



Service delivery framework for Urban Primary Health Centres (UPHC)

ODISHA

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Abbreviations:

ANC	Ante Natal Check-up
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infections
UASHA	Urban Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
AWW	Anganwadi Worker
BCC	Behavior Change Communication
BCG	Bacille Calmette Guerians Vaccine
CBHI	Community Based Health Insurance Schemes
CCC	City Coordination Committee
CMO	Chief Medical Officer
DDK	Disposable Delivery Kit
DEC	Di Ethyle Carbamazine
DOTS	Directly Observed Treatment Short Course
DPT	Diphtheria, Pertussis and Tetanus Vaccine
DT	Diphtheria and Tetanus Vaccine
ELF	Elimination of Lymphatic Filariasis
ICDS	Integrated Child Development Services
IDSP	Integrated Disease Surveillance Project
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IPHS	Indian Public Health Standard
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Sishu Surakshya Karyakrama
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MO	Medical Officer
MTP	Medical Termination of Pregnancy
NVBDCP	National Vector Borne Disease Control Program
NACP	National AIDS Control Program
NIDDCP	National Iodine Deficiency Disorders Control Program
NLEP	National Leprosy Eradication Program
NPCB	National Program for Control of Blindness



NPCDCS	National Programme for Prevention and Control of Cancer Diabetes, CVD and Stroke
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Program
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
UPHC	Urban Primary Health Centre
PPTCT	Prevention of Parents to Child Transmission
RBC	Red Blood Corpuscle
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Program
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
UCHC	Urban Community Health Centre
ULB	Urban Local Bodies
WKS	Ward Kalyan Samiti

Introduction:

The NUHM framework mandate for Urban Primary Health Centre (UPHC) in every 50,000 urban population. This will be achieved by both adapting/upgrading the existing facilities and adding new ones. The geographical and social distribution of UPHCs within the city will maximize access for the urban poor. The UPHC should address the health needs of the urban poor, unorganized workers, including both in notified and non-notified slums and people living in the urban areas also .

It will be the explicit mandate of the UPHC to provide priority services to urban poor people, especially those in most difficult circumstances such as street and slum children, the aged, disabled, single women, un-organized workers in unsafe occupations, and survivors of violence. The UPHC will not only integrate RCH services but also integrate all vertical disease control programs and non-communicable diseases program. It must also cover the preventive, promotive and curative services.

Objectives of UPHC

- To provide comprehensive primary health care to the urban population in general and particularly the urban poor.
- To achieve and maintain an acceptable standard of quality of care.
- To make the services more responsive and sensitive to the needs of the urban poor.

A Scope of work in the UPHC

- 1.1 **Coverage** : Each UPHC covers 50000 urban population
- 1.2 **OPD timing**: As per the Govt. notification no. 5993 dated 3rd March 2014, the OPD services will be provided twice in day i.e (**8.00 am to 11.00 am**) morning and (**5.00 pm to 8.00 pm**) in the afternoon.
- 1.3 **OPD Consultation**: Free medical consultation will be provided to the patients in the OPD. Provision may be made for two observation beds in the UPHC.
- 1.4 **Specialist OPD services**: The UPHC will provide free consultation on specialist services as per the need. It is proposed to engage O&G and Paediatric specialist –one day in a week (Monday for O&G and Wednesday for Paediatrician). This service can be extended more days based on the available of resources/need. Further, as per the availability of specialists, the designated day(Monday for O&G and Wednesday for Paediatric) can be



modified. The City Health Society/District Health Society may take decision on the same. The District/City will prepare a panel of Specialists to hire services on weekly basis. The specialist will be available in two sessions in a day i.e morning and evening time. The remuneration of the specialists will be paid on monthly basis by the respective UPHC through E Transfer/A/c Payee Cheque. The MO I/C, UPHC will certify the availability of the Specialists in the UPHC for payment of remuneration.

- 1.5 Diagnostic services:** Basic lab diagnosis/laboratory investigations like general pathology, malaria, dengue, Hemoglobin, Urine albumin and sugar, RPR test for syphilis, Blood Grouping and Rh typing, TB, etc. will be provided. The LT will be provided necessary multi skilled training. In case need , nearest pathology institutions
- 1.6 Drugs:** As per the Essential Drug List for the Primary health care services of Govt. of Odisha, free drugs will be available in the UPHC.
- 1.7 Referral services:** RMNCH +A services including Family Planning and contraceptive distribution.
- 1.8. For Outreach services,** there will be one ANM for each 10,000 population.

B Services under UPHC

1 Clinical/Institution based service

1.1 Maternal Health

- Early registration of all pregnancies in the first trimester (before 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration she should be registered and care given to her according to gestational age. Recording of tobacco use by all antenatal mothers.
- Minimum 4 antenatal checkups and provision of complete package of services during the specialist visit.
- Follow up with high risk cases
- Tracking of left out ANC cases.
- Associated services like providing iron and folic acid tablets, Tetanus Toxoid injection etc. Ensuring at-least 1 ANC preferably the 3rd visit, must be seen by a doctor.



- Counseling services
- Nutrition and health counseling. Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.
- Identification and management of high risk and alarming signs during pregnancy and labour. Timely referral of such identified cases to FRUs/ other hospitals which are beyond the capacity of Medical Officer UPHC to manage.
- Free services under communicable and non-communicable diseases free of cost will be provided in the UPHC.

1.2 SAB Delivery Services in UPHC with DP

In some of selected UPHCs, SAB delivery services would be available to minimize normal delivery load at 2nd referral hospital. In such case, JSY benefit will be disbursed to the beneficiaries.

1.3 Family Welfare (FW) services

- Education, Motivation and Counseling to adopt appropriate Family planning methods.
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD insertions.
- Referral and Follow up services to the eligible couples adopting permanent methods(Tubectomy/Vasectomy)
- Counseling and appropriate referral for couples having infertility.

1.4 Management of Reproductive Tract Infection:

- Sexually Transmitted Infections
- Health education for prevention of RTI/STIs.
- Treatment of RTI/STIs.

1.5 Nutrition Services (coordinated with ICDS)

- Diagnosis and nutrition advice to malnourished children, pregnant women and others.
- Diagnosis and management of anemia and vitamin A deficiency.
- Referral of SAM cases to NRC in the fixed day

1.6 Immunization services

Immunization session will be held on each Wednesday in all the immunization points and hospital. The staff nurse will ensure immunization in the UPHC. The ANM will



organize minimum 4 sessions in every Wednesday of the month. They will organize the sessions based on the micro plan developed at the UPHC.

1.7 Micronutrient (Vitamin A & IFA) management: Weekly supervised distribution of Iron-Folic coupled with education about the issue and administration of Vitamin A in needy cases.

1.8 De-worming: Bi-annually supervised schedule Prior IEC Siblings of students also to be covered.

2 Outreach services

- Regular immunization in fixed day basis in a fixed site
- UHND in fixed day basis in a fixed site
- Periodic Health checkups and health education activities, awareness generation and Co-curricular activities by MAS and ASHA
- Promotion of Safe Drinking Water and Basic Sanitation through community groups like MAS, Urban ASHA and others
- Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.
- Disinfection of water sources and Coordination with Public Health Engineering department for safe water supply by MAS and WKS.
- Promotion of sanitation including use of toilets and appropriate garbage disposal
- Testing of water quality using H2S - Strip Test (Bacteriological).
- Refer to district public health laboratory
- Referral transport to pregnant women and sick neonates
- Promotion of RSBY to BPL families for free treatment of complicated diseases in empaneled health institutions.

C National Health Programs

1 Communicable Diseases

1.1 Revised National Tuberculosis Control Program (RNTCP)



- Some of the selected UPHCs shall be designated as DOTS Centres to provide treatment as per RNTCP treatment guideline/designated microscopic centre per 1 lakh population as per norm.
- Collection and transportation of sputum samples as per the RNTCP guidelines
- Linkages with private practitioners, ULB members and urban health care providers.
- Sensitization training to AWWs, ASHA and community volunteers for TB suspects, supervision of DOTS, organization of awareness campaigns and over all facilitate implementation of RNTCP activities, etc.

1.2 National Leprosy Eradication Program

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

1.3 National Vector Borne Disease Control Program (NVBDCP)

Diagnosis and Management of Vector Borne Diseases is to be undertaken as per NVBDCP guidelines for UPHC:

- Diagnosis of Malaria cases, microscopic confirmation and treatment.
- Cases of suspected Dengue and JE to be provided symptomatic treatment, hospitalization and case management as per the protocols.
- Complete treatment of microfilaria positive cases with DEC and participation in and arrangement for Mass Drug Administration (MDA) along with management of side reactions, if any.

1.4 Integrated Disease Surveillance Project (IDSP)

- Weekly reporting of epidemic prone diseases in S,P & L forms and SOS reporting of any cluster of cases
- UPHC will collect and analyze data and will report to UCHC/other referral unit.
- Appropriate preparedness and first level action in out-break situations.
- Laboratory services for diagnosis of Malaria, Tuberculosis, and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

1.5 HIV/AIDS

- Referral of HIV/AIDS cases to UCHC/Referral hospital/ART/FICTC to UCHC for treatment.
- IEC activities to create awareness on prevention and control of HIV/AIDS.
- Training will be conducted by OSACS

2 Non-communicable Diseases (NCDs)

2.1 Prevention, Promotion and Health Counseling

- Health promotion for behavior change and communication
- Opportunistic screening for Diabetes and Hypertension using glucometer kits and BP measurement
- Clinical diagnosis and treatment of common CVDs including Hypertension and Diabetes
- Identification of early warning signals of common cancer
- Early diagnosis of COPD
- Detection of Breast/Cervical cancer/oral cancer
- Early diagnosis of mental health disorders
- Early diagnosis of blindness (cataract and night blindness)
- Early diagnosis of sickle Cell Anemia, Thalassemia, Fluorosis, IDD, etc.
- Identification of suspicious cancer cases through camp approach and in PPP mode
- Referral cases to UCHC/Referral hospitals

2.2 Treatment

- Diabetes
- Hypertension
- Treatment of blindness(night blindness)
- Treatment of other allergic pulmonary conditions

2.3 IEC/BCC

Display of IEC materials on NCDs, advocacy campaigns, leaflets, wall writings, hoardings, etc.

D Training

- Imparting training to UPHC staff in basic health care.
- Orientation training of health workers in various National Health Programs including RCH, Adolescent health services and immunization
- Skill based training to Urban ASHAs MAS and RKS
- Initial and periodic Training of paramedics in treatment of minor ailments.
- All health staff of UPHC would be trained in IMEP.
- Whenever new/higher responsibility is assigned or new equipment/technology is introduced, there must be provision of training.
- Trainings in minor repairs and maintenance of available equipment
- Training of paramedics in indenting, forecasting, inventory and store management
- Development of protocols for equipment (operation, preventive and break down maintenance).
- Periodic skill development training of the staff of the UPHC in the various jobs/responsibilities assigned to them.

E Basic Laboratory and Diagnostic Services

Essential Laboratory services including

- Routine urine, stool and blood tests (Hb%, platelets count, total RBC, WBC, bleeding and clotting time).
- Diagnosis of RTI/STDs with wet mounting, Grams stain, etc.
- Sputum testing for mycobacterium (as per guidelines of RNTCP).
- Blood smear examination malarial
- Blood for grouping and Rh typing
- Blood sugar testing
- Cervical cancer test
- RDK for Pf malaria in endemic areas.
- Rapid tests for pregnancy/NISHAYA Kit
- RPR test for Syphilis/YAWS surveillance
- Blood Sugar.
- Any other test as per the decision of the Govt.

Validation of reports: Periodic validation of laboratory reports should be done with external agencies like UCHC/Medical colleges for Quality Assurance.

F Record of Vital Events and Reporting

- Recording and reporting of Vital statistics including births and deaths.
- Maintenance of all the relevant records concerning services provided in UPHC.
- Maternal Death Review (MDR), Child Death Review(CDR), Still Birth Review , General Death Review.

G UPHC Infrastructure

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

UPHC Building

Location

It should be located within one half an hour distances from the slum settlement. The area chosen should have facilities for electricity, all weather road communication, adequate water supply and telephone. UPHC should be away from garbage collection, cattle shed, water logging area, etc. UPHC shall have proper boundary wall and gate.

Area

It should be well planned with the entire necessary infrastructure. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. metres depending on whether an OT facility is opted for.

Sign-age

The building should have a prominent board displaying the name of the Centre in the local language at the gate and on the building. UPHC should have pictorial, bilingual directional and layout sign-age of all the departments and public utilities (toilets, drinking water). Prominent display boards in local language providing information regarding the services available/user charges/fee and the timings of the centre. Relevant IEC material shall be displayed at strategic locations. Citizen charter including patient rights and responsibilities shall be displayed at OPD and Entrance in local language.



Entrance with Barrier free access

Barrier free environment for easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons as per guidelines of GOI would be available. Ramp as per specification, Hand- railing, proper lightning etc. must be provided in all health facilities and retrofitted in older one which lack the same. The doorway leading to the entrance should also have a ramp facilitating easy access for old and physically challenged patients. Adequate number of wheel chairs, stretchers etc. should also be provided.

Disaster Prevention Measures

Building and the internal structure should be made disaster proof especially earthquake proof, flood proof and equipped with fire protection measures. Earthquake proof measures - structural and nonstructural should be built in to withstand quake as per geographical/state govt. guidelines. Non-structural features like fastening the shelves, almirahs, equipment etc. are even more essential than structural changes in the buildings. Since it is likely to increase the cost substantially, these measures may especially be taken on priority in known earthquake prone areas. UPHC should not be located in low lying area to prevent flooding as far as possible.

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

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

Waiting space/Area

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



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

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

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

Outpatient Department(OPD)

- The outpatient room should have separate areas for consultation and examination.
- The area for examination should have sufficient privacy.
- OPD Rooms shall have provision for ample natural light, and air. Windows shall open directly to the external air or into an open verandah.
- Adequate measures should be taken for crowd management; e.g. one volunteer to call patients one by one, token system.
- One room for Immunization/Family Planning/etc.

Minor Operation Theatre (Optional)

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



Emergency

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

Laboratory (3.8 m x 2.7 m)

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

Labour room

In selected UPHCs, the provision of labour room may be made to address the emergency cases if any.

General store

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

ILR points

ILR points will be continued/established in some of the UPHC and additional manpower and logistic arrangement will be made for the same.

Other rooms



- ✓ Dispensing cum store area: 3 m x 3 m
- ✓ Waste disposal pit - As per GOI/Central Pollution Control Board (CPCB) guidelines.
- ✓ Cold Chain room – Size: 3 m x 4 m
- ✓ Logistics Room – Size: 3 m x 4 m
- ✓ Generator room – Size: 3 m x 4 m
- ✓ Office room 3.5 m x 3.0 m
- ✓ Dirty utility room for dirty linen and used items
- ✓ Common rooms for the ANMs

Civil infrastructure in the UPHC

- OPD consultation room
- Specialist room
- Drug store and dispensing
- Minor OT/injection room
- Observation room
- Laboratory
- Meeting room /office room
- ANM office room
- General store
- Cold chain room (optional)
- Toilets (male/female)
- Water supply and electrical supply
- Waiting space for patient and attendant

BMWs

The Urban PHCs shall have provision for disposal of biomedical wastes as per SPCB guidelines .

Other amenities

Adequate water supply and water storage facility (over head tank) with pipe water should be made available. Alternative power backup(inverter/generator) should be available in the UPHC and proper lighting arrangement should be made within the UPHC area.

Computer

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

H Staff of UPHC (non DP)

- Medical Officer 1
- Staff Nurse 2
- Lab. Tech. 1
- Pharmacist 1
- Attendant 2 (one should be sweeper cum attendant)
- Part time specialists 2
- Public Health Manager-1
- Night watcher 1

In case of the DP points additional manpower shall be placed. Govt. may increase manpower as per the need. The additional manpower may be positioned as per the approval under the PIP/Govt. The Urban Local Body may ensure regular clearness of the hospital(inside and outside) from their staff.

Staff for Outreach Services

The ANM five (5) in numbers (virtual sub-centre) attached to UPHC will be organising outreach camps/programs in their catchment area, i.e. 10000-12000 urban population each. The ANM will report to MO (I/C) of the UPHC. The catchment area of the ANM will be finalised by CHS/DHS.

I Rogi Kalyan Samiti (RKS)

The Rogi Kalyan Samiti (RKS) will be formed at each UPHC. The respective RKS of UPHCs in the targeted facility will be provided with Annual Untied Fund for meeting urgent discreet needs. Separate RKS guidelines have been communicated for effective functioning of RKS at health institution level. Fund provision is given below ;

Norms	Amount
UPHC with own building	Rs. 1.75 lakh
UPHC running in rented building	Rs. 1.00 lakh



The amount can be changed by GOI.

J Infection Management and Environment Plan (IMEP) at UPHC

The infection management at UPHC level will be carried out as per the provision under IMEP guidelines prepared by Health & Family Welfare Department, Government of Odisha. Some of the key activities are as follows.

- Procurement of logistics like Bins, Wheel borrow, consumables. Startegic points may be identified where BMW is generated. The recurring expenditures for procurement of logistics may be met from RKS fund.
- Signage
- Containment area development plan
- Authorization from OPCB
- Review cum coordination meeting
- Sanitation committee

K Quality Assurance

Standard Quality Treatment Protocol will be followed as per the Government norms.

L Social audit

To ensure accountability, the Citizen's Charter should be made available in the UPHC. Every UPHC should have a Rogi Kalyan Samiti for improvement of the management and service provision of the UPHC. The Samiiti is the appropriate authority to generate its own funds (through users' charges, donation etc. and utilize the same for service improvement of the UPHC. The State Health Society/City Health Society/District Health Society /Rogi Kalyan Samiti & others should also monitor the functioning of the UPHCs.

M Statuary and Regulatory Compliance

Clinical establishment Act will be followed to address the statutory and regulatory compliance.

N Monitoring & Evaluation

Monthly review meeting of the ANMs will be conducted under the chairperson/chairmanship of MO(I/C). The report of the virtual sub-centre shall be compiled and consolidated. The monthly report of the U-PHC will be submitted in the prescribed format by 1st week of each month to CHC/District/City with a copy to DPMU/CPMU.

The UPHC may submit the reports as per the details given below ;

- Monthly HIMS
- Monthly medicine indent
- Monthly report of communicable and non-communicable disease
- Monthly report of vital statistic
- Monthly UHND report
- Monthly status report of MAS
- Monthly status report of ASHA
- Monthly FMR
- Weekly report of Fixed Day Services (FDS), IDSP, Malaria
- Annual Medial Statement (AMS)
- Annual Administrative Report

The MO (I/c) should visit at least 5% of UHND sites in each month

- Monitoring and supervision of activities of ANM through regular meetings/periodic visits by LHV and Medical Officer etc.
- Monitoring of all National Health Programs by Medical Officer
- Monitoring of MAS, Urban ASHAs by LHV and ANM activities

Internal Mechanisms:

- Record maintenance, checking and supervision.
- Medical Audit
- Death Audit
- Patient Satisfaction Surveys: For OPD patients.
- Evaluation of Complaints and suggestions received

External Mechanisms: Monitoring through the State Health Society/ City Health Mission/City Health Society/District Health Society /Rogi Kalyan Samiti /Community monitoring framework. (as per guidelines of GOI/State Government).



Annexure 1: List of Suggested Equipment's and Furniture including Reagents and Diagnostic Kits for UPHC

Essential

1. Equipment for New Born Care and Neonatal
2. IUCD insertion kit.
3. Equipment/reagents for essential laboratory investigations.
4. Refrigerator.
5. ILR (Small) and DF (Small) with Voltage Stabilizer.
6. Cold Boxes (Small & Large): Small- one, Large –two.
7. Vaccine Carriers with 4 Icepacks: Two per SC(maximum 2 per polio booth) + 1 for PHC.
8. Spare ice pack box: 8, 25 & 60 ice pack boxes per vaccine carrier, Small cold box &large cold box respectively.
9. Waste disposal twin bucket, hypochlorite solution/bleach: As per need.
10. Freeze Tag: 2 per ILR bimonthly.
11. Ice box.
12. Computer with accessories including internet facility.
13. Binocular microscope.
14. Equipment under various National Programmes.
15. Adult weighing scale.
16. Baby weighing scale.
17. Height measuring Scale
18. Sponge holding forceps – 2.
19. Vulsellum uterine forceps – 2.
20. Tenaculum uterine forceps – 2
21. Torch without batteries – 2.
22. Battery dry cells 1.5 volt (large size) – 4.
23. Bowl for antiseptic solution for soaking cotton swabs.
24. BMW & IMEP facility as per norm.
25. Kits for testing residual chlorine in drinking water.
26. H₂S Strip test bottles.
27. Head Light
28. Ear specula.
29. B.P. Apparatus table model – 2.
30. Stethoscope – 2.
31. Artery Forceps-6
32. Eles forceps-6
33. Needle Holder-4
34. Cutting needles of different Sizes- Small, Medium, Big-6
35. Suturing materials silk
36. Scissors- 2 pairs
37. Stitch Cutter-2

38. Toothed forceps-6
39. Plain forceps - 6
40. Tooth extractor Universal - 1
41. Mouth gag - 1
42. Gastric tube for waxing-6
43. Needle Cutter of different Sizes-6

Desirable

1. Room Heater/Cooler for immunization clinic with electrical fittings as per need.
2. Ear Syringe.
3. Otoloscope.
4. Nebuliser – 1

List of equipment for Pap smear

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

Requirements of the laboratory

Essential

Reagents

1. Uristix for urine albumin and sugar analysis
2. ABO & Rh antibodies
3. Gram's iodine
4. Crystal Violet stain
5. PH test strips
6. RPR test kits for syphilis
7. H2S Strip test kits for faecal contamination of drinking water
8. Test kits for estimation of residual chlorine in drinking water using orthotoludine reagent

9. 1000 Nos Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each.
10. 1% hypo chloride solution

Essential

Glassware and other equipment:

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

List of Furniture & Fixtures at PHC

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

Essential Items

1. Examination table-1
2. Writing tables with table sheets-1
3. Plastic chairs (for in-patients' attendants)- 6
4. Armless chairs -16
5. Full size steel almirah-7
6. Table for staff- 5
7. Bench for waiting area- 2
8. Wheel chair- 1
9. Stretcher on trolley -1
10. Wooden screen- 1
11. Foot step- 2
12. Stool- 2
13. Medicine chest- 1
14. Lamp- 1
15. Side Wooden racks 2
16. Fan in each room
17. Tube light in each room- CFL, LED
18. Basin 2
19. Basin stand 2
20. Buckets 4
21. Mugs 4
22. LPG stove 1/ Induction heater
23. LPG cylinder 1



24. Dustbin 5- BMW Buckets
25. Coloured Puncture proof bags as per need
26. Generator/Inverter (5 KVA with POL with immunization purpose)
27. Coloured poly bags as per need
28. Generator/Inverter (5 KVA with immunization purpose)

Essential Medical/Surgical items

1. Blood Pressure Apparatus 3(Non-mercury is desirable)
2. Stethoscope 3
3. Tongue Depressor 2
4. Thermometer Clinical 2
5. Hub cutter 2
6. Needle Destroyer 2
7. Instrument trolley 2
8. I V stand 2
9. Macintosh for labour and OT table As per need
10. Red Bags As per need
11. Black bags As per need
12. One observation bed, mattress, bed sheet and pillows

In addition to this, each hospital will assess the need and prepare list for procurement of equipment, furniture, fixture etc.

PROPOSED ROLES & RESPONSIBILITY OF DIFFERENT STAFF

i. Medical officer

Curative

- Patient consultation in OPD and outreach services/camp
- Diagnosis and management of referral cases from UHND
- Treatment of minor ailment
- Attend the referral cases
- Screen cases needing specialised medical treatment
- Guidance to staff in treatment of minor ailment
- Ensure availability of drugs and logistics
- Counselling to patient as per the need

Administrative and monitoring

- Administrative head of the institutions
- Supervise the activities of ANM and other staff engaged in the health institution
- Organise sector level meetings and periodical review
- Distribution of assignment /work among the staff
- Implementation of all activities grouped under H & FW Department
- Ensure proper functioning of the health institutions
- Verify the reports and ensure timely submission of the reports
- Organise RKS meetings and management RKS funds
- Ensure availability of Drugs and Consumables and Specialist Service
- Management of outbreak diseases and strategy to prevent it
- Identification of vulnerable group and strategies to re-address their problem
- Implementation of National Programmes and its reporting
- Create awareness for non-communicable / life style diseases and steps to reduce its burden

Capacity building and handholding support

- Capacity building of staff in various national programs and community process
- Support preparation of the ward and slum level plan in the PHC area

Financial management

- Maintenance of RKS and institution accounts
- Signatory in the RKS and other accounts



Program implementation

- Ensure all outreach activities , implementation of all national and state specific programs
- Participate in the UHND
- Prepare operational plan and ensure effective implementation of the same
- Visit the schools, AWC and other institutions as per the need
- Close liaison and co-ordination with line departments and other stakeholders in promotion of health program in urban areas
- Ensure to provide all the services mandated under the H & FW department
- Design and implementation of different Innovative program

Role and responsibility of Pharmacist

- Treatment of minor ailment in the absence of doctor
- Dispensing medicine, store and stock
- Counselling patient as per the need
- Prepare the records, data of the institution
- Ensure timely submission of the reports
- Organise RKS meetings and prepare minutes , plan
- Signatory in the RKS and other accounts
- Management of RKS accounts and other accounts
- Close liaison and co-ordination with line departments and other stakeholders in promotion of health program
- Design and implementation of different Innovative program
- Attend outreach camps in case of need
- Guidance and Support to WKS, Mahila Arogya Samiti
- Report to MO(I/C) of UPHC/UHC

Annexure II: Checklist for assessment of Labour room equipment and accessories (in case of DP)

(Every Labour Room should have the following:) Put mark to the article if available

Particulars		Yes	No
1. Labour table with	Mattress	<input type="checkbox"/>	<input type="checkbox"/>
	Sheet	<input type="checkbox"/>	<input type="checkbox"/>
	Pillow (numbers as per case load),	<input type="checkbox"/>	<input type="checkbox"/>
	Macintosh	<input type="checkbox"/>	<input type="checkbox"/>
	Foot-rest	<input type="checkbox"/>	<input type="checkbox"/>
2. Brass V drape to collect blood and amniotic fluid		<input type="checkbox"/>	<input type="checkbox"/>
3. Wall clock with seconds hand		<input type="checkbox"/>	<input type="checkbox"/>
4. Wall mounted thermometer		<input type="checkbox"/>	<input type="checkbox"/>
5. Suction apparatus		<input type="checkbox"/>	<input type="checkbox"/>
6. Equipment for adult resuscitation		<input type="checkbox"/>	<input type="checkbox"/>
7. Equipment for neonatal resuscitation		<input type="checkbox"/>	<input type="checkbox"/>
8. Delivery trolley		<input type="checkbox"/>	<input type="checkbox"/>
9. IV drip stand		<input type="checkbox"/>	<input type="checkbox"/>
10. Screen/Partition between two tables		<input type="checkbox"/>	<input type="checkbox"/>
11. Stool for birth companion		<input type="checkbox"/>	<input type="checkbox"/>
12. Lamp – wall mounted or side		<input type="checkbox"/>	<input type="checkbox"/>
13. Autoclave		<input type="checkbox"/>	<input type="checkbox"/>
14. Autoclave drums for instruments, linen, gloves, cotton, gauge, threads sanitary pads	Autoclave drums for instruments	<input type="checkbox"/>	<input type="checkbox"/>

a. Autoclaved delivery set for each delivery	Linen		
	Gloves		
	Cotton		
	Gauge		
	Threads sanitary pads		
	Autoclaved delivery set for each delivery		
15. Refrigerator			
16. Sphygmanometer, Adult and newborn thermometer and newborn weighing machine	Sphygmanometer		
	Adult thermometer		
	Newborn thermometer		
	Newborn weighing machine		
17. Consumables like	Gloves		
	Apron		
	Cotton		
	Thread		
	Gauze		
	Sanitary napkins		
	Catgut		
	IV drip sets		
	Needle		
	Cord clamp		
	Medicines (injectable, oral and parenteral, leucoplast etc)		

18. Pulse oxymeter			
19. Sterilizer			
20. Oxygen cylinder			
21. Oxygen concentrator			
22. Partograph			
23. Delivery kit for HIV positive women			
24. Labelled plastic jars for drugs and injectables with date of expiry written on them against each drug			
25. Coloured bins for bio medical waste management			
26. Hub cutter			
27. Puncture proof container			
28. Plastic tubs for 0.5% Chlorine solution			
29. Intranatal protocols			
30. Wheel chair/patient's trolley			
31. Hand-washing area and toilet for the admitted clients			
32. Foeto-scope/Foetal Doppler			
33. Stethoscope			
34. Display of SBA quality protocols, and shadow less lamp.			
35. Mosquito Repellent			
36. 7 Trays: Delivery tray, Episiotomy tray, Medicine tray, Emergency drug tray, Baby tray, MVA tray, PPIUCD tray (see content below)			

36. Trays to be kept in Labour room			
36.1. Delivery tray:	Gloves		

	Scissor		
	Artery forceps		
	Cord clamp		
	Sponge holding forceps		
	Urinary catheter		
	Bowl for antiseptic lotion		
	Gauze pieces and cotton swabs		
	Speculum		
	Sanitary pads		
	Kidney tray.		
36.2. Episiotomy tray:	Inj. Xylocaine 2%		
	10 ml disposable syringe with needle		
	Episiotomy scissor		
	Kidney tray		
	Artery forceps		
	Allis forceps		
	Sponge holding forceps		
	Toothed forceps		
	Needle holder		
	Needle (round body and cutting)		
	Chromic catgut no. 0		
	Gauze pieces		
	Cotton swabs		
	Antiseptic lotion		

	Thumb forceps, gloves.		
36.3. Baby tray: (Baby should be received in a pre-warmed towel. Do not use metallic tray.)	Two pre-warmed towels/sheets for wrapping the baby		
	Cotton swabs		
	Mucus extractor		
	Bag & mask		
	Sterilized thread for cord/cord clamp		
	Nasogastric tube and gloves		
	Inj. Vitamin K		
	Needle and syringe.		
36.4. Medicine tray*: (*-Nevirapin and other HIV drugs only for ICTC and ART Centres)	Inj. Oxytocin (to be kept in fridge)		
	Cap Ampicillin 500 mg		
	Tab Metronidazole 400 mg		
	Tab Paracetamol		
	Tab Ibuprofen		
	Tab B complex		
	IV fluids		
	Inj. Oxytocin 10 IU		
	Tab. Misoprostol 200		
	micrograms		
	Inj. Gentamycin		
	Vit K		
	Inj. Betamethason		
Ringer lactate			

	Normal Saline		
	Inj. Hydrazaline		
	Nefidepin		
	Methyldopa		
	Magnifying glass.		
36.5. Emergency drug tray:** (** – only for L2, L3 facilities)	Inj. Oxytocin (to be kept in fridge)		
	Inj. Magsulf 50%		
	Inj. Calcium gluconate-10%		
	Inj. Dexamethasone		
	Inj. Ampicillin		
	Inj. Gentamicin		
	Inj. Metronidazole		
	Inj. Lignocaine-2%		
	Inj. Adrenaline		
	Inj. Hydrocortisone Succinate		
	Inj. Diazepam		
	Inj. Pheneramine maleate		
	Inj. Carboprost		
	Inj. Fortwin		
	Inj. Phenergan		
	Ringer lactate		
	Normal saline		
Betamexthazon Inj. Hydrazaline			
Nefidepin			

	Methyldopa		
	IV sets with 16-gauge		
	Needle at least two		
	Controlled suction catheter		
	Mouth gag		
	IV Canula		
	Vials for drug collection Ceftriaxone (3rd generation cephalosporins) - For L3 facility.		
36.6. MVA/ EVA tray:	Gloves		
	Speculum		
	Anterior vaginal wall retractor posterior		
	Vaginal wall retractor		
	Sponge holding forceps		
	MVA syringe and cannulas		
	MTP cannulas		
	Small bowl of antiseptic lotion		
	Sanitary pads		
	Pads /cotton swabs		
	Disposable syringe and needle		
	Misoprostol tablet		
	Sterilised gauze/pads		
Urinary catheter.			
36.7. PPIUCD tray*** – (***) – only for L3 facilities with PPIUCD trained provider)	PPIUCD Insertion Forceps		
	Cu IUCD 380A/ Cu IUCD 375 in a sterile package.		

