



Indian Public Health Standards (IPHS) Guidelines for Community Health Centres Revised 2011



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



**Indian Public Health Standards (IPHS)
Guidelines for
Community Health Centres
Revised 2011**

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

CONTENTS

Message	v	
Foreword	vi	
Preface	vii	
Acknowledgements	viii	
Executive Summary	1	
Indian Public Health Standards (IPHS) for Community Health Centres	3	
Introduction	3	
Objectives of Indian Public Health Standards (IPHS) for CHCs	3	
Service Delivery in CHCs	3	
Manpower	7	
Equipment	10	
Drugs	10	
Physical Infrastructure	10	
Quality Assurance in Service Delivery	15	
Patient safety and Infection Control	16	
Statutory and Regulatory Compliance	17	
Record Maintenance	17	
Checklists	17	
List of Annexures:		
Annexure - 1A	New born Corner in OT/Labour Room	19
Annexure - 1B	Newborn Care Stabilization Unit	21
Annexure - 2	Requirements with regard to Revised National TB Control Programme for Indian Public Health Standards at CHC Level	23
Annexure - 3	National AIDS Control Programme: HIV Guidelines	25

Annexure - 4	National Vector Borne Disease Control Programme	26
Annexure - 5	National Leprosy Eradication Programme	28
Annexure - 6	National Programme for Control of Blindness	29
Annexure - 7	Integrated Disease Surveillance Project	30
Annexure - 7A	Form P (Weekly Reporting Format-IDSP)	31
Annexure - 7B	Form L (Weekly Reporting Format-IDSP)	32
Annexure - 7C	Format for instantaneous reporting of Early Warning Signal/outbreaks as soon as it is detected	33
Annexure - 8	Facility Based Maternal Death Review Form	34
Annexure - 9	List Of Equipments In CHC	38
Annexure - 10	List of Drugs	46
Annexure - 11	Extracts from National Guidelines on Blood Storage Facilities at FRUs	64
Annexure - 12	List of Diagnostic Services	67
Annexure - 13	Model Citizen’s Charter	70
Annexure - 14	List of Statutory Compliances	72
Annexure - 15	Steps for Safety in Surgical Patients (in the Pre-operative Ward)	73
Annexure - 16	List of Abbreviations	75
Reference		77
Members of Task Force for Revision of IPHS		78

MESSAGE

National Rural Health Mission (NRHM) is a genuine measure to strengthen the Rural Public Health System and has aroused many hopes and expectations. The Mission seeks to provide effective health care to the rural populace throughout the country, with special focus on States/Union Territories (UTs), which have weak public health indicators and/or weak infrastructure. Towards this end, the Indian Public Health Standards (IPHS) for Sub-centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District and District Hospitals were developed and last released in January/February, 2007. These have since been used as the reference point for public health care infrastructure planning and upgradation in the States/UTs. IPHS are a set of standards envisaged to improve the quality of health care delivery in the country.

These IPHS documents have been revised keeping in view the changing protocols of the existing programmes and incorporating new needs, protocols and programmes, especially for providing due emphasis to the Non-Communicable Diseases. Flexibility is allowed to suit the diverse needs of the states and regions.

Our country has a large number of public health institutions in rural areas from Sub-centres at the most peripheral level to the District Hospital at the District level. It is highly desirable that they should be fully functional and deliver quality care in a safe manner. I strongly believe that these IPHS guidelines will act as the main driver for continuous improvement in quality and serve as benchmarks for assessing the functional status of health facilities.

I call upon all States/UTs to adopt these IPHS guidelines for strengthening the Public Health Care institutions, and put in their best efforts to achieve high quality of health care for our people across the country.

New Delhi

(Ghulam Nabi Azad)

FOREWORD

As envisaged under National Rural Health Mission (NRHM), the public health institutions in rural areas are to be upgraded from its present level to a level of a set of standards called “Indian Public Health Standards (IPHS)”. The Indian Public Health Standards are the benchmarks for quality expected from various components of Public health care organizations and may be used for assessing performance of health care delivery system.

The Community Health Centres (CHCs) which constitute the secondary level of health care were designed to provide referral as well as specialist health care to the rural population. Indian Public Health Standards (IPHS) for CHCs were first released under National Rural Health Mission (NRHM) in early 2007.

As setting standards is a dynamic process, so the need was felt to update the IPHS keeping in view the changing protocols of existing National Health Programmes, development of new programmes especially for non-communicable diseases and the prevailing epidemiological situation in the country and different States/UTs of the country. The IPHS for CHC has been revised by constituting a task force comprising of various stakeholders under the chairmanship of Director General of Health Services. Subject experts, NGOs, State representatives, health workers working in the health facilities have also been consulted at different stages of revision.

The newly revised IPHS (CHC) has considered the services, infrastructure, manpower, equipments and drugs in two categories of Essential (minimum assured services) and **Desirable** (the ideal level services which the states and UT shall try to achieve). Unlike Sub-centre and PHCs, CHCs will be of one type only and will act as Block level health administrative unit and Gatekeeper for referrals to higher level of facilities.

This document will help the State and Central Governments, and Panchayati Raj Institutions, to monitor effectively as to how many of the CHCs are conforming to IPHS. In order to bring the CHCs to IPHS level, additional funding that may be required will continue to be considered under NRHM.

I would like to acknowledge the efforts put by the Directorate General of Health Services in preparing the guidelines. It is hoped that this document will be useful to all the stakeholders. Comments and suggestions for further improvements are most welcome.

26th October 2010
New Delhi

(K. Chandramouli)
Secretary (H&FW)
Ministry of Health & Family Welfare
Government of India



PREFACE

Standards are a means of describing a level of quality that the health care organizations are expected to meet or aspire to. For the first time under National Rural Health Mission (NRHM), an effort had been made to develop Indian Public Health Standards (IPHS) for a vast network of peripheral public health institutions in the country and the first set of standards was released in early 2007 to provide optimal specialized care to the community and achieve and maintain an acceptable standard of quality of care.

The IPHS for Community Health Centres has been revised keeping in view the resources available with respect to functional requirement for Community Health Centre with minimum standards for such as building, manpower, instruments, and equipments, drugs and other facilities etc. The revised IPHS has also incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non-communicable diseases. The task of revision was completed as a result of consultations held over many months with task force members, programme officers, Regional Directors, experts, health functionaries, Non-Governmental representatives, development partners, State/UT Government representatives etc and reaching a consensus. The contribution of all of them is well appreciated. Several innovative approaches have been incorporated in the management process to ensure community/PRI involvement and accountability.

Under the revised IPHS, CHC serves as a First Referral Unit, Block level administrative and a Block level Public Health Unit. This document provides the essential requirements for a Minimum Functional Grade of a Community Health Centre and the desirable requirements needed for an ideal situation.

Setting standards is a dynamic process and this document is not an end in itself. Further revision of the standards will occur as and when the Community Health Centres will achieve a minimum functional grade. It is hoped that this document will be of immense help to the state governments and other stakeholders in bringing up Community health Centres to the level of Indian Public Health Standards.

26th October 2010
New Delhi

(Dr. R.K. Srivastava)
Director General of Health services
Ministry of Health & Family Welfare
Government of India

ACKNOWLEDGEMENTS

The revision of the existing guidelines for Indian Public Health Standards (IPHS) for different levels of Health Facilities from Sub-centre to District Hospitals was started with the formation of a Task Force under the Chairmanship of Director General of Health Services (DGHS). This revised document is a concerted effort made possible by the advice, assistance and cooperation of many individuals, Institutions, government and non-government organizations.

I gratefully acknowledge the valuable contribution of all the members of the Task Force constituted to revise Indian Public Health Standards (IPHS) for Sub-centres and Primary Health Centres. The list of Task Force Members is given at the end of this document. I am thankful to them individually and collectively.

I am truly grateful to Mr. K. Chandramouli, Secretary (H & FW) for the active encouragement received from him.

I also gratefully acknowledge the initiative, inspiration and valuable guidance provided at every step by Dr. R.K. Srivastava, Director General of Health Services, Ministry of Health and Family Welfare, Government of India. He has also extensively reviewed the document while it was being developed.

I sincerely thank Miss K. Sujatha Rao, Ex-Secretary (H&FW) for her valuable contribution and guidance in rationalizing the manpower requirements for Health Facilities, and also for her help in the finalization of this document. I would specially like to thank Dr. Shiv Lal, former Special DG and Advisor (Public Health), Dr. Ashok Kumar, CBHI Director, Dr. N.S. Dharm Shakti, DDG, Dr. P.L. Joshi former DDG, experts from NHSRC namely Dr. T. Sunderraman, Dr. J.N. Sahai, Dr. P. Padmanabhan, Dr. J.N. Srivastava, experts from NCDC Dr. R.L. Ichhpujani, Dr. A.C. Dhariwal, Dr. Shashi Khare, Dr. S.D. Khaparde, Dr. Sunil Gupta, Dr. R.S. Gupta, experts from NIHFWS Prof. B. Deoki Nandan, Prof. K. Kalaivani, Prof. M. Bhattacharya, Prof. J.K. Dass, Dr. Vivekadish, programme officers from Ministry of Health Family welfare and Directorate General of Health Services especially Dr. Himanshu Bhushan, Dr. Manisha Malhotra, Dr. B. Kishore, Dr. Jagdish Kaur and Dr. D.M. Thorat for their valuable contribution and guidance in formulating the IPHS for Sub-centres.

I am grateful to the following State level administrators, health functionaries working in the health facilities and NGO representatives who shared their field experience and greatly contributed in the revision work namely

- ◆ Dr. Manohar Agnani, MD NRHM from State of MP Dr. Junaid Rehman from Kerala.
- ◆ Dr. Kamlesh Kumar Jain from Chhattisgarh.

- ◆ Dr. Y.K. Gupta, Dr. Kiran Malik, Dr Avdesh Kumar, Dr. Naresh Kumar, Smt. Prabha Devi Panwar, ANM and Ms. Pushpa Devi, ANM from UP.
- ◆ Dr. P.N.S. Chauhan and Dr. Jayashree Chandra Joint Directors, Dr. S.A.S. Kazmi and Dr. L.B. Asthana Deputy Directors, Dr. R.P. Maheshwari, Dr. (Mrs.) Pushpa Gupta, Div. Joint Director, Ujjain, Dr. Ramesh Makwana and Dr. (Mrs.) Bhusan Shrivastava from State of MP.
- ◆ Dr. R.S. Gupta, Dr. S.K. Gupta, Ms. Mamta Devi, ANM and Ms. Sangeeta Sharma, ANM from Rajasthan.
- ◆ Dr. Rajesh Bali from Haryana.
- ◆ NGO representatives Dr. P.K. Jain from RK Mission and Dr. Sunita Abraham from Christian Medical Association of India.
- ◆ Tmt. C. Chandra, Village Health Nurse, and Tmt. K. Geetha, Village Health Nurse from Tamil Nadu,

I express my sincere thanks to Dr. T.S. Siddhu, Medical Superintendent and other subject experts from Dr. RML Hospital, Dr. N.K. Mohanty, Medical Superintendent and other subject experts from Safdarjung Hospital and Architects of Central Design Bureau namely Sh. S. Majumdar, Dr. Chandrashekhar, Sh. Sridhar and Sh. M. Bajpai for providing inputs in respect of physical infrastructure and building norms.

I am also extremely grateful to Regional Directors of Health and Family Welfare, State Health Secretaries, State Mission directors and State Directors of Health Services for their feedback.

I shall be failing in my duty if I do not thank Dr. P.K. Prabhakar, Assistant Commissioner (ID), for providing suggestions and support at every stage of revision of this document.

Last but not the least the assistance provided by my secretarial staff and the team at Macro Graphics Pvt. Ltd. is duly acknowledged.

26th October 2010
New Delhi

(Dr. Anil Kumar)
Member Secretary-Task force
CMO (NMSG)
Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

EXECUTIVE SUMMARY

The Community Health Centres (CHCs) constitute the secondary level of health care, were designed to provide referral as well as specialist health care to the rural population. **Indian Public Health Standards (IPHS) for CHCs have been prescribed under National Rural Health Mission (NRHM) since early 2007** to provide optimal specialized care to the community and achieve and maintain an acceptable standard of quality of care. As setting standards is a dynamic process, the need was felt to update the IPHS keeping in view the changing protocols of existing National Health Programmes, development of new programmes especially for non-communicable diseases and prevailing epidemiological situation in the country and different States/UTs of the country; accordingly the revision has been carried out. These standards would act as benchmarks and help monitor and improve the functioning of the CHCs.

Service Delivery

- ◆ Unlike Sub-centre and PHCs, CHCs have been envisaged as only one type and will act both as Block level health administrative unit and gatekeeper for referrals to higher level of facilities.
- ◆ The revised IPHS (CHC) has considered the services, infrastructure, manpower, equipments and drugs in two categories of **Essential** (minimum assured services) and **Desirable** (the ideal level services which the states and UT shall try to achieve).
- ◆ All essential services as envisaged in the CHC should be made available, which includes

routine and emergency care in Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, Dental and AYUSH in addition to all the National Health Programmes.

- ◆ Standards of services under existing programmes were updated and standards added for newly developed non communicable disease programmes based on the inputs from various programme divisions.
- ◆ Standards for New born stabilization unit, MTP facilities for second trimester pregnancy (desirable), The Integrated Counselling and Testing Centre (ICTC), Blood storage and link Anti Retroviral Therapy centre have been added.

Minimum Requirement for Delivery of the Above-Mentioned Services

The following requirements are being projected based on the assumption that there will be average bed occupancy of 60%. The strength may be further increased if the occupancy increases with subsequent up gradation. With regards to Manpower, 2 specialists, namely, **Anesthetist and Public Health Specialist will be provided in** addition to the available specialists, namely, Surgery, Medicine, Obstetrics and Gynecology and Pediatrics.

A **Block Public Health Unit** is envisaged at the CHC having a Block Medical Officer/Medical superintendent, one

Public Health specialist and at least one Public Health Nurse. The support manpower will include a Dental Assistant, Multi Rehabilitation Worker, Cold Chain and Vaccine Logistic Assistant in addition to the existing staff. The manpower at CHC has been rationalized in order to ensure optimal utilization of scarce manpower.

Facilities

The lists of equipment and essential drugs have been updated; the drug list for obstetric care and sick newborn & child care (for First Referral Unit (FRU)/CHC) has been incorporated in these guidelines.

Physical Infrastructure will be remodeled or rearranged to make best possible use for optimal utilization as per given guidelines in the relevant section.

Human Resource Management

Capacity Building will be ensured at all levels by periodic training of all cadres.

Accountability

It is mandatory for every CHC to have functional “Rogi Kalyan Samiti” (RKS) to ensure accountability and also shall have the Charter of Patients’ Rights displayed prominently at the entrance. A grievance redressal mechanism under the overall supervision of RKS would also be set up.

Quality of Services

Standard Operating Procedures and Standard Treatment Protocols for common ailments and the National Health Programmes should be available and followed. To maintain quality of services, external monitoring through Panchayati Raj Institutions and internal monitoring at appropriate intervals is advocated. Guidelines are being provided for management of routine and emergency cases under the National Health Programmes so as to maintain uniformity in Management in tune with the National Health Policy.

INDIAN PUBLIC HEALTH STANDARDS (IPHS) FOR COMMUNITY HEALTH CENTRES

Introduction

Health care delivery in India has been envisaged at three levels namely primary, secondary and tertiary. The secondary level of health care essentially includes Community Health Centres (CHCs), constituting the First Referral Units (FRUs) and the Sub-district and District Hospitals. The CHCs were designed to provide referral health care for cases from the Primary Health Centres level and for cases in need of specialist care approaching the centre directly. 4 PHCs are included under each CHC thus catering to approximately 80,000 populations in tribal/hilly/desert areas and 1,20,000 population for plain areas. CHC is a 30-bedded hospital providing specialist care in Medicine, Obstetrics and Gynecology, Surgery, Paediatrics, Dental and AYUSH. There are 4510 CHCs functioning in the country as per Rural Health Statistics Bulletin 2009. These centres are however fulfilling the tasks entrusted to them only to a limited extent. The launch of the National Rural Health Mission (NRHM) gives us the opportunity to have a fresh look at their functioning.

NRHM envisages bringing up the CHC services to the level of Indian Public Health Standards. Although there are already existing standards as prescribed by the Bureau of Indian Standards for 30-bedded hospital, these are at present not achievable as they are very resource-intensive. Under the NRHM, the Accredited Social Health Activist (ASHA) is being envisaged in each village to promote the health activities. With ASHA in place, there

is bound to be a groundswell of demands for health services and the system needs to be geared to face the challenge. Not only does the system require up-gradation to handle higher patient load, but emphasis also needs to be given to quality aspects to increase the level of patient satisfaction. In order to ensure quality of services, the Indian Public Health Standards (IPHS) are being set up for CHCs so as to provide a yardstick to measure the services being provided there. This document provides the essential requirements for a Minimum Functional Grade of a Community Health Centre and the desirable requirements needed for an ideal situation.

Objectives of Indian Public Health Standards (IPHS) for CHCs

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

Service Delivery in CHCs

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

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

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

I. Care of Routine and Emergency Cases in Surgery

Essential

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

II. Care of Routine and Emergency Cases in Medicine

Essential

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

III. Maternal Health

Essential

- ◆ **Minimum 4 ANC check ups including Registration & associated services** : As some antenatal cases may directly register with CHC,

the suggested schedule of antenatal visits is reproduced below

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

2nd visit: Between 14 and 26 weeks

3rd visit: Between 28 and 34 weeks

4th visit: Between 36 weeks and term

- ◆ 24-hour delivery services including normal and assisted deliveries.
- ◆ Managing labour using Partograph.
- ◆ All referred cases of Complications in pregnancy, labour and post-natal period must be adequately treated.
- ◆ Ensure post-natal care for 0 & 3rd day at the health facility both for the mother and newborn and sending direction to the ANM of the concerned area for ensuring 7th & 42nd day post-natal home visits.
- ◆ Minimum 48 hours of stay after delivery, 3-7 days stay post delivery for managing Complications.
- ◆ Proficiency in identification and Management of all complications including PPH, Eclampsia, Sepsis etc. during PNC.
- ◆ Essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions.

IV. New Born Care and Child Health

Essential

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

Govt. of India. Tracking of vaccination drop outs and left outs.

- ◆ Prevention and management of routine childhood diseases, infections and anemia etc.

V. Family Planning

Essential

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

Desirable

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

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

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

Communicable Diseases Programmes

- ◆ **RNTCP:** CHC should provide **diagnostic services** through the **microscopy centres** which are already established in the CHCs and treatment services as per the Technical and Operational Guidelines for Tuberculosis Control (**Annexure 2**).
- ◆ **HIV/AIDS Control Programme:** The services to be provided at the CHC level are (**Annexure 3**).
 - ❖ Integrated Counselling and Testing Centre;
 - ❖ Blood Storage Centre¹;
 - ❖ Sexually Transmitted Infection clinic.

Desirable

- ❖ Link Anti Retroviral Therapy Centre.
- ◆ **National Vector Borne Disease Control Programme:** The CHCs are to provide

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

diagnostic/linkages to diagnosis and treatment facilities for routine and complicated cases of Malaria, Filariasis, Dengue, Japanese Encephalitis and Kala-azar in the respective endemic zones (**Annexure 4**).

- ◆ **National Leprosy Eradication Programme (NLEP):** The minimum services that are to be available at the CHCs are for diagnosis and treatment of cases and complications including reactions of leprosy along with counselling of patients on prevention of deformity and cases of uncomplicated ulcers (**Annexure 5**).
- ◆ **National Programme for Control of Blindness:** The eye care services that should be made available at the CHC are as given below.

Essential

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

Desirable

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

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

- ◆ **Under Integrated Disease Surveillance Project,** CHC will function as peripheral surveillance unit and collate, analyse and report information to District Surveillance Unit on selected epidemic prone diseases. In outbreak situations, appropriate action will be initiated (**Annexure 7**).

National Programme for Prevention and Control of Deafness (NPPCD)

CHC will provide following services:

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

National Mental Health Programme (NMHP)

Essential

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

Desirable

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

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

Cancer Control

Essential

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

Desirable

- ◆ PAP smear for Cancer Cervix.
- ◆ Basic equipment (Magna Visualiser, Indirect Laryngoscope, Punch biopsy forceps) and

consumables for early detection of common cancers.

- ◆ Public private partnership for laboratory investigations (biochemical, pathological (including biopsy), microbiological, tumor markers, mammography etc. which are related to cancer diagnosis).
- ◆ Investigations to confirm diagnosis of cancer in patients with early warning signals through Public Private Partnership mode.

Diabetes, CVD and Strokes

Essential

Promotion & Prevention

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

Desirable

Early detection

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

National Iodine Deficiency Disorders Control Programme (NIDDCP)

- ◆ IEC activities in the form of posters, pamphlets, Interpersonal communication to promote the consumption of iodised salt by the people and monitoring of iodised salt through salt testing kits.

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

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

National Tobacco Control Programme (NTCP)

Essential

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

Desirable

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

National Programme for Health Care of Elderly

Desirable

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

Physical Medicine and Rehabilitation (PMR)

Essential

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

Desirable

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

Oral Health

Essential

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

VII. Other Services

Essential

Blood Storage Facility
Diagnostic Services (**Annexure 12**)
Referral (transport) Services
Maternal Death Review (**MDR**). Facility Based MDR form is at **Annexure 8**.

Minimum Requirement for Delivery of the Above-mentioned Services

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

Manpower

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

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

Manpower: CHC

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

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

Note:

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

* May be outsourced.

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

Note:

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

Equipment

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

Drugs

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

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

Investigative Facilities at the CHC

- ◆ In addition to the lab facilities and X ray, ECG should be made available in the CHC with appropriate training to a nursing staff/Lab. Technician.
- ◆ All necessary reagents, glass ware and facilities for collecting and transport of samples should be made available.

Physical Infrastructure

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

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

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

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

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

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

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

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

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

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

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

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

Entrance Zone

Signage

- ◆ Prominent display boards in local language providing information regarding the services available and the timings of the institute.
- ◆ Directional and layout signages for all the departments and utilities (toilets, drinking water etc.) shall be appropriately displayed for easy access. All the signages shall be bilingual and pictorial.
- ◆ Citizen charter shall be displayed at OPD and Entrance in local language including patient's rights and responsibilities.
- ◆ On-the-way signages of the CHC & location should be displayed on all the approach roads.
- ◆ Safety, hazards and caution signs shall be displayed prominently at relevant places, e.g. radiation hazards for pregnant woman in X-Ray.
- ◆ Fluorescent Fire-Exit signages at strategic locations.
- ◆ **Barrier free access environment** for easy access to non-ambulant (wheel-chair stretcher), semi-ambulant, visually disabled and elderly persons as per "Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons" of Government of India.

- ◆ Ramp as per specification, Hand-railing, proper lightning etc must be provided in all health facilities and retrofitted in older one which lack the same.
- ◆ Registration counters.
- ◆ Pharmacy for drug dispensing and storage.
- ◆ Clean Public utilities separate for males and females.
- ◆ Suggestion/complaint boxes for the patients/visitors and also information regarding the person responsible for redressal of complaints.

Outpatient Department

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

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

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

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

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

- ◆ Room shall have, for the admission of light and air, one or more apertures, such as windows and fan lights, opening directly to the external air or into an open verandah. The windows should be in two opposite walls.
- ◆ **Family Welfare Clinic :** The clinic should provide educative, preventive, diagnostic and curative facilities for maternal, child health, school health and health education. Importance of health education is being increasingly recognized as an effective tool

of preventive treatment. People visiting hospital should be informed of personal and environmental hygiene, clean habits, need for taking preventive measures against epidemics, family planning, non-communicable diseases etc. Treatment room in this clinic should act as operating room for IUCD insertion and investigation, etc. It should be in close proximity to Obstetric & Gynaecology. Family Welfare counselling room should be provided.

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

Treatment Room

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

Wards: Separate for Males and Females

- ◆ **Nursing Station :** The nursing station shall be centered such that it serves all the clinics from that place. The nursing station should be spacious enough to accommodate a medicine chest/a work counter (for preparing dressings, medicines), hand washing facilities, sinks, dressing tables with screen in between and colour coded bins (as per IMEP guidelines for community health centres). It should have provision for Hub cutters and needle destroyers.

- ◆ Examination and dressing table.
- ◆ **Patient Area**
 - ❖ Enough space between beds.
 - ❖ Toilets; separate for males and females.
 - ❖ Separate space/room for patients needing isolation.
- ◆ **Ancillary rooms**
 - ❖ Nurses rest room.
 - ❖ There should be an area separating OPD and Indoor facility.
- ◆ **Operation theatre/Labour room**
 - ❖ Patient waiting Area.
 - ❖ Pre-operative and Post-operative (recovery) room.
 - ❖ Staff area.
 - ❖ Changing room separate for males and females.
 - ❖ Storage area for sterile supplies.
 - ❖ Operating room/Labour room.
 - ❖ Scrub area.
 - ❖ Instrument sterilization area.
 - ❖ Disposal area.
 - ❖ New Born care Corner (**Annexure 1A**).

New Born Care Stabilization Unit: Annexure 1B

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

Physical Infrastructure for Support Services

- ◆ Central Steritization Supply Department (CSSD).
- ◆ Sterilization and Sterile storage.
- ◆ Laundry.
- ◆ **Storage:** separate for dirty linen and clean linen.
- ◆ Outsourcing is recommended after appropriate training of washer man regarding segregation and separate treatment for infected and non-infected linen.
- ◆ **Services:** Electricity/telephones/water/civil Engineering may be outsourced.

Maintenance of proper sanitation in toilets and other public utilities should be given utmost attention. Sufficient funding for this purpose must be kept and the services may be outsourced.

Water Supply : Arrangements shall be made to supply 10,000 litres of potable water per day to meet all the requirements (including laundry) except fire fighting. Storage capacity for 2 days requirements should be on the basis of the above consumption. Round the clock water supply shall be made available to all wards and departments of the hospital. Separate reserve emergency overhead tank shall be provided for operation theatre. Necessary water storage overhead tanks with pumping/boosting arrangement shall be made. The laying and distribution of the water supply system shall be according to the provisions of IS: 2065-1983 (a BIS standard). Cold and hot water supply piping should be run in concealed form embedded into wall with full precautions to avoid any seepage. Geyser in O.T./L.R. and one in ward also should be provided. Wherever feasible solar installations should be promoted.

Emergency Lighting : Emergency portable/fixed light units should also be provided in the wards and departments to serve as alternative source of light in case of power failure. Generator back-up should be available in all facilities. Generator should be of good capacity. Solar energy wherever feasible may be used.

Generator - 5 KVA with POL for Immunization Cold Chain maintenance.

Telephone: minimum two direct lines with intercom facility should be available.

Administrative zone: Separate rooms should be available for

- ◆ Office
- ◆ Stores

Residential Zone

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

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

Function & Space Requirement for Community Health Centre

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

Function & Space Requirement for Different Zones

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

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

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

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

Capacity Building

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

Quality Assurance in Service Delivery

Quality of Service Should be Maintained at all Levels

Standard Treatment protocol is the “Heart” of quality and cost of care. Standard treatment protocol for all national programmes and locally common diseases should be made available at all CHCs. All the efforts that are being made to

improve “hardware i.e. infrastructure” and “software i.e. human resource” are necessary but not sufficient. These need to be guided by Standard Treatment Protocols. Some of the states have already prepared these guidelines. For all ailments covered by National Health Programmes an agreed treatment/case management protocol need to be adhered to voluntarily by the physicians.

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

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

Laundry

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

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

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

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

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

Quality Control

Internal Monitoring

Routine Monitoring by District Health Authority.

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

Medical audit

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

Patient Satisfaction Surveys

Out Patient care: This shall include:

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

In Patient Care

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

External Monitoring

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

Monitoring of laboratory:

- ◆ Internal Quality Assessment scheme
- ◆ External Quality Assessment scheme

Patient Safety and Infection Control

Essential

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

Desirable

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

Health Care Workers Safety

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

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

Desirable

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

Statutory and Regulatory Compliances

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

Record Maintenance

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

Checklist

Checklist for Minimum Requirement of CHCs

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

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

Checklist for Equipment

Equipment (As per List)	Available	Functional	Remarks

Checklist for Drugs

Drugs (As per Essential Drug list)	Existing	Remarks

Checklist for Audit

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

*Standard Operating Procedures/ Standard Treatment Protocols

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

Annexure 1

NEW BORN CARE FACILITIES AT CHC

Annexure - 1A

New born Corner in OT/Labour Room

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

Services at the Corner

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

- ◆ Care at birth
- ◆ Resuscitation
- ◆ Provision of warmth

- ◆ Early initiation of breast feeding
- ◆ Weighing the neonate

Configuration of the Corner

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

Equipments and Consumables Required for the Corner

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

Annexure - 1 B

NEWBORN CARE STABILIZATION UNIT

Setting of Stabilization Unit at First Referral Units

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

Services at the Stabilization Unit

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

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

Configuration of the Stabilization Unit

- ◆ Stabilization unit should be located within or in close proximity of the emergency ward where sick

and low birth weight newborns and children can be cared.

- ◆ Space of approximately 40-50 sq ft per bed is needed, where 4 radiant warmers will be kept.
- ◆ Provision of hand washing and containment of infection control.

Human Resource

Staffing

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

Training

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

Referral Services

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

Equipments and Consumables Required for the Stabilization Unit

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

Annexure 2

REQUIREMENTS WITH REGARD TO REVISED NATIONAL TB CONTROL PROGRAMME

Diagnostic Services

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

Inputs

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

Treatment Services

- i. **Medical Officers:** All Medical Officers are trained in RNTCP to suspect chest symptomatics, refer

them for sputum microscopy and be able to categorize the patients and handle side effects of anti TB drugs.

- ii. **DOTS Centres:** All sub-centres, PHCs, CHCs and District Hospitals work as DOTS Centres. In addition, the community DOTS providers are also trained to deliver DOTS. A room of the CHC is used to function as DOTS centre. Facilities for seating and making available drinking water to the patients for consumption of drugs are provided under the Programme.
- iii. **DOTS Providers:** The Multi Purpose Workers (MPWs), Pharmacists and Staff Nurses are trained in to monitor consumption of anti TB drugs by the patients.
 - a. All the DOTS providers to deliver treatment as per treatment guidelines. All the doctors to categorize patients as per treatment guidelines (refer Technical Guidelines).
 - b. Drugs in patient wise boxes and loose drugs are provided at DOT Centres through District TB Centre (DTC). Details of the drugs given in RNTCP guidelines.
 - c. Recording and reporting to be done as per Operational Guidelines (refer Operational Guidelines).

Treatment of Complicated Cases

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

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

Quality Assurance

- i. **Diagnosis:** The diagnostic services are supervised by Senior TB Laboratory Supervisor

(STLS) for all the Microscopy Centres at the sub-district level (5,00,000 population or 2,50,000 population in the hilly, difficult and tribal areas).

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

Annexure 3

NATIONAL AIDS CONTROL PROGRAMME: GUIDELINES

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

Consumables/Logistics

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

IEC/Job aids

Counseling Flip Chart, Posters etc.

Reporting

Registers and Monthly formats as per NACO guidelines.

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

Annexure 4

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

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

Following are the strategies for control of these diseases:

Malaria

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

Dengue:

- ◆ Epidemiological Surveillance of Dengue cases.
- ◆ Entomological surveillance of *Aedes aegypti* mosquitoes.
- ◆ Clinical management of reported cases.
- ◆ Control of mosquitoes through Integrated

Vector Management including source reduction, use of larvivorous fishes, impregnated bednets and selective fogging with Pyrethrum.

- ◆ Behaviour change communication to change behavior of the community about prevention of breeding of mosquitoes.

Kala-azar

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

Japanese Encephalitis

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

Filariasis

For elimination of Lymphatic Filariasis, following are the strategies:

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

- ◆ Home based management of Lymphodema cases, and.
- ◆ Hydrocelectomy.

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

Services to be provided are:

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

Standards

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

- ◆ He will refer all fever cases to malaria laboratory for blood smear collection and examination before giving final prescription/medicines.
- ◆ He will supervise all Malaria Clinics and PHC laboratory in his area, see the quality of blood smear collection, staining, efficiency of microscopic examination and check whether the stain is filtered daily.
- ◆ He will also ensure/supervise that all positive cases get radical treatment within 48 hours of examination.

- ◆ He will also ensure that sufficient stocks of Antimalarial including Quinine tablets and injectable Quinine and Artemisinin are available in CHC and also PHCs.
- ◆ He will ensure that malaria laboratory is kept in proper condition along with microscope and other equipments.
- ◆ He will provide referral services to severe cases of malaria.
- ◆ He will refer severe and complicated cases to District Hospital in case of emergency and drug failure.
- ◆ He will also ensure that Filaria cases are managed at CHC and the Hydrocele cases are operated.

Drugs

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

Equipment

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

IEC Material

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

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

Annexure 5

NATIONAL LEPROSY ERADICATION PROGRAMME

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

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

Manpower Required

- ◆ Medical Officer trained in leprosy diagnosis.

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

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

Standard MDT Regimens

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

Annexure 6

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Standards at Community Health Centres

Physical Structure for Eye Care at CHC

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

Equipment

For IOL Surgery

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

For Primary Eye Care & Vision Testing

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

Drugs

Eye Ointments

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

Ophthalmic Drops

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

Injections

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

Surgical Accessories

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

Annexure 7

INTEGRATED DISEASE SURVEILLANCE PROJECT

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

Annexure 7 A

FORM P (WEEKLY REPORTING FORMAT-IDSP)

Name of Reporting Institution:		I.D. No.:	
State:	District:	Block/Town/City:	
Officer-in-Charge	Name:	Signature:	
IDSP Reporting Week:	Start Date:	End Date:	Date of Reporting:
	__/__/__	__/__/__	__/__/__

Sl. No.	Diseases/Syndromes	No. of cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	
2	Bacillary Dysentery	
3	Viral Hepatitis	
4	Enteric Fever	
5	Malaria	
6	Dengue/DHF/DSS	
7	Chikungunya	
8	Acute Encephalitis Syndrome	
9	Meningitis	
10	Measles	
11	Diphtheria	
12	Pertussis	
13	Chicken Pox	
14	Fever of Unknow Origin (PUO)	
15	Acute Respiratory Infection (ARI) Influenza Like Illness (ILI)	
16	Pneumonia	
17	Leptospirosis	
18	Acute Flaccid Paralysis < 15 year of Age	
19	Dog bite	
20	Snake bite	
21	Any other State Specific Disease (Specify)	
22	Unusual Syndromes NOT Captured Above (Specify clinical diagnosis)	
	Total New OPD attendance (Not to be filled up when data collected for indoor cases)	
	Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases	

Annexure 7 B

FORM L (WEEKLY REPORTING FORMAT-IDSP)

Name of the Laboratory:		Institution:	
State:	District:	Block/Town/City:	
Officer-in-Charge	Name:	Signature:	
IDSP Reporting Week:	Start Date:	End Date:	Date of Reporting:
	__/__/__	__/__/__	__/__/__

Diseases	No. Samples Tested	No. Found Positive	
Dengue/DHF/DSS			
Chikungunya			
JE			
Meningococcal Meningitis			
Typhoid Fever			
Diphtheria			
Cholera			
Shigella Dysentery			
Viral Hepatitis A			
Viral Hepatitis E			
Leptospirosis			
Malaria		PV:	PF:
Other (Specify)			
Other (Specify)			

Line List of Positive Cases (Except Malaria cases)

Name	Age (Yrs)	Sex (M/F)	Address: Village/Town	Name of Test Done	Diagnosis (Lab confirmed)

Annexure 7 C

FORMAT FOR INSTANTANEOUS REPORTING OF EARLY WARNING SIGNAL/OUTBREAKS AS SOON AS IT IS DETECTED

State:

District:

Date of reporting:

Is there any unusual increase in Cases/Deaths or unusual event in any area?
If yes, provide the following information:

Yes/no

Disease/Syndrome (Provisional/Confirmed)	
Area affected (Block, PHC, Sub-centre, Village)	
No. of cases	
No. of deaths	
Date of start of the outbreak	
Total population of affected area (Village)	
Salient epidemiological observations	
Lab results (type of sample, number of samples collected and tested, What test, where, results)	
Control measures undertaken (Investigated by RRT or not)	
Present status	
Any other information	

* State SSU need to report instantaneously as well as weekly compilation on every Monday to the CSU including NIL reports.

Annexure 8

FACILITY BASED MATERNAL DEATH REVIEW FORM

Note: This form must be completed for all deaths, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy.

Attach a copy of the case records to this form.

Complete the form in duplicate within 24 hours of a maternal death. The original remains at the institution where the death occurred and the copy is sent to the person responsible for maternal health in the State.

FOR OFFICE USE ONLY:

FB-MDR no:

Year:

1. General Information

Address of Contact Person at District and State:

Residential Address of Deceased Woman:

Address where Died:

Name and Address of facility:

Block:

District:

State:

2. Details of Deceased Woman

- i. Name: /Age (years) : /Sex: /Inpatient Number:
- ii. Gravida: /Live Births(Para): /Abortions: /No. of Living children:
- iii. Timing of death: During pregnancy/ during delivery/ within 42 days of delivery/
- iv. Days since delivery/abortion:
- v. Date and time of admission:
- vi. Date/Time of death:

3. Admission at Institution Where Death Occurred or from Where It was Reported

- i. Type of facility where died:

PHC	24 X 7 PHC	SDH/RURAL HOSPITAL	DISTRICT HOSPITAL	MEDICAL COLLEGE/ TERTIARY HOSPITAL	PRIVATE HOSPITAL	PVT CLINIC	OTHER
-----	------------	--------------------	-------------------	------------------------------------	------------------	------------	-------

- ii. Stage of pregnancy/delivery at admission:

Abortion	Ectopic Pregnancy	Not In Labour	In Labour	Postpartum
----------	-------------------	---------------	-----------	------------

- iii. Stage of pregnancy/delivery when died:

Abortion	Ectopic Pregnancy	Not In Labour	In Labour	Postpartum
----------	-------------------	---------------	-----------	------------

- iv. Duration of time from onset of complication to admission:
- v. Condition on Admission: Stable/Unconscious/Serious/Brought dead/
- vi. Referral history: Referred from another centre ? How many centres?
Type of centre?

4. Antenatal Care

- Received Antenatal care or not/
- Reasons for not receiving care/
- Type of antenatal care provided/
- High risk pregnancy : aware of risk factors?/what risk factors?

5. Delivery, Puerperium and Neonatal Information

- i. Details of labor :/ **had labor pains or not/ stage of labor when died/ duration of labor**
- ii. Details of delivery:/**undelivered/normal/assisted (forceps or vacuum)/ surgical intervention (C-section)**
- iii. Puerperium:/Uneventful/Eventful (PPH/Sepsis etc.)

Comments on labour, delivery and puerperium: (in box below)

- iv. **Neonatal Outcome** : /stillborn/neonatal death immediately after birth/alive at birth/alive at 7 days/
Comments on baby outcomes (in box below)

6. Interventions

Specific medical/surgical procedures/resuscitation procedures undertaken

7. Cause of Death

- a. **Probable direct obstetric (underlying) cause of death: Specify:**
- b. **Indirect Obstetric cause of death: Specify:**
- c. **Other Contributory (or antecedent) cause/s: Specify:**
- d. **Final Cause of Death: (after analysis)**

8. Factors

(other than medical causes listed above)

- a. **Personal/Family**
- b. **Logistics**
- c. **Facilities available**
- d. **Health personnel related**

9. Comments on Potential Avoidable Factors, Missed Opportunities and Substandard care

10. Autopsy

Performed/Not Performed

If performed please report the gross findings and send the detailed report later

11. Case Summary

(please supply a short summary of the events surrounding the death):

12. Form filled by

13. Name

14. Designation

15. Institution and location

16. Signature and Stamp

17. Date

Annexure 9

LIST OF EQUIPMENTS IN CHC

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

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

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

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

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

Dilator, uterine, double - ended hegar, set of 5 - ss	1
Curette, uterine, sim's blunt, 26 cm x 11 mm size # 4-ss	2
Curette, uterine, sim's sharp, 26 cm x 9 mm size # 3-ss	2
Forceps, artery, Spencer-Well's straight, 140 mm-ss	1
Forceps, tissue, spring-type, serrated tips, 160 mm-ss	1
Forceps, ovum, Krantz, 290 mm, stainless steel	1
Miscellaneous	
NSV Kit	2
Laproscope	1
Equipment for Anaesthesia (Essential)	
Face mask, plastic w/rubber cushion & headstrap, set of 4	4
Airway Guedel or Berman, autoclavable rubber, set of 6	2
Laryngoscope, set with infant, child, adolescent blades	3
Catheter, endotracheal w/cuff, rubber set of 4	3
Catheter, urethral, stainless steel, set of 8 in case	2
Forceps, catheter, Magill, adult and child sizes, set of 2	1
Connectors, catheter, straight/curved, 3, 4, 5 mm (set of 6)	3
Cuffs for endotracheal catheters, spare for item 4	4
Breathing tubes, hoses, connectors for item 1, anti-static	4
Valve, inhaler, chrome-plated brass, Y-shape	3
Bag, breathing, self inflating, anti-static rubber, set of 4	2
Vaporiser, halothane, dial setting	2
Vaporiser, ether or methoxyflurane, wick type	2
Intravenous set in box	6
Needle, spinal, stainless set of 4	2
Syringe, anesthetic, control 5 ml Luer mount glass	2
Cells for item 3	2
Equipment for Neo-natal Resuscitation (Essential)	
Catheter, mucus, rubber, open ended tip, size 14FR	2
Catheter, nasal, rubber, open tip, funnel end, size 8Fr	2
Catheter, endotracheal, open tip, funnel end rubber, 12Fr	3
Stilette, curved, for stiffening tracheal catheter SS	1
Catheter, suction, rubber, size 8Fr	3
Laryngoscope, infant, w/three blades and spare bulbs.	1
Lateral mask, with ventilatory bag, infant size	2
Resuscitator, automatic, basinet type	1
Lamp, ultra-violet (heat source) with floor stand	1
Cells for item 6 (Laryngoscope)	2
Oxygen Cylinders	1
Nasal Prongs	5
Thermometers	5
Infantometer: Measuring range 33-100 cm	2
Stadiometer: Measuring range 60-200 cm	1
Photo therapy Unit	1

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

Materials Kit for Blood Transfusion (Essential)

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

Equipment for Operation Theatre (Essential)

Diathermy machine

Dressing drum all sizes

Lamps shadow less:

 Ceiling lamp

 Portable type

Sterilizer

Suction Apparatus

Stand with wheel for single basin

Table operation, hydraulic:

 Major

 Minor

Trolley for patients

Trolley for instruments

X-ray view box

Wheel chairs

Equipment for Labour Room

Aprons rubber

Cradles baby

Wheel Chair

Cabinet Instrument

Dressing drum

Shadow less lamps

Table for

 Obstetric labour

 Examination

Trolley for

Patients

Dressing

Torch (flash light)

Trays

Vacuum Extractor

Weighing machine baby

Wheel chairs

Equipment for Radiology

Aprons lead ribbon

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

Dark room accessories

Dark room timer

Film clips

Lead sheets

X-ray view box

X-ray protection screen

X-ray film processing tank

Immunization Equipments (Essential)

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

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

Cold Boxes (Large & Small):

Small – one, Large – two

Vaccine Carriers with Ice packs

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

Spare ice Pack Box

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

Room Heater/Cooler for immunization clinic with electrical fittings

Thermometers Alcohol (stem) 2

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

Reconstitution syringes Reconstitution syringes (5ml) - need based

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

Freeze Tag :Monitoring Freezing of vaccine

Waste disposal twin bucket, hypochlorite solution/bleach

Chair for new staffs proposed-4

Dustbin with lid-2

Water receptacle-1

Hub cutters-2

Computer with Modem with UPS, Printer with Internet connection

Immunization schedule printed on a tin plate

Posters/Paintings on key messages

Records and Reports

Immunization register-1

Vaccine stock & issue register-1

Tally sheets

Temperature monitoring registers/chart

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

Monthly UIP reports

RI Monitoring Chart

Weekly surveillance reports (AFP, Measles)

Serious AEFI reports

Outbreak reports

Tracking Bag and Tickler Box

Equipments and Renewable required for the New Born Corner and New Born Stabilization Unit (Essential): given in Annexure 1A and 1B respectively

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

NPPCD	<ul style="list-style-type: none"> ◆ Head Light ◆ Ear specula ◆ Ear Syringe ◆ Otoscope ◆ Jobson Horne Probe ◆ Tuning fork ◆ Noise Maker 	<ul style="list-style-type: none"> ◆ For screening of patients of hearing impairment/deafness ◆ For diagnosis of common ear Problems ◆ For early detection of hearing loss ◆ Removal of foreign body from ear and nose
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)	<ul style="list-style-type: none"> ◆ Consumable for screening of cervical cancer ◆ Disposable tongue depressor ◆ PAP smear kit ◆ ECG machine ordinary 1 ◆ Cardiac Monitor with defibrillator 1 ◆ Pulse Oximeter 1 ◆ Infusion pump 1 ◆ Ophthalmoscope (direct) 1 ◆ Slit Lamp 1 ◆ B.P.apparatus table model 4 ◆ Stethoscope 4 	<p>For early detection of common cancers</p> <p>PAP smear</p> <p>For screening of patients</p> <p>For diagnosis and early detection of CVD, DM, Stroke</p>
PMR	<ul style="list-style-type: none"> ◆ Shot wave diathermy ◆ Ultra sound therapy ◆ Infra-red lamp (therapy) ◆ Neuromuscular Stimulator ◆ Pocket TENS ◆ Paraffin Wax bath ◆ Hot packs with hydro collators. ◆ Exercise Table – 2 nos ◆ Static Cycle ◆ Shoulder Wheel ◆ Cervical & Lumber traction ◆ Medicine ball ◆ Quadriiceps Exerciser ◆ Coordinator board ◆ Hand grips strength measurement kit. ◆ Kit for Neuro- Development assessment. ◆ CBR Manuals ◆ Assorted toys like sound making/colorful gadgets/building blocks/peg boards/pictorial charts and manuals 	<p>As PMR services would be provided with the posting of qualified paramedical these are all required equipment</p>
Oral Health	<p>Dental Unit consisting of Dental Chair and set of dental Equipment for examination, extraction and management of Dental & related problems.</p>	<p>Necessary for dental care services</p>

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

Annexure 10

LIST OF DRUGS

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

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

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

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

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

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

Drug Kit for Sick New Born & Child Care - FRU/CHC

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

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

List of Other Essential Drugs for CHC

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

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

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

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

List of Ayurvedic Medicines for CHCs

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

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

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

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

List of Unani Medicines for CHCs

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

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

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

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

List of Siddha Medicines for CHCs

1	Amai otu parpam	For diarrhoea in children and indigestion
2	Amukkarac curanam	For general debility, insomnia
3	Anna petic centuram	For anaemia
4	Antat Tailam	For febrile convulsions
5	Appirakac centuram	Diabetes mellitus
6	Arakkut Tailam	Headache and sinus infection
7	Arumukac Centuram	Arthritis
8	Atotataik kuti nir	cough and cold
9	Atatotai manappaku	cough and cold
10	Atatotai nei	cough and wheeze
11	Aya jampirac karpam	anaemia
12	Aya Kantac centuram	aneamia
13	Canku parpam	anti allergic
14	Cantamarutac Centuram	arthritis
15	Canta cantirotayam	fevers and jaundice
16	Carapunka Vilvati ilakam	nervine tonic
17	Cati Campirac Kulampu	Nausea and vomiting
18	Cempu Parpam	peptic ulcer
19	Cilacattu Parpam	Urinary infection, white discharge
20	Cilntil Curanam	Diabetes mellitus
21	Ciropara Nivarana Tailam	Headache and sinus
22	Cirra Muttit Tailam	Neuritis, uterine problems
23	Civanar Amirtam	Anti-allergic, bronchial asthma
24	Comput Tinir	Indigestion, loss of appetite
25	Cukkut Tailam	Headache and earache
26	Cuvacakkutori mathiral	Asthma and cough
27	Elastic curanam	Allergy, fever in primary complex
28	Ilaku Viamuttit Tailam	Hemiplegia
29	Impural Ilakam	Bleedings
30	Impural Vatakam	Blood vomiting
31	Inicic Curanam	Indigestion, flatulence
32	Iraca Kanti Meluku	Skin infections, venereal infections

33	Iti Vallati	Venereal uncer
34	Kaiyan Tailam	Cough with expectoration
35	Kantaka Racayanam	Skin diseases and urinary infections
36	Kapa Curak Kutinir	Fevers
37	Karappan Tailam	Eczema
38	Karunai Ilakam	Piles
39	Kasturik karuppu	Fever, cough, allergic bronchitis
40	Kauri Cintamanic Centuram	Liver disorders, fever, fistula
41	Kecari Ilakam	Dropsy, amoebic dysentery
42	Kilanellit Tailam	Jaundice, giddiness, neuritis
43	Kilincil Meluku	Cracks on the heel and sole
44	Korocanai mattirai	Sinus, fits
45	Kunkiliya parpam	Urinary infection, white discharge
46	Kunkumappu Mattirai	Peptic ulcer, habitual constipation
47	Kunkiliya Vennay	External application for piles and scalps
48	Kumak Kutori	Peptic ulcer
49	Kuntarikat Tailam	Swelling and inflammation
50	Man Kompup Parpam	Chest pain
51	Manturati Ataik Kutinir	Anaemia
52	Mattan Tailam	Ulers, carbuncle and gangrene
53	Matulai Manappaku	Nausea, vomiting, anaemia
54	Mayanat Tailam	Swelling, inflammation
55	Mayilirakatic Curanam	Hiccup
56	Mekanatak Kulikai	Constipation
57	Murukkan Vitai Mattirai	Intestinal worms
58	Muttuc cippi Parpam	Diarrhea in children
59	Naciroka Nacat Tailam	Nasal problems
60	Naka Parpam	Diuretic
61	Nantukkal Parpam	Diuretic
62	Nattai Parpam	Bleeding piles
63	Nellikai Ilakam	Tonic

64	Neruncik Kutinir	Diuretic
65	Nilavakaic Curanam	Constipation
66	Nila Vempuk Kutinir	Fever
67	Noccit Tailam	Sinus
68	Omat Tinir	Indigestion
69	Palacancivi mattirai	Fever in children, indigestion
70	Palakarai Parpam	Anti-allergic
71	Panca Lavana Parpam	Hyper acidity
72	Parankip pattaic Curanam	Skin diseases
73	Paankip Pattai Iracayanam	Skin diseases
74	Parankip Pattaip Patankam	Skin diseases
75	Patikara parpam	Urinary infection, stomatitis
76	Pattuk karuppu	DUB, painful menstruation
77	Pavala Parapam	Cough and fever
78	Peranta Parpam No.1	Fits
79	Pinacat tailam	Sinus

80	Pirami Ney	Nervine tonic
81	Piramanta pairavam	Fevers
82	Punkat Tailam	Injury and ulcers
83	Talampu mattirai	Toxic fever
84	Talicati Vatakam	Cough
85	Tayirc Cuntic Curanam	Diarrhea, used as ORS
86	Terran kottai Ilakam	Tonic, used in bleeding piles
87	Tiripalaic Curanam	Styptic and tonic
88	Tiplili Iracayanam	Cough
89	Uluntut Tailam	Musclar atrophy, deafness
90	Vacanta Kucumakaram	Fever, cough, and cold in child
91	Veti Anna Petic Centuram	Dropsy
92	Vilvati Ilakam	Tonic
93	Visnu Cakkaram	Pleurisy
Patent & Proprietary Drug		
1	777 Oil	for Psoriasis

List of Homeopathy Medicines for CHCs

Sl. No.	Name of Medicine	Potency
1	Abrotanum	30
2	Abrotanum	200
3	Absinthium	Q
4	Aconite Nap.	6
5	Aconite Nap.	30
6	Aconite Nap.	200
7	Aconite Nap.	1M
8	Actea Racemosa	30
9	Actea Racemosa	200
10	Aesculus Hip	30
11	Aesculus Hip	200
12	Aesculus Hip	1M
13	Agaricus musca.	30
14	Agaricus musca	200
15	Allium cepa	6
16	Allium cepa	30
17	Allium cepa	200
18	Aloe soc.	6
19	Aloe soc.	30
20	Aloe soc.	200

Sl. No.	Name of Medicine	Potency
21	Alumina	30
22	Alumina	200
23	Ammon Carb	30
24	Ammon Carb	200
25	Ammon Mur	30
26	Ammon Mur	200
27	Ammon Phos	30
28	Ammon phos	200
29	Anacardium Ori.	30
30	Anacardium Ori.	200
31	Anacardium Ori.	1M
32	Angustura vera	Q
33	Anthracinum	200
34	Anthracinum	1M
35	Antim Crud	30
36	Antim Crud	200
37	Antim Crud	1M
39	Antimonium Tart	3X
40	Antimonium Tart	6
41	Antimonium Tart	30

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

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

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

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

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

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

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

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

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

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

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

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

Annexure 11

EXTRACTS FROM NATIONAL GUIDELINES ON BLOOD STORAGE FACILITIES AT FRUs

Requirements

Space: The area required for setting up the facility is only 10 square meters, well-lighted, clean and preferably air-conditioned.

Manpower: One of the existing doctors and technicians should be designated for this purpose. They should be trained in the operation of blood storage centers and other basic procedures like storage, grouping, cross-matching and release of blood.

The medical officer designated for this purpose will be responsible for overall working of the storage center.

Electricity: 24 hours supply is essential. Provision of back-up generator is required.

Equipment: Each FRU should have the following:

1. Blood Bank refrigerators having a storage capacity of 50 units of blood.
2. Deep freezers for freezing ice packs required for transportation. The deep freezers available in the FRUs under the Immunization Programme can be utilized for this purpose.
3. Insulated carrier boxes with ice packs for maintaining the cold chain during transportation of blood bags.
4. **Microscope and centrifuge:** since these are an integral part of any existing laboratory, these would already be available at the FRUs. These should be supplied only if they are not already available.

Consumables: There should be adequate provision for consumables and blood grouping reagents. The following quantities would suffice the annual requirement of an FRU with up to 50 beds.

Consumables Quantity

Pasteur pipette 12 dozens/year

Glass tubes 7.5 to 10 mm - 100 dozens/year

Glass slides 1" x 2" boxes of 20 or 25 each/year

Test tube racks 6 racks, each for 24 tables

Rubber teats 6 dozens/year

Gloves Disposable rubber gloves 500 pairs per year

Blotting tissue paper As required

Marker pencil (alcohol based) As required

Tooth picks As required

Reagents: All the reagents should come from the Mother Blood Bank.

Anti-A 2-vials each per month

Anti-B 2-vials each per month

Anti-AB 2-vials each per month

Anti-D (Blend of IgM & IgG) 2 vials each per month

Antihuman Globulin 1 vial per month

(Polyclonal IgG & Complement)

Since quality of the reagents is an important issue, the supplies of these should be made from the same blood

bank/centre from where blood is obtained. For this purpose, State Governments/Union Territories should provide the additional budgetary requirements to the mother blood bank/centre.

Disinfectants: Bleach & Hypochlorite Solution - As required.

Suggested Quantities of Whole Blood Units to be Available at a Blood Storage Unit

5 units each of A, B, O (Positive)

2 units of AB (Positive)

1 unit each of A, B & O (Negative)

This can be modified according to the actual requirement.

Storage & Transportation

Cold chain: It is necessary to maintain the cold chain at all levels i.e. from the mother centre to the blood storage centre to the issue of blood. This can be achieved by using insulated carrier boxes. During transportation, the blood should be properly packed into cold boxes surrounded by the ice packs. Ice, if used should be clean and should not come in direct contact with the blood bags. The blood should be kept in blood bank refrigerator at $4^{\circ} - 6^{\circ}\text{C} \pm 2^{\circ}\text{C}$. The temperature of the blood should be monitored continuously.

Storage: The storage center should check the condition of blood on receipt from the mother center and also during the period of storage. The responsibility of any problem arising from storage, cross matching, issue and transfusion will be of the storage center. Any unit of blood showing hemolysis, turbidity or change in colour should not be taken on stock for transfusion. Due care should be taken to maintain sterility of blood by keeping all storage areas clean. The expiry of the blood is normally 35/42 days depending on the type of blood bags used. The Medical Officer in-charge should ensure that unused blood bags should be returned to the mother center at least 10 days before the expiry of the blood and fresh blood obtained in its place. The blood storage centers are designed to ensure rapid and safe

delivery of whole blood in an emergency. The detail of storage of packed cells, fresh frozen plasma and platelets concentrate are therefore not given in these guidelines. In case, however, these are required to be stored, the storage procedures of the mother blood bank should be followed.

Issue of Blood

Patients blood grouping and cross matching should invariably be carried out before issue of blood. A proper record of this should be kept.

First In and First Out (FIFO) policy, whereby blood closer to expiry date is used first, should be followed.

Disposal

Since all the blood bags will already be tested by the mother center, disposal of empty blood bags should be done by landfill. Gloves should be cut and put in bleach for at least one hour and then disposed as normal waste.

Documentation & Records

The center should maintain proper records for procurement, cross matching and issue of blood and blood components. These records should be kept for at least 5 years.

Training

Training of doctors and technicians, who will be responsible for the Blood Storage Center, should be carried out for 3 days in an identified center as per the guidelines. Training will include:

- ◆ Pre-transfusion checking. i.e. patient identity and grouping
- ◆ Cross matching
- ◆ Compatibility
- ◆ Problems in grouping and cross matching
- ◆ Troubleshooting
- ◆ Issue of blood
- ◆ Transfusion reactions and its management
- ◆ Disposal of blood bags

The states will have to identify the institutions where training of the staff responsible for running the blood storage centre is to be held. These could be the blood banks at Medical Colleges, Regional Blood Banks, Indian Red Cross Blood Banks, or any other well setup licensed Blood Bank, provided they have the necessary infrastructure for undertaking training.

The training will be for three-days duration during which the Medical Officer and the technician from the identified FRUs will be posted at the training institution.

A “Standard Operating Procedures Manual” (SOPM) has been developed and is part of these guidelines. This SOPM will be used as the training material. A copy of this SOPM will be made available to the Medical Officer for use in his Blood Storage Center for undertaking storage, grouping, cross matching and transfusion.

In addition to the training of the above Medical Staff, it is considered necessary that the clinicians who will be responsible for prescribing the use of blood are also sensitized on the various parameters of blood transfusion. For this the “Clinician’s Guide to Appropriate Use of Blood” has been developed. It is suggested that one-day sensitization programme for the clinicians may be organized at the District Hospital/Medical College.

Government of India will make the expenditure for the above-mentioned trainings, available as per the norms of training under the RCH Programme. This training will, however, be coordinated by the Training Division of Department of Family Welfare. The states are required to include training as part of the overall State Action Plan for establishing Blood Storage Centers.

Equipments for Laboratory Tests & Blood Transfusion

Rod, flint-glass, 1000 x 10 mm dia, set of two 2.

Cylinder, measuring, graduated W/pouring lip, glass, 50 ml 2.

Bottle, wash, polyethylene W/angled delivery tube, 250 ml 1.

Timer, clock, interval, spring wound, 60 minutes x 1 minute 1.

Rack, slide drying nickel/silver, 30 slide capacity 1.

Tray, staining, stainless steel 450 x 350 x 25 mm 1.

Chamber, counting, glass, double neubauer ruling 2.

Pipette, serological glass, 0.05 ml x 0.0125 ml 6.

Pipette, serological glass, 1.0 ml x 0.10 ml 6.

Counter, differential, blood cells, 6 unit 1.

Centrifuge, micro-hematocrit, 6 tubes, 240v 1.

Cover glass for counting chamber (item 7), Box of 12 1.

Tube, capillary, heparinized, 75 mm x 1.5 mm, vial of 100 10.

Lamp, spirit W/screw cap. Metal 60 ml 1.

Lancet, blood (Hagedorn needle) 75 mm pack of 10 ss 10.

Benedict’s reagent qualitative dry components for soln 1.

Pipette measuring glass, set of two sizes 10 ml, 20 ml 2 Test tube, w/o rim, heat resistant glass, 100 x 13 mm 24.

Clamp, test-tube, nickel plated spring wire, standard type 3.

Beaker, HRG glass, low form, set of two sizes, 50 ml, 150 ml 2.

Rack, test-tube wooden with 12 x 22 mm dia holes 1.

Annexure 12

LIST OF DIAGNOSTIC SERVICES

List of Diagnostic Services

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

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

Physical Structure for Laboratory at CHC

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

Laboratory Equipments

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

Laboratory Supplies

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

Annexure 13

MODEL CITIZEN'S CHARTER

Mission Statement

Access to services

This CHC provides medical care to all patients without any discrimination of gender/cast/religion/status. Emergency services are available 24 x 7. The management of this hospital is responsible for ensuring the delivery of services.

Standards of Services

This hospital provides quality minimum assured services set by Indian Public Health Standards (IPHS).

Your Rights in the Hospital

1. Right to access to all the services provided by the Hospital.

2. Right to Information - including information relating to your treatment.
3. Right of making decision regarding treatment.
4. Right for privacy and confidentiality.
5. Right to religious and cultural freedom.
6. Right for Safe and Secure Treatment.
7. Right for grievance redressal.

General Information

No. of Beds.....
No. and specialization of Doctors.....
No. of Nurses.....
No. of Ambulances.....

Services Available

OPD	Indoor Treatment/Wards	24 hrs Emergency and Medicolegal	MCH Services (including High Risk Pregnancy & New born stabilization unit)
Radiology X-Ray, Ultrasound (if available)	Laboratory	Pharmacy	Dentistry
Family Planning Services	Immunization	Blood storage	Operation Theatre
AYUSH	ECG	24 Hrs Ambulance	

Enquiries and Information

Enquiry counter is located at.....

Timings for working counter are.....

Phone no. for telephonic enquiry (24 hours service).....

Location guide maps and directional signages have been put up at strategic points in the hospital.

Casualty & Emergency Services

Facilities

- ◆ All Emergency Services are available round the clock.
- ◆ Medico legal services are available.
- ◆ Referral Services to higher centre in case facilities for treatment are not available in the hospital.
- ◆ Round the clock ambulance services with basic life support.
- ◆ In serious cases, treatment/management gets priority over paper work like registration and medico-legal requirements. The decision rests with the treating doctor.

OPD Services

OPD services are available on all working days excluding Sundays and Gazetted Holidays.

Timings -

Morning -am to..... am/pm

Evening -pm to..... pm.

Various outpatient services available in the CHC are detailed below (as available):

Department	Room no.	Timings
General Medicine		
General Surgery		
Obstetrics & Gynaecology		
Paediatrics		
Eye		
Dentistry		

AYUSH Services

Homeopathic

Ayurvedic

Others

Medical Facilities Not Available

Diagnostic Services

Timings

Lists of tests and charges are available in the respective department.

X-Rays

Ultrasound

ECG

Complaints & Grievances

- ◆ Every complaint will be duly acknowledged.
- ◆ We aim to settle your complaints within days of its receipt.
- ◆ Suggestions/Complaint boxes are also provided at enquiry counter and..... in the hospital.
- ◆ If we cannot, we will explain the reasons and the time we will take to resolve.
- ◆ You can address your complaints to
- ◆ Name
- ◆ Designation.....
- ◆ Tele(O).....(R).....(M).....
- ◆ Meeting Hours..... to

You're Responsibilities

- ◆ Please do not inconvenience other patients.
- ◆ Please help us in keeping the hospital and its surroundings neat and clean.
- ◆ Beware of Touts. If you find any such person in premises tell the hospital authorities.
- ◆ The Hospital is a "No Smoking Zone" and smoking is a Punishable Offence.
- ◆ Please refrain from demanding undue favours from the staff and officials as it encourages corruption.
- ◆ Please provide useful feedback & constructive suggestions. These may be addressed to the Medical Superintendent of the Hospital.

Annexure 14

LIST OF STATUTORY COMPLIANCES

1. No objection certificate from the Competent Fire Authority.
2. Authorisation under Bio-medical Waste (Management and Handling) Rules, 1998.
3. Authorisation from Atomic Energy Regulation Board.
4. Excise permit to store Spirit.
5. Vehicle registration certificates for Ambulances.
6. Consumer Protection Act.
7. Drug & Cosmetic Act 1950.
8. Fatal Accidents Act 1855.
9. Indian Lunacy Act 1912.
10. Indian Medical Council Act and code of Medical Ethics.
11. Indian Nursing Council Act.
12. Maternity Benefit Act 1961.
13. Boilers Act as amended in 2007.
14. MTP Act 1971.
15. Persons with Disability Act 1995.
16. Pharmacy Act 1948.
17. PNDT Act 1996.
18. Registration of Births and Deaths Act 1969.
19. License for Blood Bank or Authorisation for Blood Storage facility.
20. Right to Information act.
21. Narcotics and psychotropic substances Act 1985.
22. Clinical Establishments (Registration and Regulation) Act 2010.

Annexure 15

STEPS FOR SAFETY IN SURGICAL PATIENTS (IN THE PRE-OPERATIVE WARD)

To be done by Surgeon

- History, examination and investigations
- Pre-op orders
- Check and reconfirm PAC findings
- Assess and mention any co-morbid condition
- Record boldly on 1st page of case sheet
History of drug allergies
- Blood transfusion
 - ◆ Sample for grouping and cross-matching to be sent
 - ◆ Check availability & donation
 - ◆ Risk of transfusion to be explained to relatives

- Written well informed consent from patient
(Counter sign by surgeon)
- Sister in charge of O.T. to be informed in advance regarding the need for special equipments

Signature of Surgeon

To be done by Staff Nurse

- Patient's consent to be taken
(Counter sign by surgeon)
- Part preparation as ordered
- Identification tag on patient wrist
Name/Age/Sex/C.R. No/Surgical unit/
Diagnosis
- Follow pre-op orders

- Antibiotic sensitivity test done

Signature of Staff Nurse

To be done by Anaesthetist

- Check PAC findings
- Assess co morbid conditions
- H/O any drug allergy
- Check Consent

Signature of Anaesthetist

SURGICAL SAFETY CHECK LIST IN THE OPERATION THEATRE

SIGN IN (Period before induction of anesthesia)

- Patient has confirmed**
 - ◆ Identity
 - ◆ Site
 - ◆ Procedure
 - ◆ Consent
- Site marked/Not Applicable**
- Anesthesia Safety Check Completed**
 - ◆ Anesthesia Equipment
 - ◆ A B C D E
- Pulse Oxymeter on Patient and functioning**

DOES PATIENT HAVE A:

Known Allergy

- No
- Yes

Difficult Airway/Aspiration Risk?

- No
- Yes, and assistance available

Risk of >500 ml Blood loss (7 ml/kg in children)

- No
- Yes and adequate I.V. access & Blood/ Fluids Planned.

Signature of Nurse

TIME OUT (Period after induction & before surgical incision)

- Confirm all team members have introduced themselves by name & role**
- Surgeon, Anesthetist & Nurse verbally Confirm**
 - ◆ Patient
 - ◆ Site
 - ◆ Procedure

ANTICIPATED CRITICAL EVENTS

- Surgeons reviews:** What are the critical or unexpected steps, operative duration & anticipated blood loss

- Anesthetist reviews:** Are there any patient specific concerns

- Nursing Team reviews:** Has sterility been confirmed? Is there equipment issue or any concern?

Has Antibiotic prophylaxis been given with in the last 60 minutes?

- Yes
- Not Applicable

Is Essential Imaging Displayed?

- Yes
- Not Applicable

Signature of Surgeon

SIGN OUT (Period from wound closure till transfer of patient from OT room)

- Nurse Verbally confirm with the team :
- The name of the procedure recorded**
 - That instrument, sponge, needle counts are correct (or not applicable)**
 - How the specimen is labeled (including Patient name)**
 - Whether there are any equipment problems to be addressed?**
 - Surgeon, Anesthetist & Nurse review the key concerns for recovery and management of patient & post-op orders to be given accordingly**
 - Information to patients attendant about procedure performed, condition of the patient & specimen to be shown**
 - Histopathology form to be filled properly & return all the records & investigation to attendant/patient**

Signature of Anesthetist

Annexure 16

LIST OF ABBREVIATIONS

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

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

REFERENCES

1. **National Rural Health Mission 2005-2012 – Reference Material (2005)**, Ministry of Health & Family Welfare, Government of India.
2. **Bulletin on Rural Health Statistics in India (2005)**, Infrastructure Division, Department of Family Welfare; Ministry of Health & Family Welfare, Government of India.
3. **Guidelines for Operationalising 24 x 7 PHC (2005) (unpublished)**, Maternal Health Division, Department of Family Welfare, Ministry of Health & Family Welfare, Government of India.
4. **Guidelines for Ante-Natal Care and Skilled Attendance at Birth by ANMs and LHVs (2005)**, Maternal Health Division, Department of Family Welfare, Ministry of Health & Family Welfare, Government of India.
5. **RCH Phase II, National Programme Implementation Plan (PIP) (2005)**, Ministry of Health & Family Welfare, Government of India.
6. **Guidelines for Setting up of Rogi Kalyan Samiti/Hospital Management Committee (2005)**, Ministry of Health & Family Welfare, Government of India.
7. **Indian Standard: Basic Requirements for Hospital Planning, Part-1 up to 30 Bedded Hospital, IS: 12433 (Part 1)-1988**, Bureau of Indian Standards, New Delhi.
8. **Indian Public Health Standards (IPHS) for Community Health Centre (April 2005)**, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.

MEMBERS OF TASK FORCE FOR REVISION OF IPHS

1. Dr. R.K. Srivastava, Director General Of Health Services – **Chairman.**
2. Dr. Shiv Lal, Former Special DG (PH) and Advisor (PH) – **Co-Chairman.**
3. Sh. Amarjit Sinha, Former Joint Secretary, NRHM, Ministry of Health & F.W.
4. Dr. Amarjit Singh, Executive Director, Jansankhya Sthirata Kosh.
5. Prof. (Dr.) Deoki Nandan, Director, NIHFWS.
6. Dr. T. Sunderraman, Executive Director, NHSRC NIHFWS Campus, Baba Gang Nath Marg, Munirka, New Delhi - 110067.
7. Dr. N.S. Dharmshaktu, DDG, Directorate General of Health Services.
8. Dr. A.C. Dhariwal, Director NVBDCP, 22, Sham Nath Marg, New Delhi - 110054.
9. Dr. S.D. Khaparde, DDG, NACO and Ex-DC (ID), Ministry of Health & F.W.
10. Dr. C.S. Pandav, Prof. and Head, Community Medicine, AIIMS, New Delhi.
11. Dr. J.N. Sahay, Advisor on Quality improvement, NHSRC.
12. Dr. Bir Singh Prof. Department of Community Medicine, AIIMS and Secretary General Indian Association of PSM.
13. Dr. Jugal Kishore, Professor of Community Medicine, MAMC, New Delhi.
14. Mr. J.P. Mishra, Health Sector Reforms Facilitator & (Hon) Adviser to the Commissioners of the Supreme Court on Right to Food.
15. Dr. S. Kulshreshtha, ADG, Dte. GHS., Nirman Bhawan, New Delhi.
16. Dr. A.C. Baishya, Director, North Eastern Regional Resource Centre.
17. Dr. S.K. Satpathy, Public Health Foundation of India.
18. Dr. V.K. Manchanda, World Bank, New Delhi.
19. Sh. Dilip Kumar, Nursing Advisor, Dte. G.H.S., Nirman Bhawan, New Delhi.
20. Dr. Anil Kumar, CMO (NFSG), Dte. G.H.S. – **Member Secretary.**



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