APPENDIX - I

Job Responsibilities of PHC Functionaries

1. Job Responsibilities of Medical Officer, Primary Health Centre

Duties of Medical Officer

If there is more than one Medical Officer, the senior most will be in charge of the PHC and will be fully responsible for the administration. The area of the Centre should be divided amongst themselves on a sub-center / geographical basis, and each will be responsible for all the activities under the national and local health and family welfare programmes, and health development.

I. Medical or Curative Work-

1. To organize and manage the dispensary, outpatient clinic, indoor beds, and allot duties to other staff to ensure smooth running of the PHC in all its functions and purposes.
2. To arrange suitably for distribution of work in the treatment of emergency cases which come outside the usual hours of the O.P.D.
3. To organize and develop laboratory services for diagnostic and follow-up purposes.
4. To organize and arrange out-reach services for treatment of minor ailments and injuries at community level in the villages and hamlets, sub-centres and PHC through the Community Health Officer, Health Workers, Health Assistants, and others.
5. To attend to the cases referred by paramedical and auxiliary staff of the PHC, and the HGs/CHWs, dais, teachers, etc.
6. To examine and screen patients who need specialized medical or surgical attention, including dental and nursing care, and refer them in time to appropriate hospital / institution.
7. To train and guide all his staff, health guides, community health workers, dais, school teachers, etc., in the treatment of minor ailments and injuries, and first-aid.
8. To co-operate and co-ordinate with other institutions and organizations, private practitioners etc., who provide medical and health care services in his area.
9. To visit each sub-centre in his area. Frequency of Medical Officer's visits at the subcentre: Every subcentre to be visited at least once every month. If two Medical Officers are posted, the subcentres should be divided amongst the two. If only one Medical Officer is posted, he should visit the subcenter in the afternoon. PHC vehicle or public transport are used for the visit. A board indicating the day and time of the visit to be displayed at the subcentre. Subcentre staff are expected to stay at the headquarters on the day of the Medical Officer's visit. The following activities are to be performed during the visit:
   - i. Meeting the Sarpanch, members of the village panchayat and functionaires of the other departments.
   - ii. Conducting OPD.
   - iii. Examination and IEC activities in the Ashram schools.
   - iv. Supervision
   - v. Examination of TB and Leprosy patients.
   - vi. Motivating resistant couples for Family Planning
   - vii. Visit to the Village Panchayat for assessing the registration of vital events.
   - viii. Visit to the anganwadi for guidance and examination of children with Grade I and Grade II malnutrition.
   - ix. Examination of high risk mothers and children.
   - x. Problem solving

   A note in triplicate on the work done during the visits be prepared; one copy to the DHO, one to the concerned ANM and one for filing in the office.

II. Preventive and Promotive Work-

He has to train, guide and ensure that all the members of his staff are fully conversant and clear about the objectives and all activities of various national and local health and family welfare programmes. They should also know their area and all the programme activities. He has to prepare operational plans, calendar and fixed and other programme of work for all his staff with a view to ensure that different health programmes are effectively and efficiently implemented.

He has to keep close liaison with the Block Development Officer and his staff, community leaders, voluntary and non-Governmental agencies, school teachers, etc. to actively involve them in the promotion of various health and development programmes in the area and to seek community participation.

He has to conduct field investigations to identify local health needs and problems, to find out local determinants and possible solutions, to study epidemics and other unusual happenings with a view to control and prevent them, and to generate data and information that will assist better delivery and/or planning health and family welfare services.

1. National Family Welfare Programme -

a. To be responsible for effective implementation, including education and training, motivation, delivery of the services, and follow-up.

b. To provide immediate and sustained attention to any complication or adverse effect occurring due to acceptance of any of the family planning methods.

c. To motivate and encourage motivational advice to all the eligible persons / couples.

d. To get trained and acquire proficiency in tubectomy and vasectomy operations, IUD insertions, M.T.P. and M.R. (Menstrual Regulation), organization of tubectomy and vasectomy camps, etc. To undertake this work at his PHC.

e. To seek help from other agencies, centres and experts for sterilization operations, M.T.P, IUD insertions.

f. To learn communication techniques, to improve leadership capabilities, to co-operate and maintain functional relationship with other organizations and local leaders so as to promote family welfare movement and acceptance of small family norm,

g. To encourage and assist local private medical (of all systems) practitioners in implementation and promotion of the Family Welfare Programme.

2. Maternal and Child Health -

a. To direct and provide services such as antenatal, natal and posnatal care to women; and infant and child care through O.P.D. and special clinics regularly conducted at the PHC and sub-centers. It is desirable to conduct such clinics in remote and inaccessible villages, say once in two months at least.

b. To ensure detection and special care as may be indicated to high-risk mothers, infants and children.

c. To ensure successful implementation of National Programmes for Prevention of Nutritional Anaemia and of Prevention of Blindness through administration of the iron and folic acid tables, and vitamin A doses, respectively, in adequate quantities and period to all the needy women and children.

d. To treat all maternal and child cases, compliated or otherwise, referred by the Health Workers, Health Assistants, Dais etc.

e. To maintain a tidy and clean delivery room, properly furnished, equipped, lighted, and readily available.

f. To examine and screen cases that need specialist care, and to refer them in time to appropriate hospital or specialist.

3. Universal Immunization Programme -

a. To plan and implement the programme according to the latest directive and guidelines, and ensure full protection of the target population of the women, infants and children.

b. To procure and ensure adequate and timely supply of various vaccines and other items required, at places of immunization sessions.

c. To ensure maintenance of the Cold Chain to ensure that potency of the vaccines is retained till administered.

d. To treat promptly the cases of complications and adverse reactions following immunization.

4. National Malaria Eradication Programme -

a. To be responsible for all administrative and technical activities for effective implementation of NMEP

b. To get acquainted with all difficulties and problems regarding insecticide spray and surveillance operations in the PHC area, and to take necessary corrective measures immediately.

c. To train and guide the field and other concerned staff on all treatment schedules such as for presumptive treatment of fever cases, and radical treatment for the cases which are blood-smear positive. To learn management and treatment of cerebral malaria, and to treat cases of cerebral malaria as and when they come.

d. To investigate all outbreaks of malaria, i.e. more than two cases in a day at one place /village.

e. To check laboratory work for diagnosis, and ensure that the prescribed percentage of slides are sent to the designated laboratory / authority for cross - check.

f. To supervise maintenance of accounts of the microscopy slides, antimalarial drugs, etc.

g. To ensure follow-up of treatment of malaria positive cases.

5. Control of Communicable Diseases -

a. To ensure that strict surveillance is maintained for the control of common communicable disease.

b. To promote improvement of sanitary condition and proper maintenance of sanitary facilities in villages.

c. To investigate and act promptly in case of any outbreak of an epidemic in his area.

d. To maintain accurate and up-dated data on mortality and morbidity data on the common communicable diseases in his area.

6. National Leprosy Eradication Programme -

a. To be responsible for effective implementation of NLEP in the PHC area.

b. To provide facilities for early detection of cases, confirmation of diagnosis, and treatment, c. To ensure regular procurement and supplies of drugs, d. To ensure follow-up of all cases for regular and complete treatment.

c. To examine and screen cases who require physio-therapy, reconstructive surgery or rehabilitation, and to refer them to an appropriate centre / hospital or specialist.

7. National Tuberculosis Control Programme -

a. To be responsible for all activities for effective implementation for the national programme.

b. To provide facilities and ensure early detection, confirmation of diagnosis, and treatment.

c. To ensure follow-up of all cases to ensure that they take treatment regularly and completely till declared as cured.

8. Control of Sexually Transmitted Diseases and AIDS -

a. To provide facilities and ensure that all cases of STD are diagnosed and treated properly.

b. To provide facilities or referral for confirmation of diagnosis and / or screening. It is necessary that VDRL test is done in all antenatal cases.

c. To know the nearest laboratory where testing for AIDS is possible. Such a testing is important before blood transfusion.

9. School Health -

a. To organize health inspection of the schools in the area.

b. To arrange for medical check-up of school children, immunization, detection of physical and other defects and treatment, and follow-up and referral support.

10. National Programme for Prevention of Visual Impairment and Control of Blindness -

a. To arrange for testing of vision, refraction and provision of spectacles.

b. To ensure prompt treatment of eye ailments.

c. To examine and refer suitable cases for specialist care to appropriate hospital expert.

11. National Diarrhoea! Diseases Control Programme -

a. To organize and provide facilities for early detection of cases of watery diarrhoea, dysentery, etc.

b. To promote use of oral rehydration solution, etc., by way of education and training of health staff and mothers,

c. To examine and treat cases which come or are referred to sub-centres or PHC, or refer for specialized care to a hospital or an expert.

12. Control of Acute Respiratory Infections -

a. To organize and ensure early detection of pneumonia in young children by the field staff and parents by way of educating and training them.

b. To organize and facilitate home treatment of cold and cough, and mild pneumonias. This could be only supportive care or use of an antibiotic.

c. To examine and treat cases of severe pneumonia who come or are referred to PHC with antibiotic treatment, and to refer them for specialized care to a hospital or an expert.

III. Training and Continuing Education -

a. To organize and conduct staff meetings every month on a fixed day and time and review the work and progress made by each member of the staff, to understand and solve difficulties of the staff, to identify and solve problems, and to plan the next programme for action. To use the monthly review meetings for specific guidance. Generally, the weaknesses and gaps in the knowledge and skills are revealed in the course of such meetings. Correction of these provide a useful learning opportunity to the staff.

b. To organize periodical training programmes with the help of the senior staff and District level staff. Updating and new programmes may be covered.

c. To organize training programmes and inform the local leaders, dais, health guides and volunteers so that they can serve as effective communications to the people. They will be best agents for change, d. To select and periodically send staff for training at the Health and Family Welfare Training Centre, or other places.

IV. Administrative Work -

a. To provide leadership to his team of staff and the people.

b. To supervise and direct the work of all the staff working under him.

c. To ensure good house-keeping and general cleanliness inside and outside the premises of PHC and sub-centres; and proper maintenance of all equipments and materials under his charge.

d. To maintain up-to-date inventory and stock registers of all the stores, equipments and supplies provided / procured. To be responsible for correct accounting of all these items.

e. To procure and ensure adequate, regular and timely supplies of equipments, drugs, contraceptives, educative materials, and other supplies required for efficient delivery of the services.

f. To prepare indents for supply of drugs, instruments, linen, vaccines, contraceptives, chemicals, petty and miscellaneous supplies etc., sufficiently in advance, and submit to appropriate higher authority.

g. To maintain the transport jeep, etc., in his charge.

h. To plan and periodically scrutinize the working of his staff and suggest changes, if necessary, to improve performance and suit the priorities of work.

i. To get prepared and display maps and charts in his office room to exhibit clearly the geographical area of the PHC, locations and areas of the sub-centres, morbidity and mortality rates for last two years and the current year, other health and demographic information, and performance under various health and family welfare programmes.

j. To conduct monthly staff meeting with a view to review and evaluate the progress of work, and taking steps to further improve coverage, quality and effectiveness.

k. To ensure regular and timely supplies of medicines and honorarium etc., to Health Guides and Dais.

l. To properly constitute village and block level Health Committees and ensure that they are functional.

m. To ensure maintenance of the prescribed registers and records at the PHC and the sub-centres. These should be made accurate, up-to-date and reliable by thorough checks, cross-checks and utilization.

n. To ensure that he gets reports of the work done and happenings in the PHC area from all his staff regularly and in time, get these reports compiled, and send to the District Health Authorities on time. Such monthly reports should be studied by him and used for better management of the PHC work.

o. To maintain personal diary of his visits and work. Relevant information should be included in monthly report of the PHC.

p. To discharge all the financial duties entrusted to him.

q. To discharge all the day-to-day administrative functions pertaining to the PHC and the people.

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