

GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

Integration and responsibilities of functionaries for planning, implementation & monitoring of programmes of HM&FW Dept., -Certain instructions – Issued.

HEALTH MEDICAL & FAMILY WELFARE (G1) DEPARTMENT

G.O.Rt.No. 90

Dt.29.01.2003

Read the following:

Ref:- GO Rt. No. 740, HM&FW (B1) Dept., dt.7.7.2001

ORDER:-

A review of manpower resources, their functions and responsibilities in the Dept. of Health, Medical & Family Welfare Dept. reveals an urgent need for streamlining and for effective co-ordination for providing improved delivery of health services to the people. Govt. orders were issued vide ref. cited for a single line administration which is now to be operationalised. The need for such action has also been endorsed by participants at the workshop conducted for District Medical & Health Officers (DM&HOs), District Coordinators of Health Services (DCHS) and other Supervisory Officers. It is felt that based on an assessment of area specific health concerns, entrustment of specific responsibilities coupled with focused strategies, will contribute substantially to prevention of mortality and morbidity, and for effective planning, implementation and monitoring of all programmes of Health Department. The following instructions are therefore issued assigning specific responsibilities at District Level, programme officers level and PHC level and for bringing about requisite integration / coordination for efficient delivery of health services to the people:

I. DISTRICT LEVEL:

1. Constitution of District Health Co-ordination Committee (DHCC):

i). To ensure proper planning implementation and monitoring of all programmes / activities of the HM&FW Department, a District Health Co-ordination Committee (DHCC) is constituted for every district as follows:

a). Regl. Director of Medical Services concerned - Chairman.

(In the absence of RDM&HS the senior most department officer in the district will chair the committee.)

b). DM&HO - Member – Convener

c). District Coordinator of Hospital Services - Member

d). All Programme Officers as notified vide G.O. cited - Members

e). Supdt. of Teaching hospital if any - Member

f). Ophthalmic surgeon of the Hospital / DPM - NPCB - Member

g). Executive - Member

h). Regl. Director or Representative of R.D. – ISM&H Dept. - Member

i). District T.B. Control Officer - Member

j). District Malaria officer - Member

k). District Mass Media Officer - Member

l). Project Director, VELUGU - Member

ii) The District Collector shall chair as many meetings as required to guide the **2. Meetings of the District Health Co-ordination Committee.**

(i) The DM&HO as convener shall convene the meetings as frequently as required and not less than once a month preferably between 2nd and 5th of every month. The DM&HO or DCHS may invite such department officials / professionals / experts, NGOs etc. as deemed necessary.

3. Responsibilities of the D.H.C.C.:

(i) (ii) Plan, finalise and monitor in a participative mode, the implementation of the District Health action plan while including Regional. Dy. Director (IM) as a Member, other departments concerned, NGOs etc. For example HIV / AIDS prevention will entail mapping high risk / susceptible areas and drawing up focused strategies in partnership with Women and Child Department, Education Department, PR & RD Departments, NGOs, Private sectors concerned etc. Similarly, if trauma cases are a serious concern, mapping of critical areas / roads and focused strategies in partnership with Police Department, Municipalities and Gram Panchayats, Private / Corporate hospitals / Blood Banks concerned, R&B, State / National high way authorities etc may have to be undertaken. To tackle mortality due to rabies, ABC (Animal Birth Control) strategy in coordination with Animal Husbandry Department, NGOs concerned, PR & RD Department, Animal rights activists / organizations, District Panchayat Officers, Municipal Commissioners etc. may be warranted.

(iii) (iv) Finalise linkages between institutions under primary, secondary and tertiary sectors to:

a) Bring about proper co-ordination and implementation of programmes and health delivery services.

b) Make periodic training needs assessment of doctors, Para Medical and other staff and take up human resource development and skill upgradation programmes.

c) health delivery systems and procedures and introduce strategies for addressing the health concerns or streamline systems/procedures for achieving efficiency, transparency and accountability.

e) Coordinate and conduct health camps / special camps and Janmabhoomi programme to achieve tangible results and initiate other measures for improvement in delivery of health services.

- (v) Plan, monitor and ensure proper and optimum utilization of personnel and functioning of all equipments in all the health institutions in the district. (Sub-Centres, PHCs, APVVP institutions and teaching hospitals)
- (vi) Take measures / initiatives to involve concerned departments, Mobilization of specialists and other resources by motivating and enlisting services of specialist doctors, philanthropists, NGOs, charitable organizations, local bodies, self help groups. MPs' constituency development fund, resources from other departments / schemes etc. for infrastructure improvements, participation in health camps etc to promote good health.
- (vii) Monitor all National and State Programmes including HIV/AIDS, Blindness control programmes, RNTCP, STD clinic, blood donation camps, School health programme and other special health camps, Monitor procurement, distribution and effective utilization of drugs and consumables.
- (ix) Take appropriate follow up measures based on reviews and field verification of programmes implemented in their respective jurisdiction.
- (x) Ensure correct and prompt recording of such data / progress reports within and from institutions in their respective jurisdiction to DM&HO/DCHS for onward submission to HODs concerned.
- (xi) Take such other activities/ programmes as deemed necessary or as may be entrusted from time to time to bring about a caring, compassionate and efficient delivery of health services and measures to promote good health and patient satisfaction in the district.

II. RESPONSIBILITIES OF SUPERVISORY OFFICERS

(PHC Medical Officers (as applicable) and above)

This change shall come into effect as soon as all the programme officers have gone through the mandatory 2 weeks training programme as required under the TB control programme guidelines. The State TB Officer shall take immediate follow up action starting with districts where revised RNTCP is already introduced.

- xi. The programme officers shall continue to discharge their normal duties at the district level for the present..

III. RESPONSIBILITIES OF FUNCTIONARIES AT PHC LEVEL:-

1. Medical officers shall finalise, monitor and review implementation of the village specific calendar in his / her jurisdiction. Medical Officers of Primary Health Centres at their level will similarly co-ordinate and enlist participation of various stake-holder group including mandal samakhyas (federation of self-help groups) in the finalisation of the PHC action plan / calendar.

2. Medical Officers shall allot villages under each PHC to each paramedical staff within his / her original jurisdiction for purposes enunciated below.

Villages under each PHC shall be allotted to ANM (one village) PHN, CHO (F), MPHA (M), MPHS (M), MPHEO / CHO (M) etc within their area of jurisdiction on a permanent basis for following actions:

- i. as per suggested model plan for 6 Health concerns.

3. The inspection registers at PHCs / Institutions shall be maintained in proforma as at Annexure-IV.

4. Medical Officers shall review functioning of Para Medical and other Staff for implementation of all health programmes in the jurisdiction.

The ANMs and the Para medical staff concerned will continue to do their usual work i.e. immunization, antenatal check up, and other supervisory work etc i.e. other than what is mentioned above within their usual area of jurisdiction.

IV. PERFORMANCE INDICATORS / TARGETS / REPORTING:

1. The performance parameters and targets have since been revised based on certain norms / population etc as communicated by CFW. The District Medical & Health officer in consultation with members of Dist. Health co-ordination committee will re-fix the targets for each PHC based on same criteria and communicate the same to Director Health / Commissioner, Family Welfare.

- 2. All HODs shall review the performance indicators as already instructed and modify same wherever necessary keeping in view the draft performance parameters proposed to be prescribed for HODs as communicated to them which conveys Government's concerns and 3. The registers and records shall be immediately verified and corrected / rectified. Any wrong / incorrect / exaggerated recording or reporting or deliberate suppression of facts / information shall entail adverse entry in SR of staff concerned. If the wrong recording / omission relates to performance / progress reports, the entire institution shall also be given Zero points or 'D' grading for that month.
- 4. All programme / supervisory officers shall take action accordingly. If any such cases are noticed during their field verification inaction on their part shall entail similar action against them.

V. REVIEW MEETINGS:

1. Minister HM & FW has kindly agreed to conduct monthly review meetings of HODs on 1st Friday* of every month and Prl. Secretary. HM & FW on first Monday and Tuesday of every month. *

2. The State level review shall accordingly be fixed by the HODs between 6th & 15th * except on dates mentioned above, under intimation to Prl. Secy. / Secretary / Private Secretary to Minister while also informing and allowing sufficient time to each HOD concerned for review of his/her respective subject / programmes in the same meeting.

3. Similarly, 4. Programme Officer shall hold review meetings of staff on 2nd / 3rd * of every month under his jurisdiction. Addl. DM & HO / DM & HO and District Coordinator of Hospital Services shall try to attend maximum of such meetings in rotation.

5. For the sake of effective supervision and guidance, Addl. DM & HO / DM & HO and DCHS could distribute mandals of the districts between themselves with the local headquarters as being under DCHS.

* If any day is a public holiday – the meeting shall be on next working day and all meetings shall be rescheduled accordingly.

VI. HEALTH ACTION PLAN – (STATE-DISTRICT INSTITUTION LEVELS)

1. State level, district level, and village specific calendar at each PHC / referral institution based on health status / disease analysis of area concerned, will be prepared.

2. The district action plan will contain overall PHCs abstracts, apart from setting specific strategies, action plans, goals / targets for the next 5 years in respect of each health concern of the district. The actions required at district level The following schedule for finalization of plan is communicated:

Ø Ø Incondu of the orientation for preparation of village specific calendar. (Before 20-02-2003)

Ø PMS – (20.02.2003 to 28-02-2003).

Ø VII. Allsupervisory officers shall take up surprise inspections and ensure they do not cause anyinconvenience or burden to the Jr. Officers / staff in any manner on any kind offormalities, ostentation or hospitality expenditure etc.

2. AllProgramme Officers / Supervisory Officers during inspections / tours will take upinspection of the institutions / villages / field visits as per inspection check memoat Annexure – V-A All the other supervisory officers i.e. programmeofficers and above (up to Addl. Directors) shall take up inspections and submit their checkmemos and field verification reports along with tour dairies in both the proformae atAnnexures – V -A & V-B.

3. All progressreports, tour dairies with inspection check memo / field verification reports shall besubmitted to Monitoring cell O/o Commissioner, Family Welfare. The monitoring cell shallbe established jointly with 2 officers / staff each from CFW /Director, Health. The Cellshall be headed by a Committee comprising of Commissioner, Family Welfare, Director,Health, Commissioner, APVVP and DME with CFW as the Convener. The reports received shall be computerized andmade available to all officers concerned and networked to Monitoring and Computer cell ofSecretariat HM&FW Dept.

4. Thefollowing minimum field / institutions visits shall be undertaken by various categories ofofficers as indicated below:

i) Supervisory Officer/Programme Officer - 20 institutions & 6villages in a month.

ii) DM & HOs and Addl. DM& HOs- 6 institutions & 6 villages (givingpreference to highiii) Regional Directors – 20 institutions & 6 villages for field verificationetc., (giving preference to high risk /interior / back ward villages and low performing institutions / offices)

iv) 5. Allsupervisory officers shall make frequent surprise visits to those offices / institutionsagainst whom complaints are received and take effective follow up action for majorpenalties if staff concerned do not show any improvement after the first warning. All datashall be verified and corrections made in all connected records / registers. Anysuppression of facts or exaggeration or false recording / reporting detected hereaftershould be viewed very seriously and stringent disciplinary action initiated againstconcerned. Such action amounts to falsification of records and is also liable for evencriminal action.

VII. INDIAN SYSTEMS OF MEDICINE & HOMEOPATHY

1. In view ofthe move towards integrative therapies, the Regional Deputy Director Indian Medicine &Homoeopathy should also be associated in the district level committees at the time offinalization of district level health action plan.

2. CommissionerIM&H shall identify villages with certain endemic health concerns which can beaddressed by taking recourse to time tested / validated alternative medicine therapies andentrust the same to concerned institutions for following Indian systems of medicine i.e.either under Unani, Ayurveda, Homoeopathy to address/tackle specific health problems inthese village. The district plans (village specific) under ISM&H institutions willaccordingly be finalized by the Commissioner IM&H.

3. The heads of institutions(dispensaries, hospitals) shall also attend the programme officers and DHCC reviewmeetings whenever required to, so as to ensure effective integration and implementation ofIndian Medicine action plan.

VIII. FINALIZATION OF ACTION PLANS

The Senior Officers who have been entrusted with a district eachfor specific purpose of reviewing the district proposal pertaining to rationalization ofstaff / institutions as per orders issued vide Govt. Memo.No. 25608/G1/2002-1, dt.2.1.2003 shall also guide and review the finalisation of PHC action plan/calender and theDistrict Action Plans.

This shall be accorded top priority and the district action plans proposals submitted by15.03.2003 without fail as the revised performance appraisal system for all Institutions /HODs is proposed to be introduced at the earliest..

These instructions issued in the best interest of the department and toserve the people better, shall be followed scrupulously and any deviation or lapse shallbe viewed seriously and entail stringent disciplinary action against all concerned.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

M.CHAYA RATAN

PRINCIPAL SECRETARY TO GOVT.

Enclosures:

Annexure – I Preparation of Village health action Plan-cum-Calendar

Annexure – II Individual wise village health profile

Annexure – III Referral Slip

Annexure – IV PHC Inspection Register

Annexure – V –A Check Memo- for all supervisory officers

Annexure – V-B Check memo for all supervisory officers up to Addl.DirectorsTo

All Heads ofDepartments under the control of HM&FW Dept.

The Director,Institution of Health Systems

The Director,IIHFW

All DistrictCollectors

All RegionalDirectors of M&H Services

All DistrictMedical & Health Officers

All Dist.Coordinators of Hospital Services

All StateProgramme Officers of HM&FW Dept.

All Districtprogramme officers through State programme officers

The ProjectDirector, SERP, Hyderabad (Velugu)

// FORWARDED :: BY ORDER //

SECTION OFFICER

ANNEXURE- I
MODEL PHC HEALTH ACTION PLAN
VILLAGEWISE HEALTH ACTIVITY CALENDER

NAME OF THE PHC:

MONTH:

NAME OF THE DISTRICT:

Sl. No.	Malaria		Filaria		Diarrhoea		Leprosy		T.B.	
	Activity	Villages to be covered	Activity	Villages to be covered	Activity	Villages to be covered	Activity	Villages to be covered	Activity	Villages to be covered
1	Fortnightly house to house visit	1. 2.	Collection of B.S.from patients & contacts	1. 2.	Identification of water sources maintenance of Logbook.	1. 2.	Identification and referring of suspected cases.	1. 2.	Case detection	1. 2.
2	Early diagnosis and prompt treatment	3. 4.	Treatment of detected cases with DEC	3. 4.	Checking of Chlorination of water sources	3. 4.	Followup of confirmed cases	3. 4.	Early Diagnosis and Prompt Treatment	3. 4.
3	Advising seriously ill cases to visit PHC	5. 6.	Treatment for secondary infections	5. 6.	Maintenance of sufficient stock of Drugs and I.V. Fluids	5. 6.	Followup of contacts	5. 6.	Identification of defaulters cases - default retrieval action	5. 6.
4	Community level surveillance	7. 8.	School Health Programme	7. 8.	Identification of a person in a Village to report G.E. / Dirrahoea	7. 8.	Survey of colonies	7. 8.	Indenting of Drugs	7. 8.

Sl. No.	J.E		X		Y		Z		etc	
	Activity	Villages to be covered	Activity	Villages to be covered	Activity	Villages to be covered	Activity	Villages to be covered	Activity	Villages to be covered
1		1. 2.		1. 2.		1. 2.		1. 2.		1. 2.
2		3. 4.		3. 4.		3. 4.		3. 4.		3. 4.
etc	

ANNEXURE-II

VILLAGE HEALTH PROFILE

Individual wise Health problems (Village wise)

District :
Division :
Mandal :

PHC :
Sub Centre :
Name of the

(To be collected by ANM (1 Village), MPHA(F), MPHA(M), MPHS(M), MPHS(F), MPHEO and CHO)

Sl.No	House hold No.	Name of Head of House (If spouse / parents related -mention relationship)	Whether any member of house hold suffering with symptoms / complaints at note												Remarks
			Person I			Person II			Person III						
			NAME	AGE	SEX	Problem	NAME	AGE	SEX	Problem	NAME	AGE	SEX	Problem	

Note:

- 1.) T.B. 2.) Cataract / Blindness 3.) RTI 4.)STD 5.) Mental illness 6.) Detectable congenital abnormalities / Physically Handicapped (specify) 7.) Leprosy 8.) Skin problems 9.) Cancer 10.) Diabetic 11.) Goiter 12.)Other specific ailments.

Annexure - III
Referral Slip (P.M.S. / M.O. of PHC)

PHC Name /Code _____

District /Code _____

1. Patient Name: _____

2. Age _____ 3. Sex _____

4. Spouse Name _____

5. Parent Name _____

6. If spouse or both parents _____

related specify relationship _____

7. H. No. _____ 8. Village _____

9. Symptoms:

a) _____

b) _____

c) _____

d) _____

10. Referred to _____

11. Name of P.M.S _____ Code: _____

12. Signature _____ 13. Desig. _____

14. Date _____

High Risk Case

<input type="checkbox"/> Oval: High Risk Case	<input type="checkbox"/>	<input type="checkbox"/>
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15. Tests Conducted if any:-

Tests	Results
a.	
b.	
c.	
d.	

16. Treatment given if any: _____

17. Diagnosis / suspected problem _____

18. M.O. Name _____

19. Referred to _____

20. Signature _____ 21. Date _____

Annexure- IV

PHC Code: _____ SL.No. _____

Dt.Code: _____

Inspection Note

During the visit of the undersigned to _____ on _____ at _____ based on the finding, further action as follows is ordered / to be taken by _____ before _____.

Finding: _____ Orders issued / further action to be taken

1.

2.

3.

Name & Designation

ANNEXURE – V-A
INSPECTION REPORT (P.H.C)
Check Memo for all Supervisory Officers

1. BASIC INFO.:

(i) District: _____ (ii) Mandal: _____

(iii) Village/Address of Institution: _____

(iv) Inspecting / Supervisory Officer Name: _____

(vi) Designation: _____ (vii) Inspection Date: _____

(viii) Time from _____ to _____.

(ix) Name and Designation of Head of Institution _____

(x) Tenure: From _____ till date.

2. Whether attendance register maintained up-to-date with initials?

3 (i). Staff position: _____

Sl. No.	Category of staff	Sanctioned	In position	Vacant	No. on roll	No. on contract	No. Present
i)							
ii)							
iii)							
iv)							

wise categories to belisted) i.e. PHC, CHC / Area hospitals / Dt. Hospitals.

4 (ii). Particulars of mismatch, not staying at head quarters, unauthorized absence etc.

Sl. No.	Category	Irregularity an authorisedly absent; non-stayal at quarters; doing Pvt. Practice etc.						Action taken
		(i)		(ii)		(i)		
1	2	(i)	(ii)	(i)	(ii)	(i)	(ii)	
i)								
ii)								
iii)								
iv)								

6. Unauthorised Absence Staff Details

Name	Designation	Unauthorized absence w.e.f	Action recommended	Action taken with date

7. Inspection of Registers / Records:

checked *	Finding	Action recommended	Action taken with

* List important Registers (Category of institution PHC, Area Hospital, Dt. Hospital, CHC, Teaching Hospital).

8. Whether the following displayed /adhered to?

No.	Finding	Action recommended	Action taken
1	Citizens charter		
2	Staff duty details		

3	Staff with uniform and identity cards		
4	Timings of institute / office / out patient etc.		
5	Stock balance of essential drugs		
6	Complaint box		

9. Services Rendered

	Finding	Action to be taken
Out patients		
In patients		
Wards		
Casualty		
Lab		
Blood Samples collected for Malaria		
Blood samples for Filariasis		
Urine samples examined		
Malaria slides Samples examined		
Night blood / filarial samples examination		
Sputum samples examined		
Drugs availability dispensation		
a) T.B.		
b) STD		
c) Leprosy		
STD Clinic every week		
Cases treated		
Ambulance services		
No. of Filariasis cases treated		
Referrals:		
a) STD		
b) Eye Problems		
c) Skin Problems		
d) High risk behaviour to VCTC/PMTC		
e)		
f)		

10. Upkeep of premises

No.		Finding	Action recommended	Action taken
1	Surroundings / Greenery			
2	Buildings / cleanliness & condition			
3	Amenities: Toilets, Drinking water, Visitors room, Reception / Grievances cell			
4	Diet			
5	Linen / Beds and mattresses			
6	Stores / Kitchen			
7	Drainage and Sanitation			
8	Waste disposal			
9	Electricity / Generator			
10	Staff quarters			
11	Telephone			
12	Computers / Computerisation			
13	Facilities required :-			

11. Feed back from visitors / clientele:

Sl.No.	Name, age & village	Gist of feed back	Action recommended	Action taken with date
1				
2				
3				
4				

12. Maintenance of equipments.

Sl.No.	Equipment (specify important) *	Finding	Action recommended	Action taken with date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

* for each category of Institutions

13. Facilities mobilized / other initiatives

Sl. No.	Nature of facility / initiative	Impact / Nature of benefit
1	Eye pledges mobilized	
2	Blood donation camps / Blood banks	
3	Family Welfare camps	
4	Others a) b) c)	

14. Issues raised through interaction with staff

Issues	Action required / recommended	Action taken with date

15. Cross verification of services rendered on record with field situation:

No.	Service recorded	Name of individual / village/School	Verification findings	Action recommended	Action taken
	Sterilisation				
	IOLs / Cataracts				
	TB patients under treatment / cured				
	Deliveries				
	Spacing				
	IEC				
	Referrals made				

i)	H ₂ O tested & chlorinated				
	Immunization:				
	School health				
	DOT provider:				
	a) Drugs dispensation				
	b) Treatment card updated				
)	If filarial affected blood				

16. User charges collected / resources mobilized /initiatives since last inspection:

No.		Amount collected till date / provided	Amount spent	Balance
	User charges			
	Paying rooms			
	Shops / Cycle stand / Canteen / Telephone booth			
	Donations			
	Others if any			
	i)			
	ii)			
	iii)			

17. Budget:-

	Allotted budget	Balance budget	Shortages
i. Drugs			
ii. Others			

18. Conduct of PHCDS meetings

- i) Due till date
- ii) Conducted

19. Over all impression of the PHC and other findings

finding	Action recommended

20. PHC Action Plan / Calendar

- i) PHC Action Plan / Calendar being implemented
- ii) Whether villages allotted to PMS as per G.O.Ms.No. dt. .?
- iii) Whether directory of Villages / indiv. Health problems maintained and updated by P.M.S.?
- iv) Cases referred by each PMS?
- v) Whether H₂O quality monitoring and testing followed up by all PMS?
- vi) IEC messages calendar prepared being implemented in villages by PMS and MO?
- vii) School Health programme calendar prepared and implemented?
- viii) DOT providers identified by PMS in consultation with T.B. patients?

ANNEXURE V - B

CHECK MEMO FOR ALL SUPERVISORY OFFICERS UPTO ADDL. DIRECTORS

Name of the District:

Name of the Mandal	
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Name of the PHC					
Sub-center covered					
Name of village / s visited					
Camps conducted					
Sl.No.	Nature	Date of camp & other partners	Number of Patients		
			Attended	Treated	Referred
1					
2					
3					
Name of the Village:			Details as per records	Details as per field verification	
Name of the G.E. case reported & treated					
Name of the J.E. case reported & treated					
Name of the Malaria +ve case declared					
Name of Sukhibhava beneficiary					
Name of Aarogya Raksha beneficiary					
Name of the NMBS beneficiary					
a). Name of TB +ve patient & DOTproviders					
b). Quality of treatment					
Name of the patient screened and referred					
T.B.					
Leprosy					
Breast Cancer					
Oral Cancer					
Orthopedically Handicapped					
Mental illness					
Diabetes					
Eye problems					
Dental Problems					
Findings on AIDS awareness / IEC camps					
Others (specify)					

-
-
-
-
-
-
-