolation wards, Mother Milk Bank, etc as per National/State Standards to make the quality services available to the patient and accessible without hassle. PMO is responsible for ensuring availability of all infrastructure, equipment, manpower, drugs and consumables as per standards and need of the speciality. PMO will also ensure that patient privacy is maintained at all levels. Following provisions will also be ensured by PMO:

- a) Reception counter should be easily accessible from the main entrance. This will also act as “May I help you desk”.
- b) Computerized registration counter for OPD/IPD, as per patient load with all information about availability of services
- c) Display Signages from entrance to relevant service delivery points (bold and visible, in local language with arrows showing direction).
- d) Citizen Charter is displayed and IEC are placed appropriately
- e) Appropriate Waiting areas with adequate sitting arrangement, availability of safe water, public utility and Electronic display of IEC materials/messages for prevention and control of major diseases
- f) Accident and emergency is adjacent to OPD and easily accessible from road; providing round the clock emergency services with minor OT and Emergency Obstetric Care available round the clock.
- g) Indoor facilities are separate for males and females; with round the clock nursing care; clean bed linen and environment.
- h) Diagnostic services should be easily accessible within the premises of the hospital
- i) All essential drugs and medicine are available, stored appropriately and stocks are well maintained and physically verified regularly
- j) Ensure that Operation Theaters are managed under strict asepsis with Theatre Sterile Supply Unit (TSSU) functioning for Operation Theater; Minor Operation Theatre, Injection/Dressing room as well as Indoor Patients. There is generator back-up for electricity; equipment and supplies are well looked after in OT.
- k) Ensure that Hospital follow Standard Treatment Guidelines given by State
- l) Ensure that In and Out Referral Registers are being maintained. Random assessment of register must be ensured. Advance communication is taking place before referring a patient, with maintained life support.
- m) Manage ambulance services as and when required. All cases which need to be referred to higher institution, will carry detail note of patient's conditions and what has been done so far.

- n) Facilitate, co-ordinate, supervise, monitor and ensure implementation of the provision of the Acts and legislations related to Health Department (COTPA, MTP, PCPNDT, PWD, FSSAI and BMW etc)

5. Human Resource Management

Following are the Human resource Management responsibilities of PMO:

- a) Allot duties to Specialists and MOs in consultation with Deputy Controller and will ensure that the nursing staff's duties are in liason with clinical staff, in coordination with Nursing Superintendent .
- b) Ensure rational deployment of available staff.
- c) Conduct periodic meetings with various categories of staff to pass on instructions, assess their grievances and take feedbacks.
- d) Ensure nomination of health personnel in specific trainings so that they have the required skills, attitude and confidence to manage their assigned duties. PMO will regularly evaluate performance after training and report to higher authorities.
- e) Ensure discipline and ethics among staff.
- f) Review performance of all subordinate staff and timely submit the performance appraisal report to concerned.

6. Inventory Management

Following are the responsibilities of PMO under Inventory Management:

- a) Timely procurement of adequate quality drugs, equipment, furniture, etc., inspection, storage, distribution and maintenance.
- b) Ensure Periodic calibration of equipment. Annual Maintenance Contracts may be done with agencies to ensure this.
- c) Timely condemnation and replacement of items in Hospital and their periodic stock verification.
- d) Timely, economical and proper utilization of Stores. Annual and surprise periodical verification of Store

7. Housekeeping, Maintenance and Security

Under Housekeeping, maintenance and security responsibilities, PMO will ensure that Quality Assurance /Kayakalp /Infection Prevention/ any other guidelines of National/State level are followed. PMO will also ensure implementation of latest and updated Bio Medical Waste Management Rules and amendments.

8. Documentation and Reporting

- a) PMO will ensure documentation for every programme and activity as per the programme/ state guidelines.
- b) Timely submission of all reports.
- c) Proper maintenance, accounting and periodic disposal of hospital records.
- d) Compilation of hospital and health statistics.
- e) Prepare an Annual Data Base for emerging pattern of diseases through collection of data from OPD, indoor and death registers.
- f) Ensure that information on notifiable diseases is sent in time to concern officials

9. Financial Management

PMO bears the responsibility of complete Financial Management of the Hospital services and financial flows under National /State level schemes/programmes. Along with the accounts team, PMO will ensure following under Financial Management:

- a) Ensure that funds are spent as per the provision of GF&AR/RTTP Act and Rules and as per the directions of finance department, Government of Rajasthan from time to time
- b) Submission of all accounts in time received directly or through budget under various programmes and get these accounts audited regularly.
- c) Ensure timely payment of the incentives to beneficiaries, motivators, service providers as per guidelines.
- d) Ensure full utilization of budgetary allocation as per scheme/programme guidelines.
- e) Monitoring and guide the activities of Medical Relief Society.
- f) Ensure timely compliance of all audit and inspection paras.
- g) Timely disposal of obsolete stores and vehicles.
- h) Ensure timely tendering for all required services

10. Others

Comply any other relevant order given by higher authorities in the interest of Medical Care Services.

Job Responsibilities of Reproductive and Child Health Officer (RCHO)

Reports to: CMHO

Controls: Reproductive, Child Health Services in District

Responsible for:

1. Implementation/ Delivery of Health Services as per program related to Maternal and Child Health (RMNCH+A)
2. Administrative Functions
3. Monitoring and Supervision
4. Compliance of Acts and Rules
5. Reporting and Documentation
6. Financial Management
7. Others

Brief Description of Duties and Responsibilities:

1. Implementation

RCHO has primary responsibility for proper implementation of Reproductive and Child Health programs. Following are the responsibilities :

a) Maternal Health, New Born and Child Health -

Effective implementation of Maternal and Child Health Program with particular emphasis on the following:

- (i) Antenatal, intra-natal and postnatal care of mothers.
- (ii) Set time bound progressive targets for Early Registration of pregnancy, complete and full ANC checkups, TT/TD Vaccination, supplementation of micro-nutrients for eg. IFA tablets/ Calcium/ multi vitamins etc, safe deliveries process including infection control with prescribed clean practices, early identification of danger signs in pregnant mother and HRP and their timely referral to hospital of emergency obstetric care etc.
- (iii) Ensure steps to promote institutional deliveries and closely monitor the work of respective health institutions for this activity.
- (iv) With the support of CMHO ensure availability of all equipments, Consumables, trained Staff and Blood supply unit (BSU) to provide emergency obstetric care services at FRUs, Sub District Hospital and District Hospitals and monitor progress on monthly basis.
- (v) With the support of CMHO ensure availability of Specialists and relevant staff at NBSU, SNCU etc and quality of services
- (vi) RCHO is the Nodal officer for RBSK and is responsible for overall performance of the programme at District level including field and institutional activities.
- (vii) Ensuring that all facilities are conducting monthly MDSR and CDR.
- (viii) Ensure delivery of services under various programs and schemes (JSY,RJSSK, KMK, PMSMA, Desi Ghee Scheme etc)
- (ix) Ensure timely payment of incentives to beneficiaries and providers under various programs and schemes

- (x) Ensure execution of Nutrition related programs
- (xi) Ensure implementation of Early initiation of Breastfeeding
- (xii) Ensure Home based post natal care in the community through ASHA and ANM .
- (xiii) Ensure reporting of all home deliveries and simultaneously plan to motivate community for 100% institutional deliveries.

b) Immunization -

- (i) Ensure Preparation of sector/ block wise Microplan for immunization
- (ii) Ensure Head Count Survey for immunization for every age group
- (iii) Ensure 100% achievement of complete and full immunization for beneficiaries in the district.
- (iv) Take care of Pulse Polio related activities.
- (v) Ensure Mop-up rounds are done timely as per guidelines.
- (vi) Ensure timely and adequate procurement and supply of vaccines and others supplies.
- (vii) Ensure availability and maintenance of cold chain equipments at all level of facilities as per standard norms and keep alternative arrangements for maintaining cold chain.
- (viii) Take requisite steps for ensuring potency of the vaccine during storage.
- (ix) Identification and strengthening AEFI Services
- (x) RCHO is the nodal officer for eVIN
- (xi) Ensure collection of data on:
 - Pulse Polio Surveillance.
 - Surveillance of Vaccine preventable diseases. Analyze this data and take effective steps to improve the situation in the district.
 - Track and report Deaths of mothers and children from vaccine preventable Disease.
- (xii) Keep close watch on outbreaks of vaccine preventable diseases and initiate effective steps for their control.

c) Training of MOs and supporting staff - facility in-charges should send needs for specific trainings to make the facility fully functional and to run all health programs to BCMO, who in turn will send compiled training needs of the block to RCHO to be included in District Training PIP. Ensure timely implementation and physical and financial achievement of training.

d) Effective implementation of Vitamin “A” prophylaxis

e) Ensure RKSK activities in the specific District where the program is being implemented. Sensitize and orient staff for rendering services to adolescents in all the Districts to address their nutritional, growth and development, accident and violence issues, substance abuse, Mental Health, reproductive and sexual health issues and health awareness to prevent NCD.

2. **Administrative functions**

- a) RCHO should have updated HR and Equipment status at all facilities in the district.
- b) Coordination and conduction for RCH committee meeting at District/Medical college level
- c) Ensure circulation of all orders, guidelines and circulars to all concerned
- d) Monitoring and Supervision of ANMTC within the district and ensure provision of quality academic trainings by ensuring adequate infrastructure – building, HR, required equipments/ skill labs etc, funds and allocation of trainings as per the capacity.

3. Monitoring and Supportive Supervision

- a) RCHO will carry out tours and inspections as per the norms laid down in the government order and submit tour notes to CMHO and concerned officers for effective functioning.
- b) RCHO will seek active assistance of NGOs, Social workers, PRIs, Social and political leaders in implementation of RCH programme
- c) Ensure that all essential items, drugs/ medicines/supplies are available at all facilities to ensure maternal, child health and adolescent health.
- d) Ensure that all standard practices for Safe delivery and child care are followed by staff at all level.
- e) Encourage innovations in delivery of Maternal and Child health care at District level.
- f) Ensure that all equipments and other logistics are available for safe deliveries and new born care.
- g) Monitor and review of Urban Health functionaries at District level for progress of RCH activities at Urban level
- h) Monitor to ensure SOPs of infection prevention are followed and quality counseling services are provided at facilities and at community level by field functionaries, example at Urban PHC, City Dispensaries, etc. Control activities under Revamping Scheme.
- i) Ensure monitoring and analysis of maternal and child health indicators at District level and RCH services utilization eg PCTS, ASHA soft etc
- j) Ensure regular skill updation of all staff (Specialist, MO, SN, ANM, ASHA and others) to provide quality maternal, child and adolescent care at all service stations including Labour room, NBSU, SNCU and outreach activities
- k) Ensure that all Health workers are SBA, RI and NSSK trained and all MOs are trained in Routine Immunization/ NSSK and BEmOC, etc.
- l) Ensure Monthly Review of Maternal Death and Child/Infant Death
- m) Child Health Indicators monitoring-SNCU, NBSU, NBCC and Quality services
- n) Monitoring through eVIN and other applicable software.
- o) Ensure monitoring of 30% sessions of MCHN Days

4. Compliance of Acts and Rules

Facilitate, Co- ordinate, supervise, monitor and ensure implementation of the provision of the Acts and Rules relevant to his/her services as per Annexure - No. 02.

5. Reporting and Documentation

- a) Ensure timely reporting and documentation of physical and financial progress of all the programs and schemes being implemented in the District at government and private health facilities
- b) Ensure monitoring and analysis of Maternal and Child Health including Immunization indicators at District level and RCH services utilization.
- c) Conduct referral audit and send recommendations for corrective measures of all RCH services.
- d) Reporting related to MDSR and CDR
- e) Any other documentation and reporting required by the State or national authorities .

6. Financial Management

- a) Monitoring of timely utilization of funds as per guidelines and submission of Expenditure details- SoE and Utilization certificates of all the activities implemented under supervision of RCHO office.
- b) Assist and coordinate in any other activities assigned by CMHO

7. Others

Any other task assigned by the CMHO and State Authority.

Job Responsibilities of Block Chief Medical and Health Officer (BCMO)

Reports to: CMHO

Controls: All employees in the jurisdiction of Block under Public Health care delivery system

Responsible for:

1. Administrative Functions
2. Monitoring and Supportive Supervision
3. Disease Surveillance
4. Community Participation and Convergence
5. Implementation/ Delivery of Health Services as per National and Health Programmes at all Facilities of the Block
6. Compliance of Acts and Rules
7. Financial Management
8. Reporting and Documentation
9. Others

Brief Description of Duties and Responsibilities:

1. Administrative Functions

- a) Responsible for initializing reallocation of Medical and Paramedical staff in case of vacancy created due to transfer /deputation or any other reason particularly at PHCs in the Block, where MO is not posted.
- b) Ensure presence of the staff on duty, particularly in rural areas and send monthly information to the competent authority in the prescribed format.
- c) Carry out inspections and undertake tours and ensure the same for the subordinate officers, as per norms by the government and send compiled monitoring report to the higher authorities. Take follow-up action on the monitoring and the inspection report submitted by subordinates.
- d) Ensure prompt disposal of the problems and grievances of the staff which can be solved at BCMO level and forward remaining to CMHO promptly.
- e) Ensure timely reply in court cases and expeditious implementation of orders of the courts.
- f) Identify weak performing institutions on the basis of monthly reports and take suitable action to improve performance. Ensure initiation of disciplinary action against non-performers.
- g) Ensure timely and adequate supply of drugs, medicines and equipment to health institutions and also ensure their proper utilization by timely complaint on E-Upkaran and re-appropriation between facilities. Maintain adequate buffers at block level to meet emergent needs particularly during epidemics, emergencies, flood, famine etc.
- h) Facilitate the strengthening of PRI in context of health and family welfare programme.
- i) Give priority to the moral boosting of subordinate staff by attending to their administrative needs and personal growth.
- j) Conduct monthly meeting of Medical and Paramedical Staff.
- k) Ensure Prompt and timely action on complaints against public servants.
- l) Ensure Bio metrics attendance is compiled and verify the same for payments and attendance

- m) Ensure all facilities of the block are well maintained, availability of manpower, supplies, etc. infrastructure management of all the facilities
- n) Ensure annual physical verification of permanent equipment at each facility in the Block and reallocate items within or other facilities as per the requirement with the support of CMHO.
- o) Ensuring functional Labour Rooms, OT, NBSU and NBCC as per standards
- p) Ensure that Registration of all facilities is done under Pollution Control Act and CTF connectivity.
- q) Make Rapid Response team-for emergency, accident and ensure it is functional

2. Monitoring and Supportive Supervision

- a) Ensure monthly monitoring of the functions of CHCs, PHCs, Sub centers and AWCs within the Block and take steps that these institutions function as per the objectives including compliance of Quality assurance and Kayakalp Measures.
- b) BCMO will do the monitoring and tracking of Health and Demographic Indicators of the Block.
- c) Ensuring development of microplans of concerned programs and its implementation by overall supervision of all Health facilities.
- d) Monitoring to ensure Eligible Couple Survey is done by field functionaries within the stipulated time (by 1st April of each year)
- e) Ensure all the facilities are conducting specific essential investigations as per MNJY /State norms
- f) Ensure all the facilities are distributing essential free drugs under MNDY as per norms
- g) Monitor ongoing training batches in the Block and will ensure timely achievement of physical and financial achievement of Training Targets and Quality of Trainings.
- h) Ensure monitoring for payments or benefits under all health related schemes and programmes are reaching the beneficiaries
- i) Facilitate CMHO in disbursement/ resolution of all matters related to health functionaries such as – salary/ fixation/ pension benefits and arrears/ TA/ Medical bills/ yearly increments.
- j) Monitoring and Supportive supervision for performances enhancement of Block functionaries and quality services at all facilities under the Block.
- k) Monitoring of proper documentation and reporting of all Health programs in the block
- l) Ensure monitoring is done for VHSNC and other health committees and their functionality
- m) Ensure use of Mesoprestol, in all health facilities where Home deliveries are still prevalent.

3. Disease Surveillance

- a) Ensure preparation of annual database for emerging pattern of diseases through collection of data (C to E registers) and plan appropriate interventions for effective prevention and control of disease.
- b) Introduce and implement a system to identify early warning symptoms of seasonal diseases by effective monitoring and surveillance till peripheral level and take effective steps for prevention and control through Medical Officers and ANMs.
- c) Close surveillance of vaccine preventable diseases and take effective steps for control/ prevention as the situation warrants.
- d) Ensure MDSR and CDR activities at all health facilities of the block. Identify causes of maternal and child morbidity and mortality and take remedial steps for effective control.

4. Community Participation and Convergence

- a) Take necessary steps to involve community in planning and implementation of Health and FW Programme at the Block level.
- b) Ensure proper implementation of MCHN day
- c) Ensure VHSNC committees are formed, meetings are organized and committees are functional
- d) Ensure MDSR and CDR in the block and facilitation of Social audit on Maternal Death
- e) Ensure convergence with CDPO, NGOs, Panchayati Raj Institutions, Social and religious leaders, other government departments and public representatives
- f) Monitoring and supervision in coordination with Education department
- g) Ensure health services and emergency management for any Social gathering and Cultural-Religious Activities such as Mela-Ensuring safe drinking water, hygiene and sanitation.
- h) Ensure IEC activity for all health related activities and awareness in the Block
- i) Ensure involvement of ASHA for community mobilization for services under various health schemes and programs

5. Implementation / Delivery of Health Services as per National and State Health Programmes and all programs under National Health Mission at all Facilities of Block.

- a) Ensure effective implementation and achievement of the ELA's/Targets under NHM Components/National and State programs through general control, supervision and active co-operation of MO and their team and in convergence with other related departments, as per the Annexure No 1.
- b) Ensure effective and timely achievement of physical and financial target of all the above through respective officers e.g. MO In charges, BPM, MO, Project coordinators, etc.

6. Compliance of Acts and Rules

Facilitate, Co-ordinate, supervise, monitor and ensure implementation of the provisions of the Acts and Rules in the zone, as per Annexure No 2.

7. Financial Management

- a) Ensure that the funds are spent strictly as per the provision of GF&AR/RTTP Act and Rules, Submit timely accounts of all the funds received directly or through budget under various programmes.
- b) Ensure timely compliance of all audit and inspection paras.
- c) Take immediate action for embezzlement cases as per GF&AR/RTTP Act and Rules.
- d) Ensure full utilization of the budgetary allocations as per the scheme/programme guidelines.
- e) Monitor and guide the activities of Medicare Relief Societies in the block at ensure proper utilization of funds.
- f) Ensure effective implementation of various government provisions, schemes and provisions in terms of increased utilization.
- g) Follow instructions of Finance Department from time to time.
- h) Coordination for AG, External and other State Audits
- i) Maintain coordination with Hospital In-charges – CHC, PHC etc to ensure effective liaison between primary and secondary health care services and effective support for implementation of all national health programmes.

8. Reporting and Documentation

- a) Reports demographic Indicators of Block to State authorities through CMHO.
- b) Ensuring timely entries in Forms of No 6, 7, 8, and 9 and their submission to higher authorities.
- c) Ensure functionality of all applicable health related software and ensure timely entries and updation in all softwares like ECTS, PCTS, E aushidi, E-Upkaran, ASHA Soft, FPLMIS etc .
- d) Prepare annual training plan, including names of health personnel for nomination in specific Training and send it to be included in State PIP through RCHO.
- e) Monitoring of proper documentation and reporting of all Health programs in the block

9. Others

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Deputy Superintendent/Deputy Controller

Reports to: PMO of DH/SDH/ Satellite Hospital

Controls: Medical and Paramedical staff in liaison with PMO

Responsible for:

1. Patient care
2. Administration
3. Human Resource Management
4. Documentation
5. Quality Assurance
6. Implementation of Act and Legislations
7. Finance and Procurement
8. Others

Brief Description of Duties and Responsibilities:

1. Patient Care

- a) Services in the concerned specialty or as MO for outpatients, inpatients and emergencies. Examine diagnose, treat and follow up the patients.
- b) Ensure respectful patient care ensuring dignity, privacy and confidentiality.
- c) Administer and Monitor medication compliance/side effects and accordingly change treatment
- d) Provide appropriate patient care and surgical procedures, as per his/her specialty.
- e) Providing surgical care after proper consent, with pre- and post-operative care and follow up if applicable.
- f) Liaison daily with staff including other doctors, Paramedical staff, non-medical managerial and support staff, take feedback for effective management of services and support.
- g) Timely referral of patients (with due life support), who cannot be managed at facility.
- h) Maintain a referral register to keep a check on unnecessary referrals. Analyze register's data to find out unnecessary "in" and "out", referrals and take control measures.
- i) Ensure all the SoPs for important activities are displayed at right place and followed (frequently counter check).
- j) Coordination with other departments for comprehensive patient care.
- k) Provide counseling to patient on promotive, preventive, curative, and rehabilitative aspects of care, as and when required. Organize/ participate in community awareness campaigns.
- l) Practice professional ethics.
- m) Must treat and counsel patient in empathetic, respectful manner themselves and ensure that all his/her subordinate staff is complying with this code of conduct. Respectful quality care is patient's right.
- n) Always ensure gender sensitivity in words and actions- make sure some female attendant is accompanying with female patient during examination

2. Administration

- a) Support PMO in general administration of the Hospital
- b) Take regular rounds of the hospital to ensure qualitative services of requisite standards
- c) Have Citizen Charter available and rightly displayed at Hospital
- d) Ensure display of all available services for patients and community.
- e) Ensure availability of chart depicting available services and locations with Signage in Hospital
- f) Arrange "May I help you" desk at the entrance of Hospital.
- g) Respond and take prompt actions to complaints of patients and community.
- h) Address to all queries from anywhere related to hospital in consultation with PMO.
- i) Assist PMO for all administrative/ operational jobs related to patient care.
- j) Manage patient health care services as per Standards, upto the satisfaction of patient by providing quality services.
- k) Taking Patient's Feedback on services provided by Hospital
- l) Prepare a conflict management plan and implement conflict resolution between patient and service provider and/ or between any one related to Hospital .
- m) Ensure all incentives and benefits are provided to patients on timely basis.
- n) Ensure the safety of patients, staff, land, building, equipment and materials.
- o) Any other job for upliftment and improvement of the hospital personnel, incorporate and implement the NQA Standards.
- p) Keep PMO posted with all the action taken for managing the hospital.
- q) Take care of 'destitute' to provide medical facilities to them.
- r) Check proper and regular supply of electricity and water in the hospital and make alternative arrangements.
- s) Ensure that ambulance should be ready and available all the time.
- t) Ensure the proper vigilance of the incoming and referred patients, attendants and other personnel
- u) Ensuring proper resources are available for the smooth work flow.
- v) Ensure preparedness for crises management
- w) Ensure preparedness of Hospital Staff for Disaster Management, provide trainings to staff, conduct drills
- x) Liaison with People for adoption of Wards/ Gardens / Canteen of Hospital.
- y) Help PMO in organizing RMRS meetings on timely and regular basis.
- z) Make plans to raise additional income of RMRS through donations, grants from government as well as other donor agencies, through tendering of Parking space, shops etc.

3. Human Resource Management

- a) Plan and prepare prescribed duty rosters for MOs regarding day/night, emergency duties and MLC etc. in consultation with PMO and ensure its effective implementation.
- b) Ensure that OPD should start in time, all staff including medical officers and specialists must come in time.
- c) Ensure that all staff and doctors be in uniforms.
- d) Ensure that concern person must be available in OPD/Ward/OT.

- e) Ensure implementation of National Programmes by the concerned Staff
- f) Identify training need and nominate right staff for trainings
- g) Train the staff regularly on Infection prevention, BMW rules and on other relevant areas .
- h) Initiate disciplinary action whenever needed and inform the PMO
- i) Identify weak performing staff and forward it to PMO for necessary action.
- j) Take periodic meetings of Staff, take their feedback for enhancing quality of services
- k) Facilitate Leave Sanction (day off, P.L and C.L of Medical officers) to staff by checking its genuinely
- l) Ensure in- house creche as per norms for children of Staff
- m) Ensure availability of canteen for Staff members

4. Documentation

- a) Help PMO to carry out all Documentation related activities
- b) Ensure proper maintenance of various records, registers and files. Digital records upkeep must be ensured.
- c) Check all relevant registers and records of the hospitals routinely.
- d) Ensure that online uploading of Data and online reporting of programs .
- e) Ensure maintenance and upkeep of Medical records of Deaths and Medico Legal report, provide it when demanded and needed.
- f) Ensure timely submission of all reports to District and State administration on timely basis

5. Quality Assurance

- a) Take round regarding cleanliness of hospitals and to see encroachment if any.
- b) Monitoring and Mentoring so that Hospital has valid authorization for Bio Medical Waste Management from Pollution control Board and follow all compliance under BMW Act 2016 and 2018
- c) Ensure proper disposal of biomedical waste as per BMW guidelines 2016 and 2018 and prevailing rules
- d) Develop Green areas, Herbal Gardens and Garden with plants and grass in the Campus of Hospital
- e) Check drug store and record room.
- f) Check availability of medicine and to manage drugs supply to BPL and poor patients.
- g) Supervise, monitor and mentor Health Manager in getting Kayakalp and Quality assurance parameters fulfilled for the hospital
- h) Set Protocols for House keeping in the Hospital and ensure their compliance by Staff
- i) Assist in educating and training the hospital personnel, incorporate and implement the Kayakalp and NQAS Standards.
- j) Review, update, monitor and audit Kayakalp and NQAS standards and take corrective and preventive actions as and when required.
- k) Ensure quality standards of Labour room (Lakshqya) and SNCU are met.
- l) Ensure that hospital has functional fire fighting system and ensure fire and physical safety of patients. Ensure proper placement of emergency exit signages.

6. Implementation of Acts and rules

Facilitate, Co- ordinate, supervise, monitor and ensure implementation of the provisions of the Acts and rules in the zone, as per Annexure No 2.

7. Finance and Procurement

- a) Help PMO in all Financial Management activities.
- b) Initiate procurement procedure for item required for smooth functioning of Hospital as per guidelines of RTPPACT
- c) Facilitate contracting in of services like cleaning and maintenance of buildings, security, waste management, scavenging, laundry, diet, etc. as per RTPP act.

8. Others

Any other task as assigned by the PMO / competent authority and ensure their successful completion

Job Responsibilities to Nursing Superintendent

Reports: Medical Superintendent / PMO

Controls: Nursing cadre at Hospital

Responsible for:

1. Planning and organizing Nursing Services in Hospital
2. Administration and Management
3. Quality Assurance and Infection Prevention
4. Staff Development
5. Documentation
6. Others

Brief Description of Duties and Responsibilities:

1. Planning and organizing Nursing Services in Hospital

- a) Ensure availability of Nursing Staff at every point of service as per duty roster.
- b) Ensure that nursing and treatment facilities including arrangements for emergency and standby arrangements are always available and functional.
- c) Visit all wards daily to ensure nursing care, diet, treatment and emergency care arrangements, housekeeping, infection control and waste disposal arrangements.
- d) Ensure clean premises, crowd management, availability of emergency transport, parking lot, canteen, Drug distribution and sample collection centre in the Hospital.
- e) Ensure that instructions given by medical officers are properly understood and carried out by nursing and paramedical staff timely.
- f) Ensure that Nursing staff make indents for drugs, surgical supplies, stores and issue timely for their service areas to avoid any lapses.
- g) Ensure that nursing staff keep custody of dangerous and costly drugs and record of their administration.
- h) Ensure that emergency drugs and life savings equipments are daily checked by the nursing staff.
- i) Supervise the Maintenance of stock registers, inventory and consumption records to avoid pilferage and stock outs.
- j) Participate in budget planning and policy making related to nursing services in the hospital.

2. Administration and Management

- a) Maintain nurses' duty roster and put up to Medical Superintendent, Deputy Controller /PMO for perusal along with his/ her comments for approval .
- b) Make frequent rounds of the ward to ensure that the staff is present and working at their place of duty.
- c) Be responsible for the proper discipline, efficiency, good conduct and co-operation among the staff and bring any case of negligence of duty to the notice of deputy Controller / PMO.
- d) Check time keeping and attendance of staff. Check attendance register daily for all shifts. For late arrivals, absence, action will be taken
- e) Ensure that staff is fully conversant with their duties.

- f) Ensure that staff wears uniform while on duty and follow duty timings.
- g) Sanctioning or recommending leave to Nursing personnel, Sweeper and Ward boy. Before doing so the person will make satisfactory alternate arrangements. In case of absence from duty, the person will make suitable arrangement under intimations to PMO I/C or MO I/C department.
- h) Maintaining individual and cumulative leave records of all Nursing staff, Sweeper and Ward boy.
- i) Writing report-confidential reports of Nursing staff, annual report of the Nursing department depicting achievement, future plans of expansion, incidental report whenever required, any other report that may be required to be submitted
- j) Ensure availability and monitoring of VIP visits.
- k) Constitute Disaster Management Team for services during Mass casualties / Disaster or any other emergency requirements.
- l) Conduct meetings of staff category wise at least once a month to assess the grievances, obtain their suggestions and give advice and instructions. These meetings will also be utilized to improve the quality of work of the department.
- m) Arrange in-house training for the staff working and recommend suitable staff for external training.
- n) Look after the welfare of the staff.
- o) Intimation to authorities of any emergency or unusual occurrence in the ward and hospital
- p) Ensure ward arrangements as per standards for the availability of proper ventilation, lighting, clean linen, toilet facilities and drinking water .
- q) Counsel the patients and relatives as and when required.
- r) Take Patient's feedback and bring complaints and suggestions of patients, in notice of PMO/ Authority.

3. Quality Assurance and Infection Prevention

- a) Ensure proper cleanliness and maintenance of the hospital compound, outdoor departments, wards, operation theatre, pharmacy, dressing room, kitchen and other hospital establishments.
- b) Earmark a storage place for housekeeping materials should be earmarked to enable easy accessibility to the housekeeping staffs.
- c) Ensure Waste Segregation at the point of generation, storage and Disposal as per Bio medical waste rules 2016 and amended rules 2018.
- d) Ensure that staff is aware and strictly follow infection prevention practices and Bio Medical waste Disposal Practices.
- e) Ensure that Staff de-contaminates and sterilized equipment, dressings and other material used for patient care.
- f) Ensure that the equipment, stores, records, furniture, furnishings are neat , clean and properly arranged
- g) Ensure that personal protective equipments (PPE) and post exposure prophylaxis (PEP) are available and concerned Staff is using it as and when required.
- h) Timely report to the person responsible for maintenance work of the hospital (repairs of buildings, electrical, sanitary and water supply systems medical equipments, ambulance) with due information to the Superintendent and arrange for early repairs and maintenance.
- i) Arrange for annual medical examination of paramedical staff and their required immunization like Hepatitis B and maintain the record for the same.

4. Staff Development

- a) Capacity building of Staff through.
 - i) Orientation programme for new staff.
 - ii) In service education programme.
- b) Participate in service education of nursing personnel and attend staff meetings.
- c) Supervise and motivate/ provide guidance to Nurse Grade-I and II and student nurses and other Staff.
- d) Ensure /continuous nursing education (CNE) like workshop, seminar and other latest information for nurses.

5. Documentation

- a) Ensure that patient bed side records are well maintained .
- b) Analyze daily, weekly and monthly reports on hospital indicators e.g. admission rate, hospital stay, death rate, discharge etc. in order to re-plan posting or submit reports to higher authority.
- c) Make periodic/Surprise checks to ensure that files, registers, patient documentation, are maintained properly.
- d) Maintenance of various records registers and files and maintain reference files pertaining to the department for ready reference like
 - i) Standing Instructions
 - ii) Standard operating Procedures
 - iii) List of registers, files and records
 - iv) Orders /Circulars
 - v) Duty rosters
 - vi) Leave record
 - vii) Attendance register
- e) Ensure Compilation and submission of periodical reports and statistics pertaining to the work of the hospital and submit the same to higher authorities/ the hospital office, on monthly basis or whenever required with appropriate suggestions for betterment of institution.

6. Others

All other duties as assigned by the higher authorities from time to time as per hospital requirements.

Section B: Clinical Cadre

Job Responsibilities of Specialists

(Pertaining to Junior and Senior Specialist of different Specialties)

The Job Responsibilities for Specialists lays down the detailed description of responsibilities to be discharged by Junior and Senior specialists of various specialties. Hereinafter in this document, the term “**Specialist**” or “**Specialists**” will denote Junior and Senior specialists belonging to various specialties unless specified otherwise. “**Facility**” will mean the facility where the specialist is posted, unless specified otherwise.

Reports to: PMO

Responsible for: Clinical Care of patient in their Specialization

Responsibilities:

1. Patient Care
2. Management
3. Teaching and Training
4. Infection control
5. Documentation
6. Others

Brief Description of Duties and Responsibilities:

1. Patient Care

- a) Services in the concerned speciality for outpatients, inpatients and emergencies. Examine diagnose, treat and follow up the patients.
- b) Ensure respectful patient care ensuring dignity, privacy and confidentiality.
- c) Administer and Monitor medication compliance/side effects and accordingly change treatment
- d) Provide appropriate patient care and surgical procedures, as per his/her speciality.
- e) Providing surgical care after proper consent, with pre- and post-operative care and follow up if applicable.
- f) Liaison daily with staff including other doctors, Paramedical staff, non-medical managerial and support staff, take feedback for effective management of services and support.
- g) Timely referral of patients (with due life support), who cannot be managed at facility.
- h) Maintain a referral register to keep a check on unnecessary referrals. Analyze register's data to find out unnecessary “in” and “out”, referrals and take control measures.
- i) Ensure all the SoPs for important activities are displayed at right place and followed (frequently counter check).
- j) Coordination with other departments for comprehensive patient care.
- k) Provide counseling to patient on promotive, preventive, curative, and rehabilitative aspects of care, as and when required. Organize/ participate in community awareness campaigns.
- l) Practice professional ethics.
- m) Specialist, must treat and counsel patient in empathetic, respectful manner themselves, and ensure that all his/her subordinate staff is complying with this code of conduct. Respectful quality care is patient's right.

- n) Always ensure gender sensitivity in words and actions- make sure some female attendant is accompanying with female patient during examination.

2. Management

- a) Manage their department, ensure that all required equipments, drugs and other supplies for providing services related to their Speciality are available, functional with due maintenance
- b) Assess the present and future needs of the department in view of emerging and resurging diseases and patient load and plan improvements and modernization accordingly.
- c) Provide services for implementation of National Health Programs related to their speciality
- d) Provide IEC service to the patients and the community regarding prevention and treatment available for various diseases related to their speciality.
- e) They will provide administrative help to PMO/Deputy Controller/ Facility I/C/Unit Head.
- f) The specialist should be available on-call as per roster for emergency care. The specialist will intimate his/her whereabouts during the off duty hours if on-call, to the PMO/ designated officer in charge/ Deputy Controller to facilitate easy communication and being available in case of emergencies.
- g) Inform about HQ leave to PMO/ Deputy Controller.
- h) Ensure their representations and professional contribution as a specialist in committees.
- i) Address all medico legal cases as per standards
- j) Ensure functionality and timely maintenance of all machines and equipments in the department
- k) Ensure that cleanliness and sanitation are maintained in their respective ward as per assigned standards.

3. Teaching and Training

- a) Provide training to Medical Officers, Nursing staff and concerned staff for enhancing their capacity / professional knowledge in the respective speciality
- b) Take daily rounds and use bed side practice for training Junior Doctors and Nurses.
- c) Specialist must conduct in house trainings and clinical pathological correlation (CPC) on monthly basis.
- d) Keep himself / herself updated on latest development in their specialisation
- e) Attend Conference, workshops for getting updates on their subject
- f) Provide suggestions to PMO for improving services and constant upgradation of facilities in their Department in light of new development in the field
- g) Explore potential research areas, contribute to enhancement of scientific knowledge through documentation/ publish cases of interest in consultation with PMO/ available Medical College Faculty.

4. Infection control

- a) Ensure that department and its wards are clean and infection prevention practices are followed
- b) Follow adequate personal protective measures and prophylaxis while handling patients as applicable and updated through periodic directives
- c) Ensure that handling of Bio Medical Waste as per prevailing BMW Norms.
- d) Report needle stick injury and administer prophylactic treatment
- e) Ensure all SOPs related to Infection Prevention are available at appropriate places and followed (Mercury spill kit, PEP kit, PPE and others)

- f) Inform PMO/ Deputy Controller/ Concerned person about health assessment and vaccination requirement of all staff in the department

5. Documentation

- a) Ensure proper maintenance of various records, registers and files. Digital records upkeep must be ensured
- b) Ensure that reference files pertaining to the department are available for ready reference, specially:
 - Standing Instructions / guidelines
 - Technical instructions
 - List of registers, files and records
 - Government Orders / circulars
- c) Ensure that the department submits periodical reports required by various authorities in time.
- d) Ensure that statistics pertaining to the work of the department are compiled and forwarded to hospital office for perusal of PMO and record.
- e) Writing reports and maintaining records
- f) Record and report as per prevailing International Classification of Disease
- g) Report all Births (if applicable) and Deaths on standard formats within the stipulated time frame.

6. Others

Any other responsibility assigned by the reporting administrative authority from time to time.

Job Responsibilities of (CHC) In-charge (SS/JS/SMO/MO)

Reports to: CMHO and BCMO

Controls: All employees under jurisdiction of CHC

Responsible for:

Provide promotive, preventive and curative care to patients along with following responsibilities:

1. General Administration of Hospital
2. Curative Services
3. National and State Health Programme and Schemes
4. Diseases Surveillance
5. IEC Activity
6. Convergence and Community Participation
7. Human Resource Management
8. Infection Prevention and Quality Assurance
9. Implementation of Acts and rules
10. Documentation and Reporting
11. Financial management
12. Others

Brief Description of Duties and Responsibilities:

1. General Administration of Hospital

- a) If physician/surgeon is in-charge of CHC, provide curative services as per specialty in addition to administrative and managerial responsibilities
- b) Ensure overall maintenance of the facility which includes organization of services, ensuring availability of resources, placement, functionality and maintenance of equipments. Delegate responsibilities, coordinate with clinical and non-clinical staff and monitor/supervise the CHC staff.
- c) Ensure implementation of various health programs under the CHC catchment area.
- d) Register a Medical Relief Society (if it is not already registered) and ensure yearly declaration of list of members to the registration Authority)
- e) Decide user charges for common points in CHC services with the help of specialist/ MO, and other members of RMRS. Plan to provide services and smooth functioning at the facility to help patients, attendants and service providers e.g. initiating token system for allowing only two attendants per patients, cycle stand, canteen, dharmshala, Safe water and clean toilet facilities etc. Revenue generated by RMRS should be used for improvement in Health care facility.
- f) Ensure that the physician/surgeon in-charge/MO take morning-evening ward rounds.
- g) Ensure 24 X 7 routine as well as emergency services at CHC. Prepare duty roster for day and night duties for doctors, nursing staff and paramedic staff and will ensure that the respective staff is available on duty. The duty roster shall be displayed in the duty rooms on the board indicating the name and contact number. In case the duty officer is not available for urgent reasons, CHC incharge will ensure that substitute is available.

- h) MO I/C is to assign a supervisory role to a SMO/ Medical Officer at CHC who will be responsible for all public health activities.
- i) Collect, collate and analyze reports to review performances of facility, staff and give feedback with supportive supervision and report to higher authority .
- j) Receive and compile reports related to facility and send it timely to the BCMO.
- k) Constitute rapid response teams and keep all team members informed well in time to provide immediate services in case of epidemics/emergencies
- l) Ensure regular supply of equipment and consumables in the facility on regular basis by preparing timely indents for fulfillment of demand and supply of material required.
- m) Ensure up to date maintenance of inventory and stock registers to avoid stock outs and minimize the wastage.
- n) With above mentioned responsibilities, will also ensure best use of available infrastructure and staff to organize services as follows :-
 - i) Reception and registration area is at the entrance of the facility; there are proper signage from reception to all service areas (OPD, IPD, OT, Injection room, LR, Pharmacy etc) in local language
 - ii) Staff at reception and registration counter should be courteous and capable to answer all queries of the patients and relatives. (Reception should be provided)
 - iii) There is enough waiting space for patients, facilities like drinking water and toilet. OPD are arranged in such manner that there is no cross trafficking.
 - iv) Drug Dispensing is well organized; patients do not have to wait for long hours.
 - v) Dressing and injection room adopts measures for injection safety and has privacy for female patients.
 - vi) Emergency is adjacent to OPD and easily accessible; providing round the clock emergency services; with minor OT and Emergency Obstetric Care available round the clock.
 - vii) Indoor facilities are separate for males and females with separate utility facilities; round the clock nursing care; clean bed, linen and an overall hygiene, as per best available use of infrastructure and staff.
 - viii) Operation Theater is managed under strict asepsis. There should be TSSU (Theatre Sterile Supply Unit) functioning for OT, MOT, Injection/ dressing room as well as indoor patients. There should be back up in case of electricity failure.
 - ix) Regular MCH/RMNCH+A services (ANC, intra-partum, PNC, Immunization, New Born and Childcare) are available with round the clock delivery services as per availability of Staff.
 - x) MTP services and facility for diagnosis and treatment of RTI/STI are available
 - xi) Treatment for cerebral malaria, resistant case of T.B. and suspected cases of leprosy is routinely available as per Guidelines.
 - xii) Treating Doctors will be scrutinizing the clinical documents completed by the staff and make corrections if required and will inform CHC Incharge.

2. Curative Services

- a) Will organize curative care at CHC in such a manner that regular OPDs of all specialities (Gynaecology/Obstetrics, Surgery, Pediatrics and Medicine) and general OPD are available regularly.
- b) Organize laboratory services as per MNJY norms. As per staff available, one lab technician is on call for emergency cases. Ensure availability of ECG, X-ray and Sonography services as per Government.

norms/need of patients (if possible through RMRS/ PPP) are regularly and routinely available without compromising the quality.

- c) Instruct all service providers and ensure by random checking that all referrals from periphery are given due recognition and taken care off. Every referred case is sent back with notes on what is done and what is required to be done by the referring institution. Ensure treatment compliance and follow up of patients returning after getting referral treatment and also maintain referral register.
- d) Facilitate Transportation services to patient as and when required through integrated ambulance service in the State. Ensure free transportation services to Mother and Children under JSSK guidelines
- e) Provide Fixed day services under Family welfare program and organize camps and other awareness generation programs with help of administration, NGO and community.
- f) Develop a system for informing suspected MLC to Police.
- g) Arrange for mortuary services if available and conduct postmortem as per norms.

3. National and State Health Programme and Schemes

Ensure Successful implementation of all National and State Health Programs and Schemes. Delegate the responsibilities among staff for successful implementation of health program and ensure timely reporting to district and state.

4. Diseases Surveillance

Collect, collate and analyze IDSP data for taking timely action to curb looming outbreaks and epidemics. Ensure C to E forms to be filled completely and verified.

5. IEC Activity

- a) Ensure proper display of all available IEC material at the reception, waiting area of OPD, IPD. Proper information regarding all available National /State programs and activities and guidance to the patients/ attendants and community should be provided at appropriate points in the CHCs and community.
- b) Ensure display of Citizen charter indicating available services with contact numbers of responsible persons .
- c) Facilitate organization of activities for creating health awareness in the community through front line Workers

6. Convergence and Community Participation

Ensure participation of ICDS functionaries, PRI and community influencers in monthly meetings.

- a) Maintain close coordination with other link Department
- b) Maintain contacts with community influencers and NGOs for planning and organizing health related activities.
- c) Develop strong networking with administration, NGO, Social groups and with community for better co-ordination and utilization of available resources for imparting quality health care services.

7. Human Resource Management

- a) Ensure that OPD should start in time, all staff including medical officers and specialists must come in time.
- b) Ensure that all staff and doctors be in uniforms
- c) Review performance of all subordinate staff and timely submit the performance appraisal report to concerned.
- d) Assess training needs of facility staff and recommend for required training / CME/Conferences as per

their roles and responsibilities.

- e) Ensure trained staff to work at required places
- f) Ensure timely drawing, disbursing of pay and allowance to the Facility Staff.
- g) Conduct periodic meetings with various categories of staff to pass on instructions, assess their grievances and take feedbacks.

8. Infection Prevention and Quality Assurance

- a) Take round regarding cleanliness of CHC and to see encroachment if any.
- b) Constitute infection control committee who will be accountable for averting / preventing HAI. Ensuring Infection prevention practices in all service areas of the facility
- c) Monitoring and Mentoring so that CHC has valid authorization for Bio Medical Waste Management from Pollution control Board and follow all compliance under BMW Act 2016 and 2018
- d) Ensure proper disposal of biomedical waste as per latest Act and Rules for BMW management
- e) Develop Green areas, Herbal Gardens and Garden with plants and grass in the Campus of CHC
- f) Set Protocols for Housekeeping in the CHC and ensure their compliance by Staff
- g) Ensure educating and training the CHC Staff, incorporate and implement the Kayakalp and NQAS Standards.
- h) Review, update, monitor and audit Kayakalp and NQAS standards and take corrective and preventive actions as and when required.
- i) Ensure quality standards of Labour room (LaQshya) and SNCU/NBSU are met.
- j) Ensure that CHC has functional fire fighting system with timely drills and ensure fire and physical safety of patients. Ensure proper placement of emergency exit signages.

9. Compliance of Acts and rules

Facilitate, Co-ordinate, supervise, monitor and ensure implementation of the provision of all relevant Acts and Rules (as per annexure No. 2) and circulars and direction provided by Medical and Health Department, Government of Rajasthan.

10. Documentation and Reporting

- a) Ensure documentation for every programme and activity as per the programme/ state guidelines.
- b) Timely submission of all reports.
- c) Ensure timely Birth, Death registration
- d) Proper maintenance, accounting and periodic disposal of hospital records.
- e) Compilation of hospital and health statistics.
- f) Prepare an Annual Data Base for emerging pattern of diseases through collection of data from OPD, indoor and death registers.
- g) Ensure that information on notifiable diseases is sent in time to concern officials

11. Financial Management

- a) Monitoring and guide the activities of Medical Relief Society. Ensure Monthly income/ expenditure statement of RMRS are prepared and it is audited by C.A. annually. Ensure regular meeting of RMRS, get himself oriented with existing rules and guidelines for better functioning of RMRS.
- b) Ensure that funds are spent as per the provision of GF&AR/RTTP Act and Rules and as per the

directions of finance department, Government of Rajasthan from time to time

- c) Submission of all accounts in time received directly or through budget under various programmes and get these accounts audited regularly.
- d) Ensure timely payment of the incentives to beneficiaries, motivators, service providers as per guidelines.
- e) Ensure full utilization of budgetary allocation as per scheme/programme guidelines.
- f) Ensure timely compliance of all audit and inspection paras.
- g) Timely disposal of obsolete stores and vehicles.
- h) Initiate procurement procedure for items required for smooth functioning of CHC as per guidelines of RTPP Act
- i) Contracting-In of services like cleaning and maintenance of buildings, security, waste management, scavenging, laundry, diet, etc. as per RTPP act.

12. Others

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Medical Officer-Incharge (MO I/C) of PHC

Reports to: CMHO and BCMO

Controls: All employees of PHC and Sub Centers of PHC

Responsible for:

When Medical Officer is as In-charge (MO I/C) of PHC, he/she will render administrative, managerial and financial responsibilities in addition to other responsibilities.

1. Administration
2. Implementation/ Delivery of Health Services as per National/ State Health Programs and schemes
3. Promotive, preventive and curative services
4. Monitoring and Supervision
5. Human Resource Management
6. Community Participation, Awareness Generation
7. Quality Assurance
8. Compliance of Acts and Rules
9. Financial Management
10. Others

Brief Description of Duties and Responsibilities:

1. Administration

- a) Ensure proper maintenance of building (fence, garden, canteen, cycle/ scooter stand etc), quarters and equipments.
- b) MO I/C will exercise administrative and disciplinary control (assign and delegate the work to the staff and supervise and monitor their work performance) in the facility and at all Sub Centers of the PHC. MO I/C will coordinate and facilitate the functioning of AYUSH doctor in the PHC, if available.
- c) Ensure availability of staff during duty hours. Make sure that whosoever has to leave duty due to any emergent situation, hand over charge to next appropriate person on papers with due permission. MO I/C in such needs, has to hand over charge to the next authorized person after taking due permission from BCMO
- d) Ensure that staff is fully conversant with their duties.
- e) Ensure that staff wear authorized uniform while on duty
- f) Display trends and magnitude of diseases and map of PHC in MO I/C Chamber, depicting Sub Center/AWC and other land marks with important health indicator (IMR, MMR and TFR).
- g) Hold monthly sector staff meetings and evaluate the progress of work and suggest steps to be taken for further improvements and send Meeting Minutes to higher authorities.
- h) Ensure timely reporting from the Sub Center, get them compiled and submit regularly to the BCMO timely.
- i) Ensure up-to-date inventory and stock register of all the drugs, vaccines, IEC material, contraceptives, other consumables and equipments. Prepare indents timely and submit them to appropriate health authorities or online.
- j) Ensure uninterrupted supply of drugs, instruments, vaccines, ORS and contraceptive etc with the help

of staff, sufficiently in advance to Sub Centres. Ensure uninterrupted supply of contraceptives to eligible couples as per their need and choice at AWC and during home visits.

- k) Ensure proper maintenance, upkeep and functionality of all the equipments, use E-upkaran for timely reporting and correction of faults in equipments.
- l) Ensure proper storage of vaccines and cold chain maintenance.
- m) Ensure adequate stocks of ORS to ensure availability of ORS packets and Zinc tablets throughout the year.
- n) Ensure that all water sources in the area are safe for drinking – chlorinated in coordination with PHED and there are timely checks on water quality.
- o) Ensure the maintenance of the prescribed records, reports and Software at PHC and Sub Centre level.
- p) Ensure registration of all Birth, Death and Marriage under his/her jurisdiction.
- q) Follow rules/ guidelines while certifying- Sickness and Fitness, Disability, and others.
- r) Ensure timely payment of incentives under various programs and schemes to the beneficiaries, motivators and service providers
- s) Ensure checking Daily and Monthly Report before submitting it to higher authority and take whatever actions are possible accordingly.
- t) Ensure display of IEC materials in and around PHC, all SCs and in the community at most appropriate sites – visible to maximum people.
- u) Ensure Community based Maternal Death Surveillance and Response and Child Death Review in all maternal and child deaths.
- v) Ensure that records and documents are maintained properly
- w) Attend or nominate appropriate person for all official meetings

2. Implementation/ Delivery of Health Care Services as per National / State Health Programs and Schemes

- a) Plan and implement medical and health services in PHC and SC areas (annual CNA and village plans with Expected Level of Achievements-ELA via VHSNC), provide facilitative supportive supervision to all ANM and ASHA for effective implementation of services (at least 10 days tour per month and via net/ mobile/ contacts in community etc).
- b) Ensure that Community Needs Assessment (CNA) survey is done by field functionaries every year before 1st April and develop ELA and prepare Annual Plan.
- c) Ensure entry and updation of CNA data in ECTS
- d) Ensure effective implementation and achievement of the ELAs/ Targets under NHM Components/National and State programs and schemes through general control, supervision and active co-operation of their team and in convergence with other related departments, as per the Annexure No 1. Ensure effective and timely achievement of physical and financial target of all the programs.
- e) Handle and manage Medico legal cases as per norms

3. Promotive, preventive and curative services

- a) Prepare health awareness activity calendar as per seasonal disease trends, ensure participation of community through ASHA, ANM, VHSNC members and available CBOs/ NGO
- b) Liaison with AWCs for nutrition benefits under various programs and schemes to children, adolescents, non-pregnant women 20-24 years, pregnant and lactating mothers.

- c) Organize school health awareness talk and community awareness campaign
- d) Facilitate RBSK Team for screening of children upto 18 years requiring specialized medical attention including dental care and refer them to identified referral institutions.
- e) Ensure complete immunization against all vaccine preventable diseases for children, adolescents and pregnant mothers.
- f) Ensure environmental sanitation and safe water supply and use in the community through outreach workers.
- g) Ensure laboratory services for cases as per MNJY norms and drugs as per MNDY
- h) Attend out patients reporting to Health Facility and prescribe necessary treatment. Thoroughly examine patients admitted in IPD, complete case notes, prescribe treatment and order necessary investigations
- i) Ensure smooth delivery of patient care (e.g. queue or token to reduce waiting time, citizen charter displaying location of available services with names of responsible person).
- j) Ensure arrangement for waiting areas with proper sitting arrangements and availability of safe drinking water and separate male and female facilities.
- k) Ensure effective implementation of SC micro-plans for all activities to achieve the laid down targets under different National Health and Family Welfare Programs.
- l) Whenever situation warrant, conduct field investigations to define local health problems for planning changes in the strategy of the effective delivery of Health and Family welfare services.
- m) Make arrangements to give prompt attention to all emergencies.
 - (i) Give prompt attention to all inpatients requiring attention. Call any staff for work connected with patients at any time of day/night in an emergency.
 - (ii) Ensure implementing FDS under Family welfare program
 - (iii) Provide MCH/RMNCH+A services such as ante-natal, intra-natal and postnatal care of mothers and infants and child care at the facility
 - (iv) Promote institutional delivery and ensure that the PHC has all required facilities
 - (v) Responsible for proper and successful implementation of Family Welfare Program in PHC area, including education, motivation, and delivery of services and after care.
 - (vi) Ensure proper referral linkages with other Facilities. Ensure timely referral of patients, who cannot be managed at facility after proper stabilization and keep check on In and Out referrals
 - (vii) Ensure Facility and community based Followup of patient by Facility staff and ANM/ ASHA workers
 - (viii) Handle Medico-Legal Cases (MLC) with due attention to the following guiding principles:-
 - MLC are just as other sick/injured patients and doctor is duty bound to treat as well as document the details.
 - Consent for medico legal examination to be taken in written in all cases. Exception: Cases brought by police being arrested on charge of committing an offence. Person below 12 years/unsound mind- consent of guardian is to be taken.
 - Life saving is the foremost duty of a doctor and a hospital, in accident or medico-legal cases (MLC). Patient treatment is priority
 - Medico Legal Cases should be registered as early as possible
 - Document on a set Performa in duplicate as per hospital policy. Duty of MO towards patient is to take consent before treatment, maintain confidentiality, maintain records, collect and preserve samples and take Dying Declaration as per the guidelines of 'dealing with medico legal cases'.

4. Monitoring and Supervision

Prepare tour plan as per mobility support, to monitor MCHN sessions / VHSNC meetings in each village and all SCs in coordination with second MO, LHV and ASHA coordinator, at least once every month and get it approved by BCMOs.

- a) Delegate supervision task to available MO, LHV, NG I or II, SN and regularly check, take feedback from ANM/ASHA if they are getting support.
- b) Supervise the work of ANM/ASHA in sector meeting. Ensure that all the members of his/her Health Team are fully conversant with the various Programs and Schemes and guidelines including NHM to be implemented in the area allotted to each Sub Center.

5. Human Resource Management

- a) Allot duties to Staff at the facility and monitor their performance
- b) Ensure discipline among staff.
- c) Conduct staff meetings to pass on instructions, assess grievances, suggestions and document minutes of meeting
- d) Ensure Medical and Para medical Staff of PHC have the required skills and confidence to manage cases in labour room, New born care corner and other emergency cases.
- e) Arrange for in-house training for the staff and recommend suitable staff for external training.
- f) Ensure training/ continuing education for the staff of PHC and SCs under the guidance of the district health authorities and Health and Family Welfare Training Centers.
- g) Make arrangements/provide guidance to the health workers in organizing training programs for ASHAs where applicable.
- h) Ensure Training of all health personnel like ASHAs, AWW and others involved in health care regarding specific National/ State health Program or activities like RI, Deworming etc.

6. Community Participation, Awareness Generation

- a) Provide assistance in the formulation of Village Health Sanitation Nutrition and Water Committee (VHSNWC) plan through the ASHA, ANM and coordinate with the PRIs in the PHC area.
- b) Make a list of community influencers, to be used for community mobilization
- c) Keep close liaison with Block Development Officer and related staff, community leaders and various social welfare agencies in the area and involve them to the best advantage in the promotion of health programs in the area.
- d) Coordinate with ICDS, Education, PRI, CBOs and other groups available in the community for health awareness and community mobilization
- e) Utilize community events, like mela etc for dissemination of health awareness.

7. Quality Assurance

- a) Constitute an internal Quality Assurance (QA) Team at the Facility, with representation of all cadres like nursing staff, laboratory and support staff. The team should meet periodically (more frequently initially) to discuss the status of quality initiative in their area of work.
- b) Ensure that QA team conducts internal assessment at fixed interval, preferably quarterly; covering all critical areas of Facility and prepare action plan to address observed non conformities.
- c) Ensure actions for timely closure of the identified gaps and nominate officials for completing the actions within a defined timeline.

- d) Ensure quarterly feedback from OPD and IPD patient on a structured format by the QA team. Review Patient and employee satisfaction and develop an action plan to address the concerns of patients, which led to poor satisfaction.
- e) Collate critical data from the Facility and calculate performance on set indicators and monitor them on monthly basis.
- f) Under quality assurance programme facility should establish procedure for death and medical audit. While death audits should be conducted for all deaths at the facility, medical audit and prescription audit would be done on a representative sample drawn from medical records. Emphasis should be laid on maternal and infant death audits and also death/ failure/ complication following sterilization.
- g) For standardizing the clinical and management processes at facility level, standards operating procedures should be documented and implemented.

8. Compliance of Acts and Rules

Facilitate, Co- ordinate, supervise, monitor and ensure implementation of the provisions of all relevant Acts and rules in the sector, as per Annexure No 2. Ensure compliance to statutory requirement, PCPNDT Act, Biomedical (Management and Handling) Rules, etc

9. Financial Management

- a) Discharge all the financial duties entrusted to MO I/C
- b) Manage funds as per GF&R and RTPPA Act and Rules
- c) Ensure timely use of untied fund as per the guidelines
- d) Ensure timely tendering for out sourced services and commodities
- e) Supervise timely submission of SoE and UC of all the funds received directly or through budget under various programmes.
- f) Ensure timely compliance of all audit and inspection paras and comments
- g) Ensure full utilization of the budgetary allocations as per the scheme/programme guidelines.
- h) Manage RMRS by organizing meetings with agenda, utilizing funds to improve health care and facilities for patients (eg. develop waiting areas with toilets, safe drinking water, canteen parking etc this will generate funds too)

10. Others

Comply other relevant orders given by higher authorities in the interest of medical and health care services.

Job Responsibilities of Medical Officer-Dental

Reports to: Medical Officer Incharge (MO I/C)

Responsible for:

1. Patient care
2. Capacity building
3. Implementation of National Oral Health Program
4. Quality Assurance and Infection Prevention
5. Documentation
6. Others

Brief Description of Duties and Responsibilities:

1. Patient care

- a) Promoting oral health and disease prevention.
- b) Educate patients on good oral hygiene habits, preventive dental care and oral health care.
- c) Preventing and controlling dental disease through organized community efforts like educating parents for oral hygiene of their children since weaning starts, right brushing habit, right eating habits and timely health seeking .
- d) Educating community on fluoride in water, its consequences and treatment
- e) Creating treatment plans to maintain or restore the oral health of patients
- f) Act as primary care providers for patients with chronic medical conditions of the oral and maxillofacial region.
- g) Provide OPD services to the patients
- h) Patient screening procedures such as assessment of oral health conditions, diagnosing oral diseases.
- i) Diagnosing and managing oral diseases and disorders using x-rays, other forms of imaging
- j) Monitoring growth and development of the teeth and jaws.
- k) Diagnosing and treating the oral health care needs of the community with special emphasis on infants , adolescence and geriatric population.
- l) Perform oral treatments including root canals, extractions, fixing and removing prosthetics and other related treatment as per guidelines
- m) Work with clinical staffs to provide quality patient treatments.
- n) Provide emergency and multidisciplinary comprehensive care in multiple environments, care for patients with special needs.
- o) Refer complicated cases to the higher centers in the hierarchy.

2. Capacity building

- a) Facilitate capacity building of the oral health workforce
- b) Stay updated on patient care, new technology and new products that can improve or treat patient conditions or improve overall health.

3. Implementation of National Oral Health program

- a) Provide technical as well as program management support for planning and implementation of the NOHP
- b) Monitor the implementation of the NOHP
- c) Supervise and monitor activities under NOHP
- d) Support the development and proper display of the IEC for NOHP

4. Quality Assurance and Infection Prevention

- a) Ensure that work area is safe, clean and organized.
- b) Follow standard dentistry procedures and comply with policies.
- c) Maintain sanitary environment for patient care and examination.
- d) Keep instruments neat, clean and sterilized and keep them ready before every procedure
- e) Ensure proper cleaning and sterilization of instruments, equipments, linen and other appliances
- f) Perform asepsis of dental chair unit/ clinical area, maintain care and cleanliness of sterilizers and dental surgery room.
- g) Ensure follow up of bio medical waste management rules while generating segregating, storing and disposing waste

5. Documentation

- a) Keep accurate records of patient visits, diagnosis and treatment.
- b) Maintaining registers, records, and statistics in respect of above work.
- c) Submit timely report to MO In charge

6. Others

Carry out other orders as given by competent authority from time to time. Services can be used for other administrative and managerial issues like quality assurance etc for the whole facility

Job Responsibilities of AYUSH Medical Officer

Reports To: Medical Officer I/C of PHC/ CHC

Responsible for:

1. General
2. Preventive , Promotive and Curative Work
3. Implementation of National /State Health programs and schemes
4. Training
5. Administrative Work
6. Others

Brief Description of Duties and Responsibilities:

1. General

- a) The AYUSH MO of PHC is responsible for implementing all activities under guidance of Medical Officer I/C of PHC/CHC.
- b) In case of absence of MO, AYUSH MO will have designation as second level health officer at PHC as per approval of Higher Authority, it is implied that AYUSH MO will also be responsible for proper functioning of the Health facility and activities related to RMNCH + A, RCH, NHM and other National Health Programs
- c) Assist and facilitate the functioning of Medical Officer in the PHC.
- d) Assist Medical Officer to prepare PIP based on analysis of the PHC area.
- e) Facilitate, co- ordinate, supervise, monitor and ensure implementation of the provisions of the Acts and Rules.

2. Preventive, Promotive and Curative Work

- a) Facilitate Medical Officer in preparation of operational plans and ensure effective implementation of the same to achieve the laid down targets under different National and State level Programme and schemes including NHM.
- b) Provide assistance in the formulation of Village Health and Sanitation Water Committee (VHSNWC) plan through ASHA and coordinate with the PRI in the PHC area.
- c) Assist MO I/C in field investigations to delineate local health problems, for planning changes in the strategy of the effective delivery of Health and Family welfare services.
- d) Clinical work as per government norms.
- e) Indent medicine of related discipline and prescribe to patients .
- f) Maintain OPD register, record and ensure its inclusion in main OPD register of the Hospital.
- g) Visit each Sub-centre PHC area at least once in a week as per advance tour programme approved by Medical Officer.
- h) Ensure effective implementation of all Health Programme and other duties in absence of MO I/C with approval of BCMOs.
- i) Screening for Diabetes and Hypertension under Non-Communicable Disease (NCD Programme)

3. Implementation of National/State Health programs and schemes

- a) Participate in awareness generation regarding all national health programs. The publicity material and mass media equipment received from time to time will be properly distributed or affixed as per the instructions of Medical Officer.
- b) Help MO I/C in planning, implementation and monitoring of all national programs
- c) Ensure all the steps are being taken for the control of communicable diseases and for the proper maintenance of sanitation in the villages under guidance of Medical Officer PHC
- d) Assist Medical Officer to take the necessary action in case of any outbreak of epidemic in the area.
- e) Assist Medical Officer to ensure that all cases of Tuberculosis, Leprosy take regular and complete treatment
- f) Visit schools in the PHC area at regular intervals and arrange for Medical Checkups, immunization and treatment with proper follow up of those students found to have defects, in absence of MO I/C with approval of BCMO
- g) Assist MO to promote institutional delivery and ensure that the PHC has the facilities for emergency obstetric services. SBA Trained Ayush Medical Officers have to assist in deliveries
- h) Supervise the work of Health Supervisors and other Health workers with guidance of MO I/C.
- i) Ensure proper and successful implementation of Family Welfare Programme in PHC area, including education, motivation, and delivery of services and after care.
- j) Assist Medical Officer to ensure adequate supplies of equipment, drugs, educational material to provide RCH and FW services in area.

4. Training

- a) Organize training programmes including continuing education for the staff of PHC and VHSWNC under the guidance of the Medical Officer.
- b) Take training as and when given by Government.

5. Administrative Work

- a) Discharge all duties of MOI/C in absence of MOI/C
- b) Support Medical Officer to supervise the work of staff.
- c) Get actively involved in RMRS activities of PHC.
- d) Ensure general cleanliness inside and outside the premises of the PHC and also proper maintenance of equipment in absence of MO.
- e) Responsible to look after 5S and quality assurance activities at PHC level under guidance of MO PHC.
- f) Assist Medical Officer to keep up-to-date Inventory and Stock Register of all the stores and equipment supplied to PHC.
- g) Assist Medical Officer to hold monthly staff meetings with a view to evaluate the progress of work and suggesting steps to be taken for further improvements.
- h) Keep notes of visits to the area and submit tour report every month to the Medical Officer.
- i) Discharge all the duties other than listed above entrusted to from Health Department as and when required.

6. Others

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Nurse Grade-I and II

Reports to: Medical Officer Incharge

Responsible for:

1. Patient care
2. Administration
3. Teaching and Training
4. Quality Assurance and Infection Prevention
5. Implementation of Act and Legislations
6. Other

Brief Description of Duties and Responsibilities:

1. Patient Care

- a) Take daily detailed rounds of the Ward, twice in a day.
- b) Attend and assess all the patients, enquire about their condition, comfort and diet, complaints and compliance for Medicine intake.
- c) Accompany MO I/C for rounds of wards and note instructions.
- d) Going around the wards periodically to ensure that staffs are alertly present at their duty position and that patients are comfortable.
- e) Carry out the orders and instructions of MO and Matron, relating to the treatment of patients and management of ward.
- f) Fill up all forms in case sheets with necessary details, enter investigation reports date wise, enter clinical information e.g. temperature, BP, input-output charts other patient charts and checklists when required.
- g) Check all the case sheets, attach extra case sheets and prepare lab forms for investigation.
- h) Collect investigation results and attach them to case sheet /patient file.
- i) Completing case sheets of discharge/transfer/death/LAMA patients.
- j) Completing daily treatment book, report book, diet sheet and other records.
- k) Take blood sample for investigations, check specimens, enter in specimen book and send to Lab timely and ensure that specimens have been received in Lab in good condition.
- l) Carry out bedside investigations like ECG, Blood sugar etc.
- m) Record vital signs, Height and Weight of new cases on admission.
- n) Give injections and record them as prescription order.
- o) Administer injections/tablets or liquid medicines requiring care in giving e.g. oily medications
- p) Maintain all procedure trays in readiness.
- q) Maintain emergency trays and other duty room trays, sterilizer, instruments in working conduction by getting indents from sister or getting repairs done in case of a break down.
- r) Make beds of serious patients and help students make beds, supplying necessary linen.
- s) Ensure that serious patients going for investigations i.e. Sonography, ECG, X-ray, and referral are

accompanied by ward boy or sweeper. Listen to patient's problem and help to solve them through various means.

- t) Write the diet register and supervise distribution of diet. Ensure that special diets are served and eaten by the patient.
- u) Ensure that a discharged patient goes home with proper understanding of the follow-up procedure and details of the diet, Medication, exercises and other relevant information/ health education as required.
- v) Immediately inform the duty doctor / treating doctor in case of any emergency /a patient dying during duty time.
- w) All concerned records, reports must be completed and handed over to the next shift staff nurse.
- x) Ensure universal safety precautions during all patient care activities. Never forget hand washing.
- y) Take special care whenever posted in following areas :-

Area	Special Care
a) Labour Room	Ensure Asepsis in LR Follow Standard Labour room Practices and procedures . Conduct normal, Difficult and abnormal deliveries, Ensure essential new born care, special care of premature and low birth weight babies
b) Mental Hospital	Prepare Patient for ECT and assisting doctor with it. Care of mentally ill /mentally retarded clients (Where such Unit exists).
c) ICU	Ensure Asepsis. Follow standard procedure for infection procedure. Ensure total patient care, helping with ECG or any other investigation procedure.
d) Emergency department/ CPR unit	Total patient care, Maintain patient line, continuous monitoring of ECG, ventilator etc Send specimens for prescribed investigation and inform results to the doctor in time. Assist in life saving procedures / Perform CPR

Note: - If posted at CHC/PHC, carry out fieldwork including Immunization services. As and when assigned by in-charge in addition to medical care services.

If Posted in OT

- i) Prepare patients for operations and see that patient is sent to operation theatre with all necessary papers and medications.
- ii) Counsel pre operative patients to reduce their tension and give them confidence.
- iii) Get patients cloths and bed linen changed as and when necessary.
- iv) Care of Instruments and gloves. See sterilization trays and trolleys are ready to use.
- v) Keep I/V or Blood transfusion tray ready and help the doctor with the procedure.
- vi) Ensure that all investigation specimens are sent to the proper laboratory with forms.
- vii) Observe all patients conditions and report changes to ward in-charge and/ or the doctor.
- viii) Carry out nursing procedure for all serious patients.
- ix) Help newly posted students to carry out their nursing procedures.

2. Administrative

- a) Help the ward in-charge to carry out her /his work.
- b) Supervision and guidance of all subordinates/junior staff
- c) Work in place of the ward in-charge in his/her absence.
- d) Ensure maintenance of general cleanliness of the ward and the Facilities (Toilets).
- e) Maintain up to date inventory of scheduled drugs / poison.
- f) Take over from previous duty nurse, all new and serious patients, instruments, supplies drugs, etc.
- g) Supervise medicine given by students or do it in case there are no students.
- h) Supervise nursing care being given by nursing student.
- i) Maintain good inter-personal relations with all other staff.
- j) Information of MLC cases to Medical Jurist and unit head
- k) Maintaining BPL patient and DOTS patients record.
- l) Co-operates in activities related to National Health Program.
- m) Completes discharge or death ticket of patient before sending it to record room.
- n) Ensure safe disposal of biomedical waste.
- o) Reporting of all OPD related work should be done.

3. Teaching and Training

- a) Orient and instruct the newly posted staff for their work responsibility (for Nurse grade –I)
- b) Instruct students in their work and orient newly posted students.
- c) Carry out health teaching for individual or group of patients.
- d) Instruct student specially the newly appointed ones in the correct ways of handing bed pans, urinals, sputum cups, kidney trays, soiled dressings, bandages, binders, lines etc.
- e) Provide for and demonstrate methods of dis-infection and cleaning.
- f) Participate /Co-operated in CNE/ in service training of health personnel on various health programs including RCH.

4. Quality assurance and infection prevention

- a) Ensure that equipment, instruments, linen etc are always kept ready for use.
- b) Ensure that sterilizers are always in working condition and when any repair is required, bring it to the notice of MO I/C.
- c) Ensure that linen, instruments and dressing materials are sterilized effectively and timely and that they are kept under aseptic condition.
- d) Ensure sterility of equipment, Operation Theatre, Labour room.
- e) Ensure that anaesthetic gases, oxygen, intravenous infusion fluids, IV Sets and life saving drugs are available in sufficient quantity.
- f) Bringing to the notice of the Medical Officer any case of breach of discipline or absence of in-patients without permission for necessary action.
- g) Ensuring that unauthorized persons do not enter the ward and visitors are not allowed during the non-visiting hours.
- h) Keep required items (i.e., medicines, phenyl, patient kits etc.) ready for next shift and Night shift use.

5. Implementation of Act and Legislation

- a) Deal with medico legal cases as per Act and Legislation.
- b) Keep confidentiality of patients records and information.
- c) Ensure compliance of all relevant Act and Rules as per annexure No. 2.

6. Others

Handing over duty : The person will not leave duty without handing over charge to next person on duty.

Before going off duty, the person will-

- i) Complete their work.
- ii) Hand over and take over SIL/DIL patients, post operative cases, symptomatic patients, new cases, delivery cases and such other cases requiring attention of Senior Nurse taking over charge, at bedside.
- iii) Complete the report book. Apart from notes on the condition of the patients, other important matters which may necessary for the information of the MO or for the guidance of specialist and relieving nurse will also be noted in the report book

Nurse Grade-I, on shift duty, after taking over as above will also check treatment book and duty report book of wards to acquaint themselves regarding orders for treatment and other instructions in respect of particular patient and ensure that the same are carried out correctly.

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Hospital Store Keeper (Grades I and II)

1. Assist in estimating, budgeting, purchasing of Supplies for Hospital as per RTPP rules.
2. Assist in preparing the summary of quotations received; indicate the quotations in the proper order in relation to the relative cost and also in relation to suitability in accordance with the specifications.
3. Assist the members of the Tender Committee in drafting the minutes of such meetings.
4. Issue letter of acceptance of tenders to the respective suppliers and place supply order following the rules and procedures.
5. Keep track of the supplies.
6. Receive the materials supplied by the vendor as per the purchase order placed by the Purchase Department.
7. Check the materials thoroughly for quality, quantity, specification condition, etc. Refuse acceptance of damaged, unacceptable, or incorrect items.
8. Categorize the materials category wise and stock in the appropriate locations.
9. Take appropriate action for care and preservation of the materials.
10. Periodical stock verification and ensure correctness of stock at all times.(Grade-I)
11. Take safety measure for the safety by store house, materials and men working in store.
12. Maintain the neat and tidiness of store house.
13. Issue materials to the departments as per the indents and as per the schedule.
14. Verify /pass the bills of the materials received from vendor and send it to Accounts department for payment (for Grade-I)
15. Ensure disposing of condemned and unserviceable material, equipment and furniture by putting it up before condemn committee
16. Take action for disposal of scraps materials as per the procedure.
17. Maintain all the documents, inventories, records up to date.
18. Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Pharmacist

Pharmacist is the In-charge of pharmacy operations and maintenance

Reports To: MO I/C

Controls: Pharmacy support staff

Responsible for:

1. Indent
2. Storage
3. Issuing
4. Documentation and Drug Information
5. Others

Brief Description of Duties and Responsibilities:

1. Indent

- a) Ensure that drugs are indented timely as per the patient's requirement in terms of quantity at particular facility as per Nishulk Dawa Yojana, stocked properly as per inventory management protocol and supplied to meet all facilities timely.
- b) Submit regular indents signed by the person and countersigned by MO I/C and collect drug ware. The regular indents will be based on MMF and percentage of MMF prescribed locally as reserve.
- c) Ensuring full-time availability of life saving drugs, anti-dotes and anti-venoms, emergency drugs
- d) Assisting in maintaining and indenting surgical instruments
- e) Submit supplementary indent where medical stores are not available, for unforeseen requirements and where monthly indent was not fully met.
- f) Submit emergency demands when required.
- g) Take necessary steps to replenish store in time to avoid any stock outs by timely placing demand by taking in to account the lead time
- h) Not receive any item which cannot be issued so that the patients/users can use it well within its life period (at least one month before the date of expiry).
- i) Rejecting of suspicious prescription and reporting to in charge of the facility
- j) Monitor the inventory management by various techniques, for example:
 - Economic Order Quantity
 - Reorder Quantity Level
 - Inventory System
 - ABC analysis method
 - VED analysis Method

2. Storage

- a) Ensure to keep pharmacy clean and tidy manner as per category, PVMS No.
- b) On receipt, check the supplies in respect of quantity, quality and life period Medicine and other consumables which have expired should not be in the room.

- c) Keep the entire inventory under safe custody and store as per prescribed guidelines of temperature, humidity, cold chain etc and management of material in the stores
- d) Label poisons, dangerous drugs and costly medicines and store them separately under lock and key.
- e) Store cold storage drugs and rubber goods correctly(as per required norm).
- f) Store acids and inflammable material like oxygen cylinders separately. Ensure that all rubber articles are properly preserved and rearranged after powdering once a month
- g) Ensure that all bottles and containers are properly labelled, properly capped / corked properly.
- h) Don't store any item, which is life expired, cannot be reasonably consumed within life period as mentioned below or declared/found toxic/defective. Return such items to Drug ware house for disposal after getting the approval of MO I/C department and PMO I/C / CMHO.
- i) Disposal of packing boxes/containers promptly.
- j) Disposal of expired medicines as per BMW rules
- k) Maintenance of the product range unanimously (alphabetically)
- l) Goods return policy - Patient-DDC-RMSCL
- m) Specific Storage is required for some drugs according for eg : Vaccination (Storage of Specific Drugs)
- n) Storage and Distribution Drugs both out Patient Departure (OPD) and In Patient Department (IPD)
- o) Put up above details of low stock medicines, fast moving/slow moving items and discrepancy, if any, in stock and book balance weekly to MO I/C for information and necessary action.

3. Issuing

- a) Issue medicines according to prescriptions, after checking their correctness.
- b) Issue no medicine to any person without proper prescription by a Medical Officer or authorization by CMHO/PMO I/C.
- c) Explain dosage and mode of administration of drugs to patients, while issuing prescribed medicines.
- d) Issue all medicines in proper packets/ containers.
- e) Issue ointments and sugar coated tablets in polythene covers/suitable containers.
- f) Write dosage instruction legibly on packets/containers.
- g) If prescription appears to be incompatible / over dosage/ unusual in any way- personally take the prescription to MO concerned or in his absence, MO I/C OPD for clarification before issue.
- h) If prescribed medicines are not available- inform MO personally for prescription of alternate medicine or raising requisition for local purchase.
- i) Issuing medicines to ANM / ASHA for SCs
- j) In case of any problem, do not send patients back to MOs. Approach MOs personally.
- k) Serve patients promptly and minimize their waiting time. Not leave dispensary during peak periods.
- l) Keep acquainted with details of medicines such as, strength etc, so that the person will be able to detect any discrepancy in dosage etc in prescription and inform to MO concerned.

4. Documentation and Drug Information

- a) Maintain the drug account and drug registers.
- b) Keeping **online records** of medicines with help of Data Entry Operator by **e-Aushadhi software**/any other Software.

- c) Inform availability of new items, change in formulations, fast moving/slow moving/non moving items to all concerned.
- d) Facilitate the annual physical stock verification
- e) Keep drug inventory updated. Provide information about monthly and annual consumption of drugs and supplies
- f) Document of stock ledger and maintain the expiry registers per shelf life of medicines/kits/X ray films/vaccine sera /Disposable Medical items etc. and periodically communicated to the concerned authority
- g) Drugs with raw in Schedule H and X Drugs Record should be maintained separately

5. Others

- a) Provide inputs as a member of antibiotic policy committee of Hospital
- b) Performing extra duties as assigned by controlling officer in camps in rural areas, Health melas and disaster management
- c) Official gazette published by pharmacy council of India and Indian pharmacopoeia commission, Ghaziabad (statutory body of GoI) has clearly mentioned clinical aspect for maintaining some drugs, roles and responsibilities of pharmacists. As per the gazette, recording, gathering and analyzing drug interactions (drug with drug, drug with food etc.) are to be maintained by pharmacist.
- d) Role of Pharmacist in blood bank include storage condition and plasma fractionating components like Whole RBC, WBC Platelets etc as these are to be treated as a drug.
- e) This is a responsibility of pharmacist to maintain Drug information centre (DIC) in all hospitals with latest and first-hand knowledge about drugs with their significance, therapeutic dose, dosage schedule, toxicology etc with the help of computers, internet facility, various latest software to disseminate knowledge to doctors nursing staff and other paramedics staff about latest drugs.
- f) Should carry out other orders as given by competent authority from time to time.

Job Responsibilities of Laboratory Technician

Reports to: MO I/C, Technicians, (where there are more than one)

Blood Transfusion Assistant (where authorized)

Other staff if any posted at laboratory.

Controls: Support Staff of Laboratory

Responsible for:

1. Planning and organizing Lab Services in Hospital
2. Administration and Management
3. Quality Assurance and Infection Prevention
4. Staff Development
5. Documentation
6. Others

Brief Description of Duties and Responsibilities:

1. Planning and organizing Lab Services in Hospital

- a) Ensure that all the investigations under Jaanch Yojana for that particular Facility and ordered by Medical Officers are carried out and are properly documented.
- b) Collect all types of Blood Samples, Urine samples, Sputum, Stool, CSF, Pleural Fluids and other body fluids in their proper vials/containers in the laboratory as per the protocol of the hospital in respect to hospital timing and duty hours of the staff.
- c) Proper labeling and recording of the laboratory sample and to perform all measures pertaining of sample storage, preservation and to ensure proper transport of the samples.
- d) Perform all pre analytical work like separation of serum, preparation of slides of blood or sputum, instruction to patient for Sample collection in local language etc.
- e) Perform all analytical work on sample either manual or semi-automated or automated methods depending upon the facilities and equipments available in government setup.
- f) Perform post analytical work like preparation of results and reports of tests in consultation with concerned duty doctors or senior laboratory staff as per the government-setup.
- g) In blood banks to perform blood collection from blood donors, blood grouping, cross matching, serological investigations and safe blood supply under supervision of medical officer and to carryout proper Bio-Medical Waste disposal. Also to conduct indoor or outdoor blood camps and to ensure proper blood storage, maintenance of machines and records of all types in the blood bank.
- h) In higher centres where advance diagnostic facilities like Histopathology, Cytology, Isotope Investigation Lab, HLA Typing, Immunohistochemistry Lab, Cardiology Lab, EEG, NCV, NBS etc lab technician will perform all tests (inclusive of Pre Analytical, Analytical, Post Analytical Work) under the guidance of Medical Officer or Senior Technical Staff as per the norms.
- i) Provide laboratory diagnostic support for all National Health Programme etc. which are existing or will be implemented in future by Central/State Government.
- j) Ensure availability of laboratory kits, chemicals and reagents in sufficient quantity and avoid wastage. Make indents for chemicals, reagents, kits and other necessary items well in time and ensure proper and safe storage of materials received.

- k) Conduct any lab investigation only with the written requisition from the Medical Officers.
- l) Keeps equipment operating by following operating instructions; troubleshooting breakdowns, maintaining supplies, performing preventive maintenance, calling for repairs, calibration of instruments.
- m) Ensure proper collection, packing, labeling of specimens that are to be dispatched to higher institutions.
- n) Ensure timely preparation of sufficient amounts of chemical, stains, reagents, medias etc used in Lab C Pathology department.

2. Administration and Management

- a) Ensure that all staff in the laboratory is aware of his/her role and is discharging the responsibilities as assigned
- b) Ensure discipline in the department – timely presence, in uniform, respectful behavior towards patients and attendant.
- c) Stick to the time line for sample collection and report delivery.
- d) Implement innovative ideas for crowd management – Separate stations for different activities, making queue and /or giving tokens
- e) Ensure collection of specimens from wards, departments, outpatients in time and ensure that they are properly labeled with particulars of patients to avoid any mix up of specimens.
- f) Ensure that samples and reagents are collected and stored properly to avoid any deterioration that will render them unsuitable for the tests or affect results of the tests.
- g) Give priority to perform urgent investigations required by ward and communicate the report immediately to incharge of the ward

3. Quality Assurance and Infection Prevention

- a) Be responsible for overall quality control in the department.
- b) Ensure good Laboratory practices and thorough cleanliness of delicate and valuable lab equipment and that they are kept in safe custody under lock and key when not in use. The person will ensure regular calibration and maintenance of all equipment.
- c) Maintain cleanliness of the work place
- d) Daily maintenance of machine in the laboratory including proper start up; shut down or running of quality control (and to keep record of quality control of machines) ensuring accurate results of the laboratory. Also ensure proper storage of reagents and chemical in the lab.
- e) Sterilize instruments used. Ensure efficient sterilization of glassware, media and other items/equipment as may be required.
- f) Ensure good Laboratory practices and thorough cleanliness of delicate and valuable lab equipment
- g) Perform all measures pertaining to internal audit/internal quality control including record keeping under the supervision of senior staff or quality control manager and as per NABL guidelines. (In set-ups where senior lab technician are not available).
- h) Ensure cleanliness and hygienic environment of the laboratory including proper disposal of waste as per Bio-Medical Waste management guideline and to direct the subordinate Laboratory Assistant
- i) Take universal precautions while handling blood and body fluids and to follow guidelines on Hospital Waste management for safe disposal of samples left
- j) Observe infection control and personal protection measures as per BMW Rules .
- k) Ensure safe disposal of lab wastes and implement infection control methods in Lab as per BMW Rules.

4. Staff Development

- a) Ensure Staff is trained in latest Technology for lab investigation
- b) Ensure Staff is well versed with Universal Precaution , Infection prevention and latest BMW rules
- c) Update job knowledge by participating in educational opportunities; reading technical publications and regular Trainings/Workshops

5. Documentation

- a) Prepare investigation reports correctly and in time.
- b) Enter all reports in registers meant for the purpose and ensure proper maintenance of the same.
- c) Ensure that registers for entering the details of patients, tests carried out and results are properly maintained.
- d) Maintain records of all supplies / stock, investigations done and any laboratory accident records
- e) Prepare monthly statistics of investigation done.
- f) Ensure that all Information/Data Pertaining to type and number of tests, National Programme conducted in the lab, high risk patients investigated in Lab etc. is provided to higher authorities or government as and when required or as per the protocol.
- g) Maintain equipment records and log register.

6. Others

Perform all type of laboratory work and other assigned task as and when direct by senior authority

Job Responsibilities of Senior Laboratory Technician (will function as LT also)

1. Senior Laboratory Technician will supervise the work of Subordinate Staff including Laboratory Technician and timely guidance to them ensuring quality control and proper patient care.
2. It will be the responsibility of Senior Laboratory Technician to ensure internal and external quality control measures in laboratory (where Senior Laboratory Technician is not available the same will be carried out by Laboratory Technicians as described in his duties).
3. Perform all post analytical work and prepare and validation reports under guidance of Medical Officer/Technical Assistant/Senior Technical Assistant.
4. Monitoring of National Program and Bio-Medical Waste disposal in the laboratory.
5. In blood bank where facilities of blood component are available, the Senior Laboratory Technician/ Technical Supervisor will perform the work of component preparation, storage of components and their quality control.
6. Higher end test in blood bank like antibody testing or NAT will be done by Senior Laboratory Technicians/Technical Supervisor also will supervise the work of Laboratory Technical or Subordinate Staff in blood bank.
7. Ensure smooth functioning of the laboratory by maintaining adequate reagent supply in the laboratory and availability of Technical Staff (prepare duty roster chart of LT/LA and other Subordinate Staff).
8. Ensure Vaccination record of all lab staff.
9. To maintain discipline in the department
10. Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Laboratory Attendant

Reports to: Medical Officer / Lab Technician

Responsible for:

- Assist Laboratory Technician / Lab Assistant in day to day work in the laboratory.
- Up keeping of laboratory equipments through regular cleaning and maintenance.
- Keep laboratory table clean to wash glass ware in the laboratory area.
- Proper storage of Items in the Lab.
- Maintain laboratory instruments.
- Assist the Lab technician in lab tests by processing lab samples.
- Assist the Lab technician for stock check of laboratory supplies.
- Perform housekeeping in laboratory.
- Help in general hospital care work also.
- Follow guidelines of hospital waste management for safe disposal of wastes.
- Maintain discipline in the department.
- Follow the instruction given by competent authority as and when required.

Job Responsibilities of Microbiologist

Reports to: Director Public Health at State level

Controls: Concerned Lab Staff

Responsible for:

1. Administrative Functions at State level
2. Administrative Functions at District level
3. Key responsibilities
4. Coordination
5. Monitoring
6. Implementation of Acts and Legislation
7. Others

Brief Description of Duties and Responsibilities:

1. Administrative functions at State Level

- a) Technical support to State/District Public Health Laboratories being strengthened under integrated Disease Surveillance Project
- b) Provide Technical support to integration of Vector Borne Disease Control Program laboratories with DPHL
- c) Provide oversight for lower level laboratories
- d) Ensure that Laboratory investigations are promptly undertaken when diseases of public health importance are reported/ suspected
- e) Impart training for laboratory technicians and implement internal and external quality assurance.
- f) Liaison with medical college, private and other related sectors on issues related to laboratory diagnosis of outbreak prone diseases
- g) Prepare trend reports
- h) Maintain discipline in the department.

2. Administrative Functions at District level

- a) Technical support to District Public Health Laboratories being strengthened under integrated Disease Surveillance Project
- b) Provide oversight for lower level laboratories
- c) Ensure that Laboratory investigations are promptly undertaken when diseases of public health importance are reported/ suspected
- d) Impart training for laboratory technicians and implement internal and external quality assurance
- e) Liaison with medical college, private and other related sectors on issues related to laboratory diagnosis of outbreak prone diseases
- f) Prepare trend reports
- g) Maintain discipline in the department.

3. Key Responsibilities at State/ District Level

- a) Undertake/guide technicians for laboratory investigations of diseases of public health importance
- b) Facilitate capacity building of laboratory technicians by organizing training programs
- c) Periodically assess training needs of Laboratory technicians and organize relevant training programs with support from local medical colleges/L3 laboratories
- d) Ensure implementation of Standard Operating Procedures (SOP) for laboratory techniques developed by IDSP
- e) Ensure implementation of guidelines for Biomedical Waste Management developed under IDSP based on existing rules
- f) Ensure timely submissions by DSUs of monthly status report on laboratory tests carried out in assigned laboratories to SSO, CSU (National lab Coordinator) and Regional Project Coordinator
- g) Participate in epidemic investigations as member of Rapid Response Team
- h) At state level, Carry out Internal Quality Assurance of L 2 laboratories and monitor implementation of External Quality Assurance
- i) At District level, Carry out Internal Quality Assurance of L1 laboratories and monitor implementation of External Quality Assurance
- j) Assist in procurement of laboratory equipment and consumable items for laboratories
- k) Provide support for sample collection and transport of specimen from DPHL-District Public Health Laboratories, Medical College Laboratories and Private Laboratories to State, Regional, National level laboratories
- l) Organize regular meetings of various stake holders involved in laboratory strengthening at the state.
- m) Organize baseline assessments of state and district public health laboratories, prepare a consolidated report for state level action for laboratories identified to be strengthened and timely submission of the same to CSU (National Lab Coordinator)

4. Coordination

- a) Coordinate with Medical College Laboratories and Private Laboratories in the state participating in disease surveillance
- b) Support state surveillance unit in other works related to effective implementation of IDSP

5. Monitoring

- a) At state level , make supervisory visit to the L2 and L3 laboratories to review the progress of project activity
- b) At District level, make supervisory visit to the L1 and L2 laboratories to review the progress of project activity
- c) Monitoring of Hospital infection in OT/ICU/Labour rooms etc.
- d) Monitoring of any outbreak in hospital.

6. Acts and Legislation

- a) COTPA Act 2003
- b) Pre Natal Diagnostic Techniques Act, 2003 and MTP Act 1971.
- c) Food Safety and Standard Act, 2006
- d) Drugs and Cosmetics Act

- e) Transplantation of Human Organs and Tissues Rules, 2014 Act, 1994
- f) Bio Medical Waste (handling and management) rules, 2016 and 2018
- g) All other health related legislation envisaging role of Microbiologist pertaining to Laboratory and tests

7. Others

Should carry out other orders as given by competent authority from time to time.

Job Responsibilities of Public Health Nurse (PHN)

Reports to: Hospital In charge/PMO when posted at Hospital, PHN will report to Principal of Training centre HFWTC/ANMTC etc when posted at training centre

The PHN assists Principal / head of the institutes in planning, implementing and evaluating all educational and capacity building programs in the State implemented at ANMTC/ GNMTTC/RFPTC/HFWTC or any other training institute.

Responsible for:

1. Academic
2. Supervisory
3. Coordination
4. Duties while posted at Health Facility
5. Health Education
6. Others

Brief Description of Duties and Responsibilities:

1. Academic

- a) Help principal in planning, implementation and evaluation of the Training programs/ Educational Courses.
- b) Prepares the academic calendar under the guidance of the principal to complete syllabus in time with quality teaching.
- c) Assist in the development, implementation and evaluation of staff and student welfare and development programs.
- d) Functions as the class co-coordinator for a particular group of students during the academic year.
- e) Participates in teaching in various educational programs.
- f) Conducts evaluation of the student's progress as per the norms of the statutory body.
- g) Available for consultation with Vice-Principal for day-to-day academic activities.
- h) Maintains all students' records including cumulative record, practical record, health record etc.

2. Supervisory

- a) Shares responsibility with Principal in supervision of students
- b) Participates and evaluate orientation programs for new students.
- c) Monitor academic progress of the students and provide guidance for improvement.
- d) Write students performance report as assigned by Principal and reviews evaluation report of the assigned students.
- e) Coordinates with Medical Officer and hospital staff in the preparation of clinical rotation plans and clinical area postings for the students.
- f) Facilitate functioning of Library in coordination with Librarian.
- g) Organize and maintain Skill labs at training institutes and Supervise its use for teaching and training, also coordinate for demonstrations of skills with hands-on practice sessions for participants under trainings and for students.

3. Coordination

- a) Shares responsibility with Principal and Vice-Principal in identifying conflicts among student and staff members and initiates solution, consult and inform when necessary.
- b) Shares responsibility with Principal and Vice-Principal in informing parents about students' progress, problems etc.
- c) Facilitates guidance and counseling to students as per need.

4. Duties while posted at Health Facility

- a) Organizing TB OPD
 - i) Assist MO in conducting TB clinic, treatment and early detection of TB cases especially pulmonary TB and screening of family members of sputum positive cases.
 - ii) Maintain individual records/cards for TB patients.
 - iii) Detect defaulters and take necessary action to motivate them to continue treatment.
 - iv) Advice TB patients regarding their disease, treatment, drugs, diet, precaution etc.
- b) Responsible for organizing under 5 clinic, immunization and completing child health records.
- c) Actively participate in prevention, control of epidemics/ seasonal disease .
- d) Participation in various national and state health programmes.
- e) Actively participation in screening/ survey in seasonal disease.

5. Health Education

- a) Render Health education and family planning advice to patients and public and organize public health programmes.
- b) Display of health education posters in facility and wards.
- c) Give health talks on child and mother care, importance of immunization, environmental sanitary condition at house, other health subjects.
- d) The person will carry out the duties of Family Welfare Extension Educator/Lady health Visitor where no Family Welfare centre is authorised or above staff are not in position/absent.

6. Others

- a) Build up good relationship with community; promote understanding and implementation of basic health practices.
- b) Detect early nutritional deficiency states and impart education on diet and nutrition.
- c) Carry out investigations in connection with prevention and control of infectious diseases like leprosy, venereal diseases, chicken pox and diseases for which immunization is carried out normally – tuberculosis, poliomyelitis, diphtheria, tetanus, pertusis, measles, hepatitis B - and report to CMHO/PMO I/C through MO I/C.
- d) Advice parents regarding rehabilitation of physically, visually and hearing handicapped children and mentally retarded children in the state.
- e) Assist in carrying out family welfare programmes.
- f) Keep liaison with health and social agencies in the area.
- g) Involvement in Research Activities and surveys
- h) Any other responsibility assigned by the Principal or department in coordination with Directors/ Heads of training institutes (such as content development for trainings, imparting training sessions and monitoring of health facilities, clinical and field staff)

Job Responsibilities of Lady Health Visitor (LHV)

Reports to: MO I/C

Controls: All ANMs of sector

Responsible for:

1. Planning and Organizing Health Services in the community
2. Supervision and Guidance
3. Coordination and convergence
4. Supplies, Equipment and Maintenance of Sub centre
5. Records and Reports
6. Training
7. Health Education
8. Others

Brief Description of Duties and Responsibilities:

1. Planning and Organizing Health Services in the community

- Prepare a visit plan and convey to the ANM for visiting schedule.
- Ensure preparation of outreach plan of ANM and coordinate it with her plan
- Ensure organization of following services :-

I) Reproductive and Child Health Services

- a) Conduct weekly or biweekly RCH clinic at each Sub centre with assistance of the health worker (female) as per the visit schedule.
- b) Respond to calls from the Health Worker Female / Male, NGOs, MSS, AWW and rendered the necessary help.
- c) Conduct deliveries when required at PHC level.
- d) Initiate steps to promote institutional delivery.
- e) Identify high risk cases and refer them to FRU after counseling.
- f) Help in organizing transport services for high risk cases referred to FRU.
- g) Educate adolescent on Reproductive sexual health, Nutrition, and prevention of NCD, Mental health, Substance abuse, violence and injury, RTI and STI and Teenage pregnancy and abortion.
- h) Educate community on right age of marriage and conception

II) Antenatal, Intra-Partum and Postnatal Care of Obstetric Patients.

- a) Conduct deliveries under the supervision of MO /Lady Medical Officer, Staff Nurse on duty.
- b) Intimate Sr. Nurse, MO I/C immediately, whenever any abnormality is noticed.
- c) Complete delivery record.
- d) Observe strict asepsis while conducting labour.
- e) Assist in the care of newborn baby.
- f) Assist antenatal and postnatal care of maternity patients in ward and OPD.

III) Labour room Management – If she is made incharge of Labour room (Hold responsibility for equipment, stores and other government property in Labour Room).

- a) Ensure that equipment in labour room is in functional condition else bring to the notice of Senior Nurse, MO I/C, any repair/defect.
- b) Ensure that the furniture and other equipment of the Labour Room are kept clean and tidy.
- c) Arrange and maintain drug and equipment trays in Labour Room as per SoP.
- d) Prepare dressing materials, diapers, O.T towel etc., pack and send them for autoclaving every week.

IV) For Neonates and Children

- a) Ensure Essential new born care and resuscitation services to newborns through NBCC/NBSU as applicable.
- b) Ensure Initiation of early breast-feeding within one hour of birth, exclusive Breastfeeding for 6 months and timely initiation of complimentary feeding as per Young Child Feeding Guidelines.
- c) Ensure age specific immunization and name based tracking of all infants and children as per immunization program.
- d) Ensure Identification and follow up, referral and reporting of Adverse Events following Immunization (AEFI), Drug side effects.
- e) Ensure Vitamin A prophylaxis to the children as per National guidelines.
- f) Ensure assessment and care of common illnesses of child like Diarrhoea, acute respiratory infections (pneumonia) , other minor ailments, fever, anemia and malnutrition following IMNCI protocol.
- g) Provide treatment for minor ailments, first aids for accidents and emergencies and refer cases beyond her competence to the PHC or nearest hospital as and where required.
- h) Ensure timely referral of cases of severe dehydration, respiratory distress, infections, severe acute malnutrition and other serious conditions after stabilizing the patient /providing basic first aid treatment in support during commute to the referral institute as per guidelines.
- i) Ensure that ASHA make post- natal home visits for each delivery as per guideline. Ensure that ANM is visiting newborn and mother, with ASHA during first seven days of delivery.
- j) Ensure that ANMs are doing follow up of SNCU discharged and Low birth weight babies
- k) Ensure that ANM is Coordinating with Aganwari Worker to assess the growth and development of the infants and under 5 children and make timely referral to MTC.
- l) Ensure compliance of various child health guidelines like use of Antenatal corticosteroid, use of gentamycin etc by ANMs.

V) Family Planning and Medical Termination of Pregnancy

- a) Ensure through spot checking that Health Worker Female is maintaining up-to-date eligible couples register.
- b) Conduct fortnightly family planning clinics (along with the RCH Clinics) at each Sub-centre with the assistance of the Health Worker Female.
- c) Personally motivate non- acceptors for family planning. She will help Health Worker Female in counseling couples with expressed unmet needs, who have not accepted contraceptive services.
- d) Provide information on the availability of services for medical termination of pregnancy and for sterilization.

- e) Counsel and refer cases of unwanted pregnancy and seeking MTP services to PHC or designated MTP centre.
- f) Provide IUD/PPIUCD services, its follow up on consistence basis.
- g) Assist M.O., PHC in organization of Family Planning Fixed day services and drive.
- h) Identify cases of RTI / STI and refer them to PHC for management.
- i) Provide knowledge about PCPNDT act to health workers and community.
- j) Ensure that all subcenters are maintaining adequate stock of various contraceptives IUCD, Antara, condoms, ECP, Mala-n, Chayya.
- k) Ensure that ANMs are monitoring details of contraceptives stock with ASHAs and ensure timely replenishment through PHC/CHC. She will also monitor the home delivery of contraceptives through ASHA
- l) Ensure that ANMs are informing the eligible clients and ASHAs about Fix Day Services (FDS) and mobilize the willing clients for sterilization services
- m) Help client get their financial benefits given by the Government in the form of motivational or compensation money. She will also follow – up with clients and facility for issuing sterilization certificates of clients.

VI) Nutrition

- a) Ensure that all cases of malnutrition among infants and young children (zero to five years) are given the necessary treatment, advice and refer serious cases to the appropriate health Facility (if MTC is available).
- b) Ensure that Iron –Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.
- c) Educate the expectant mothers regarding breast-feeding.
- d) On Health day they should help ANM to check the health status of children and advice on feeding practices accordingly.
- e) Advise the parents for deworming the children specially malnourished and anemic.

VII) Immunization Program

- a) Ensure that ANMs are preparing microplan and due list for immunization .
- b) Supervise the immunization of all pregnant women and children.
- c) Guide the Health Worker Female to procure supplies, organize MCHN day and provide guidance for maintaining cold chain, storage of vaccine, immunization and Health education.
- d) Ensure that all ANMs are giving important messages following vaccination to reduce drop out and improve acceptance.
- e) Supervise PPI, AFP surveillance activities in her area.
- f) Train ANM to identify and address AEFI in time to avoid morbidity, mortality and face off of the Program

2. Supervision and Guidance

- a) Supervise and guide the Health Worker Female, ASHA for delivery of health care services under various national health program to the community.
- b) Strengthen the knowledge and clinical skills of the Health Workers Female.
- c) Help and guide the Health Worker Female in planning and organizing her work plan and in conducting EC survey, assess community need and prepare SC plan.

- d) When posted at PHCs she will help MOI/C, in organizing MCH Clinics and any other services.
- e) Visit each Sub centre at least once in two week on a fixed day to observe and guide the Worker Female in her day to day activities. A tentative tour programme has to be approved by the in charge PHC, after completion of journey; she will submit the tour report.
- f) Assess fortnightly the progress of work of the Health Workers Female and submit an assessment report to the Medical Officer of the Primary Health Centre.
- g) Carry out Supervisory home visits in the area of the Health Workers Female with respect to duties under various National Health Program.
- h) Assist MO I/C in planning, organizing and conducting Sector Meeting.
- i) Attend monthly meetings of the Panchayats and help the Panchayat to review work of MPW and Female worker.
- j) She will supervise Anti Malaria activities, water sampling and purification at SC level

3. Coordination and convergence

- a) Help the health workers to work as part of the health team. Coordinate her activities with those of the Health Assistant male and other health worker including ASHAs and NGO.
- b) Coordinate the health activities in her area with the activities of workers of other departments e.g. ICDS, Ayurved, Education, PRIs, Revenue, PHED, Panchayati Raj Department.
- c) Assist the Medical officer of the PHC in implementation of National Health Programmes.
- d) Help Health Workers in identification of unreached area and plan outreach activities.
- e) Help the M.O. in organizing the school health programme.

4. Supplies, Equipment and Maintenance of Sub centre

- a) Check at regular intervals the stores available at the sub-centre and help in timely indent, proper storage and equipments are well maintained.
- b) She will ensure that all the medicines are used before their expiry.
- c) Ensure that the Health Workers Female maintains her general kit, midwifery kit and other kits available in proper way.
- d) Ensure that the sub-centre is kept clean and it is properly maintained.

5. Records and Reports

- a) Scrutinize maintenance of records by Health worker Female and guide her in their proper maintenance.
- b) Maintain the prescribed records and prepare the necessary reports.
- c) Review reports received from the Health Workers Female, consolidate them and submit monthly reports to the Medical Officer of the Primary Health Centre.
- d) Provide feedback to health Worker Female on performance of Sub-centre.
- e) Review registration of births, deaths and Marriage done by the health workers.
- f) Review each maternal and child death in her area.
- g) Conduct preliminary investigations of all cases and death due to VPD.

6. Training

- a) Assist the Medical Officer of the Primary Health Centre in conducting training program for various categories of health personnel and NGOs.

- b) Support and guide the ANMs for the skills of Safe deliveries, essential new born care, IUD/PPIUCD insertion to untrained ANMs/ MPW female required in delivering RCH services.

7. Health Education

- a) Create awareness with the help of ANM and ASHA for issues to be taken care of under various national Health programs
- b) Arrange group meetings with formal and non-formal leaders and involve them in spreading the message for various health programmes.
- c) Organize and conduct training of women leaders and women members of PRIs with the assistance of the Health Worker Female.
- d) She will organize health education on the platform of MSS, Mahila Mandal, Women elected representatives of PRIs, teachers and other women in the community for Family Welfare Programme with the help of ANM and AWW.
- e) Organize IEC activities for adolescent girls and boys and create awareness and impart life skill education, also involve parents and other stakeholders for creating enabling environment for adolescent growth and development .
- f) Create awareness in the community for environmental sanitation, safe water , excreta disposal and vector control.
- g) Educate the workers for water sampling / chlorination

8. Others

Execute any other duty assigned by MO I/C or Incharge/Head of the facility or office where posted.

Job Responsibilities of Auxiliary Nurse Midwives (ANM)

Reports to: MO I/C

Responsible for:

1. Patient care - Promotive, Preventive and Curative
2. Implementation of National Health Programs
3. Outreach / Field Services (as per schedule of program)
4. Coordination and Monitoring
5. Management
6. Quality Assurance
7. Reporting and Recording
8. Others

Brief Description of Duties and Responsibilities:

1. Patient care

A. Promotive

- a) Create Health Awareness on various health issues under various Health Programs and Schemes- for accepting vaccination, Family Planning etc.
- b) Liaison with Aanganwari Worker, ASHA and Community Influencers for Healthy Behavior change in the community – for environmental sanitation and waste Disposal, Safe Water, Clean Air, Nutrition etc.
- c) Creating awareness for adopting healthy life style.
- d) Create awareness in the community for early registration of pregnancy, importance of Antenatal checkups and promote institutional delivery.

B. Preventive

- a) Vaccination for various vaccine preventable diseases
- b) Contraceptive Services
- c) Pregnancy Preparedness and Quality ANC as per guidelines
- d) Preventive control measures under various national health programmes

Village Health Sanitation and Nutrition committee:

ANM will coordinate VHSNC meeting, VHSNC will focus on following issues :-

- Identifying the water sources and mark polluted water sources.
- Disinfection of drinking water sources as per need.
- Promotion of sanitation including use of toilets and appropriate refuse and garbage disposal.
- Taking up the agenda of environmental sanitation (covering open drainages, educating cleanliness around houses, removing unnecessary containers/ pots/ broken pots/anything that can hold water during and after rains, putting gumbusia fish in big open water sources) at VHSC meeting and liaisoning with the department for getting necessary services in this regard.

- Creating awareness for source reduction of mosquitoes by avoiding collection of water in the home surroundings. Advocacy for cleaning cooler tanks every seven days.
- Creating awareness for personal protection (cover body with clothes, using repellants and sleeping under mosquito net)

C. Curative Services

- a) Provide curative services when not on field visit.
- b) Provide treatment for minor ailments including fever, diarrhea, ARI, worm infestation and Treatment of minor wounds, First Aid including first aid to animal bite cases (washing the wounds with soap and water under running water and application of betadine or spirit/ dettol (whichever is available), assessment of snake bite, its management (applying tourniquet) and referral.
- c) Keep an updated list of nearby health facilities with their telephone number as per level of services available for appropriate and prompt referral

2. Implementation of National Health Programs

A. Reproductive Maternal New Born Child Health + Adolescent

a) Reproductive Health

- i) Ensuring up to date information on eligible couples.
- ii) Maintain eligible couple record/register.
- iii) Education, motivation and counseling eligible couples to adopt appropriate Family planning methods according to their need and choices.
- iv) She will contact newly married women and counsel them on importance of spacing and provide them contraceptive method of their choice.
- v) Maintain stock of various contraceptives IUCD, Antara, condoms, ECP, Mala-n, Chayya.
- vi) She will monitor details of contraceptives stock with ASHAs and ensure timely replenishment through PHC/CHC. She will also monitor the home delivery of contraceptives through ASHA.
- vii) ANM will inform the eligible clients/ couples and ASHAs about Fix Day Services (FDS) and mobilize the willing clients for sterilization services
- viii) Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD including PPIUCD insertions (wherever the ANM is trained on IUCD/PPIUCD insertion)
- ix) Motivating eligible couples who have achieved their family size for permanent Family planning method.
- x) Follow up services to the eligible couples adopting any family planning methods (terminal/spacing).
- xi) Help client get their financial benefits given by the Govt. in the form of motivational or compensation money. She will also follow – up with clients and facility for issuing sterilization certificates of clients.
- xii) Counseling and appropriate referral for safe abortion services (MTP) for those in need.
- xiii) Inform to the officials if she observes any case of illegal sex detection or foeticide.

b) Maternal Health

- i) Help and detect pregnancy by using Pregnancy Test Kits.
- ii) Registration of pregnant women - Earliest registration of all pregnancies (Before 12th Week)

iii) Provide Antenatal care:

- Ensure at least 4 ANC visits including Registration – can require more ANCs as per HRP guidelines.
- Refer Rapid Plasma Reagin (RPR) positive woman with her partner to nearest ICTC center.
- Refer all pregnant women to PHC/CHC/DH for Blood grouping, and for diagnosis of diabetes and hypothyroidism
- Counsel mother for birth preparedness - on every 4th Thursday during Prasooti Niyojan Diwas help mother to identify means to travel in case of referral and identification of appropriate institution for her delivery.
- Record all the services provided and planned in MCH card, a copy of which is to be kept with mother who should be advised to bring it every time.
- Track all pregnancies by name for scheduled ANC/PNC services.
- Identification of High Risk Pregnancies and Referral to the appropriate place for her need and regular follow up of HRP cases during pregnancy and till post partum 42 days, and ensured entries in the designated HRP register.

iv) She will identify the beneficiaries for all government schemes, complete necessary formalities including documentation for disbursement of benefits under relevant scheme.

v) Provide Intra-natal care:

- If facilities of a Labour Room are available, conduct deliveries at Sub-Centre as per the standards protocols (Partograph filling, uses of magnesium sulfate for eclampsia, Oxytocin for PPH and AMTSL, anti natal corticosteroid to women in pre term birth).
- Documentation in JSSY tickets
- Refer the cases of difficult labour and newborns with abnormalities to an appropriate centre, help them to get institutional care and provide follow up to the patients referred to or discharged from hospital.

vi) Postnatal care:

- Initiation of early breast-feeding within one hour of birth.
- Ensure at birth immunization; wherever is possible.
- Ensure post-natal home visits on 0, 3, 7, 14, 21, 28 and on 42nd day by ASHA and will ensure to accompany ASHA during any of the first three visits.
- Give Advice regarding care of the mother and newborn, feeding of the newborn (help to establish successful breast feeding before discharge), examine the newborn for signs of sickness and congenital abnormalities as per Guidelines and appropriate referral, if needed.
- Counseling on diet and rest, hygiene, contraception, essential new born care and resuscitation of new born.
- Tracking of all pregnant women to find out missed deliveries.

c) Neonatal and Child Health

- i) Essential new born care and resuscitation services to newborns
- ii) Initiation of early breast-feeding within one hour of birth, exclusive breastfeeding for 6 months and timely initiation of weaning/complimentary feeding as per Young Child Feeding Guidelines.
- iii) Ensure age specific immunization and name based tracking of all infants and children as per

immunization program.

- iv) Identification and follow up, referral and reporting of Adverse Events following Immunization (AEFI).
- v) Vitamin A prophylaxis to the children as per National guidelines.
- vi) Assessment and care of common illnesses of children like Diarrhea, acute respiratory infections (pneumonia), other minor ailments, fever, anemia and malnutrition following IMNCI protocol.
- vii) Provide ORS and Zinc in case of mild/ initial diarrhea cases to prevent dehydration and monitor their level of dehydration.
- viii) Refer cases of severe dehydration, respiratory distress, infections, severe acute malnutrition and other serious conditions after stabilizing the patient /providing basic first aid treatment in support during commute to the referral institute as per guidelines.
- ix) Ensure that ASHA make post-natal home visits for each delivery as per guideline. She should visit newborn and mother, with ASHA for PNC visit during first seven days of delivery.
- x) She should do follow up of SNCU discharged and Low birth weight babies
- xi) Coordinate with Anganwari worker to assess the growth and development of the infants and under 5 children and make timely referral to MTC.
- xii) Ensure compliance of various child health guidelines like use of Antenatal corticosteroid, use of gentamycin etc.

d) Adolescent health care

Assessment, treatment and prevention of Anemia. Distribution of WIFS (Weekly Iron-Folic Acid Supplementation) Education, counseling and referral of adolescent for Reproductive and sexual health (emphasis on menstrual hygiene). Creating awareness for right Nutrition, avoidance of any adverse incidence while using deworming tablets during Deworming program in school (during drive, visit in school).

B. RBSK / School health services

- i) Coordinate with RBSK Team for screening of children under age group (zero to 18)
- ii) She will attend Sector meeting , Block meetings and VHSNC meeting

C. Communicable Disease Program

- i) For identification and Management of Communicable Diseases, She will contact ASHA, AWW, community volunteers in her area for active case search for vector borne diseases (malaria, dengue, chikungunya), TB, Leprosy, other communicable diseases and season specific or locally endemic diseases (measles, diarrhoea).
- ii) Identify cases of fever during field visits in her area and maintain a record as per programme guidelines.
- iii) Provide information about diagnosis and treatment of these diseases.
- iv) Investigation, management, follow-up, compliance with treatment and referral where appropriate – according to programme guidelines for relevant communicable diseases, including vector borne diseases, TB and Leprosy.
- v) Acutely ill patients must be referred to an appropriate referral facility.
- vi) Inform the PHC MO about the occurrence of or increase in communicable diseases in the community.

- vii) Actively participate and mobilize the community in elimination of breeding places for mosquitoes.
- viii) Educate the community about the signs and symptoms of prevalent vector borne diseases; methods of prevention such as the use of bed-nets; treatment and control measures; provide information about spray schedules to the community.
- ix) Maintain accurate and timely records.
- x) Timely reporting of IDSP-S form weekly.

D) Revised National Tuberculosis Control Program (RNTCP)

- i) Identify persons especially with cough for more than 15 days, fever and chest pain or spitting blood and refer for sputum smear examination and further management. Refer these cases to nearest DOTS Centre, DMC/PHI as per guidelines.
- ii) Long term follow up of TB patients to be ensured. 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
- iii) All TB patients diagnosed should be ensured for diabetes, HIV testing.
- iv) Patient should be referred for management if any serious side effects are noted.
- v) Educate the community on various health education aspects of tuberculosis program.
- vi) Assist the ASHA/similar village health volunteer to motivate the TB patients in taking regular treatment.

E) Non-communicable Disease (NCD) Programs:

- i) Provide information about the adverse health effects, prevention, diagnosis and management of diabetes, hypertension and common cancers – and their complications.
- ii) Participate in the screening of NCD as per guidelines
- iii) Create/ Raise awareness about healthy life style
- iv) Maintain records and registers of NCD data
- v) Raise awareness about mental health issues and mental health service providers – and help integrate mental health into child health, adolescent, school health and women's health.
- vi) Under the guidance of Medical Officer, identify and refer cataract and common refractive errors. Encourage school children to use corrective glasses
- vii) Raise awareness about good oral hygiene.
- viii) Roles as defined for ANM under the Program specific guidelines for communicable and non communicable diseases to be referred.
- ix) Under National Tobacco Control Program Display of mandatory signage of "No Smoking" in the Sub-Centre.
- x) Recording and reporting of vital events including births and deaths.

F) Disease surveillance (Integrated Disease Surveillance Program, IDSP) for Control of local endemic diseases

- i) Keep a list of "Lay Informers" from each village; at least two-three volunteers, who will inform her about any unusual presence of disease or event in their village.
- ii) Make sure that ASHA will also inform her regarding any unusual presence of disease or event in their village
- iii) Surveillance about any abnormal increase in cases of diarrhea / dysentery, fever with rigor, fever

with rash, fever with jaundice or fever with unconsciousness and early reporting to concerned PHC as per IDSP guidelines.

- iv) High level of alertness for any unusual health event, reporting and appropriate action.
- v) Weekly submission of report to PHC in 'S' Form as per IDSP guidelines.

3. Outreach / Field Services (as per schedule of program)

- i) House to house visit for PNC/ Child Care, Malaria, during outbreaks(disease surveillances)
- ii) Meeting and motivating pregnant women who are not coming for ANC for institutional delivery and newborns regarding Immunization.
- iii) Reporting of Maternal and newborn deaths.
- iv) Primary enquiry or Verbal autopsy regarding Maternal and New born death, child death
- v) MCHN Day Organization- Services during MCHN day
- vi) She should have complete list of beneficiaries (Mother, child, adolescent and geriatrics) and list of last MCHN day's drop out
- vii) Announcing the day, time and place of the MCHN day (it should a fixed site, fixed day and fixed time)
- viii) Activities to be carried out during MCHN Day:
 - Organization of site – Site should be accessible and acceptable to all beneficiaries, ensure bench for ANC check-up; making sure for privacy of the client, safe place for vaccination, place for clients to wait respectably, and ensure availability of required essential items (Mother and Child Card, Vaccines, Fetoscope, B.P. instrument, Weighing Machine, sling Weighing Machine, height measurement, thermometer, slides for PBF, RD test kits) to provide care for all beneficiaries including mother and child.
 - Provide all services related to Maternal, Child Health, Immunization and Family Planning
 - Issue Folic Acid before conception and during first trimester.
 - IFA, Calcium and Albendazole during 4 to 7 th Month of pregnancy to all relevant beneficiaries
 - Counseling on pregnancy and Counseling on family planning
 - Delivery of condoms and oral pills
 - Treatment of patients with any minor illness, who come to seek her services
 - Follow-up visit for any chronic illness who come to seek care (in remote and inaccessible areas)
 - Making blood slides/doing RD tests on any patient with fever and giving treatment if required.
 - Counseling on Growth monitoring, nutrition, breast feeding, especially for pregnant women and children
 - Meeting with community to create awareness on health issues after MCHN day
 - Screening for common non communicable disease and counseling on life style modification to prevent NCD

4. Coordination and Monitoring (AAA) - Rajsangam

- i) She shall coordinate with ASHAs and AWW of her sub center area under Rajsangam platform.
- ii) She will ensure preparation of Map of each AWC, complete house to house survey- to improve health and nutrition services with coordination of ASHA and AWW

- iii) Preparation of due list for pregnant women/ANC/Immunization/FW for ensuring their presence in MCHN session through ASHA
- iv) To provide records to DEO at CHC/PHC for completion of line listing of ANC registration/ANC, Immunization on PCTS
- v) Checking of ASHA diary/ Records
- vi) Mentor the ASHAs in tasks requiring technical skills such as identification of sick newborn/child.
- vii) Verification of ASHA claim form
- viii) Checking of ASHA diary

5. Management

- i) Managing and Maintaining Sub Center
- ii) Conduct Community need assessment before 1st April of every year and plan services accordingly.
- iii) Prepare Micro plan for MCHN and RI sessions
- iv) Attend Sector meeting, Block meetings and VHSNC meeting
- v) Holding fortnightly meeting with ASHA to discuss the activities undertaken during the fortnight.
- vi) Informing ASHA about date and time of the outreach session and also guiding her to bring the prospective beneficiaries to the outreach session.
- vii) Participating and guiding in organizing Health Days at Anganwadi Centre.
- viii) Taking help of ASHA in updating eligible couples register of the village concerned. Supervision and Mentoring of ASHAs
- ix) Utilizing ASHA in motivating the pregnant women for coming to Sub-Centre for initial check-ups.
- x) ASHA helps ANMs in bringing married couples to Sub-Centres for adopting family planning.
- xi) Guiding ASHA in motivating pregnant women for taking full course of iron folic acid (IFA) tablets and TT injections, etc.
- xii) Orienting ASHA on the dose schedule and side affects of oral pills.
- xiii) Educating ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- xiv) Informing ASHA about date, time and place for initial and periodic training schedule. ANM would also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.
- xv) MCHN is organised twice every month at the anganwadi centre (AWC) in the village.

6. Quality Assurance

- i) Maintain the cleanliness of the Sub-centre.
- ii) Dispose medical waste as per the IMEP guidelines, of Government of India.
- iii) Ensure following Infection Management and Environment Plan as per Guidelines for Health Care Workers for Waste Management and Infection Control in Sub Centres of Ministry of Health and Family Welfare, Government of India.

7. Reports and Record Maintenance

- i) Maintain all relevant records concerning mothers, children and eligible couples in her area.
- ii) Maintain the pre-natal and maternity records and child care records.

- iii) Maintain the records as regarding contraceptive distribution, IUD /PPIUCD insertion. Couples sterilized, clinics held at the Sub-centre and supplies received and issued.
- iv) Prepare and submit the prescribed weekly/ monthly reports in time to MO-PHC
- v) Keep a record of supervisory visits in Tour diary and submit to MO-PHC during monthly meetings for verification.
- vi) A list of minimum number of documents / registers to be maintained at Sub-centre is as below:-
 - Line listing of pregnant women
 - MCP cards and its counter foils
 - RCH register
 - Information of HRP
 - PCTS updation
 - Record of VHSC meeting
 - Entry of Permanent Article at Sub center
 - Maintaining cash book of Sub center
 - Attendance register and movement register for self
 - OPD register
 - Blindness Register
 - Leprosy Register
 - TB register
 - Birth and Death Register
 - Maternal Death review/Social audit
 - Stock and inventory register, where appropriate
 - Record keeping
 - Immunization register
 - Outreach Registers
 - Family Planning – and eligible couples – register
 - Disease surveillance including IDSP notifications
 - NCD screening register
 - Registration of vital events, e.g. births and deaths
 - ASHA supervision and mentoring / maintaining notebook
 - Registers for the HMIS and MCTS portal: where appropriate and available, the Data Entry Operator will upload this data on to the portal.

8. Others

Execute any other duty assigned by MO I/C or Incharge/Head of the facility or office where posted.

Job Responsibilities of Radiographer

Reports to: Facility In-Charge

Controls: Support Staff of X-ray Department of Facility

Responsible for:-

1. General
2. Safety
3. Documentation
4. Others

Brief Description of Duties and Responsibilities:

1. General

- a) Carry out radiological investigations as ordered.
- b) Take X-rays of any patient only after specific requisition (by referring physician/doctor, including patient name, RMC Number, clinical note on proper slip)
- c) Take Bed side X-Ray if portable X-Ray machine is available.
- d) Attend to female patients only in the presence of a female attendant/ or an adult relative.
- e) Ensure that the X-rays are issued within 24 hrs after taking them. Wet films will not be issued unless specifically asked for by the treating doctor of the patient.
- f) Assist the doctor in special diagnostic radiographic investigation.
- g) Personally prepare and use the chemicals correctly and in time. The person will not use time expired/colored solutions or fogged films. Such instances will be brought to the notice of the Radiologist/MO in-charge department.
- h) Supervise the work of assistant radiographer and guide whenever required.
- i) Establish linkages with agency for recovery of silver.
- j) Maintain discipline in the department.

2. Safety

- a) Take steps and precautions necessary for preventing undue exposure of self, patients/staff, with radiation during exposure of X-rays.
- b) Ensure that correct voltage is available for x-ray machine.
- c) Ensure that leak of radiation in surrounding areas is prevented by necessary building and other arrangements.
- d) Use x-ray radiation badges whenever on duty and arrange for return of badges for reporting and collection of fresh badges.
- e) Ensure proper storage and disposal of hypo developer waste solution.
- f) Observing hospital waste management guidelines for safe disposal of wastes.
- g) Ensure X-Ray machine are installed at proper place where there is less harm to the people nearby, as per AERB rules and machine should be installed with consultation of Radiography department

3. Documentation

- a) Maintain logbooks of the equipment and get the service /repair work done.
- b) Proper storing of X-ray films of all medico-legal cases and to produce it in court when demanded.
(Max 5 year of storage of X-ray films with Radiographer and above may be submitted in Store or Medical record room)
- c) Maintenance of record of X-ray reports of patients referred and submission of monthly report.
- d) Vaccination record of all the lab Staff

4. Others

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Assistant Radiographer

Reports to: Radiographer / Facility In-Charge

Responsible for:-

1. General
2. Safety
3. Documentation
4. Others

Brief Description of Duties and Responsibilities:

1. General

- a) Carry out radiological investigations as ordered/assigned.
- b) Take X-rays of a patient only after specific requisition for the same as per SOP.
- c) If portable X-Ray machine is available, conduct bed side X-Ray as per SOP
- d) Assist the doctor in special diagnostic radiographic investigation.
- e) Attend female patients only in the presence of a female attendant/ or an adult relative.
- f) Ensure that the X-ray films are issued within 24 hrs after taking them. Wet films will not be issued unless specifically asked for by the Medical Officer in-charge of the patient.
- g) Personally prepare and use the chemicals correctly and in time. The person will not use time expired/colored solutions or fogged films. Such instances will be brought to the notice of the Radiologist/MO in-charge of the department.
- h) Assist and coordinate with radiographer and follow his orders whenever required.
- i) Establishing linkages with agency for proper disposal radioactive material and recovery of silver.
- j) Maintain discipline in the department.

2. Safety

- a) Take such steps and precautions necessary for preventing undue exposure of self, patients/staff, with radiation during exposure of X-rays.
- b) Ensure that correct voltage is available for X-ray machine.
- c) Ensure that leak of radiation to surrounding areas is prevented by necessary building and other arrangements.
- d) Use X-ray radiation badges whenever on duty and arrange for return of badges for reporting and collection of fresh badges.
- e) Ensure proper storage and disposal of hypo developer waste solution.
- f) Observing hospital waste management guidelines for safe disposal of wastes.

3. Documentation

- a) Maintain logbooks of the equipment and get the service /repair work done.

- b) Ensure proper storing of X-ray films as per norms for all medico-legal cases and to produce it in court when demanded.
- c) Maintenance of record of X-ray reports of patients referred and timely submission of monthly report.
- d) Vaccination record of all the lab staff

4. Others

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Ophthalmic Assistant/Optometrists

Reports to: Ophthalmologist/MO I/C

Responsible for:

1. General
2. Patient care
3. Quality Assurance and Infection Prevention
4. Others

Brief Description of Duties and Responsibilities:

1. General

Ophthalmic Assistant will be responsible for eye care services including IEC and training activities in his area. Broadly his roles and responsibilities are grouped as below

- a) Responsible for registration, diagnosis and treatment of ophthalmic cases coming to PHC/CHC/DH and ensure referral of complicated cases to appropriate centre.
- b) Help in pre-operative examination and prepare case for operation; assist in eye operation and post operation care.
- c) Ensure follow up of the operated cases.
- d) Participate in ophthalmic camps/eye camps.
- e) Assist in successful conduction of eye camps, physically checkup and verification of eye camps conducted by NGO.
- f) Assist MO of PHC or CHC area in school health program for early detection and correction of refractive errors and other minor eye ailments.
- g) Health education and training of primary level functionaries and school teachers for vision screening of school children.
- h) Teaching and training of B.Sc/Diploma (Ophthalmic techniques) students at Medical College/District level
- i) Motivate community for eye donation and create awareness for prevention and early detection and treatment of eye ailments.
- j) Responsible for recording and reporting data related with ophthalmic care (cataract survey Vitamin - A records etc) and Cataract screening in society.

2. Patient care

- a) To do refraction and prescribe vision correction.
- b) Identification and diagnosis of eye disease like cataract, Glaucoma, child blindness, squint, diabetic retinopathy etc. and refer these patients to District hospital /Medical College.
- c) Provide Primary eye care treatment for eye disease like conductivities, trachoma, allergic, dry eyes, corneal abrasion, sty, eyelid disease etc.
- d) Removal of corneal and conjunctival foreign body, epilation, chalazion removal, pterygium excision, syringing, probing etc.

- e) Visual field (perimetry), Diplopia charting, Hess charting, contact lens fitting, assessment of binocular and color vision synoptophore examination, slit lamp examination, B-scan, NCT, fundus examination, retinoscopy etc.
- f) Enucleation of eyes in cases of eye donation after death.

3. Quality Assurance and Infection Prevention

- a) Maintain the examination room clean, safe and organized.
- b) Clean, sterilize and maintain surgical instruments.
- c) Maintain inventory of ophthalmology department including microscopes, lenses etc.
- d) Prepare the demand chart of consumables and procedure to the ophthalmologist/In charge and receive the same from store.
- e) Proper storage of instruments and consumables.
- f) Follow Infection prevention practices and Bio medical waste Management Act and Rules

4. Others

Carry out other orders as given by competent authority from time to time.

Job Responsibilities of ECG Technician

Reports to: Facility In-Charge

Responsible for:

1. General
2. Quality Assurance and Infection prevention
3. Capacity Building
4. Documentation
5. Others

Brief Description of Duties and Responsibilities:

1. General

- a) Manage, Organize and ensure availability of all machinery and consumables and the cleanliness in the ECG room.
- b) Explain the procedure of the ECG to the patient before the start of the process.
- c) Prepare the patients and diagnostic equipment for the procedure.
- d) Inventory management of paper rolls, leads, jellies etc.
- e) Perform an ECG by attaching electrodes to a patient and then pulling switches on an ECG machine to trace electrical impulses transmitted by the heart.
- f) Help in arranging camps of Heart checkup.
- g) Share ECG Reports of patients with doctors to analyze the patient's condition.
- h) Provide services in NCD clinics as when required.

2. Quality Assurance and Infection prevention

- a) Keep department Clean and tidy
- b) Ensure that the Machine and its accessories is clean and keep it in good condition
- c) Participate in the departmental quality initiatives.
- d) Manage proper functioning of ECG machine and life saving machine like defibrillator at work place.
- e) Maintain ECG machine and ensure regular maintenance services to be done, if in case for non-functioning of machine, need to do the task assigned by In-charge.
- f) Maintain dignity and ensure respectful care to the patient.
- g) Maintain the proper position of unconscious patients and help the ward boy/helper/attendants.
- h) Follow infection prevention practices as per guidelines
- i) Follow Bio Medical waste Management Act and Rules

3. Capacity Building

To train and teach Junior ECG technicians to upgrade their skill and technical knowledge

4. Documentation

- a) Record the data in the prescribed format/ register and maintain them and report to the concerned.
- b) To handover the reports to the patients after reporting to Physicians
- c) Keep the records in CDs and soft copies of each patient till discharge.

5. Others

- a) Comply to all emergency call for ECG
- b) Carry out other orders as given by competent authority from time to time.

Job Responsibilities of Audiologist and Audiometric Technician

Reports to: Audiometric Technician to Audiologist, Audiologist to MO/ ENT Specialist

Controls: Audiology Department of the Facility

Responsible for:

1. Patient care
2. IEC Activities
3. Quality assurance
4. Documentation
5. Others

Brief Description of Duties and Responsibilities:

1. Patient care

- a) Follow direction of MO/physicians/ENT specialist
- b) Help MO/physician/ENT specialist in early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- c) Assist in assessing patients with hearing problems. Use audiometers to conduct hearing tests for people of all ages.
- d) Assist in assessing patients with speech problems such as delayed speech, hearing impaired children, mis-articulations, stuttering problems, cerebral palsy, Down's syndrome children and other neuro-motor disorders such as aphasia, dysarthria etc
- e) Explain test procedures to patients to provide speech therapy.
- f) Provide support services to audiologists and MO/SMO/JS/SS.
- g) Perform camp duties to screen patient with hearing loss and speech problems.
- h) Both Audiologist and Audiometric Technician will co-ordinate schedules for screening programs
- i) Help in medical rehabilitation of persons of all age groups, suffering with deafness.
- j) Discuss results with patients or their caregivers and, when needed refer patient to audiologists or other physicians.
- k) Make follow-up appointments

2. IEC Activities

- a) Help in awareness generation through IEC/BCC activities for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness
- b) Provide education and information to patients, caregivers, and outside agencies regarding issues such as patient disabilities, care plans, and available community resources, as well as hearing-related information such as hearing aid use and hearing protection.
- c) Counsel the parents/attendants regarding appropriate educational placement and rehabilitation of person with speech and hearing problems

3. Quality assurance

- a) Ensure maintenance and functioning of audiometers and related equipment.
- b) Monitors, checks, attune and performs minor maintenance, repairs, and adjustments on auditory equipment such as portable audiometers and hearing aids, using specialized repair equipment, hand and power tools, and chemical agents. Sends equipment for complex repairs as required.
- c) Follow all infection prevention practices
- d) Ensure compliance of Bio medical Waste Management rules

4. Documentation

- a) Maintain log book for each audiometer that includes calibration records.
- b) Maintain records of audiometric tests.
- c) Collect medical history information regarding hearing from patients.
- d) Record and Classify results and providing a copy to the client
- e) Ensure medical history information is kept confidential.
- f) Record information used for evaluating the effectiveness of hearing conservation programs.
- g) Ensure timely reporting in prescribed format

5. Others

Follow directions of Medical officer and perform other administrative/clinical support functions as directed by seniors or authority.

Job Responsibilities of Physiotherapist

Reports to: Health facility In Charge

Responsible for:

1. Clinical Services and Patient Care
2. Monitoring and Evaluation
3. Documentation
4. Quality Assurance and Infection prevention
5. Others

Brief Description of Duties and Responsibilities:

1. Clinical Services and Patient Care

- a) Organize and prioritize allocated patient caseload and undertake routine physiotherapy tasks within well established clinical protocols and according to those approved by the department to ensure appropriate and effective patient management.
- b) Assess patients, using clinical reasoning skills and manual assessment techniques to provide a physiotherapy diagnosis of their condition.
- c) Deliver competent physiotherapy clinical services (which includes thorough assessment/ examination, diagnosis, individualized and planned interventions, the use of safe and current techniques/ modalities and comprehensive documentation and communication) to achieve and maintain improved functional outcomes for allocated patients including patients who have a range of conditions, including neurological, neuromusculoskeletal, cardiovascular and respiratory in accordance with prescribed professional and ethical standards.
- d) Exchange information about the background and progress of patients with MO to formulate prognosis and recommend best course of intervention, developing discharge and referral plans for patients who require other medical attention.
- e) Develop and review treatment programs that encourage exercise and movement by the use of a range of techniques
- f) Keep up to date with new techniques and technologies available for treating patients
- g) Educate and involve parents and care givers about how to prevent and/or improve conditions in his or her treatment, review and rehabilitation of patients
- h) Be professionally and legally accountable for all aspects of work, including the management of patients under care to manage clinical risk.
- i) Formulate and deliver individual and group physiotherapy treatment program based upon knowledge of the evidence of the treatment options available.
- j) Provide rehabilitation services to chronic /post operative patients.
- k) Help in disability assessment for purpose of medical boards/cases and in trauma centers and also for certification.
- l) Maintain various machines used for exercise and rehabilitation.
- m) Use of electrotherapy modalities to be decided by physiotherapist not by Medical officer/Orthopedic doctor.

- n) Provide these services in NCD clinics as and when required.
- o) Active participation in staff meetings and quality improvement activities.

2. Monitoring and Evaluation

To contribute to the monitoring and evaluation of the physiotherapy service through:

- a) Maintenance and documentation of accurate service data.
- b) Disseminate information to senior staff on operational or health and safety issues; and
- c) Monitor patient's progress and evaluate therapy protocol and change accordingly

3. Documentation

- a) Write patient case notes and reports and collect statistics
- b) Send report on timely basis to concerned authority/person

4. Quality Assurance and Infection Prevention

- a) Provide compassionate, professional and respectful care to all patients at all times
- b) Follow infection prevention practices and Biomedical waste Management Rules

5. Others

- a) Contribute to the provision of after hours, on call, weekend and relief services and ensure conduct is in accordance with the professional ethics, service regulations/policy, legal requirements and the scope and limitations of physiotherapy practice.
- b) Carry out other orders as given by competent authority from time to time.

Section C: Supporting Staff

Job Responsibilities of Accounts Person

Brief Description of Duties and Responsibilities:

Administration and Management

1. Budget management and oversee all the financial activities- payments, receipts, voucher making, bank reconciliations.
2. Responsible for audit of accounts related records.
3. Maintain and control receivables and ensure timely payments to vendors and other as required.
4. Prepare letters, move files related to financial matter
5. Preparation of UCs of different heads.
6. Maintain a transparent accounting system by using cheque/ online payments and after getting approval from competent authority with timely reporting to higher authority.
7. As a member in committee for procurement of goods and services as per needs of facility ensure that RTPP Act and Rules are followed
8. Build up system, procedures for efficient and timely financial management.
9. Ensure timely payments of tax and other legal bills after approval of competent authority.
10. Prepare various MoUs and contracts as per RTPP Act and Rules.
11. Provide financial advice in plan and supervise logistic arrangements for establishment and infrastructure of the office and other administration work as required.
12. Liaison with other government officials and organizations as regards to financial administrative matters.
13. Help develop policies and manage, resolve HR issues like leaves, payments, increments etc in coordination with HR officer.
14. Support and documentation of decision making process of the institution.
15. Timely response to the audit objections in direction of higher authorities and management of all finance related court matters in direction of higher authorities.

Summary of Job Responsibilities

Accounts Officer	<ol style="list-style-type: none"> 1. Accounts Officer will report to DDA/Head of Office/DDO/ Incharge. 2. Preparation of Hospital Budget/ district budget. 3. Drawing and Disbursing officer for pay and allowance of the hospital establishment. 4. Processing of all case of drawn advance admissible and claimed by staff. 5. Maintenance of financial accounts. 6. Deduction of income tax at source and maintaining all accounts, filling of return to the respective authorities in time. 7. Detailed scrutiny of all files, bills pertaining to purchase /store department as per GFR. 8. Maintenance of accounts relating to Government funds/other funds received. 9. Pension Cases/ revise pay scales from time to time as per rules.
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	<ol style="list-style-type: none"> 10. Joint custody of cash with the cashier. 11. Endorsement of service books of the staff, on time of having checked with the pay bills. 12. Financial advice to Medical Superintendent, Head of Office and other officers. 13. Financial member in the Joint Purchase Committee, Maintenance Committee and other committees constituted by the Medical superintendent. 14. Maintenance of accounts relating to Non-Government funds. 15. Any other work assigned by the Medical Superintendent/ DDO.
Junior Accounts Officer	<ol style="list-style-type: none"> 1. Jr. Accounts Officer will report to Head of Office. 2. Preparation of Hospital Budget/ Block budget. 3. Drawing and Disbursing officer for pay and allowance of the hospital establishment. 4. Processing of all case of drawn advance admissible and claimed by staff. 5. Maintenance of financial accounts. 6. Deduction of income tax at source and maintaining all accounts, filling of return to the respective authorities in time. 7. Detailed scrutiny of all files, bills pertaining to Purchase /Store Department as per GFR. 8. Maintenance of accounts relating to Government funds. 9. Pension Case/ Pay fixation of employees. 10. Joint custody of cash with the cashier. 11. Endorsement of service books of the staff, on time of having checked with the pay bills 12. Financial advice to M.S./Addl. M.S.'s Head of Office and other officers. 13. Financial member in the Joint Purchase Committee, Maintenance Committee and other committees constituted by the Medical superintendent. 14. Maintenance of accounts relating to Non-Government funds. 15. Help in preparation of PIP of different programs. 16. Prepare the UCs of expenditure under different heads and ensure timely payment of contractual staff. 17. Any other work assigned by the Medical Superintendent/ DDO

Job Responsibilities of Ward Boy / Class - IV

Reports to: Ward in charge/ Nursing Staff

Responsible for assisting GNMs in the ward and overall cleanliness of the PHC

Responsibilities:

1. Assisting GNMs in the ward operations

- a) Maintaining cleanliness of ward
- b) Assisting M.O/Ward In charge in attending the patients.
- c) Cleaning and making beds for patients. While making beds, the person will ensure that no unauthorized articles are kept concealed in bedding of the patient.
- d) Ensuring that mosquito nets are neatly folded and kept in place daily morning before ward rounds
- e) Change dirty linen with clean linen
- f) Collecting and distributing diet to patients if applicable.
- g) Provide any reasonable assistance required by the patients.
- h) Carrying patients on stretcher, wheel chair etc.
- i) Accompanying referred patients to other hospitals.
- j) Accompanying patients to other departments of the hospital for investigation and treatment and assisting in the same.
- k) Making at least hourly tour of the ward and ensuring that the patients are present and comfortable.
- l) Help patients in queue and other need as required.
- m) Assisting MO/AYUSH MO/LHV in any other activities as needed
- n) Check whether lights, fans, storage water heaters and other such electrical appliances are working properly in the wards and report any repair/breakdown to Senior Nurse I/C, ward master/staff responsible for liaison of maintenance work.

2. Cleanliness of the Ward / Facility

- a) Maintain general cleanliness and tidiness of the ward
- b) Clean ward furniture like examination tables, dressing tables, patient beds and bedside lockers, cupboards, other furniture, and windows, doors and equipments by cleaning them daily and ensuring that movable items are in their proper place.

3. Office Work

- a) Dusting of tables and walls and furniture allotted to the office and see the stationery items kept on the desk are always ready for use.
- b) Ensure that sweeper allotted to the area cleans floors walls toilets etc., daily before the office hours.
- c) Announce the arrival of visitors to the officer concern and help them to the officer concerned in an orderly manner.
- d) Attend to the telephone calls when officer is not in his seat.
- e) Carry correspondence and files from the main office to the officer desk and carry out correspondence from officer's desk.
- f) Run errands on official business within the hospital and outside if necessary.

- g) Bring tea and other refreshment from the canteen to the officer concerned whenever required.
- h) Expeditiously deliver the outgoing mail to the addresses and post offices and bring the incoming mail from the post office and other officers.
- i) Assist in moving stores from one place to another within the hospital when ordered by responsible personnel.
- j) Move stores from and to the hospital or go to bank for cash/cheque etc.
- k) Assist in packing parcels closing and stamping of letters whenever necessary and authorized by responsible personnel

4. Other work

- a) Ensure that visitors do not enter the ward except during visiting hours.
- b) Ensure that the patient bed is not used by persons other than the patient to whom it has been allotted.
- c) Deliver lab specimens to Lab from the ward and collect the reports
- d) Act as messenger to call specialists, call duty MOs and staff like radiographer and Lab Technician.
- e) Carry out such other duties as ordered by superiors from time to time.

Job Responsibilities of Sweeper/Safai Karamchari

Reports to: Concerned In-charge

Brief Description of Duties and Responsibilities:

General Responsibilities

- a) Cleaning, scrubbing and disinfecting bathrooms, toilets, wash basins, sanitary fittings, floors etc. of all the areas including Wards, ICUs, OT and all other departments at regular intervals on daily basis as per the directions from supervisor.
- b) Cleaning and disinfecting kidney trays, urinals, bed pans, sputum cup, humidifiers, suction bottles and emptying urine and drain bags whenever required.
- c) Cleaning blood spills and other body fluids (after disinfection by the concerned) and human excreta, urine, vomits, as and when required.
- d) Cleaning, dusting electrical switch boards, light fixtures, fans, air conditioner vents, name plates, door mats, firefighting equipment, computer systems, phones, doors, windows, furniture, window glasses, grills, curtains etc.
- e) Cleaning of dust bins, waste paper baskets, cobwebs etc. and disposing off all collected garbage on daily basis at regular intervals. The dust bins shall be washed and garbage bags need to be placed in all garbage bins to avoid stains and clear them when it is 3/4 full or within 24 hours
- f) Collect garbage in specified color coded bags from all dust bins and garbage bins inside the premises and disposed at the designated area within the hospital.
- g) Refilling, replacing and emptying of sharp containers at all stations.
- h) Offering and assisting the patient with kidney tray, urinals, bed pans, sputum cups when required and disposing the contents in the sluice room, clean, disinfect and keep it ready for next use.
- i) Cleaning the patients who have soiled themselves with stool, urine, vomits with assistance of patient attendant / nursing orderly / staff nurse / nursing sister. Sluicing linen which are soiled by urine, vomits, feces and others with 1% chlorine solution and send to laundry.
- j) Assist in transporting dead bodies to mortuary and disposal of amputated limbs or other parts to bio medical waste collection point.
- k) Assist in sterilization of OT, Minor OT, Labour room, SNCU and other as directed by the supervisor as per schedule.
- l) Cleaning, mopping, disinfecting OT floors, walls, ceilings / OT lights in morning before starting the case as per instruction and direction of OT In charge.
- m) Clean the patient's bed, lockers, trolleys, wheel chairs and surrounding areas twice a day or when patient is discharged or when soiling occurs.
- n) Cleaning and carbolization of ICU beds, OT beds as per instruction.
- o) Washing of slippers in ICUs, OT, dialysis etc.
- p) All the garbage collected at the designated points spread over the health facility premises as well as the hospital general waste which does not require incineration should be cleared on daily basis to municipality defined yards outside health facility campus.
- q) Clearing the choking of sinks, wash basins, floor traps, rain water pipes, and sewer chamber and sewer

lines.

- r) Cleaning of all open areas between the building and boundary including sweeping of roads, lawns, paths, cleaning open drains, common areas of residential buildings, pump rooms, pump house, AC plants, electrical substation, nurse hostel, main gate etc. as directed by the designated nodal officer of the health facility.

Specific Responsibilities

1. Waste Disposal Management (Including Bio-Medical Waste)

- a) All collection, storage, transportation and disposal of hospital waste shall be in accordance with Bio-Medical Waste (Management and Handling) Rules, 2016 and 2018 and any other amendments or notification of the state pollution control board.
- b) All infected, chemical, radiation, cytotoxic health care waste shall be transported and disposed in accordance with set guidelines of safety, ensuring that at no stage, it gets mixed with general waste. Unscientific burning shall not be undertaken. Different colored bags/containers namely red, yellow, white, blue and puncture proof or stainless steel, lead containers shall be used depending on the category of waste.
- c) The waste shall be carefully secured or pre-treated for transportation to a common facility for disposal.
- d) Waste shall not be transferred from one bag to another. Bags should be tied when three fourths full and then placed in a bigger bag / container for transporting.
- e) Covered trolleys or containers should be used for transportation. Before final disposal/ treatment waste should be kept in specified location and in specific liners and containers.
- f) The scope includes all statutory rules and regulations and legal requirements are to be followed at each stage of segregation, collection and storage, transportation within and outside the hospital until final disposal.

2. Safety precautions while cleaning

The ideal time to clean the facility is when patients / visitors are not present. If however this is not possible then they should be requested to step aside or wait outside for the duration of the cleaning.

- a) Avoid wet and slippery floors.
- b) Use appropriate / cautionary signage
- c) Arrange furniture for easy movements of the patients to avoid accidents.
- d) Pay attention while cleaning the electrical switchboards. Do not sprinkle water/ liquids on the electrical connections.

3. Storage of housekeeping articles / material

- a) Keep the house keeping material at the ear marked storage place. The daily usable supplies should remain in the closets provided in that area which should be maintained clean, odour free and dry. The equipment and storage closet should be cleaned every week.
- b) The toilet cleaning materials should be stored in a separate place. Store the disinfectants and cleaning chemicals separately.
- c) This should be controlled by the housekeeping supervisor who must check the store once a week if not daily with the aim of checking the stock and maintenance of the equipment / chemicals and should replace / replenish them respectively if required.
- d) The used wet mops and cleaning cloths should be washed every day and dried. They should not be left soiled and wet.
- e) Brooms are best left standing upside down on its handle so that the water drains away from the bristles

in area which is not in sight of the visitors.

4. Personal protection equipment / gear to be worn by the housekeeping staff

The following personal protection equipment should be used by the housekeeping staff:

- a) Clothing – wearing of aprons over the personal clothing and / or dungarees to protect direct skin contact with the waste. Rubber aprons should be worn wherever liquid waste is being handled.
- b) Wearing of masks when exposed to dust and allergens. Cloth masks should be used since they can be washed and reused and are more economical in the long run.
- c) Water proof gloves / heavy duty gloves should be worn specially when handling biomedical and potentially infectious waste.
- d) Gumboots or rubber shoes should be worn when handling biomedical / wet waste.
- e) Protective eye goggles should be worn to avoid the splashing of eyes with infectious /body fluids.

Others

Carry out other duties as given by competent authority from time to time.

**Annexure No. 1 to 3
and
Acronyms**

Annexure No. 1: Programmes and Schemes

National/State Programmes and Schemes

(A) Reproductive, Maternal, Neonatal, Child and Adolescent health

- Janani Shishu Suraksha Karyakaram (JSSK)
- Rashtriya Kishor Swasthya Karyakram (RKSK)
- Rashtriya Bal Swasthya Karyakram (RBSK)
- Universal Immunisation Programme (UIP)
- Mission Indradhanush (MI)
- Janani Suraksha Yojana (JSY)
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- Navjaat Shishu Suraksha Karyakram (NSSK)
- National Programme for Family planning

(B) National Nutritional Programmes

- National Iodine Deficiency Disorders Control Programme (NIDDCP)
- MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding
- National Programme for Prevention and Control of Fluorosis (NPPCF)
- National Iron Plus Initiative for Anaemia Control (NIPI)
- National Vitamin A prophylaxis Programme
- Integrated Child Development Services (ICDS)
- Mid-Day Meal Programme (MDM)

(C) Communicable diseases

- Integrated Disease Surveillance Programme (IDSP)
- Revised National Tuberculosis Control Programme (RNTCP)
- National Leprosy Eradication Programme (NLEP)
- National Vector Borne Disease Control Programme (NVBDCP)
- National AIDS Control Programme (NACP)
- Pulse Polio Programme
- National Viral Hepatitis Control Program (NVHCP)
- National Rabies Control Programme
- National Programme on Containment of Anti-Microbial Resistance (AMR)

(D) Non-communicable diseases

- National Tobacco Control Programme (NTCP)
- National Programme for Palliative Care
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

- National Programme for Control and Treatment of Occupational Diseases
- National Programme for Prevention and Control of Deafness (NPPCD)
- National Mental Health Programme (NMHP)
- National Programme for Control of Blindness and Visual Impairment (NPCBVI)
- Pradhan Mantri National Dialysis Programme
- National Programme for the Health Care for the Elderly (NPHCE)
- National Programme for Prevention and Management of Burn Injuries (NPPMBI)
- National Oral Health programme (NOHP)

(E) Health system strengthening programs

- Ayushman Bharat Yojana
- Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)
- LaQshya' programme (Labour Room Quality Improvement Initiative)
- National Health Mission

(F) State Initiated Programmes and Schemes

- Kushal Mangal Karyakram (KMK)
- Integrated Ambulance Service payment Monitoring System
- ASHA Soft
- Rajasthan POSHAN strategy
- Online JSY and Shubhlaxmi (Online JSY And Shubhlaxmi Payment System)
- IMPACT Software

Annexure No. -2 Acts and Rules

1. The Registration of Births and Death Act, 1969
2. The Epidemic Disease Act, 1897
3. The Indian Medical Council Act, 1956 and Regulation, 2002
4. The Indian Nursing council Act, 1947
5. The Pharmacy Act, 1948
6. The Consumer Protection Act (COPRA), 1986
7. The Drugs and Cosmetic Act, 1940
8. The Drug and Magic Remedies Act, 1948
9. The Narcotic Drugs and Psychotropic Substance Act, 1985
10. The Cigarette and Other Tobacco Products Act (COTPA), 2003
11. The Maternity Benefit Act, 1961
12. The Medical Termination of Pregnancy (MTP) Act, 1971
13. The Preconception and Pre Natal Diagnostic Techniques Act, 1994
14. Domestic Violence Act, 2005
15. Sexual harassment of women at work Place Act, 2013
16. The Environment (Protection Act), 1986
17. Bio Medical Waste (handling and management) Rules, 2016 and 2018
18. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992
19. Transplantation of Human Organs and Tissues Act, 1994
20. Food Safety and Standard Act, 2006
21. The Protection of Human Rights Act, 1993
22. The Disaster Management Act, 2005
23. Occupational health laws-Factory Act, 1948 and Mines Act, 1952 etc.
24. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
25. The Mental Health Act, 1987

Annexure No. 3

Meeting to Finalize Cadres for Developing/updating Job Responsibilities of various cadres working under Department of Medical and Health Services April 5, 2019

Sr. No.	Name	Designation	Organisation
1.	Dr. Samit Sharma	MD-NHM	DMHS
2.	Dr. R.P. Mathur	AD (HA)	DMHS
3.	Dr. Sanjeev Jain	Addl. Dir	DMHS
4.	Dr. O.P. Sharma	J.P. (G)	DMHS
5.	Dr. SR Meena	Director RCH	DMHS
6.	Dr. Madhu R	J D Plan	DMHS
7.	Dr. Tarun Chaudhary	PD -MH	DMHS
8.	Dr. S.K. Garg	PD Immunization	DMHS
9.	Dr. R.N. Meena	JD	DMHS
10.	Dr. P.S. Dootar	Dy. DMHS	DMHS
11.	Dr. R.P. Doria	Dir. (AIDS)	DMHS
12.	Dr. O.P. Thakan	AD RCH	DMHS
13.	Dr. Amita Kashyap	Director	SIHFW
14.	Dr. Vishal Singh	Faculty	SIHFW
15.	Dr. Mamta Chauhan	Faculty	SIHFW
16.	Dr. Anil Agarwal	Health Specialist	UNICEF
17.	Archana Saxena	Research Officer	SIHFW
18.	Vinod Vyas	Consultant	UNICEF
19.	Aliakbar Ratlami	Consultant	UNICEF
20.	Rambabu Sharma	ASO	DMHS
21.	D.S. Sharma	Dy. Dir (N)	DMHS
22.	Lalit Kumar Tripathi	Consultant Training	DMHS
23.	Praveen Gupta	SNO HR	DMHS

Group work on Job Responsibilities at SIHFW on April 26, 2019

Sr. No.	Name	Designation	Organisation
1.	Dr. Amita Kashyap	Director	SIHFW
2.	Dr. S.N. Dholpuria	J.D.	DMHS Jaipur
3.	Dr. Vishal Singh	Associate Professor	SIHFW
4.	Dr. Mamta Chauhan	Associate Professor	SIHFW
5.	Rajendra Sharma	Registrar	Rajasthan Nursing Council Jaipur
6.	Dr. Prem Singh	SNO HW	NHM
7.	Archana Saxena	Research Officer	SIHFW
8.	Deepika Saxena	Student Intern	SIHFW

Consultation Meeting for Job Responsibilities May 31, 2019

Sr. No.	Name	Designation	Organisation
1.	Dr. Amita Kashyap	Director SIHFW	SIHFW, Jaipur
2.	Dr. O.P. Thakan	AD RCH	DMHS
3.	Dr. Pratap Singh Dootar	Add. DMHS (HQ)	DMHS
4.	Dr. Tarun Choudhary	PD MH	DMHS
5.	Dr. Romel Singh	PD-CH	DMHS
6.	Dr. Madhu Rateshwar	JD Plan	DMHS
7.	Dr. H.S. Brar	JDMH	Bikaner
8.	Dr. Sajid Khan	CMHO	Jhalawar
9.	Dr. Hari Shanker	Dy. CMHO	Jaipur I
10.	Dr. Raghu Raj Singh	RCHO	Jaipur I
11.	Dr. Sonica Sharma	SMO	Gandhinagar Dispensary
12.	Shibumi	CO-RMNCH +A	UNFPA
13.	Dr. Vikas Sharma	J.S. (Ped.)	CHC Bagru Jaipur
13.	Dr. Rambabu Jaiswal	JD (FW) SNO QA	DMHS
14.	Dr. Shankar Lal Soni	Medical Jurist	District Hospital Hanumangarh
15.	Dr. M.P. Sharma	PMO	Hanumangarh
16.	Dr. Rakesh Hirawat	Dy. Controller	Jaipuria Hospital
17.	Dr. Suneet Singh Ranawat	Registrar RMC	Medical Council, Jaipur
18.	Dr. Karan Arya	DYCMHO (H)	Ganganagar
19.	Dr. S.K. Chopra	BCMO	Govindgarh, Jaipur
20.	Dr. Dhaneswar Sharma	BCMO	Sanganer, Jaipur
21.	Dr. Atul Saxena	BCMO Phagi	Phagi, Jaipur
22.	Dr. Mustak Khan	Additional CMHO(FW)	Bhilwara
23.	Dr. Gopal Jangid	RCHO	Tonk
24.	Dr. Saroj Haoja	Prof. Microbiology	SMS Medical College, Jaipur
25.	Dr. Rajnish Arora	HOD PHTS	SMS Hospital
26.	Sonica Sharma	State Advocacy Specialist	Pathfinder International
27.	Dr. Preet Mohider Singh	RCHO	Barmer
28.	Dr. Deepak Sharma	MO PHC	Bhankrota, Jaipur
29.	Dr. Ved Prakash Sharma	CHC Incharge	Sikar
30.	Dr. Bhagat Sing Tamboliya	MO I/C	PHC Salloped
31.	Dr. K.C. Chopra	MO I/c	PHC Jahota Jaipur0

Job Responsibilities of Various Health Cadres

32.	Dr. Harish Bhardwaj	S.S Dental	Jaipuria Hosp.
33.	Dr. Hemant Acharya	Asst. Manager	Save the Children
34.	Ranveer Singh Ratnu	PHN	HFWTC, Jaipur
35.	Ramprasad	Nurse Gr. I	Government Jaipuria Hospital
36.	Ramesh Nirmal	Nurse Gr. I	Government Jaipuria Hospital
37.	Dinesh Songaria	State Programme and Technical Head	WISH
38.	Vaishnev Sundari	Nurse Grade Ist	PHC Panasi Choti, Banswara
39.	Meena Lalwani	LHV	PHC Bhankrota, Jaipur
40.	Dr. Dheeraj Khandelwal	Microbiologist	Jaipuria Hospital
41.	Sandeep Kumar Rohila	L.T.	Jaipuria Hospital
42.	Girraj Prasad Gupta	Sup. Radiographer	Jaipuria Hospital
43.	Mahendra Kumar Mathur	Radiographer	Jaipuria Hospital
44.	Surendra Kumar Gupta	Ophthalmic Assistant	Jaipuria Hospital
45.	Yuvraj	Audiologist	Jaipuria Hospital
46.	Nikunj Chhipa	Pharmacist	Jaipuria Hospital
47.	Mahendra Singh	physiotherapist	Jaipuria Hospital
48.	Manoj Kumar Mittal	physiotherapist	PMO Kuchaman, Nagaur
49.	Dr. Pushpa Chaudhary	RCHO	Jaipur-II
50.	Dr Mamta Chauhan	Associate Professor	SIHFW
51.	Ravi Garg	SRO	SIHFW
52.	Dr. Richa Chaturvedy	RCH Consultant	SIHFW, Jaipur
53.	Ms. Nishanka Chauhan	SRO	SIHFW, Jaipur
54.	Dr. Ajapa A. Chamol	SRO	SIHFW Jaipur
55.	Dr. Richa Chhabra	SRO SIHFW	SIHFW, Jaipur
56.	Mr. Vikas Kumar Bharadwaj	SRO	SIHFW
57.	Neha Awasthi	Consultant Management (RCH)	SIHFW
58.	Hemant Kumar Yadav	RO	SIHFW Jaipur
59.	Mr. Ejaz Khan	RO	SIHFW, Jaipur
60.	Anil Kumar Sharma	RO	SIHFW
61.	Vinay Kumar Khandelwal	Accountant	SIHFW
62.	Ms. Lovely Acharya	T.A. Accounts	SIHFW
63.	Syoji Ram	Computer Operator	SIHFW
64.	Sunil Joshi	OA	SIHFW
65.	Babita Kumari	TA	SIHFW
66.	Sunil Kumar Patel	T.A. (TL)	SIHFW, Jaipur
67.	Deepika Saxena	Student Intern	SIHFW

Acronyms

ANM	Auxiliary Nurse Midwife
ACR	Annual Confidential Report
ADC	Additional Drug Controller
AEFI	Adverse Effects Following Immunization
AERB	Atomic Energy Regulatory Board
AFP	Acute flaccid Paralysis
AG	Auditor General
AMTSL	Active Management of third stage of Labour
ANC	Antenatal Care
ANMTC	ANM Training Centre
APR	Annual Appraisal Report
ARI	Acute respiratory Infection
ASHA	Accredited Social Health Activist
ASHA Soft	ASHA Software
AWC	Anganwari Centre
AWW	Angan Wari Worker
BB	Blood Bank
BCC	Behaviour Change Communication
BCMO	Block Chief Medical Officer
BMW	Bio Medical Waste
BPL	Below Poverty Line
BPM	Block Programme Manager
AB-Raj MGSBY	AB-Raj MGSBY (Ayushman Bharat - Rajasthan Mahatma Gandhi Swasthya Beema Yojana)
BSU	Blood Storage Unit
CA	Chartered Accountant
CAC	Comprehensive Abortion Care
CBO	Community Based Organisation
CDPO	Community Development Project Officer
CDR	Child Death Review
CHC	Community Health Centre
CL	Casual Leave
CME	Continuing Medical Education
CMHO/CM&HO	Chief Medical and Health Officer
CNA	Community Needs Assessment
CNE	Continuous Nursing education
COTPA	Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act
CPC	Clinical Pathological Correlation
CPR	Cardiopulmonary Resuscitation
CSF	Cerebrospinal Fluid
CTF	Common Treatment Facility
DACP	Dynamic Acquired Career Progression
DAM	District Accounts Manager
DDA	District Development Authority
DDC	Drug Distribution Centres
DDO	Drawing and Disbursing Officer
DEO	Data Entry Operators
DH	District Hospital

DHS	District Health Society
DIC	Drug Information Centre
DIL	Dead-In-line
DISC	District Indemnity Sub Committee
DMHS	Directorate of Medical and Health Services
DMC	Designated Microscopy Centres
DOTS	Directly Observed Treatment soft-course
DPHL	District Public Health Laboratories
DPIB	District Programme Implementation Body
DPM	District Proram Manager
DPMU	District Program Management Unit
DQAC	District Quality Assurance Committee
DTO	District TB Officer
DWCD	Department of Women and Child Development
Dy CMHO	Deputy Chief Medical and Health Officer
EC	Eligible Couple
ECG	Electro Cardio Gram
ECP	Emergency Contraceptive Pill
ECTS	Eligible Couple Tracking System
ECTS	Electro Convulsive Therapy
EEG	Electro encephalogram
ELA	Expected Level of Achievement
ESI	Employees State Insurance
eVIN	Electronic Vaccine Intelligence Network
FDS	Fixed Day Services
FP	Family Planning
FPIS	Family Planning Indemnity Scheme
FPLIMS	Family Planning Logistics Management Information System
FRU	First Referral Unit
FSSAI	Food Safety and Standards Authority of India
FW	Family Welfare
GF&AR	General Finance &Accounts Rules
GNMTC	GNM Training Centre
GNM	General Nurse Midwives
GoI	Government of India
GoR	Government of Rajasthan
HAI	Hospital Acquired Infection
HFWTC	Health and Family Welfare Training Centre
HLA	Human Leucocyte antigen
HMIS	Health Management Information System
HQ	Head Quarters
HR	Human Resources
HRP	High Risk Pregnancy
I.V	Intravenous
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre
ICU	Intensive Care Unit
IDSP	Integrated Disease Surveillance Project
IEC	Information Education and Communication

Job Responsibilities of Various Health Cadres

IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPD	In Door Patient
IUCD	Intra Uterine Contraceptive Device
JD	Joint Director
JS	Junior Specialist
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KMK	Kushal Mangal Karyakram
LAMA	Left Against Medical Advice
LaQshya	Labour Room Quality Improvement Initiative
LR	Labour Room
LT	Lab technician
MAS	Mahilla Arogya Samiti
MCHN	Maternal Child Health and Nutrition
MCTS	Mother and Child Tracking System
MD	Mission Director
MDSR	Maternal Death Social Review
MLC	Medico Legal Cases
MMF	Monthly Maintenance Figures
MMR	Maternal Mortality Rate
MNDY	Mukhyamantri Nishulk Dawa Yojana
MNJY	Mukhyamantri Nishulk Janch Yojana
MO	Medical Officer
MO/IC	Medical Officer In-Charge
MOU	Memorandum of Understanding
MPV	Mission Parivar Vikas
MPW	Multi purpose workers
MSS	Mahilla Swasthya Sangh
MTC	Malnutrition Treatment Centre
MTP	Medical Termination of Pregnancy
NABL	National Accreditation Board for Testing and Calibration Laboratories
NAT	Nucleic Acid Testing
NBCC	New Born Care Corner
NBCU	New Born care Unit
NBS	National Electronic Disease Surveillance System(NEDSS)Base System
NBSU	New Born Stabilisation Unit
NCD	Non Communicable Diseases
NCT	Non-contact tonometry
NCV	Nerve Conduction Velocity Test
NG	Nurse Grade
NGO	Non-Government Organisation
NHM	National Health Mission
NOC	No Objection Certificate
NQAS	National Quality Assurance Standards
OPD	Out Door Patient
ORA	Operating Room Assistant
ORS	Oral Rehydration Solution

OT	Operation Theatre
PCPNDT	Pre Conception and Pre Natal Diagnostic Technique Act
PCTS	Pregnancy and Child Tracking System
PEP	Post Exposure Prophylaxis
PEP	Post Exposure Prophylaxis
PHC	Primary Health Centre
PHED	Public Health and Engineering Department
PHI	Peripheral Blood Film
PIP	Project Implementation Plan
PL	Priviledge Leave
PMO	Principal Medical Officer
PMSMA	Pradhan Mantri Surakshit Matrutva Abhiyan
PNC	Post Natal Care
PPE	Personal Protective Equipments
PPH	Post Partum Haemorrhage
PPI	Pulse Polio Initiative
PPIUCD	Post Partum IUCD
PPP	Public Private Partnership
PRI	Panchayati Raj Institutions
PRO	Public Relations Officer
PVMS	Price Vocabulary of the Medical Stores
PWD	Public Works Department
QA	Quality Assurance
QAC	Quality Assurance Committee
RBC	Red Blood Cells
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive and Child Health
RCHO	Reproductive and Child Health Officer
RD	Rapid Diagnostics
RFPTC	Regional Family Planning Training Centre
RI	Routine Immunization
RJSSK	Rajasthan Janani Shishu Suraksha Karyakram
RKSK	Rashtriya Kishore Swasthya Karyakram
RMC	Rajasthan Medical Council
RMNCH+A	Reproductive maternal New Born Child Health + Adolescent
RMRS	Rajasthan Medicare Relief Society
RMSCL	Rajasthan Medicare Services Corporation Limited
RTI	Reproductive Tract Infections
RTPP Act	Rajasthan Transparency in Public Procurement Act
SC	Sub Centre
SDH	Sub-District Hospital
SIL	Squamous Intraepithelial Lesions
SMO	Senior Medical Officer
SN	Staff Nurse
SNCU	Sick New Born Care Unit
SoE	Statement of Expenditure
SOP	Standard Operating Procedures
SS	Senior Specialist

STG	Standard Treatment Guidelines
STI	Sexually Transmitted Infection
TB	Tuberculosis
TD	Tetanus Diphtheria
TFR	Total Fertility Rate
ToR	Terms of Reference
TSSU	Theatre Sterile Supply Unit
TT	Tetanus Toxoid
UC	Utilisation Certificate
VHSNC	Village Health Sanitation and Nutrition Committee
VIP	Very Important Persons
VPD	Vaccine Preventable Diseases
WBC	White Blood Cells

5 S

1S	Sort
2S	Set in Order
3S	Shine
4S	Standardize
5S	Sustain

Photo Documentation



**Meeting to Finalize
Cadres for
Developing/updating
Job Responsibilities of
various cadres working
under
Department of Medical
and Health Services/NHM
April 5, 2019**





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April 5, 2019**



Group work on Job Responsibilities at SIHFW on April 26, 2019



Consultation Meeting for job Responsibilities May 31, 2019



**Group work under
Consultation Meeting for
job Responsibilities
May 31, 2019**





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