Department of Health & Family Welfare
Government of Odisha

Directorate of Nursing
Department of Health and Family Welfare, Government of Odisha

Competency-Based Training Manual (CBT) for In-service Community Health Officer (CHO) at HWC in India:

*A **technical guide** exclusively developed for the CHO*

HSTP
Health Systems Transformation Platform

SATHYABAMA
INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
ACCREDITED WITH GRADE "A++" BY NAAC
CATEGORY - 1 UNIVERSITY BY UGC

ISBN 978-81-949194-6-9

HOW TO CITE

Chandy, P., S, Kanchana., Swarnalatha, Y., Chandrasekhar, Tiwari, D, S., Hashmi, A.G., Kothari, A. (2025). *A Competency-Based Training Manual for In-service Community Health Officer at HWC in India: A technical guide*. New Delhi: Health Systems Transformation Platform.

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ACKNOWLEDGMENTS

We express our gratitude to **Mr. Rajeev Sadanandan**, CEO of HSTP, **Dr. Marizeena Johnson**, Honorable Chancellor and **Dr. T Sasipraba**, Vice Chancellor, Sathyabama Institute of Science and Technology for their valuable insights, constant guidance, and support. We also extend our thanks to the **Directorate of Nursing**, **Department of Health and Family Welfare, Government of Odisha**, for their valuable support and guidance for the state-level implementation. In addition, we acknowledge the contributions of **Dr. Deepika Khakha**, Nursing Advisor, MoHFW, Government of India, New Delhi *(External Technical Review Expert, Nursing domain)*; **Dr. Roy K George**, President, Trained Nurses Association of India (TNAI) *(External Technical Review Expert, Nursing domain)*; **Ms. Evelynn P Kannan**, Secretary, TNAI *(External Technical Review Expert, Nursing domain)*; **Dr. Devadasan**, Director, India Health Policy and System Research *(External Technical Review Expert, Health Systems domain)*; **Mr. Sanjeev Kumar**, Research Specialist (HPSR), HSTP *(Competency Building Expert, HPSR domain)*; **Dr. Ankur Nair,** Health Planning Specialist (HPSR), HSTP *(Public Health Expert, HPSR domain)*; **Mrs. Imnainla K Walling** *(Quality Assurance Expert, Community Health Nursing domain)*; **National and Odisha State Subject Matter Experts** and **Community Health Officers** whose technical support was crucial for the development of this comprehensive Competency-Based Training manual for Community Health Officers in Health and Wellness Centres in India.

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ABBREVIATIONS

AEFI	Adverse Events Following Immunization
AAM	Ayushman Arogya Mandir
ABDM	Ayushman Bharat Digital Mission
ABHA	Ayushman Bharat Health Account
AB-HWC	Ayushman Bharat - Health and Wellness Centres
AFB	Acid-Fast Bacilli
AI	Artificial Intelligence
AIDS	Acquired Immunodeficiency Syndrome
AMB	Anaemia Mukt Bharat
AMBU	Artificial Manual Breathing Unit
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwifery
ANMOL	ANM OnLine App
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCG	Bacillus Calmette-Guérin
BEMMP	Biomedical Equipment Management & Maintenance Program
BLS	Basic Life Support
BMI	Body Mass Index
BMW	Bio-Medical Waste
BP	Blood Pressure
BPL	Below Poverty Line
CAC	Comprehensive Abortion Care
CAT	Competency Assessment Tool
CBAC	Community-Based Assessment Checklist
CBDM	Community-Based Disaster Management
CBE	Clinical Breast Examination
CBO	Community-Based Organisations
CBR	Crude Birth Rate
CBS	Competency-Based Standards
CBT	Competency-Based Training Manual
CBWTF	Common Bio-Medical Waste Treatment Facility
CDR	Crude Death Rate
CHO	Community Health Officer
COVID-19	Coronavirus Disease 2019
CPHC	Comprehensive Primary Healthcare
CPHC-IT	Comprehensive Primary Healthcare Information Technology System
CPR	Cardiopulmonary Resuscitation
DCCP	Direct Community Care Provider

DCCS	Direct Community Care Supervisor
DM	Diabetes Mellitus
DNS	Dextrose And Sodium Chloride
DOPS	Direct observation of practical skills
DOTS	Directly-Observed Therapy
DPT	Diphtheria+ Pertussis + Tetanus
ECD	Early Childhood Development
ECP	Emergency Contraceptive Pill
EDTA	Ethylenediamine Tetra Acetic Acid
ENT	Ear Nose Throat
eVIN	Electronic Vaccine Intelligence Network
FEFO	First Expiry, First Out
FP	Family Planning
FPIS	Family Planning Indemnity Scheme
FP-LMIS	Family Planning Logistics Management Information System
FST	Filariasis Test Strip
GBV	Gender-Based Violence
GDM	Gestational Diabetes Mellitus
GFR	General Fertility Rate
GIS	Geographic Information System
GYR	Green-Yellow- Red
H2S	Hydrogen Sulphide Test Kit
HABCDE	H: Haemorrhage Control A: Airway B: Breathing C: Circulation D: Disability E: Exposure
HAP	Health in all Policies
Hb	Haemoglobin
HBNC	Home-Based Newborn Care
HbsAg	Hepatitis B Surface Antigen
HCG	Human Chorionic Gonadotropin
HCV	Hepatitis C Virus
HEADS	Home, Education/Employment, Eating, Activity, Drugs, Sexuality, Safety, Suicide/Depression Assessment Tool
HER	Electronic Health Records
HIV	Human Immunodeficiency Virus
HLD	High-Level Disinfectant
HMIS	Health Management Information System
HPV	Human Papillomavirus
HRH	Human Resources for Health
HTN	Hypertension
HTSP	Healthy Timing and Spacing of Pregnancy
HW	Health Worker
HWC	Health And Wellness Centre
ICDS	Integrated Child Development Services

ID	Identity
IDSP	Integrated Disease Surveillance Programme
IEC	Information Education Communication
IFA	Iron Folic Acid
IM	Intra Muscular
IMI	Intensified Mission Indradhanush
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IMR	Infant Mortality Rate
IPV	Inactivated Poliovirus Vaccine
ISM	Indian Systems of Medicine
IT	Information Technology
IU	International Unit
IUCD	Intrauterine Contraceptive Device
IV	Intra Venous
IYCF	Infant and Young Child Feeding
JAS	Jan Arogya Samiti
JE	Japanese Encephalitis
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KPI	Key Performance Indicator
LARC	Long-Acting Reversible Contraceptive
MAA	Mother's Absolute Affection
MAS	Mahila Arogya Samiti
MCH	Maternal and Child Health
MCP	Mother and Child Protection
MCR	Micro Cellular Rubber
MCTS	Mother and Child Tracking System
MDM	Mid-Day Meal
MDR	Maternal Death Rate
MDSR	Maternal Death Surveillance and Response
MDT	Multi-Drug Therapy
Mini CEX	Mini-Clinical Evaluation Exercise
MNCH	Maternal Newborn and Child Health
MoHFW	Ministry Of Health & Family Welfare
MPA	Medroxy Progesterone Acetate
MPW	Multi-Purpose Worker
NACL	Sodium Chloride
NCD	Non-Communicable Disease
NDD	National Deworming Day
NGO	Non-Governmental Organization
NHM	National Health Mission
NIH	Neonatal and Infant Health
NPCDCS	National Program for Prevention and Control of Non-Communicable Diseases
NPH	Neutral Protamine Hagedorn

NRC	Nutrition Rehabilitation Centres
NRHM	National Rural Health Mission
NS	Normal Saline
NTEP	National TB Elimination Programme
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Programme
OCP	Oral Contraceptive Pills
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
OVE	Oral Visual Examination
P/S	Per Speculum
PA	Practice Activity
PA-IUCD	Post Abortion Intrauterine Contraceptive Device
PDF	Portable Document Format
PHC	Primary Health Centre
PHC-MO	Primary Health Centre- Medical Officer
PM-JAY	Pradhan Mantri Jan Arogya Yojana
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PNC	Postnatal Care
POSHAN	Prime Minister's Overarching Scheme for Holistic Nourishment
PPE	Personal Protective Equipment
PPH	Post-Partum Haemorrhage
PP-IUCD	Post-Partum Intrauterine Contraceptive Device
PRI	Panchayati Raj Institution
PSG	Patient Support Group
QA	Quality Assurance
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive And Child Health
RDT	Rapid Diagnostic Test
ReMiND	Reducing Maternal and Newborn Deaths
RI	Routine Immunization
RICER	Rest, Ice/Immobilization, Compression, Elevation, Referral
RL	Ringer Lactate
RNTCP	Revised National Tuberculosis Control Program
RTI	Respiratory Tract Infection
SBA	Skilled Birth Attendant
SD	Standard Deviation
SHC	Sub Health Centre
SimEx	Simulation Exercise
SMART	Specific, Measurable, Achievable, Relevant, And Time-Bound
SME	Subject Matter Expert
SMS	Short Message Service
SNCU	Sick Newborn Care Unit

SoE	Statement of Expenditure
SpO2	Saturation of Peripheral Oxygen
STI	Sexually Transmitted Infections
SUMAN	Surakshit Matritva Aashwasan Yojana
TB	Tuberculosis
THR	Take Home Rations
TT	Tetanus Toxoid
UC	Utilization Certificate
UIP	Universal Immunization Programme
ULB	Urban Local Body
UN	United Nations
UT	Union Territory
VHSNC	Village Health Sanitation and Nutrition Committee
VHSND	Village Health Sanitation and Nutrition Day
VIA	Visual Inspection Acetic Acid Test
VVM	Vaccine Vial Monitor
WASH	Water Sanitation and Hygiene
WIFS	Weekly Iron and Folic Acid Supplementation Programme

BACKGROUND

In-service Community Health Officers (CHOs) are vital in delivering primary healthcare services in India, particularly in rural and underserved areas. With the launch of the Ayushman Bharat initiative in 2018, there has been a significant push to strengthen the primary healthcare system, focusing on preventive and promotive health. In-service CHOs are central to this effort, serving at Health and Wellness Centres (HWCs) and bridging the gap between the community and the formal healthcare system.

Developing competencies for in-service CHOs is critical for several reasons, all of which contribute to the effectiveness and efficiency of primary healthcare delivery in India, particularly in rural and underserved areas. Competent in-service CHOs are equipped to provide high-quality care, leading to better health outcomes and are more likely to gain the trust and confidence of the communities they serve. By developing strong competencies in disease prevention and health promotion, in-service CHOs can significantly reduce the incidence of diseases. This proactive approach can lead to healthier communities and lower healthcare costs in the long term.

In many rural and remote areas, access to healthcare is limited. In-service CHOs, with their enhanced skills and knowledge, can provide essential health services that would otherwise be unavailable. Skilled in-service CHOs can engage better with the community, fostering stronger relationships and greater participation in health programs. In-service CHOs with a broad skill set can address these multifaceted health needs comprehensively, providing holistic care that covers a wide range of health issues.

Developing competencies for in-service CHOs is not just beneficial but essential for strengthening India's primary healthcare system. It ensures that in-service CHOs are well-prepared to meet the diverse and evolving health needs of the population, particularly in vulnerable/marginalized areas.

Hence, **HSTP** proposed to the **Government of Odisha** to develop a competency and outcomes framework for in-service CHOs in HWCs. For which, **HSTP** partnered with **Sathyabama College of Nursing, Sathyabama Institute of Science and Technology (SCN-SIST),** Chennai for in-service CHO competency and outcomes framework development.

CONTENTS

ANNEXURES

INTRODUCTION

The National Level In-Service CHO Competency and Outcomes Framework has been developed to strengthen the performance and impact of Community Health Officers (CHOs) across India. As the frontline leaders of Health and Wellness Centres (HWCs), CHOs play a pivotal role in delivering Comprehensive Primary Healthcare (CPHC) services at the grassroot level. To ensure that CHOs are equipped with the necessary knowledge, skills and attitudes required for effective healthcare delivery, a standardized framework consisting of a List of Competencies *(refer to annexure 1)*, a Competency Assessment Tool (CAT) *(refer to annexure 2)*, and a Competency-Based Training (CBT) Manual has been methodologically designed.

The in-service CHO-CBT manual has been created based on three innovative approaches designed to address the complexities of multiskilling, the varying competency levels of CHOs, and the limited resources available at HWCs. The three approaches are: Line Management, Primary Healthcare Matrix Assessment, and the GYR (Green, Yellow, and Red) Algorithm *(see Table 1)*.

a. **Line management**
   i. First-line management- Health workers provide basic patient care at home
   ii. Second-line management- CHOs deliver an intermediate patient care at HWCs
   iii. Third-line management- PHC-MOs deliver advanced patient care at PHCs.

b. **Primary Healthcare Matrix Assessment**
   i. Basic health assessment- Health workers conduct a basic health assessment using first-line primary healthcare matrix assessment tool at home
   ii. Intermediate health assessment- CHOs conduct an intermediate health assessment using second-line primary healthcare matrix assessment tool at HWCs
   iii. Advanced health assessment-PHC-MOs conduct an advanced health assessment using third-line primary healthcare matrix assessment tool at PHCs.

c. **GYR (Green, Yellow, and Red) Algorithm**- Health workers categorize the patients based on the urgency and type of care they need at home by using a First-Line GYR algorithm (Green-Yellow- Red) approach.
   i. Green (Routine Care): Individuals can be managed at home and require routine care by health workers.
   ii. Yellow (Immediate Home Care Needed in Consultation with CHO): Individuals can

be managed at home in co-ordination with CHO and provide home-based care, symptomatic management and follow-up.

iii. Red (Referral to CHO Needed): Individuals cannot be managed at home and require referral for CHO's direct attention.

The **CHOs** categorize the patients based on the urgency and type of care they need in HWC by using the **a Second-Line GYR algorithm** (Green-Yellow- Red) approach.

i. **Green (Routine Care):** Patients can be managed at HWC and require routine care, health counselling and follow-up.

ii. **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)**: Patients can be managed at HWC in coordination with PHC-MO and need patient care, symptomatic management and follow-up.

iii. **Red (Referral to PHC-MO Needed)**: Patients in this category cannot be managed at HWC and require immediate attention of PHC-MO/Specialist.

This manual serves as a **technical guide** for CHOs to fulfill the identified 3 roles and 92 responsibilities *(refer to figure 2),* along with task sharing with health workers and PHC-MO.

Table 1. Highlights of In-Service CHO-CBT Manual (Gap Analysis)

FEATURES	Existing CHO training manuals	Artificial Intelligence (AI) Chatbot
I. Line Management in the primary healthcare setting • ***First-line Management***- Basic patient care by health workers at home • ***Second-line Management***- Intermediate patient care by **CHO at HWC** • ***Third-line Management***- Advanced patient care by PHC-MO at PHC • ***Fourth-line Management***-Specialized patient care by a Specialist at a specialty hospital.	Not developed	Cannot identify
II. Primary healthcare matrix assessment • ***First-line Primary Healthcare Matrix Assessment*** – Basic health assessment by health workers at home. • ***Second-line Primary Healthcare Matrix Assessment***– Intermediate health assessment by **CHO at HWC**. • ***Third-line Primary Healthcare Matrix Assessment***– Advanced health assessment by PHC-MO at PHC.	Not developed	Cannot identify

FEATURES	Existing CHO training manuals	Artificial Intelligence (AI) Chatbot
III. GYR algorithm approach (Green-Yellow-Red) • ***First-line GYR algorithm approach*** – The first-line classification of patients by health workers at home • ***Second-line GYR algorithm approach***- The second-line classification of patients by **CHO at HWC** • ***Third-line GYR algorithm approach*** - The third-line classification of patients by PHC-MO at PHC	Not developed	Cannot identify
IV. Primary healthcare team Explained the roles and responsibilities of health workers, CHO and PHC-MO in the manual using the **Line Management**.	Vaguely developed	Can identify
V. Role clarity Role clarity among health workers, CHO, PHC-MO and Specialists are explained in the manual with the support of the **GYR algorithm approach**.	Vaguely developed	Can identify
VI. Practice activity oriented Developed 53 Practice Activities (PA) with 67 Competency-Based Standards (CBS)	Vaguely developed	Cannot identify
VII. Vertical Training Approach A vertical training approach was implemented to train CHOs, ensuring the continuity of healthcare services among various age groups in all the 53 Practice Activities. **For example**, in Practice Activity 14 – **Immunization Services**, CHOs receive training on administering vaccines among different life stages, including neonates, infants, adolescents, adults, antenatal mothers, and HWC teams. This approach equips them with the necessary competencies to deliver comprehensive immunization services at every stages of life.	Not developed	Can identify
VIII. Added current community healthcare concerns • Climate change (PA 51) • National health programs (PA 51) • 12 CPHC essential packages (PA 51) • Soft skill-based competency (PA 52) • Deathcare in the community (PA 53)	Vaguely developed	Can identify

These concepts facilitate a collaborative environment among health workers (in the community), **CHO (at HWC)** and PHC-MO (at PHC) to enhance CPHC service delivery and improve health outcomes in the community. These new approaches help to redistribute the specific tasks and responsibilities from health workers (first-line management), **through CHO (second-line management)** to PHC-MO (third-line management) and to a specialist (fourth-line management) *(refer to figure 1).*

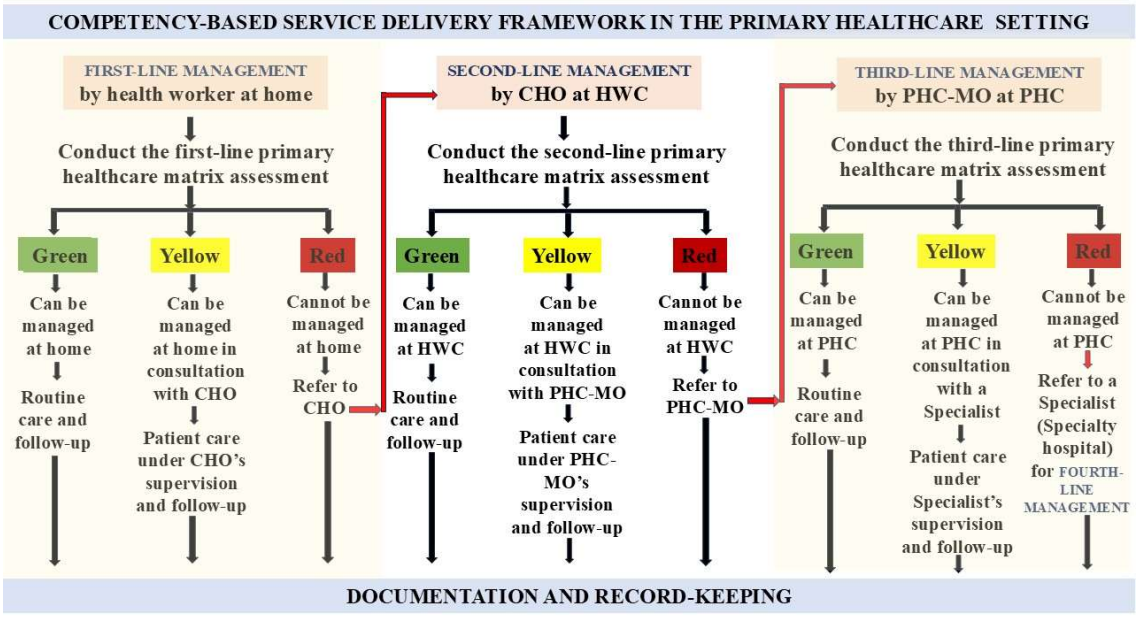


Figure 1. Competency-based service delivery framework in the primary healthcare setting.

Adopted methodology for developing the national level in-service CHO Competency and Outcomes Framework

Developing a National Level In-Service CHO Competency and Outcomes Framework (consisting List of Competencies *(refer to annexure 1),* Competency Assessment Tool *(refer to annexure 2)* and Competency-Based Training Manual) involves a structured, systematic and consultative framework. This is essential to ensure that in-service CHOs are well-equipped with the necessary knowledge, skill and attitude to perform their roles effectively in HWCs. Below is an outline of the methodology adopted for developing this in-service CHO-CBT manual at the national level.

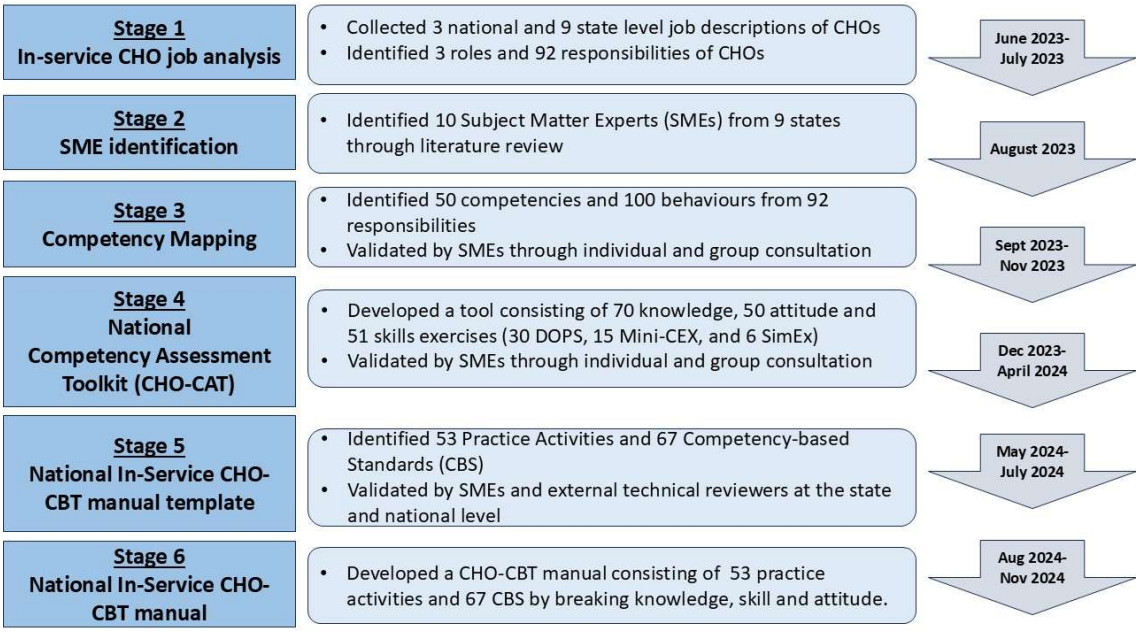


Figure 2. Adopted methodology for developing the national level in-service CHO Competency and Outcomes Framework

Methodology for customizing the NATIONAL LEVEL in-service CHO Competency and Outcomes Framework to the STATE LEVEL CONTEXT

However, given India's vast diversity in cultural norms, health profiles, socio-economic conditions, and healthcare infrastructure, a **one-size-fits-all approach** may not fully address the unique needs of individual states. To address this, a methodology for customizing the national CHO-CBT at the state level has been developed to adapt it to local needs and issues. The state-level experts can customize the list of competencies *(refer to annexure 1)* and competency assessment tool *(refer to annexure 2)* using the state-level customization tracker *(refer to annexure 3)* to assess the level of competencies among in-service CHOs of the state. After identifying the adequacy of CHO's competencies in the state, the state-level experts can customize the CHO-CBT training program to the HWC realities and needs of each state.

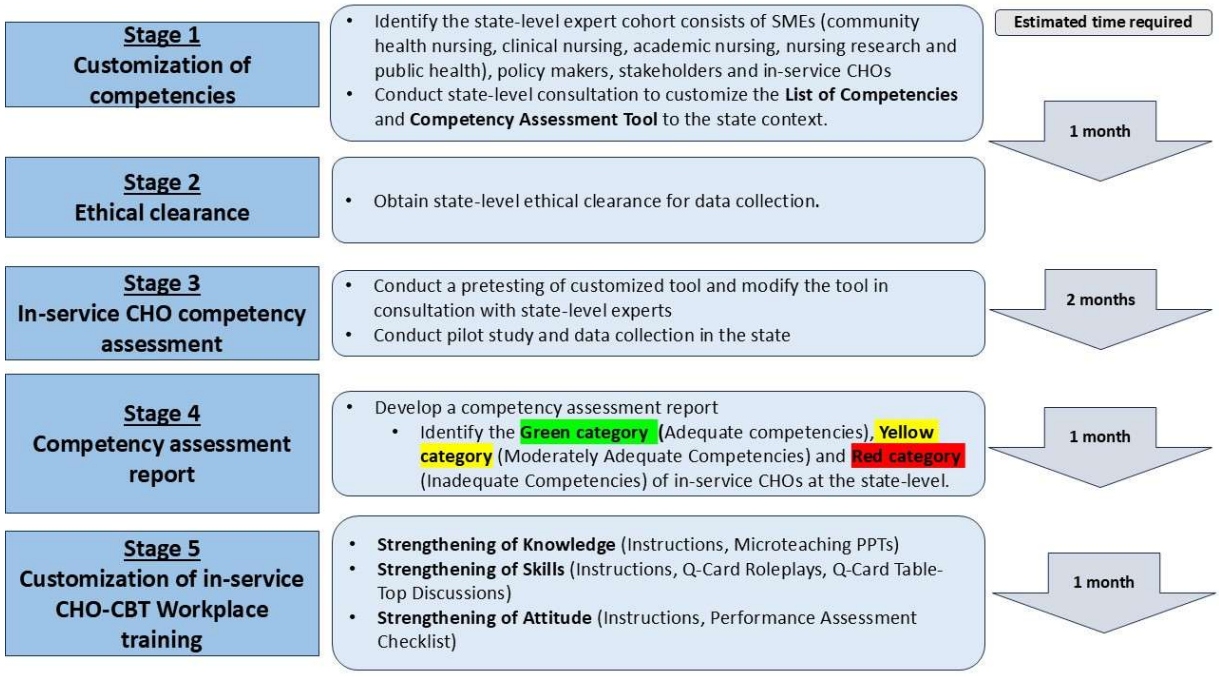


Figure 3. Methodology for state-level customization of in-service CHO-CBT manual

The methodology offers a structured yet flexible framework for states to adapt the national CBT to their unique context, fostering improved healthcare delivery and supporting the broader goals of the Ayushman Bharat initiative in advancing Comprehensive Primary Healthcare across India.

CLINICAL CARE PROVIDER

Direct Community Care Provider (DCCP)

PRACTICE ACTIVITY 1
HEALTH ASSESSMENT

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct health assessment
RESPONSIBILITY	Undertakes detailed history collection and physical examination of patients at HWC.

PRE-SERVICE LEARNING EXPERIENCE

Learnt to conduct health assessment of the patient and record the findings in the primary healthcare setting.

IN-SERVICE LEARNING OBJECTIVES

At the end of the practice activity 1 session, CHO will be competent to:

I. supervise the first-line health assessment of green, yellow and red category patients at home by health workers

II. conduct the second-line health assessment of green, yellow and red category patients at HWC

III. conduct second-line health assessment at HWC A) history collection, B) physical examination and C) record the health assessment findings of patients/vulnerable groups (neonates and infants, under-five children, school-aged, adolescents, pregnant mothers, post-partum mothers, adults and elderly).

IV. classify the patients into three categories based on second-line health assessment findings

A) Green category- Health assessment findings that can be managed at HWC and require further routine care and conduct follow-up by health workers

B) Yellow category- Health assessment findings that can be managed at HWC in coordination with PHC-MO, and conduct further follow-up

C) Red category- Health assessment findings that require referral in coordination with PHC-MO and conduct follow-up.

COMPETENCY-BASED STANDARDS (CBS) 1	
To supervise the first-line health assessment of green, yellow and red category patients at home by health workers	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 1 session, CHOs will understand and perform tasks,	
A. 1. supervising the first-line health assessment using the primary healthcare matrix assessment by health workers at home	Skill
A.2. supervising the first-line classification of patients into green/yellow/red category by health workers at home	Skill

A. 1. Supervising the first-line health assessment using the primary healthcare matrix assessment by health workers at home

- The first-line primary healthcare matrix (for health workers) categorizes individuals based on the urgency and type of care they need at home. This system uses **a first-line GYR algorithm (Green-Yellow- Red) approach**:
  - **Green (Routine Care)**: Individuals can be managed at home and require routine care by health workers.
  - **Yellow (Immediate Home Care Needed in Consultation with CHO)**[1]: Individuals can be managed at home in co-ordination with CHO and provide home-based care, symptomatic management and follow-up.
  - **Red (Referral to CHO Needed)**: Individuals cannot be managed at home and require referral for CHO's direct attention.
- *Refer to practice activity 2, table 2* for understanding the first-line primary healthcare matrix (for health workers).

A.2. Supervising the first-line classification of patients into green/yellow/red category by health workers at home

- **Green category** (if health assessment findings are normal and can be managed at home by health workers)
  - Provide routine care and counselling *(refer to practice activity 2 & 9)*
  - Schedule the next appointment for the home visit
  - Documentation and record-keeping.
- **Yellow category** (if abnormal health assessment findings can be managed at home by health workers (in coordination with CHO))
  - Provide symptomatic management and counselling *(refer to practice activity 2)*
  - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
  - Schedule the next appointment for the home visit
  - Documentation and record-keeping.

[1] Immediate care is a quick and efficient patient care for non-life-threatening conditions

- **Red category** (if abnormal health assessment findings cannot be managed at home by the health worker and conduct referral to CHO)
    - Report to CHO immediately and refer the individual to CHO (to HWC/home visit by CHO)
    - Arrange transport for referral/ home visit by CHO
    - Introduce the individual and handover documents to CHO
    - Conduct follow-up of the individual after 1-3 days *(refer to practice activity 8)*
    - Schedule the next appointment for the home visit
    - Documentation and record-keeping.

COMPETENCY-BASED STANDARDS (CBS) 2	
To implement the second-line health assessment of green, yellow and red category patients at HWC by CHO.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 2 session, CHOs will understand and perform tasks,	
B. 1. conducting the second-line health assessment using the second-line primary healthcare matrix assessment at HWC	Skill
B. 2. conducting the second-line classification of patients into green/yellow/red category at HWC.	Skill

B. 1. Conducting the second-line health assessment using the second-line primary healthcare matrix assessment at HWC

- The second-line primary healthcare matrix (for CHOs) categorizes patients based on the urgency and type of care they need in HWC. This system uses **a second-line GYR algorithm (Green-Yellow- Red) approach**:
    - **Green (Routine Care):** Patients can be managed at HWC and require routine care, health counselling and follow-up.
    - **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)[2]:** Patients can be managed at HWC in coordination with PHC-MO and need patient care, symptomatic management and follow-up.
    - **Red (Referral to PHC-MO Needed):** Patients in this category cannot be managed at HWC and require immediate attention of PHC-MO/Specialist.
- *Refer to practice activity 2, table 1* for understanding the second-line primary healthcare matrix (for CHOs).

[2] Immediate care is a quick and efficient patient care for non-life-threatening conditions

B. 2. Conducting the second-line classification of patients into green/yellow/red category at HWC

- **Green category** (if health assessment findings are normal and can be managed at HWC by CHO)
    - Provide routine care and counselling *(refer to practice activity 2 & 9)*
    - Schedule the next appointment for the follow-up
    - Documentation and record-keeping.
- **Yellow category** (if abnormal health assessment findings can be managed at HWC by CHO (in coordination with PHC-MO))
    - Provide symptomatic management and counselling *(refer to practice activity 2)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Schedule the next appointment for the follow-up
    - Documentation and record-keeping.
- **Red category** (if abnormal health assessment findings cannot be managed at HWC by CHO and conduct referral to PHC-MO/Specialist hospital)
    - Report to PHC-MO immediately and implement the instructions
    - Refer the red category cases to PHC/Specialist hospital in consultation with PHC-MO (refer to practice activity 7)
    - Conduct follow-up of referred patients after 1-3 days and document the health status (refer to practice activity 8)
    - Periodic reporting of the health status of patients to PHC-MO.

COMPETENCY BASED STANDARDS (CBS) 3	
To conduct second-line history collection of patients/vulnerable[3] groups (neonates and infants, under-five children, school-aged, adolescents, pregnant mothers, post-partum mothers, adults and elderly) at HWC	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 3 session, CHOs will understand and perform tasks,	
C 1. preparing the patient and environment	Skill
C. 2. identifying the age-wise history collection formats and materials for interview	Knowledge
C. 3. gathering and confirming information through interview	Skill
C. 4. encouraging the patient to provide accurate details	Attitude
C. 5. closing the history collection	Skill

[3] Below poverty line (BPL) households/ marginalized communities in remote areas/ areas of the village in which a specific problem is widespread

C.1. Preparing the patient and environment

C.1.i. Preparation of the patient

- Introduce yourself
- Explain the aim and duration of the history collection
- Obtain informed consent from the patient
- Initiate the history collection.

C.1. ii. Preparation of the environment

- Provide a calm environment for the history collection
- Provide privacy for the patient
- Keep all available reports and records given by the patient for verification.

C.2. Identifying the age-wise history collection formats and materials for interview (provided by the state government) [4]

- Arrange a comprehensive history collection format
    - Based on the patient's age and life course category (neonates and infants, under-five children, school-aged, adolescents, pregnant mothers, post-partum mothers, adults and elderly).

C.3. Gathering and confirming information through interview

- Conducting the history collection using the given format by the state government[5]
    - Identify the category (general/vulnerable group)
    - Enter the registration details
    - Collect the demographic data.
    - Health history - Family and personal health history
    - Mental health assessment (appearance, behavior, speech/language, mood, affect, thought process, thought content, suicidal/homicidal thoughts, memory ability, judgmental behavior)
    - Present and past medical and surgical history
    - Drug history and allergies (Consumption of addictive substances)
    - Dietary history
    - Home safety (domestic violence) and socio-environmental history

    Age-wise classification

    Neonates, infants and under-five children
    - Birth history
    - Developmental history
    - Immunization history

    Adolescents
    - HEADS Assessment tool (home, education/employment, eating, activity, drugs, sexuality, safety, suicide/depression)

    Pregnant mothers
    - Antenatal history tool

    Post-partum mothers

[4] Will be customized to the state level context
[5] Will be customized to the state level context

- Postnatal history tool

Elderly

- Comprehensive Geriatric Assessment Tool (cognitive decline, limited mobility, malnutrition, visual impairment, hearing loss, depressive symptoms).

C.4. Encouraging the patient to provide accurate details

- Check the comfort level of the patient often
- Encourage the patient to provide accurate information
- Verify the information with available reports and records.

C. 5. Closing the history collection

- Summarize the history collection for the patient

COMPETENCY-BASED STANDARDS (CBS) 4	
To conduct second-line physical examination of patients/vulnerable[6] groups (neonates and infants, under-five children, school-aged, adolescents, pregnant mothers, post-partum mothers, adults and elderly).	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 4 session, CHOs will understand and perform tasks,	
D. 1. preparing the equipment, patient and environment	Skill
D. 2. implementing the infection control practices	Skill
D. 3. recalling the methods of physical examination	Knowledge
D. 4. performing the physical examination	Skill
D. 5. reassuring the patient	Attitude
D. 6. closing the physical examination	Skill

D. 1. Preparing the equipment, patient and environment

D.1. i. Preparation of the equipment

- Collect and arrange all equipment for easy access
- Check the functioning of all equipment
- Basic equipment- Sphygmomanometer, stethoscope, thermometer, tongue depressor, tuning fork, reflex hammer, cotton balls, swab stick, K-basin and sample collection containers.

D.1. ii. Preparation of the patient

- Ensure physical comfort
- Position the patient as required
- Dress and drape the patient appropriately

[6] low-income households/ marginalized communities in remote areas/ areas of the village in which a special problem is widespread

- Keep the patient warm
- Assist the patient to the restroom before examination and collect samples (urine/stool) if required.
- Explain the procedure and its need to the patient. Clarify doubts to reduce anxiety.
- Assistance by caregiver when the patient is of the opposite gender of the CHO or looking uncomfortable.

D.1. iii. Preparation of the environment

- Ensure adequate lighting is available
- Use a sound-proof room or minimize noise
- Use special examination tables as needed
- Provide ideal room temperature
- Ensure adequate privacy (curtains)
- Provide safety and prevent falls.

D. 2. Implementing the infection control practices *(refer to practice activity 11)*

- Use standard precautions as appropriate
- Use personal protective equipment (gloves, mask, etc.)
- Perform hand hygiene
- Utilize sterilized instruments.

D. 3. Recalling the methods of physical examination

- Inspection: It is the use of vision and hearing to detect normal and abnormal findings.
- Palpation: It is the use of the hands and the sense of touch to gather data. The pads of the fingers are used. For example, the dorsal aspect of the hand is best for assessing temperature changes. Hand hygiene is to be ensured.
- Percussion: It means tapping various body organs and structures to produce vibration and sound. It is the act of striking the body surface to elicit sounds that can be heard or vibrations that can be felt.
- Auscultation: The act of listening to sounds within the body to evaluate the condition of body organs can be performed with an unaided ear or stethoscope.
- Olfaction: It is the use of the sense of smell to perceive and differentiate odours. Example: Acetone breath in Diabetic Keto Acidosis.

D. 4. Performing physical examination

- Identify the category (general/ vulnerable group)
- Use the second-line primary healthcare matrix assessment for documenting the physical examination (*Refer to practice activity 2, table 1).*

<u>Common to all age groups</u>

- General appearance
- Anthropometric measurements (height, weight and BMI)
- Vital signs (pulse, blood pressure, body temperature and respiratory rate)
- Head-to-toe examination
    - Assessment of the Integumentary System (Hair, Skin and Nails), Head & Neck (The Face and Skull, Eyes, Ears, Nose, Mouth, Throat, Neck), Breast and Axillae,

Respiratory System (Thorax and Lungs), Cardiovascular System (Heart), Abdomen, Male and Female Genitalia, Rectum and Anus, extremities and peripheral veins, Balance, gait, motor and sensory functions

Age-wise classification

Neonates

- Growth assessment
  - Enter weight, length, head and chest circumference in the growth chart (provided by the state government)

Infants

- Growth assessment
  - Enter weight, length, mid-arm circumference in the growth chart (provided by the state government)

Under-five children

- Growth assessment
  - Enter weight, height and mid-arm circumference in the growth chart (provided by the state government)

Antenatal and post-partum mothers

- Abdominal examination
- Breast examination
- Vaginal examination (Per Speculum) examination

Elderly

- 10 Minute comprehensive geriatric screening (Screening for geriatric syndromes (falls, urinary incontinence), age-related problems and functional assessment of Activities of Daily Living).

D. 5. Reassuring the patient

- Maintain a calm, open and professional approach
- Look for verbal and non-verbal cues to identify the patient's discomfort and stop or postpone the examination if needed.

D. 6. Closing the physical examination

- Summarize the physical examination findings to the patient and caregiver

COMPETENCY-BASED STANDARDS (CBS) 5	
To record the second-line health assessment findings of patients/vulnerable[7] groups (neonates and infants, under-five children, school-aged, adolescents, pregnant mothers, post-partum mothers, adults and elderly)	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 5 session, CHOs will understand and perform tasks,	
E. 1. entering the second-line health assessment findings precise, coherent and error-free	Skill
E. 2. listing the identified problems	Skill
E. 3. categorizing the patient into green, yellow and red category based on second-line health assessment findings	Skill

E. 1. Entering the second-line health assessment findings precise, coherent and error-free

- Enter the second-line health assessment findings precisely
- Maintain the accuracy of the information
- In case of any doubts in documentation, consult PHC-MO by teleconsultation mode.

E. 2. Listing the identified problems of patients

- Document the patient category- general/vulnerable group
- List the second-line health assessment findings.

E. 3. Categorizing the patient into green, yellow and red category based on second-line health assessment findings

- When CHO receives the red-category individuals referred by the health workers or patients directly visit to HWC,
    - Reassess/confirm first-line health assessment report by health workers.
    - Conduct the second-line health assessment and classify the patient into the green/yellow/red category
        - **Green (Routine Care)**
            - Based on second-line health assessment findings, patients in this category can be managed at HWC and CHO can provide symptomatic management, health counselling and follow-up care *(refer to practice activity PA 2, table 3).*
        - **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)[8]**
            - Based on second-line health assessment findings, patients in this category can be managed at HWC in consultation with PHC-

[7] Very low-income households/ marginalized communities in remote areas/ areas of the village in which a special problem is widespread

[8] Immediate care is a quick and efficient patient care for non-life-threatening conditions

MO and CHO can provide symptomatic management, health counselling and follow-up care *(refer to practice activity PA 2, table 3).*

- **Red (Referral to PHC-MO Needed)**
    - Based on second-line health assessment findings, patients in this category cannot be managed at HWC and require referral to PHC-MO *(refer to practice activity PA 2, table 3)*
    - Refer the red category cases to PHC/specialist hospital in consultation with PHC-MO *(refer to practice activity 7).*

- Document the second-line health assessment findings
    - Enter the key assessment findings in a systematic way
    - Enter CHO's name and signature
    - Provide feedback to PHC-MO.

SUMMARY FLOWCHART

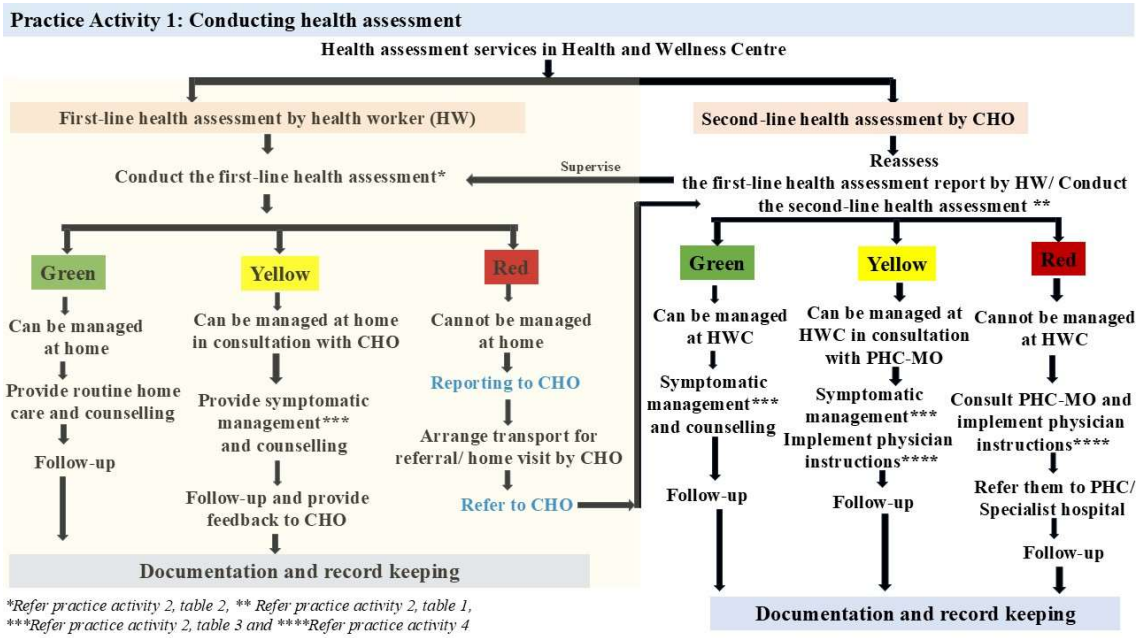


Fig.1. Summary flowchart of practice activity 1- Conducting health assessment

CONCLUSION

At the end of the practice activity 1 session, CHOs will be competent to conduct history collection, physical examination and to record the second-line health assessment findings of patients/vulnerable groups including neonates and infants, under-five children, school-aged and adolescents, pregnant mothers, post-partum mothers, adults and elderly. They will learn to identify and categorize the second-line health assessment findings into Green/Yellow/Red categories for further management and conduct follow-up.

PRACTICE ACTIVITY 2
SYMPTOMATIC MANAGEMENT

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide symptomatic management services
RESPONSIBILITY	Screen and identify the disease condition of patients Provide the management of the signs and symptoms at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt the management of the signs and symptoms in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of the practice activity 2 session, CHO will be competent to: I. classify the symptomatic management services into three categories using the second-line primary healthcare matrix assessment A) Green category- Symptomatic management services that can be managed at the centre and conduct further follow-up. B) Yellow category- Symptomatic management services that can be managed at the centre in coordination with PHC-MO and conduct further follow-up. C) Red category- Symptomatic management services that cannot be managed at the centre, require referral of the patients in coordination with PHC-MO and conduct further follow-up. II. A) Identify the signs and symptoms of the patient, B) Supervise the first-line symptomatic management of green, yellow and red category patients at home by health workers and C) implement the second-line symptomatic management for green, yellow and red category patients at HWC.

COMPETENCY-BASED STANDARDS (CBS) 1	
To identify the signs and symptoms of the patient.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 1 session, CHOs will understand and perform tasks,	
A. 1. identifying the signs and symptoms	Knowledge
A. 2. practicing the second-line primary healthcare matrix assessment for identifying the green, yellow and red patient categories	Skill
A.3. motivating the health workers to practice the first-line primary healthcare matrix assessment for identifying the green, yellow and red category individuals at home.	Attitude

A. 1. Identifying the signs and symptoms

- Signs are objective findings that can be seen or measured.
- Symptoms are subjective information that can be experienced by the person.
- The common signs and symptoms identified for second-line management by CHOs are *(refer to table 3)*
    i. Abdominal pain
    ii. Acidity
    iii. Breathing difficulty/Shortness of breath
    iv. Constipation
    v. Diarrhoea
    vi. Dysuria
    vii. Ear infection
    viii. Eye infection
    ix. Fever
    x. Headache
    xi. Infections (fungal/bacterial)
    xii. Inflammation (+/- pain)
    xiii. Mouth ulcers
    xiv. Nausea/vomiting
    xv. Pain (General/Local)
    xvi. Rectal bleeding
    xvii. Running nose/cough
    xviii. Skin/scalp allergies-local
    xix. Tiredness/general weakness with pallor
    xx. Toothache
    xxi. Worm infestation

A. 2. Practicing the second-line primary healthcare matrix assessment for identifying the green, yellow and red patient categories

- **Second-line Primary healthcare matrix assessment for CHOs in HWCs** *(refer to table 1)*

The second-line primary healthcare matrix assessment (for CHOs) categorizes patients based on the urgency and type of care they need in HWC. This system uses **a second-line GYR algorithm (Green-Yellow- Red) approach**:

- **Green (Routine Care):** Patients can be managed at HWC and require routine care, health counselling and follow-up.
- **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)[9]:** Patients can be managed at HWC in coordination with PHC-MO and need patient care, symptomatic management and follow-up.
- **Red (Referral to PHC-MO Needed):** Patients in this category cannot be managed at HWC and require immediate attention of PHC-MO/Specialist.

Five Steps to Practice the Second-line Primary Healthcare Matrix Assessment:

1. Second-line health assessment:
   - Quickly assess the patient's condition upon arrival.
   - Use the second-line primary healthcare matrix assessment tool (see table 1) for examining four assessment areas; Vital signs, Anthropometric measurements, Physical examination and Activities of Daily Living.
2. Categorization:
   - Assign the patient to one of the three categories (Green, Yellow, Red) based on the assessment.
3. Prioritization and management:
   - Schedule routine care for green category patients, providing reassurance and advice as needed.
   - Provide an immediate patient care for yellow category patients, ensuring the follow-up in consultation with PHC-MO.
   - Consult PHC-MO for Red category patients (who cannot be managed at HWC) and refer them to PHC/specialist hospital.
4. Documentation:
   - Keep detailed records of the assessment, categorization, and care provided.
   - Document any changes in the patient's condition if necessary.
5. Communication:
   - Communicate the patient's health status and required actions to the PHC-MO.

[9] Immediate care is a quick and efficient patient care for non-life-threatening conditions

Practice Scenario Examples:

- Scenario 1:
  - A 45-year-old patient comes for a routine check-up and to refill their hypertension medication.
  - Categorization: Green category (Routine Care)
- Scenario 2:
  - A 30-year-old patient has severe fever and a painful, swollen leg following a minor injury two days ago.
  - Categorization: Yellow category (Immediate Patient Care Needed in Consultation with PHC-MO)[10]:
- Scenario 3:
  - A 65-year-old patient arrives with severe chest pain radiating to the arm and shortness of breath.
  - Categorization: Red category (Referral service needed in consultation with PHC-MO)

By practicing these scenarios and criteria, CHOs can efficiently manage patient flow in HWCs and ensure patient care for the red-category patients in PHC/Specialist hospitals.

Table 1. **Second-line Primary Healthcare Matrix Assessment for CHOs**

Name:
Age and Sex:
Please tick the following Community Category: General/vulnerable group Patient care category: First-aid/high-risk/any others---------- Referred by health worker: Yes/No Registration details:
Date and time of visit: Known case of (if any): Major complaints and duration: Ongoing medications:

[10] Immediate care is a quick and efficient patient care for non-life-threatening conditions

Known allergies;

General instructions to use this second-line matrix assessment:

1. When all assessment areas of the patient are normal and not affected, CHO can categorize the patient as **green category (Routine Care),** provide routine care, conduct health counselling and send the patient home.
2. **Yellow category** (Immediate Patient Care Needed in Consultation with PHC-MO)[11]:of signs and symptoms means CHO can manage the signs and symptoms in HWC within his/her ability and available resources in consultation with PHC-MO. CHO can implement symptomatic management and conduct follow-up after 1-3 days.
3. **Red category (Referral to PHC-MO Needed)** of signs and symptoms means CHO cannot be managed in HWC and refer the patient to PHC/Specialist hospital in consultation with PHC-MO.
   If the patient exhibits any one red flag area, consult the PHC-MO (via teleconsultation) and explain the patient's condition. Based on PHC-MO's instructions, refer the patient to PHC or Specialist hospital and conduct the follow-up of the patient after 1-3 days.

Second-Line Health Assessment (I-IV) [12]		List the values, signs and symptoms	Normal	Abnormal	
I. Vital signs	Temperature		Green	Yellow	Red
	Pulse		Green	Red	
	Respiration		Green	Red	
	Blood Pressure		Green	Red	
	Blood Sugar		Green	Red	
II.Anthropometric measurements	Weight difference (Weight gain/loss)		Green	Yellow	Red
	BMI		Green	Yellow	Red
	Length/Height		Green	Yellow	Red
	Head Circumference		Green	Yellow	Red
	Chest Circumference		Green	Yellow	Red

[11] Immediate care is a quick and efficient patient care for non-life-threatening conditions

[12] Benchmarks for Green/Yellow/Red category of health assessment areas for CHOs can be customized by the state level experts

	Mid-arm Circumference		Green	Yellow	Red
III. Physical examination	Integumentary System (Hair, Skin and Nails)		Green	Yellow	Red
	Head & Neck (Face and Skull, Eyes, Ears, Nose, Mouth, Throat, Neck)		Green	Yellow	Red
	Breast and Axillae		Green	Yellow	Red
	Respiratory System (Thorax and Lungs)		Green	Yellow	Red
	Cardiovascular System (Heart)		Green	Yellow	Red
	Gastrointestinal system		Green	Yellow	Red
	Urinary system		Green	Yellow	Red
	Genital system		Green	Yellow	Red
	Extremities and musculoskeletal system		Green	Yellow	Red
	Endocrine system		Green	Yellow	Red
	Psychological system		Green	Yellow	Red
	Antenatal/ postnatal assessment		Green	Yellow	Red
IV. Activities of daily living	Active		Green	Red	
	Assistance required		Green	Red	
	Appetite		Green	Yellow	Red
Identified category of patient	List the rationales of the identified category				
Green (Routine Care)					

Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)[13]	
Red (Referral Service Needed)	
List the plan of action for the patient	
Date and signature of CHO	
Date and signature of PHC-MO	

A.3. Motivating the health workers to practice the first-line primary healthcare matrix assessment for identifying the green, yellow and red category individuals at home

- **First-line Primary healthcare matrix assessment for health workers** *(refer to table 2)*

The first-line primary healthcare matrix assessment (for health workers) categorizes individuals based on the urgency and type of care they need at home. This system uses a **first-line GYR algorithm (Green-Yellow- Red) approach**:

- **Green (Routine Care):** Individuals can be managed at home and require routine care by health workers.
- **Yellow (Immediate Home Care Needed in Consultation with CHO)**[5]: Individuals can be managed at home in co-ordination with CHO and provide home-based care, symptomatic management and follow-up.
- **Red (Referral to CHO Needed):** Individuals cannot be managed at home and require referral for CHO's direct attention.

5 Steps to practice the first-line primary healthcare matrix assessment:

- First- line primary healthcare health assessment:
  - Quickly assess the individual's condition upon visit.
  - Use the first-line primary healthcare matrix assessment tool (see table 2) for examining 4 assessment areas; Vital signs, Anthropometric measurements, Physical examination and Activities of Daily Living.
- Categorization:

[13] Immediate care is a quick and efficient patient care for non-life-threatening conditions

- Assign the individual to one of the three categories (Green, Yellow, Red) based on the assessment.

- Prioritization and management:
  - Schedule routine home care for green-category individuals, providing reassurance and advice as needed by health workers.
  - Provide an immediate home-based care for yellow-category individuals in consultation with CHO and ensure follow-up.
  - Refer the red-category individuals to CHO for further management.
- Documentation:
  - Keep detailed records of the assessment, categorization, and care provided.
- Communication:
  - Communicate the individual's health status and required actions to the CHO.
  - Ensure that individuals and their families understand the care process.

Practice Scenario Examples:

- Scenario 1:
  - A 65-year-old woman looks tired and not interested in daily activities.
  - Categorization: **Green category** (Routine Care)
- Scenario 2:
  - A five-year-old slipped two days ago and has minor swelling and skin abrasions on knee and elbow
  - Categorization: **Yellow category** (Immediate home-based care needed in consultation with CHO)
- Scenario 3:
  - A 30-year-old individual has a fever and a painful swelling in the leg following a minor injury two days ago.
  - Categorization: **Red category** (Referral to CHO needed)

By practicing these scenarios and criteria, health workers can efficiently manage individuals in the community and ensure that those in need of urgent care receive it promptly from CHO at HWC.

Table 2. **First-line Primary Healthcare Matrix Assessment for Health Workers**

Name:
Age and Sex:
Please tick the following Community Category: General/vulnerable group Individual category: First-aid/high-risk/any others---------- Registration details:
Date and time of visit:

Known case of (if any):

Major complaints and duration:

Ongoing medications:

Known allergies;

General instructions to use this first-line matrix assessment:

4. When all assessment areas of the individual are normal and not affected, the health worker can categorize the individual as **green category (Routine home care)** and conduct health counselling.
5. **Yellow category (Immediate home care in consultation with CHO)** of signs and symptoms means the health worker can manage the signs and symptoms at home within his/her ability and available resources in consultation with CHO and conduct follow-up after 1-3 days.
6. **Red category (Referral to CHO Needed)** of signs and symptoms means the health worker cannot manage the signs and symptoms at home and require CHO's attention. If the individual exhibits any one red flag area, consult the CHO and explain the individual's condition. Based on CHO's instructions, refer the individual to HWC for further management by CHO. If individual's transfer (to HWC) is not possible, assist the CHO to conduct the home visit.

First-Line Health Assessment (I-IV) [14]		List the values, signs and symptoms	Normal	Abnormal	
I. Vital signs	Temperature		Green	Yellow	Red
	Pulse		Green	Red	
	Respiration		Green	Red	
	Blood Pressure		Green	Red	
	Blood Sugar		Green	Red	
II.Anthropometric measurements	Weight difference (weight		Green	Yellow	Red

[14] Benchmarks for Green/Yellow/Red category of health assessment areas for health workers can be customized by the state level experts

	gain/loss)				
	BMI		Green	Yellow	Red
	Length/Height		Green	Yellow	Red
	Head Circumference		Green	Yellow	Red
	Chest Circumference		Green	Yellow	Red
	Mid-arm Circumference		Green	Yellow	Red
III. Physical examination	Integumentary System (Hair, Skin and Nails)		Green	Yellow	Red
	Head & Neck (Face and Skull, Eyes, Ears, Nose, Mouth, Throat, Neck)		Green	Yellow	Red
	Breast and Axillae		Green	Yellow	Red
	Respiratory System (Thorax and Lungs)		Green	Yellow	Red
	Cardiovascular System (Heart)		Green	Yellow	Red
	Gastrointestinal system		Green	Yellow	Red
	Urinary system		Green	Yellow	Red
	Genital system		Green	Yellow	Red
	Extremities and musculoskeletal system		Green	Yellow	Red
	Endocrine system		Green	Yellow	Red
	Psychological system		Green	Yellow	Red
	Antenatal/ postnatal assessment		Green	Yellow	Red
IV. Activities of daily living	Active		Green	Red	
	Assistance required		Green	Red	
	Food intake		Green	Yellow	Red

Identified category of individual	List the rationales of the identified category
Green (Routine Care)	
Yellow (Immediate Home Care Needed in Consultation with CHO)[15]:	
Red (Referral to CHO Needed)	
List the plan of action for the individual	
Date and signature of health worker	
Date and signature of CHO	

[15] Immediate care is a quick and efficient patient care for non-life-threatening conditions

COMPETENCY-BASED STANDARDS (CBS) 2	
To supervise the first-line symptomatic management at home by health workers and implement the second-line symptomatic management for green, yellow and red category patients at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 2 session, CHOs will understand and perform tasks,	
B. 1. supervising the first-line symptomatic management of green, yellow and red category patients at home by health workers	Skill
B. 2. implementing the second-line symptomatic management for green, yellow and red category patients at HWC	Skill
B. 3. encouraging the patient to visit HWC for follow-up	Attitude

B. 1. Supervising the first-line symptomatic management of green, yellow and red category patients at home by health workers

- Conduct the first-line primary healthcare management matrix assessment (*refer to practice activity 2, table 2)* and classify the individual into green/yellow/red category
    - **Green category** (if all assessment areas are normal and can be managed at home by health workers)
        - Provide routine care and counselling
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping
    - **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))
        - Provide symptomatic management and counselling *(refer to practice activity 2)*
        - Conduct follow-up after 1-3 days
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping
    - **Red category** (if signs and symptoms cannot be managed at home by the health worker and need CHO's attention)
        - Report to CHO immediately and refer the individual to CHO (to HWC/home visit by CHO)
        - Arrange transport for referral/ home visit by CHO
        - Introduce the individual and handover documents to CHO
        - Conduct follow-up of the individual after 1-3 days
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping.

B. 2. Implementing the second-line symptomatic management for green, yellow and red category patients at HWC

- When CHO receives the red-category individuals referred by the health workers or patient visits directly to HWC,

- Reassess/confirm first-line primary healthcare management matrix assessment report by health workers
- Conduct second-line primary healthcare matrix assessment
- Classify the patient into the green/yellow/red category for providing second-line symptomatic management
  - **Green (Routine Care Needed)**
    - Patients in this category can be managed at HWC and CHO can provide symptomatic management, health counselling and follow-up care (*refer to table 3).*
  - **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)**[16]**:**
    - Patients in this category can be managed at HWC and CHO can provide symptomatic management, health counselling and follow-up care in consultation with PHC-MO (*refer to table 3).*
      - Conduct periodic follow-ups of worsening health conditions of patients *(refer to practice activity 8)*
      - Periodic reporting of the health status of patients to PHC-MO.
  - **Red (Referral to PHC-MO Needed)**
    - Patients in this category cannot be managed at HWC and require referral services (*refer to table 3).*
      - Consult PHC-MO and implement primary medical management by administering medications as per physician (PHC-MO) orders/ disease control programs/national health programs/ mass drug administration programs and symptomatic management. *(refer to practice activity 4)*
      - Refer the red category cases to PHC/specialist hospital in consultation with PHC-MO *(refer to practice activity 7)*
      - Conduct follow-up of referred patients after 1-3 days and document the health status *(refer to practice activity 8)*
      - Periodic reporting of the health status of patients to PHC-MO.

B. 3. Encouraging the patient to visit HWC for follow-up

Encouraging patients to visit HWC for follow-up is crucial for ensuring continuity of care and managing health conditions effectively. Here are some strategies and key points for CHOs to encourage follow-up visits:

- Clear communication
  - Discuss how follow-up visits can help in monitoring their health and preventing complications.

[16] Immediate care is a quick and efficient patient care for non-life-threatening conditions

- Scheduling next visit
  - Help the patient schedule their next appointment before they leave the centre.
  - Provide a reminder card or send reminder messages via SMS or phone calls.
- Involve Family
  - Encourage the involvement of family members, especially for elderly patients or those with chronic conditions.
- Address barriers to follow-up
  - Identify and address any potential barriers to follow-up, such as transportation issues, financial constraints, or lack of understanding.
  - Provide solutions or alternatives, such as arranging community transport or discussing available financial assistance programs.

Table 3. **Symptomatic management for green, yellow and red category patients as per the standing instructions in HWC**

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
Abdominal pain	Health assessment	• Vital signs • Health assessment (special attention to the gastrointestinal system)				
	Primary medical management	• Syp Dicyclomine 10 mg	• Tab Dicyclomine 10 mg	• **Consult PHC-MO**	• Tab Dicyclomine 20 mg	
	Patient care management	• Apply a warm compress on the abdomen • Continue breastfeeding • Advise bland diet	• Apply a warm compress on the abdomen • Advise bland diet			
	Health counselling	• Relaxation techniques • Covered hot water bag on the abdomen • Drink plenty of fluids to avoid dehydration • Take rest • Avoid solid foods for few hours • Avoid foods that causes gas like milk, caffeine, broccoli etc				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Acidity	Health assessment	• Vital signs • Health assessment (special attention to the gastrointestinal system)				
	Primary medical management	• **Consult PHC-MO**	• Tab Ranitidine 75 mg • Tab Antacid	• Tab Ranitidine 150 mg • Tab Antacid	• Tab Ranitidine 150 mg • Tab Antacid	
	Patient care management	• Continue breastfeeding • Provide dietary counselling • Elevate the head while sleeping	• Provide dietary counselling • Elevate the head while sleeping			

[17] Primary medical management will be customized by the state level experts

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
	Health counselling	• Promote fluid intake	• Promote lifestyle changes • Promote fluid intake			
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms				
		• If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Breathing difficulty/Shortness of breath	Health assessment	• Vital signs ((special attention to respiration rate) • Health assessment (special attention to the respiratory system)				
	Primary medical management	• Nebulization with bronchodilators or hypertonic normal saline • **Consult PHC-MO**				
	Patient care management	• Elevate the head while sleeping • Breathing exercises	• Elevate the head while sleeping • Promote sitting and standing upright positions • Breathing exercises			
	Health counselling	• Use inhaler when feeling shortness of breath (if prescribed by physician) • Avoid tight clothing • Practice taking slow deep breaths • Steam inhalation				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms				
		• If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Constipation	Health assessment	• Vital signs • Health assessment (special attention to the gastrointestinal system)				
	Primary medical management	• **Consult PHC-MO**				
	Patient care management	• Continue breastfeeding • Encourage fibre food intake • More fluid intake	• Encourage fibre food intake • More fluid intake			
	Health counselling	• Eat more fibre (fruits and vegetables) • Drink more fluids (8 glasses of water a day) • Exercise regularly • Have a regular schedule for toileting				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms				

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
		• If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Diarrhoea	Health assessment	• Vital signs (special attention to pulse rate) • Health assessment (special attention to the gastrointestinal and integumentary system)				
	Primary medical management	• Sachet ORS for 200 ml (mini) • Syrup Zinc Sulphate	• Sachet ORS for 1 litre (regular) • Tablet Zinc sulphate Dispersible 20 mg			
	Patient care management	• <u>If NO Dehydration</u> • Breastfeeding • Age-appropriate diet • More fluid intake • Monitor the increase in diarrhoea episodes/ symptoms of dehydration	• <u>If NO Dehydration</u> • More fluid intake • Promote probiotic foods • Monitor the increase in diarrhoea episodes/ symptoms of dehydration			
		• If <u>Some Dehydration</u> presents, consult PHC-MO • Follow PHC-MO instructions • Keep the child/high-risk adult under observation for 2-4 hours at HWC				
	Health counselling	• Access to safe water drinking • Wash hands often with soap and water • Practice good sanitation				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms				
		• If the patient/child exhibits any discomfort/Severe Dehydration/complications, consult PHC-MO and undertake referral services				
Dysuria	Health assessment	• Vital signs • Health assessment (special attention to the urinary and genital system)				
	Primary medical management	• Oral liquid Amoxycillin 125mg/5ml	• Tab Amoxycillin 250 mg/ • Tab Ciprofloxacin 250 mg/ • Inj Gentamycin 10mg/ml • Tab Ascorbic acid (Vitamin C) 100 mg	• Tab Ascorbic acid (Vitamin C) 100 mg • **Consult PHC-MO**	• Cap Amoxycillin 500 mg/ • Tab Ciprofloxacin 500 mg/ • Inj Gentamycin 40mg/ml • Tab Ascorbic acid (Vitamin C) 100 mg	

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
	Patient care management	• Promote coconut water and citric fruit juices • Urinary and genital hygiene				
	Health counselling	• Drinking extra water till next day or for two days to make urine less concentrated • Avoid carbonated/ caffeinated drinks • When urge to urinate, empty the bladder frequently				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Ear infection	Health assessment	• Vital signs (special attention to Temperature) • Health assessment (special attention to Head and Ear area)				
	Primary medical management	• **Consult PHC-MO**	• Ear drops Clotrimazole 1%			
	Patient care management	• Clean ear discharges • Apply warm compress				
	Health counselling	• Wash hands often with soap and water • Clean the outer ears with wet swab (if any ear discharge present) • Avoid cleaning inner ears with cotton buds • Avoid getting water or shampoo in the ears when bathing				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Eye infection	Health assessment	• Vital signs (special attention to Temperature) • Health assessment (special attention to Head and Eye area)				
	Primary medical management	• **Consult PHC-MO**	• Eye drops Ofloxacin 0.3%/ • Eye ointment Chloromycetin/ • Eye drops Applicap capsule/Ciprofloxacin 0.3%			
	Patient care management	• Clean eye discharges				
	Health counselling	• Wash hands often with soap and water • Avoid sharing items • Avoid rubbing eyes • Limit close contact with those eye infection				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
Fever	Health assessment	• Vital signs ((special attention to Temperature) • Health assessment (special attention to the integumentary system)				
	Primary medical management	Antipyretics • Syrup Paracetamol 125mg/5ml Q6H • Syrup Paracetamol 250 mg/5ml (Dose and frequency will be adjusted based on body weight)	Antipyretics • Tab Paracetamol 500 mg Q8H (Dose and frequency will be adjusted based on body weight)	• **Consult PHC-MO**	Antipyretics • Tab Paracetamol 500 mg Q6H • Tab Diclofenac 50 mg • Tab Aceclofenac 200 mg	
	Patient care management	• Teach the mother to check and document the temperature 2 hourly. • If T>100°F provide tepid sponging	• Teach adolescent to check and document the temperature 6 hourly. • If T>100°F, provide tepid sponging	• Teach mother to check and document the temperature 6 hourly. • If T>100°F, provide tepid sponging	• Teach adult to check and document the temperature 6 hourly. • If T>100°F, provide tepid sponging	• Teach senior adults to check and document the temperature 6 hourly. • If T>100°F, provide tepid sponging
	Health counselling	• Drink plenty of fluids • Dress light clothing • Keep room temperature cool • Tepid sponging • Rest				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Headache	Health assessment	• Vital signs (special attention to Temperature and blood pressure) • Health assessment (special attention to Head and Neck area)				
	Primary medical management	Analgesics • Syrup Paracetamol 125mg/5ml Q6H	Analgesics • Tab Paracetamol 500 mg Q8H (Dose and frequency will be	• **Consult PHC-MO**	Analgesics • Tab Paracetamol 500 mg Q6H • Tab Diclofenac 50 mg • Tab Aceclofenac 200 mg	

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
		• Syrup Paracetamol 250 mg/5ml (Dose and frequency will be adjusted based on body weight)	adjusted based on body weight)			
	Patient care management	• Apply cold/warm compress on the forehead • Stress relief methods				
	Health counselling	• Adequate rest and sleep with comfortable room temperature and lighting • Resting in quiet room				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Infections (fungal/bacterial)	Health assessment	• Vital signs • Health assessment (special attention to the infected area and identify the type of infection)				
	Primary medical management	<u>Bacterial infection</u> • Oral liquid Amoxycillin 125mg/5ml • Oral Liquid Co-trimoxazole <u>Fungal infection</u> • Oral Liquid Clotrimazole • Consult PHC-MO <u>Scabies and pediculosis</u> • Apply Gamma Benzene Hexachloride and Cetrimide lotion	<u>Bacterial infection</u> • Tab Amoxycillin 250 mg/ • Tab Ciprofloxacin 250 mg/ • Inj Gentamycin 10mg/ml • Tab. Metronidazole 200 mg <u>Fungal infection</u> • Tab Fluconazole 50 mg <u>Scabies and pediculosis</u> • Apply Gamma Benzene Hexachloride and Cetrimide lotion	• **Consult PHC-MO** <u>Scabies and pediculosis</u> • Apply Gamma Benzene Hexachloride and Cetrimide lotion	<u>Bacterial infection</u> • Cap Amoxycillin 500 mg/ • Tab Ciprofloxacin 500 mg/ • Inj Gentamycin 40mg/ml • Tab. Metronidazole 400 mg • Tab Ascorbic acid (Vitamin C) 100 mg <u>Fungal infection</u> • Tab Fluconazole 150 mg <u>Scabies and pediculosis</u> • Apply Gamma Benzene Hexachloride and Cetrimide lotion	
	Patient care management	• Personal hygienic practices • Follow medication compliance (proper intake of medicines by the patient and decreasing symptoms)				
	Health counselling	• Clean environment • Comfortable room temperature • Practice home-based isolation techniques to prevent transmission of infection to other family members				

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
		• Stay home • Clean and disinfect surfaces				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms				
		• If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Inflammation (+/- pain)	Health assessment	• Vital signs • Health assessment (special attention to the pain area)				
	Primary medical management	<u>Anti-inflammatory and analgesics</u> • Syp. Paracetamol 125mg/5ml Q6H • Syrup Paracetamol 250 mg/5ml (Dose and frequency will be adjusted based on body weight)	<u>Anti-inflammatory and analgesics</u> • Tab Paracetamol 500 mg Q8H (Dose and frequency will be adjusted based on body weight)	• **Consult PHC-MO**	<u>Anti-inflammatory and analgesics</u> • Tab Paracetamol 500 mg Q6H • Tab Diclofenac 50 mg • Tab Aceclofenac 200 mg	
	Patient care management	• Observe the child for any developing other signs and symptoms	• Provide physical therapy like heat/cold application • Provide relaxation exercises			
	Health counselling	• Get enough rest • Avoid stress on the affected area • Weight management • Reduce sugar intake • Eat fruits and vegetables • Choose protein rich diet food				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms				
		• If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Mouth ulcers	Health assessment	• Vital signs • Health assessment (special attention to mouth)				
	Primary medical management	• **Consult PHC-MO**	• Tab Multivitamin/Riboflavin 10 mg			
	Patient care management	• Rinse mouth with saline water • Apply a sliced garlic clove on the mouth ulcer				

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
	Health counselling	• Oral hygiene • Eat soft food • Avoid spicy food and drinks • Drink cool water • Keep mouth clean				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Nausea/vomiting	Health assessment	• Vital signs • Health assessment (special attention to the gastrointestinal system)				
	Primary medical management	• **Consult PHC-MO**	• Tab Domperidone 5 mg	• **Consult PHC-MO**	• Tab Domperidone 10 mg	
	Patient care management	• Burping the baby • Breastfeeding • Age-appropriate diet • More fluid intake • Monitor the increase in vomiting episodes	• More fluid intake • Promote probiotic foods • Monitor the increase in vomiting episodes			
	Health counselling	• Drink plenty of fluids • Avoid spicy, fatty and salty foods • Eat smaller meals • Avoid strong smells • Provide adequate rest				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Pain (General/local)	Health assessment	• Vital signs • Health assessment (special attention to the pain area)				
	Primary medical management	<u>Analgesics</u> • Syp Ibuprofen 100mg/5ml • **Consult PHC-MO**	<u>Analgesics</u> • Tab Ibuprofen 200mg • Cap Mefenamic Acid 250 mg	• **Consult PHC-MO**	<u>Analgesics</u> • Tab Ibuprofen 400mg • Cap Mefenamic Acid 500 mg	
	Patient care	• Observe the child	• Provide physical therapy like gentle massage/ warm/cold application			

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
	management	• Provide physical therapy like gentle massage	• Provide relaxation techniques			
	Health counselling	• Get rest • Apply hot or cold compress • Avoid heavy work				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Rectal bleeding	Health assessment	• Vital signs • Health assessment (special attention to the gastrointestinal system)				
	Primary medical management	• **Consult PHC-MO**				
	Patient care management	• Breastfeeding • Apply a cotton with Providine Iodine solution in the anal region	• Apply a cotton with Providine Iodine solution in the anal region			
	Health counselling	• Age-appropriate fibre diet and avoid spicy foods, dairy products, fried foods etc • More fluid intake • Avoid straining during bowel movements				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Running nose/cough	Health assessment	• Vital signs • Health assessment (special attention to the respiratory system)				
	Primary medical management	<u>Antihistamines</u> • Syp. Cetrizine 5mg/5ml • Oral Liquid Levocetirizine • Oral Liquid Chlorpheniramine 2mg/5ml	<u>Antihistamines</u> • Tab. Cetrizine/levo 5 mg • Tab.Chlorpheniramine 2mg • Nasal drops Normal Saline NaCl 05%	<u>Antihistamines</u> • Nasal drops Normal Saline NaCl 05% • **Consult PHC-MO**	<u>Antihistamines</u> • Tab. Cetrizine/levo 10 mg • Tab. Chlorpheniramine 4 mg • Inj Chlorpheniramine • Nasal drops Normal Saline NaCl 05%	

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
		• Nasal drops Normal Saline NaCl 05% <u>If child exhibits signs and symptoms of pneumonia</u> • Syrup Cotrimoxazole • Tab. Paediatric Cotrimoxazole • **Consult PHC-MO (for severe/very severe pneumonia)**				
	Patient care management	• Use nasal saline drops • Raise the head of the baby's bed while sleeping • <u>+Nose bleeding</u> • Provide upright position • Apply ice pack • If bleeding continues, refer the child to PHC-MO	• Steam inhalation • Use nasal saline drops • Raise the head while sleeping • <u>+Nose bleeding</u> • Provide upright position • Apply pressure and ice pack • If bleeding continues, refer the patient to PHC-MO			
	Health counselling	• Encourage fluid intake • Cover while coughing/sneezing • Use humidifier • Try throat soothers (honey/lemon juice in hot water) • Use saline nasal drops • Get rest				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/pneumonia signs and symptoms, consult PHC-MO and undertake referral services				
Skin/scalp allergies-local	Health assessment	• Vital signs • Health assessment (special attention to the integumentary area)				

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
	Primary medical management	• **Consult PHC-MO**	• Tab Fluconazole 50 mg (for fungal infection)	• **Consult PHC-MO**	• Tab Fluconazole 150 mg (for fungal infection)	
	Patient care management	• Keep the affected area dry and clean				
	Health counselling	• Avoid exposure to harsh sunlight • Bathe in lukewarm water • Stop using any allergy products • Wash hands often with soap and water • Practice home-based isolation techniques to prevent transmission of infection to other family members				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Tiredness/general weakness with pallor	Health assessment	• Vital signs • Health assessment (special attention to the integumentary area) • Check hemoglobin				
	Primary medical management	• Oral liquid 20 mg elemental iron (A) + 400 mg (B)	• Tab 45 mg elemental iron (A) + 400 mg (B) • Tab Folic Acid 5 mg	• Tab 100 mg elemental iron (A) + 400 mg (B) • Tab Folic Acid 5 mg	• Tab 100 mg elemental iron (A) + 400 mg (B) • Tab Folic Acid 5 mg • Tab Vitamin A and D	
	Patient care management	• Age-appropriate dietary counselling				
	Health counselling	• Adequate rest when patient feel tired • Getting balanced diet • Getting enough sleep • Stay hydrated • Eat healthy diet • Avoid heavy work				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				
Toothache	Health assessment	• Vital signs • Health assessment (special attention to mouth area)				

Signs and symptoms	Levels of management[17]	Infants/children	Adolescents	Antenatal/Postnatal mothers	Adults	Senior adults
	Primary medical management	Analgesics • Syp Ibuprofen 100mg/5ml (Dose and frequency will be adjusted based on body weight)	Analgesics • Tab Ibuprofen 200mg • Cap Mefenamic Acid 250 mg • Tab. Metronidazole 200 mg (Dose and frequency will be adjusted based on body weight)	• **Consult PHC-MO**	Analgesics • Tab Ibuprofen 400mg • Cap Mefenamic Acid 500 mg • Tab. Metronidazole 400 mg	
	Patient care management	• Apply clove • Refer the child to the dentist for tooth decay treatment	• Apply clove • Dental hygiene • Refer the adolescent to the dentist for tooth decay treatment			
	Health counselling	• Apply cold compress to the affected area • Rinsing your mouth with warm water or saline water • Avoid sugary or acidic foods • Maintain dental hygiene • Avoid very cold/very hot food or drinks • Avoid chewing on the side of the mouth with pain for few days				
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult dentist and undertake referral services				
Worm infestation	Health assessment	• Vital signs • Health assessment (special attention to the gastrointestinal system)				
	Primary medical management	• Susp Metronidazole • Syp Albendazole 200mg/5ml	• Tab Albendazole 200mg	• Consult PHC-MO • Tab Albendazole 400mg	• Tab Albendazole 400mg	
	Patient care management	• Continue breastfeeding	• Advise balanced diet			
	Health counselling	• Hand and personal hygiene for mother	• Hand and personal hygiene			
	Follow-up	• Conduct the follow-up after 1-3 days depending up on the severity of signs and symptoms • If the patient/child exhibits any discomfort/complications, consult PHC-MO and undertake referral services				

SUMMARY FLOWCHART

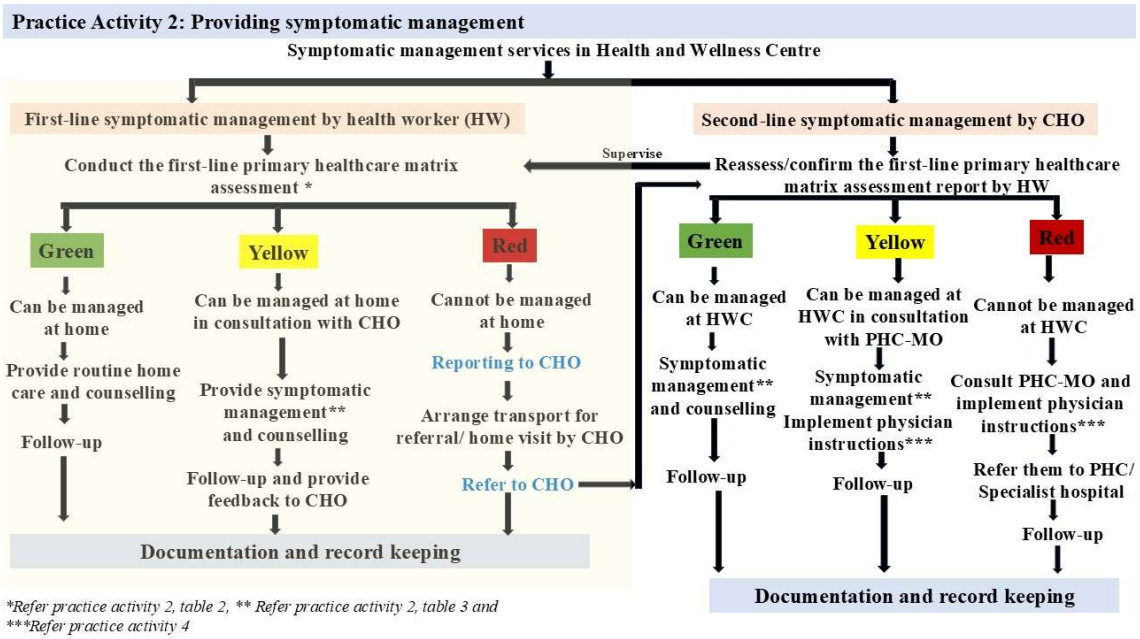


Fig.1. Summary flowchart of practice activity 2- Providing symptomatic management

CONCLUSION

At the end of the practice activity 2 session, CHOs will be competent to classify the symptomatic management services into Green (Routine care), Yellow (Immediate patient care needed in consultation with PHC-MO) and Red (Referral services needed) categories for further management and follow-up. They will identify the signs and symptoms of the patient, will supervise the first-line symptomatic management by health workers and implement the second-line symptomatic management for green, yellow and red category patients.

PRACTICE ACTIVITY 3
LABORATORY MANAGEMENT

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide laboratory services
RESPONSIBILITY	Conduct laboratory tests at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to conduct laboratory tests in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of the practice activity 3 session, CHO will be competent to: I. identify and conduct laboratory tests for the patients (at the individual/community level) and interpret the laboratory findings II. classify the patient into three categories based on the laboratory findings: A) Green category- patients with normal findings B) Yellow category- patients with abnormal findings that can be managed in HWC and conduct further follow-up C) Red category- patients with abnormal findings that require referral and conduct further follow-up in coordination with PHC-MO.

COMPETENCY-BASED STANDARDS (CBS) 1	
To identify the laboratory tests required for the patient.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 1 session, CHOs will understand and perform tasks,	
A.1. planning diagnostic test based on health assessment findings	Skill
A.2. explaining the need for diagnostic tests and procedures to the patient	Knowledge
A.3. obtaining verbal consent of the patient	Skill
A.4. ensuring the patient's comfort and privacy	Skill
A.5. encouraging the patient to clarify any doubts.	Attitude

A.1. Planning diagnostic test based on health assessment findings

- Conduct second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*. Based on the assessment findings, plan diagnostic tests for the patient.

A.2. Explaining the need for diagnostic tests and procedures to the patient

- Explain in detail about the diagnostic tests and procedures and clarify the doubts.

A.3. Obtaining verbal consent of the patient

- Obtain verbal consent (written if needed) before starting the tests.

A.4. Ensuring the patient's comfort and privacy

- Provide privacy and ensure the patient's comfort.

A.5. Encouraging the patient to clarify any doubts

- Clarify the doubts of the patient.

COMPETENCY-BASED STANDARDS (CBS) 2	
To conduct laboratory tests for the patient.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 2 session, CHOs will understand and perform tasks,	
B. 1. arranging articles for the laboratory test	Skill
B. 2. following the universal precautions	Skill
B. 3. conducting the laboratory tests for the patients (at the individual/community level)	Skill
B. 4. replacing the articles.	Skill

B. 1. Arranging articles for the laboratory test

- *Refer table 1*

B. 2. Following the universal precautions

- Wash hands before and after patient contact
- Wear personal protective equipment and change gloves between patients
- Safe handling of materials if potentially infectious *(refer to practice activity 11)*
- Safe disposal of waste in the appropriate bins *(refer to practice activity 12).*

B. 3. Conducting the laboratory tests for the patients (at the individual/community level) (*Refer to table 1)*

- For patients/at the individual level
    - Haemoglobin-Digital Hemoglobinometer
    - HCG (Rapid card urine test for pregnancy)
    - Multiparameter urine strip (Urine albumin, Urine Sugar, Haemoglobin, bile salts, bile pigments, ketone bodies, specific gravity and reaction (pH))
    - Blood sugar
    - Blood smear collection for malaria

- Malaria/HIV/ HCV/Dengue/ HbsAg test for Hep B/ Filariasis FST/ Syphilis- Rapid Card test
- Visual Inspection Acetic Acid test- Manual method
- Sputum for AFB.

- At the community level
  - Test for iodine in salt
  - Water testing for faecal contamination and chlorination.

B. 4. Replacing the articles

- Replace the articles properly after the laboratory tests.

COMPETENCY-BASED STANDARDS (CBS) 3	
To interpret and record laboratory findings	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 3 session, CHOs will understand and perform tasks,	
C. 1. interpreting the laboratory findings and categorizing the patient for further management	Knowledge
C. 2. informing the findings to the patient	Skill
C. 3. recording the laboratory findings	Skill

C.1. Interpreting the laboratory findings and categorizing the patient for further management

- *Refer to table 1*

C.2. Informing the findings to the patient

- Explain the laboratory results and further management to the patient.

C.3. Recording the laboratory findings

- Recording the laboratory findings accurately with signature, date and time.

Table 1. **Details of laboratory tests in HWC**

Sl.No.	Laboratory test	Specimen type	Equipment	Articles required	Procedure (brief)	Normal Findings	Category	Next steps
For patients/at the individual level								
1.	Haemoglobin- Digital Hemoglobinometer	Capillary blood /EDTA whole blood	Digital haemoglobinometer	Cuvette Lancet Needle Cotton Gloves	• Insert batteries. • Insert code chip. • Prick the fingertip using a lancet needle. • Allow a drop of blood to fill the cuvette. • Apply cotton to stop bleeding. • Insert the cuvette into the instrument. • The instrument will display the results.	Newborn- 14-24 g/dl Children- 10-16 g/dl Females- 12-16 g/dl Males- 13-17 g/dl	Green- Within normal range.	Health Counselling.
							Yellow- Borderline with no signs and symptoms.	Patient care management, health counselling and follow-up.
							Red- Abnormal with/without signs and symptoms.	Patient care management, health counselling and **consult PHC-MO** for referral and conduct follow-up
2.	HCG (Rapid card urine test for pregnancy)	Urine	RDT	Urine container Urine dropper Gloves	• Collect midstream of urine. • Allow a few drops of urine to fill the card.	Positive- 2 lines Negative- 1 line	Green- Negative.	Health counselling.
							Red- Positive.	Antenatal registration, health counselling and **consult PHC-MO** for antenatal care and follow-up.

Sl.No.	Laboratory test	Specimen type	Equipment	Articles required	Procedure (brief)	Normal Findings	Category	Next steps
3.	Multiparameter urine strip (Urine albumin, sugar Urine, Haemoglobin, bile salts, bile pigments, ketone bodies, specific gravity and reaction (pH))	Urine	Dipstick	Urine container Gloves	• Collect midstream of urine. • Dip urine strip.	Urine analysis based on the instructions given in the bottle	Green- Urine deposits are absent without signs and symptoms.	Health Counselling.
							Yellow- Urine deposits are present.	Patient care management, health counselling and follow-up.
							Red- Urine deposits are present with signs and symptoms.	Patient care management, health counselling and **consult PHC-MO** for referral and conduct follow-up.
4.	Blood sugar	Capillary blood	Glucometer	Test strip Lancet Needle Cotton Gloves	• Insert batteries. • Insert test strip. • Prick the fingertip using a lancet needle. • Allow a drop of blood to fill the strip. • Apply cotton to stop bleeding. • The instrument will display the results.	Fasting blood sugar- 80-100 mg/dl After food (after 2-3 hrs)- 120-140 mg/dl	Green- Within normal range.	Health Counselling.
							Yellow- Borderline with no signs and symptoms.	Patient care management, health counselling and follow-up.
							Red- Abnormal with/without signs and symptoms.	Patient care management, health counselling and **consult PHC-MO** for referral and conduct follow-up.

Sl.No.	Laboratory test	Specimen type	Equipment	Articles required	Procedure (brief)	Normal Findings	Category	Next steps
5.	Blood smear collection for malaria/filariasis	Capillary blood	Blood smear slides	Lancet Needle Cotton Gloves	• Prick the fingertip using a lancet needle. • Place a small drop of blood in the centre of the slide. • Spread the blood in a circular pattern using the corner of another slide and allow it to dry. • Apply cotton to stop bleeding. • Collect and transport the samples to PHC.	Positive or Negative	Green- Negative.	Health counselling.
							Red- Positive.	Patient care management, health counselling and **consult PHC-MO** for referral and conduct follow-up.
6.	Malaria/HIV/ HCV/Dengue/ HbsAg test for Hep B/ Filariasis FST/ Syphilis- Rapid Card test/Sickle cell test	Capillary blood	RDT	Lancet Needle Cotton Gloves	• Prepare the kit. • Collect a blood sample from a fingerstick. • Prepare the sample according to the kit's instructions. • Add 3–4 drops of serum or plasma to the sample window of the device. • Wait for 10-15 minutes.	Positive- 2 lines. Negative- 1 line.	Green- Negative.	Health Counselling.
							Red- Positive.	Patient care management, health counselling and **consult PHC-MO** for referral and conduct follow-up.

Sl.No.	Laboratory test	Specimen type	Equipment	Articles required	Procedure (brief)	Normal Findings	Category	Next steps
7.	Visual Inspection Acetic Acid test- Manual method	Visual examination using vaginal speculum	Vaginal speculum	Instrument tray Vaginal speculum White light source 100% Acetic Acid Cotton swab sticks Gloves	• Explain the procedure to women. • Written consent. • Provide privacy and lithotomy position. • Introduce the speculum to view the cervix. • Apply 5% Acetic Acid using a swab stick. • Remove the swab slowly and look for white lesions for 1 minute.	Positive- White lesions present. Negative- White lesions absent.	Green- Negative.	Health Counselling.
							Red- Positive.	Patient care management, health counselling and **consult PHC-MO** for referral and conduct follow-up.
8.	Sputum for AFB	Sputum	Disposable sterile containers	Disposable sterile Containers Gloves	• Collect the sputum early morning before brushing. • Close it tightly. • Transport the samples for Microscopy testing at the TB Microscopy Centre	Positive or Negative	Green- Negative.	Health Counselling.
							Red- Positive.	Patient care management, health counselling and **consult PHC-MO** for referral and conduct follow-up.

Sl.No.	Laboratory test	Specimen type	Equipment	Articles required	Procedure (brief)	Normal Findings	Category	Next steps
At the community level								
9.	Test for iodine in salt	Salt	Salt testing kit	Salt A small cup Test solution	• Add salt to the cup. • Squeeze a drop of the solution onto the salt. • Compare the salt colour to the colour chart in the kit.	Normal- Iodine present in the salt.	Health counselling at the community level.	
						Abnormal- No iodine in the salt.	**Inform PHC-MO** to develop plan of actions at the community level.	
10.	Water testing for faecal contamination and chlorination	Water	H2S strip test kit	Sample water	• Add water sample in the H2S test kit. • Keep it at room temperature for 24 hours. • Compare the watercolour to the colour chart in the kit.	Negative- No black precipitation.	Health counselling at the community level.	
						Positive- Black precipitate formed.	**Inform PHC-MO** to develop plan of actions at the community level.	

SUMMARY FLOWCHART

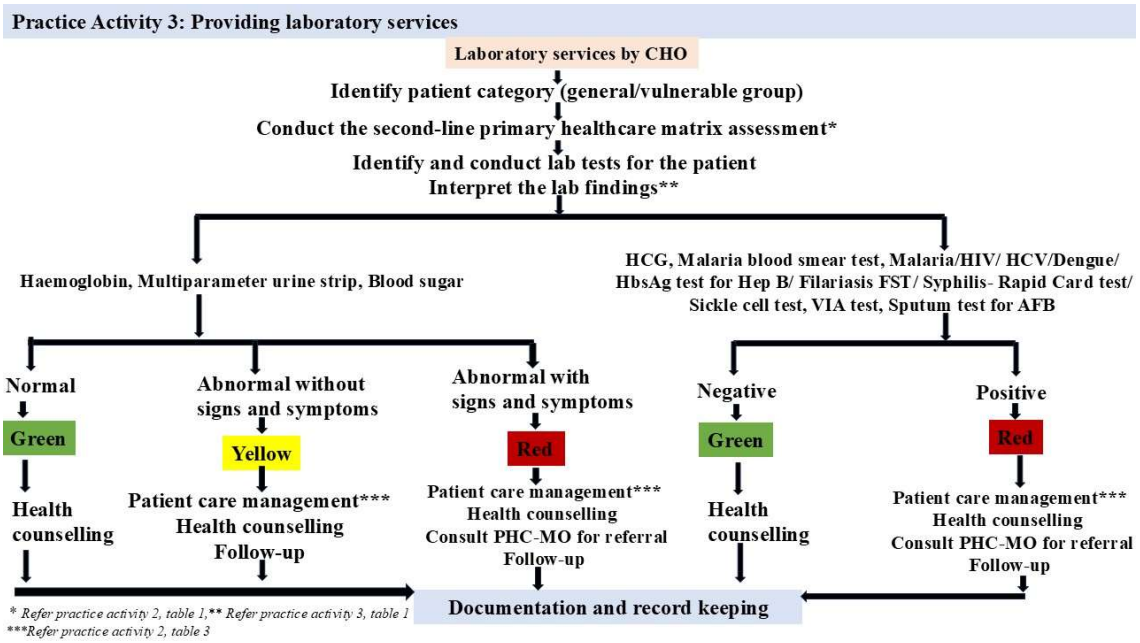


Fig.1. Summary flowchart of practice activity 3- Providing laboratory services

CONCLUSION

At the end of the practice activity 3 session, CHOs will be competent to identify and conduct laboratory tests for the patient and interpret the laboratory findings. They will classify the patient into green, yellow and red categories for further management and conduct follow-up based on the laboratory findings.

PRACTICE ACTIVITY 4
MEDICATION ADMINISTRATION

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide medication administration services
RESPONSIBILITY	Administer drugs as per standing instructions by PHC-MO

PRE-SERVICE LEARNING EXPERIENCE
Learnt to administer and record various non-parenteral and parenteral medications in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of the practice activity 4 session, CHO will be competent to: I. ensure the availability of medicines for the provision of an expanded range of essential packages of services and dispense the drugs as per standing instructions. II. classify the medication administration services into three categories: A) Green category- Medication administration services that can be managed at the centre by CHOs. B) Yellow category- Medication administration services that can be managed at the centre in coordination with PHC-MO and conduct further follow-up. C) Red category- Medication administration services that cannot be managed at the centre, require referral in coordination with PHC-MO and conduct further follow-up. III. dispense the drugs as per standing instructions and conduct the follow-up of the patients.

COMPETENCY-BASED STANDARDS (CBS) 1	
To ensure the availability of medicines for the provision of an expanded range of essential packages of services as per standing instructions.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 1 session, CHOs will understand and perform tasks,	
A. 1. ensuring the availability of medicines as per national health programmes	Skill
A. 2. ensuring the availability of medicines as per disease control programs	Skill
A. 3. ensuring the availability of medicines as per mass drug administration programs	Skill
A. 4. ensuring the availability of medicines for replenishing the kit of health workers	Skill
A. 5. ensuring the availability of disinfectants for the community	Skill
A. 6. ensuring the availability of medicines as per physician orders	Skill
A. 7. ensuring the availability of medicines for the symptomatic management	Skill
A. 8. ensuring the availability of vaccines for the universal immunization program	Skill
A. 9. maintaining drug stock register and separate H1 drug Register	Skill
A. 10. self-motivating to display the list of essential medicines in HWC	Attitude

A. 1. Ensuring the availability of medicines as per national health programmes[18]

- Family planning medications
    - Ethinylestradiol (A) + Levonorgestrel Tablet 0.03 mg (A) + 0.15 mg (B)
    - Copper bearing intra-uterine device- IUCD 380 A & IUCD 375
    - Male Condom
    - Ormeloxifene Tablet 30mg
    - Emergency contraceptive Pill
    - Levonorgestrel 1.5 mg
    - Medroxyprogesterone Acetate Injection 150mg
    - Chhaya (weekly oral contraceptive pills)
    - Antara (injectable contraceptive)
- Antenatal supplementation
    - Swallowable tablets of 500 mg elemental calcium and 250 IU Vitamin D3 in each tablet to be taken with meals twice a day
    - 1 tablet containing 100 mg elemental iron and 0.5 mg folic acid for daily consumption. IFA tablets to be taken at least 2 hours after meals
- Take Home Rations (THR)
    - Distribute THR products/health mix produced by Women Self Help Groups at the state level
- Provision of IFA under the Weekly Iron and Folic Acid Supplementation Programme (WIFS)- For under-five children, adolescents and individuals with anaemia
    - Oral liquid 20 mg elemental iron (A) + 400 mg (B)
    - Tab 45 mg elemental iron (A) + 400 mg (B)
    - Tab 100 mg elemental iron (A) + 400 mg (B)
    - Tab Folic Acid 5 mg

A. 2. Ensuring the availability of medicines as per disease control programs

- Leprosy (MDT)
    - Tab Rifampicin 600 mg/450mg/300mg
    - Tab Clofazimine 300 mg/150 mg/100mg
    - Tab Dapsone 100 mg/50 mg/25mg
    - Tab Clofazimine 50 mg
- Deworming
    - Albendazole Tablet 400 mg
    - Albendazole Oral liquid 200 mg/5 ml
- Anaemia
    - Oral liquid 20 mg elemental iron (A) + 400 mg (B)
    - Tab 45 mg elemental iron (A) + 400 mg (B)
    - Tab 100 mg elemental iron (A) + 400 mg (B)
- Vitamin deficiency
    - Ascorbic acid (Vitamin C) Tablet 100 mg
    - Multivitamin/Riboflavin 10 mg

[18] Will be customized to the state-level context

- Calcium Carbonate Tablet 500 mg
- Cholecalciferol Tablet 60000 IU
- Pyridoxine Tablet 25 mg
- Pyridoxine Tablet 50 mg
- Pyridoxine Tablet 100 mg
- Vitamin A Oral liquid 100000IU/ml
- Vitamin B Complex Tablet
- Phytomenadione Injection (Vitamin k1) 10 mg/ml

A. 3. Ensuring the availability of medicines as per mass drug administration programs

- Malaria
  - Tab Primaquine 2.5/7/5/15 mg
  - Artesunate (A) + Sulphadoxine-Pyrimethamine (B) Combipack
    - 1 tab 25 mg (A) + 1 tab (250 mg+ 12.5 mg (B))
    - 1 tab 50 mg (A) + 1 tab (500 mg+ 25 mg (B))
    - 1 tab 100 mg (A) + 1 tab (750 mg+ 37.5 mg (B))
    - 1 tab 150 mg (A) + 2 tab (500 mg+ 25 mg (B))
    - 1 tab 200 mg (A) + 2 tab (750 mg+ 37.5 mg (B))
- Filaria
  - Tab Diethylcarbamazine 100 mg
  - Diethylcarbamazine Oral liquid 120 mg/5 ml

A. 4. Ensuring the availability of medicines to replenish the kit of health workers

- Antipyretics
  - Tab. Paracetamol
  - Paracetamol syrup
- Gastrointestinal medicines
  - Tab. Dicyclomine
  - Zinc Tablets
- Antibiotics
  - Tetracycline ointment
  - Povidone Iodine Ointment Tube
  - Gentian Violet Paint
  - Cotrimoxazole syrup
  - Paediatric Cotrimoxazole tablets
- Antiseptics
  - Spirit
- Tuberculosis
  - Cat I (Red box)
    - Isoniazid (H) 300 mg
    - Rifampicin (R) 450 mg
    - Pyrazinamide (Z) 750 mg
    - Ethambutol (E) 600 mg
  - Cat II (Blue box)
    - Isoniazid (H) 300 mg

        - Rifampicin (R) 450 mg
        - Pyrazinamide (Z) 750 mg
        - Ethambutol (E) 600 mg
    - Cat III (Green box)
        - Isoniazid (H) 300 mg
        - Rifampicin (R) 450 mg
        - Ethambutol (E) 600 mg
- Oral Rehydration Therapy (ORS)
    - ORS Sachet for 200 ml (mini)
    - ORS Sachet for 1 litre (regular)
- Iron Folic Acid Tablet (IFA)
    - Oral liquid 20 mg elemental iron (A) + 400 mg (B)
    - Tab 45 mg elemental iron (A) + 400 mg (B)
    - Tab 100 mg elemental iron (A) + 400 mg (B)
    - Tab Folic Acid 5 mg
    - Tab. Punarvadu Mandur (ISM Preparation of Iron)
- Malaria
    - Tab Chloroquine 250 mg
- Family Planning
    - Male Condom
    - Chhaya (weekly oral contraceptive pills)
    - Emergency Contraceptive Pill

A. 5. Ensuring the availability of disinfectants at the community level

- Antiseptics
    - Ethyl alcohol (Denatured) Solution 70%
- Disinfectants
    - Bleaching powder containing not less than 30% w/w[19] of available chlorine (as per I.P[20])
    - Tab Halazones for water purification
    - Hydrogen peroxide Solution 6%

A. 6. Ensuring the availability of medicines as per physician orders

- Oxytocics
    - Misoprostol Tablet 200 mcg
- Anti-hypertensives
    - Amlodipine Tablet 2.5mg/5mg/10mg
    - Atenolol 50mg/100mg
    - Enalapril Tablet 2.5mg/5 mg
    - Telmisartan Tablet 20mg/40 mg
    - Hydrochlorothiazide Tablet 12.5 mg/25mg
- Cardiovascular medicines

[19] Weight by weight
[20] Indian Pharmacopoeia

  - Isosorbide-5- mononitrate Tablet 5mg/10mg
  - Atenolol Tablet 50mg
  - Metoprolol Tablet 25 mg
  - Metoprolol SR Tablet 25 mg
  - Isosorbide dinitrate Tablet 5mg (Sublingual)
  - Clopidogrel 75mg
- Diuretics
  - Furosemide Injection (Lasix)
  - Furosemide Tablet 40mg
  - Hydrochlorothiazide Tablet 12.5 mg
  - Spironolactone Tablet 25 mg/50 mg
- Antidiabetics
  - Glimepiride Tablet 2 mg
  - Metformin Tablet 500 mg
  - Metformin SR Tablet 500 mg
  - Glibenclamide Tablet 2.5 mg/5 mg
  - Insulin (soluble) injection 40IU/ml
  - Intermediate Acting (NPH) insulin 40IU/ml
  - Premix insulin 30:70 injection (Regular: NPH) 40IU/ml
- Anticonvulsants
  - Carbamazepine Tab 200mg/300mg
  - Magnesium Sulfate Injection (50% solution), 2ml ampoule
  - Diazepam Tablet 5mg/10mg (Separate H1 Register shall be maintained- Name of drug, patient, prescriber and dispensed quantity shall be recorded).
  - Diazepam rectal suppository
  - Midazolam Nasal Spray (Separate H1 Register shall be maintained- Name of drug, patient, prescriber and dispensed quantity shall be recorded)
  - Phenobarbitone Tablet 30 mg/60 mg
  - Phenobarbitone Oral liquid 20 mg/5ml
  - Phenytoin Tablet 50 mg/300 mg
  - Phenytoin injection 25mg/ml
  - Sodium valproate Tablet 200 mg/500 mg
  - Sodium valproate Syrup each 5ml contains 200mg
- COPD
  - Budesonide Respirator solution for use in nebulizer 0.5 mg/ml Nebulizer Essential
  - Salbutamol Tablet 2 mg/4mg
  - Salbutamol oral liquid 2 mg/5 ml
  - Salbutamol respirator solution for use in nebulizer 5mg/ml
  - Dextromethorphan oral Syrup
  - Hyoscinebutylbromide Tablet 10 mg
- Medicines prescribed by Psychiatrist/other specialists
  - Alprazolam Tablet 0.25mg
  - Clonazepam Tablet 0.5mg

    - Olanzapine Tablet 5 mg
    - Medicines prescribed by other specialists
- Emergencies
    - Adrenaline Injection 1mg/ml
    - Hydrocortisone Succinate Injection 100 mg
    - Dexamethasone Tablet 0.5 mg
    - Dexamethasone Injection 4 mg/ml
    - Ringer lactate Injection (IV)
    - Sodium chloride injection 0.9% (IV)
    - Dextrose 5% (IV)
    - Dextrose 25% (IV).

A. 7. Ensuring the availability of medicines for the symptomatic management

- *Refer to practice activity 2, table 3.*

A. 8. Ensuring the availability of vaccines for the universal immunization program

- *Refer to practice activity 14.*

A. 9. Maintaining drug stock register and separate H1 drug Register

- Schedule H1 drugs are a list of medicines that are subject to special regulations to control their use, including
    - prescription required
    - must have a red warning box on the label
    - the supply of Schedule H1 drugs must be recorded and made available to authorized officers for inspection
- Ensure regular supply and sufficient stocks of medicines at HWC as per state guidelines
- Maintain drug stock register and H1 drug Register, and enter details of stock daily (number of dispensed and balance drugs and expiry date)
- Replenish the drugs every month at the PHC review meeting
- Ensure regular supply and sufficient stocks of medicines at HWC.

A. 10. Self-motivating to display the list of essential medicines in HWC

- Prepare a list of essential medicines that will be available at your HWC and will be provided by your state NHM.
- Display the list of essential medicines in HWC and update it periodically.

COMPETENCY-BASED STANDARDS (CBS) 2	
To classify the medication administration services into green/yellow/red categories and dispense the drugs as per standing instructions.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 2 session, CHOs will understand and perform tasks,	
B. 1. classifying the medication administration services into green/yellow/red categories	Skill
B. 2. demonstrating the 7 rights of medication administration	Skill
B. 3. checking the expiry date of medications	Skill
B. 4. preparing and administering the medications	Skill
B. 5. educating the patient on self-administration and side-effects of medications	Skill
B. 6. ensuring medication adherence	Skill
B. 7. recording the prescribed medications and treatment in the patient folder and computer	Skill
B. 8. self-motivating to recheck for any possible medication errors	Attitude
B. 9. dispensing the drugs as per standing instructions and conduct the follow-up of the patients.	Skill

B. 1. Classifying the medication administration services into green/yellow/red categories *(see figure 1)*

- **Green category**
  - Medication administration services that can be managed at the centre and no issues found with dispensing drugs and medication adherence by CHO
    - Primary medical and patient care management *(refer to practice activity 2, table 3)*
    - Provide health counselling *(refer to practice activity 9)*
    - Documentation and record-keeping.
- **Yellow category**
  - Medication administration services that can be managed at the centre in coordination with PHC-MO and conduct further follow-up
  - Can manage medication non-adherence and presence of signs and symptoms in coordination with PHC-MO and conduct further follow-up
    - Primary medical and patient care management *(refer to practice activity 2, table 3)*
    - Health counselling *(refer to practice activity 9)*
    - Follow-up *(refer to practice activity 8)*
    - Documentation and record-keeping.

- **Red category**
    - Medication administration services that cannot be managed at the centre, require referral in coordination with PHC-MO and conduct further follow-up
    - Cannot manage drug shortage/medication non-adherence/worsening of signs and symptoms at HWC and require referral
        - Patient care management *(refer to practice activity 2, table 3)*
        - Health counselling *(refer to practice activity 9)*
        - Consult PHC-MO and do referral *(refer to practice activity 7)*
        - Follow-up *(refer to practice activity 8)*
        - Documentation and record-keeping.

B. 2. Demonstrating the 7 rights of medication administration

- Ensure the Right Person, Right Medication, Right Dose (in consultation with PHC-MO/as per the state guidelines), Right Time, Right Route, Right Reason, and Right Documentation.

B. 3. Checking the expiry date of medications

- The expiration date of a medication is usually printed on the packaging, such as the label, bottle, or carton.
- Show the medication name, dose and expiry date to the patient (to avoid medication errors).

B. 4. Preparing and administering the medications

- CHO prepares and administers medications as per the standing orders. There are two ways of medication administration- non-parenteral and parenteral medication administration.
- Non-parenteral administration refers to the delivery of medications through non-invasive methods such as oral intake (pills, capsules, syrups), topical application (ointments, nitro patches), and suppositories (vaginal and rectal). This method includes:
    - Oral medications are taken by mouth and absorbed into the digestive system.
    - Topical medications are directly applied to a specific area of the body.
    - Sublingual medication is placed under the tongue for absorption.
    - Transdermal medications deliver active ingredients through the skin for systemic distribution (e.g., birth control patches).
    - Ophthalmic medications are administered through the eye.
    - Otic medications are administered through the ear.
    - Rectal medications are administered through the rectum.
    - Nasal medications are administered through the nose.
    - Vaginal medications are administered through the vagina.
    - Mucosal medications include those delivered through the nose or absorbed through the nasal mucosa via inhalation.
- The parenteral route of medication administration involves injecting medication directly into the body. There are four main types of parenteral administration:
    - Intradermal (injection into the first layers of the skin)

    - Subcutaneous (injection into the fatty tissue under the skin)
    - Intramuscular (injection into a muscle)
    - Intravenous (injection into a vein).
- Steps of giving parenteral and non-parenteral medications
    - parenteral medications
        - Wash the hands
        - Gather supplies; an alcohol wipe, a sterile gauze pad, a cotton ball, a bandage, and a puncture-resistant container to dispose of the needle
        - the medication, a new needle and syringe
        - Prepare the injection site
        - Ensure 7 rights of the patient
        - Prepare the vial and syringe
        - Inject the medication
        - Remove the needle slowly
        - Using gauze, apply light pressure to the injection site.
        - Wait and look for any complications.
    - non-parenteral medications
        - Wash the hands
        - Gather supplies; medicines, a glass of water and a towel
        - Ensure 7 rights of the patient
        - Provide a comfortable position for the patient
        - Administer oral medications
        - Wait and look for any complications.

B. 5. Educating the patient on self-administration and side-effects of medications

- Write the name of the medication, action, dosage and frequency in the medicine covers clearly
- Educating the patient on
    - Storage of medications
    - Opening and closing of medication containers
    - Common side effects, complications and next follow-up

B. 6. Ensuring medication adherence

- Medication intake by the patient as prescribed.
- Assess for any complications.

B. 7. Recording the prescribed medications and treatment in the patient folder and computer

- Record the prescribed medications and treatment (name of the drug (Tab. XX/ Inj. YY), date, time, dose and route and any reactions).

B. 8. Self-motivating to recheck for any possible medication errors

- Review medications vigilantly for drug-drug and drug-patient
- If any medication errors are found, report them to PHC-MO.

B. 9. Dispensing the drugs as per standing instructions and conduct the follow-up of the patients

- Dispense the drugs as per standing instructions
- Conduct the follow-up of the patients to check for any complications

SUMMARY FLOWCHART

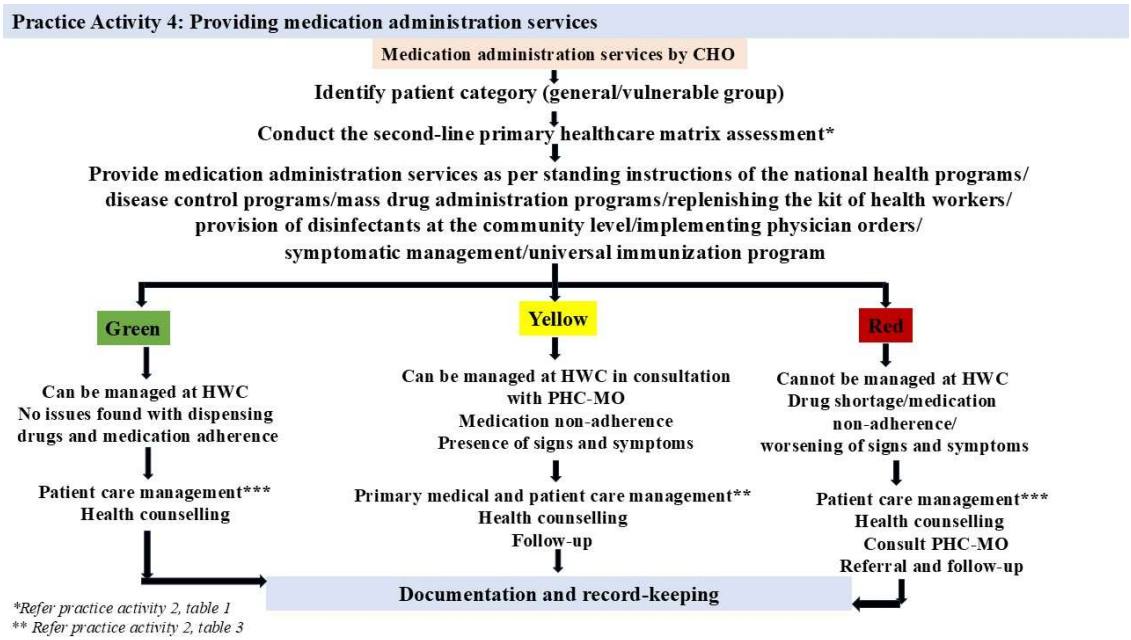


Fig.1. Summary flowchart of practice activity 4- Providing medication administration services and dispensing drugs as per standing instructions

CONCLUSION

At the end of the practice activity 4 session, CHOs will be competent to ensure the availability of medicines for the provision of an expanded range of essential packages of services and dispense the drugs as per standing instructions. They will classify the medication administration services into Green/Yellow/Red categories for further management and conduct follow-up.

PRACTICE ACTIVITY 5
HIGH-RISK MANAGEMENT

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide high-risk management services
RESPONSIBILITY	Refer high-risk cases and conduct follow-up at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to refer high-risk cases in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of the practice activity 5 session, CHO will be competent to: I. identify high-risk cases using second-line primary healthcare matrix assessment II. supervise the first-line high-risk management of green, yellow and red category patients at home by health workers III. classify the high-risk patients into three categories, A) Green category- High-risk patients who can be managed at HWC B) Yellow category- High-risk patients who can be managed at HWC in consultation with PHC-MO and conduct periodic follow-up and C) Red category- High-risk patients who cannot be managed at HWC and require patient referral and conduct further follow-up in consultation with PHC-MO. IV. implement the second-line high-risk management for green, yellow and red category patients at HWC.

COMPETENCY-BASED STANDARDS (CBS) 1	
To identify high-risk cases using the second-line primary healthcare matrix assessment	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 1 session, CHOs will understand and perform tasks, A. 1. recalling the danger signs of various groups A. 2. conducting second-line primary healthcare matrix assessment	 Knowledge Skill

A. 1. Recalling the danger signs of various groups

Table 1. **Danger signs and symptoms of various age groups**

Signs and Symptoms	Neonates, infants, under-five children	Antenatal/postnatal mothers	Adults/Elderly
High-risk category (Green)	• Preterm • Low birth weight (<2.5kg) • Sick babies discharged from SNCU • With congenital anomalies/birth defects • Whose mother is either sick/dead or care by family/relatives • High malaria risk	• 17 years of age or younger • 35 years of age or older • Feels ill or tiredness • Pallor • Swelling of fingers, face and legs • Communicable illness (High malaria risk) • Non-communicable diseases • Any other illness	• Communicable diseases • Non-communicable diseases •
Moderate High-risk category (Yellow)	• Mild Fever • Mild RTI • Mild feeding problem • Any other minor signs and symptoms	• Fever • Abdominal pain • Any other minor signs and symptoms	• Any other minor signs and symptoms
Very high-risk category (Red)	• Newborn and young infant (0-2 months) • Low Birth Weight (<1800 gm) • Baby cold (Axillary temperature less than 35.5^{o}C)/hot to touch (Axillary temperature 37.5^{o} C or above) • Inability/difficulty in feeding • Difficulty in breathing/fast breathing (60 breaths per minute or more) • Severe chest indrawing • Abnormal movements (Convulsions/Fits)	• Severe pallor • Facial oedema • Vaginal bleeding • Convulsions/fits • Severe headaches with blurred vision • Fever and too weak to get out of bed • Severe abdominal pain • Fast or difficult breathing • Rupture of Membrane	• Severe signs and symptoms of communicable/ • non-communicable/ any other illness

	• Severe dehydration* (less movement, sunken eyes, skin pinch goes back very slowly) • Appearance of jaundice within 24 hours of age/yellow staining of palms or soles • Malnutrition – Severe acute cases - with medical complications (Weight for length <-3SD/ Bilateral pitting oedema, inability to breastfeed) • Persistent diarrhoea (>14 days) • Under-five children • Unable to drink or breastfeed • Vomits everything • Convulsions during the present illness • Unconscious or lethargic • Fast Breathing (2-11 months=50 breaths per minute or more; 12-59 months=40 breaths per minute or more) • Chest indrawing • Severe dehydration (less movement, sunken eyes, skin pinch goes back very slowly) • Persistent diarrhoea (>14 days) • Very severe febrile disease/Malaria • Malnutrition – Severe acute cases - with medical complication		

	• Severe Anaemia (Hb<7 gm/dl) for children 6-59 months of age and (Hb<8 gm/dl) for children 5-11 years of age • Childhood overweight and obesity		

A. 2. Conducting second-line primary healthcare matrix assessment

- Conduct second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach *(refer to practice activity 2, table 1).*
- Identify the green, yellow and red high-risk cases
- Document patient demographic data, reporting date and time, health history, danger signs and symptoms (high-risk neonates, infants, under-five children, antenatal/postnatal mothers and adults/elderly) accurately.

COMPETENCY-BASED STANDARDS (CBS) 2	
To supervise the first-line high-risk management at home by health workers and implement the second-line high-risk management for green, yellow and red category patients at HWC	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 2 session, CHOs will understand and perform tasks,	
B. 1. supervising the first-line management of high-risk neonates, infants, under-five children, antenatal/postnatal mothers and adults/elderly by health workers	Skill
B. 2. implementing second-line high-risk management of green, yellow and red category high-risk neonates, infants, under-five children, antenatal/ postnatal mothers and adults/elderly at HWC	Skill
B. 3. self-motivating to conduct periodic follow-ups of high-risk cases	Attitude

B. 1. Supervising the first-line management of high-risk neonates, infants, under-five children, antenatal/postnatal mothers and adults/elderly by health workers

- Conduct the first-line primary healthcare matrix assessment (*refer to practice activity 2, table 2)* using the first-line GYR algorithm (Green-Yellow-Red) approach and classify the high-risk case into green/yellow/red category
    - **Green category** (if all assessment areas are normal and can be managed at home by health workers)
        - Provide routine care and health counselling
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping
    - **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))

        - Provide symptomatic management and health counselling *(refer to practice activity 2)*
        - Conduct follow-up after 1-3 days
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping
    - **Red category** (if signs and symptoms cannot be managed at home by the health worker and need CHO's attention)
        - Report to CHO immediately and refer the high-risk case to CHO (to HWC/home visit by CHO)
        - Arrange transport for referral/ home visit by CHO
        - Introduce the high-risk case and handover documents to CHO
        - Conduct follow-up of the high-risk case after 1-3 days
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping

B. 2. Implementing second-line high-risk management of green, yellow and red category high-risk neonates, infants, under-five children, antenatal/ postnatal mothers and adults/elderly at HWC

When CHO receives the red-category individuals referred by the health workers or high-risk patients directly visit to HWC, CHO will

- Reassess/confirm first-line primary healthcare matrix assessment report by health workers
- Conduct second-line primary healthcare matrix assessment by CHO
- Classify the high-risk cases into the green/yellow/red category for providing second-line high-risk management
    - **Green (Routine Care)**
        - Patients in this category can be managed by CHO at HWC
            - Provide symptomatic management
            - Health counselling
            - Conduct follow-up after 1-3 days
            - Documentation and record-keeping
        - For example,
            - High-risk infant
                - Infants born before 37 weeks of gestation/without any significant issues found in growth and development process
            - High-risk pregnant mother
                - A pregnant mother of 17 years of age or younger/35 years of age or older/without any complicated pregnancy/any significant signs and symptoms.

- **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)**
  - Patients in this category can be managed at HWC and CHO can provide high-risk management, health counselling and follow-up care in consultation with PHC-MO.
    - Report to PHC-MO immediately by phone and discuss the plan of interventions
    - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
    - Provide health counselling *(refer to practice activity 9)*
    - Conduct follow-up after 1-3 days
    - Documentation and record-keeping
  - For example,
    - High-risk infant
      - Infants born before 37 weeks of gestation/any minor significant signs and symptoms like mild fever/cough/feeding problem
    - High-risk pregnant mother
      - A pregnant mother of 17 years of age or younger/35 years of age or older/without any complicated pregnancy/any minor significant signs and symptoms like mild fever/cough etc
- **Red (Referral to PHC-MO Needed)**
  - Patients in this category cannot be managed at HWC and require referral services.
    - Consult PHC-MO and implement primary medical management by administering medications as per physician (PHC-MO) orders/ disease control programs/national health programs/ mass drug administration programs and symptomatic management. *(refer to practice activity 4)*
    - Refer the red category cases to PHC/specialist hospital in consultation with PHC-MO *(refer to practice activity 7)*
    - Conduct follow-up of referred patients after 1-3 days and document the health status *(refer to practice activity 8)*
    - Periodic reporting of the health status of patients to PHC-MO.
  - For example,
    - High-risk infant
      - Infants born before 37 weeks of gestation/any major significant signs and symptoms like high grade fever/severe diarrhea/severe feeding issues
    - High-risk pregnant mother
      - A pregnant mother of 17 years of age or younger/35 years of age or older/without any complicated

pregnancy/any major signs and symptoms/Rupture of Membrane etc

B. 3. Self-motivating to conduct periodic follow-ups of high-risk cases

- Conduct periodic follow-up of high-risk cases- with referral centres/ patients via telephone/ home visits/OPD visits *(refer to practice activity 8)*
- Document the health status and inform PHC-MO.

SUMMARY FLOWCHART

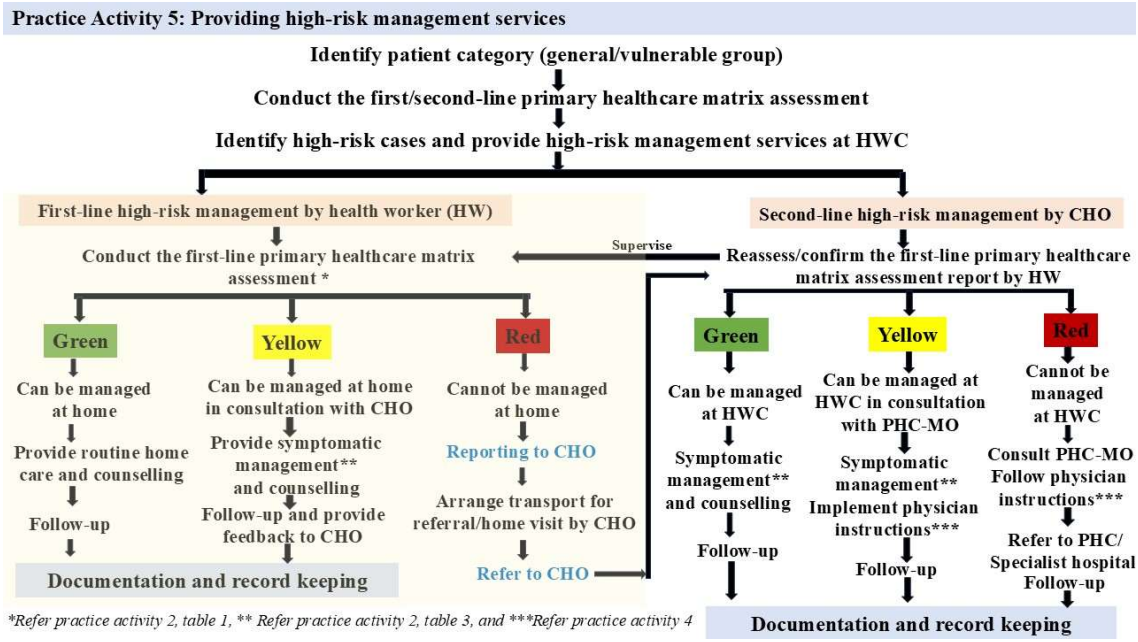


Fig.1. Summary flowchart of practice activity 5- Providing high-risk management services

CONCLUSION

At the end of the practice activity 5 session, CHOs will be competent to identify high-risk cases and classify them into Green/Yellow/Red categories for further management and follow-up using second-line primary healthcare matrix assessment. They will identify the red category high-risk patients who cannot be managed at HWC, refer them to PHC-MO/nearby specialist and conduct further follow-up.

PRACTICE ACTIVITY 6
FIRST-AID

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide first-aid services
RESPONSIBILITY	Provide first-aid services for common emergencies, burns and trauma at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to provide first-aid services for common emergencies, burns and trauma in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 6 session, CHO will be competent to: I. identify the need for first-aid services by conducting the initial assessment. II. supervise the first-line first-aid management of green, yellow and red category patients at home by health workers III. classify first aid services into three categories: A) Green category - First aid services that can be managed at HWC and conduct further follow-up. B) Yellow category - First aid services that can be managed at HWC in coordination with PHC-MO and conduct further follow-up. C) Red category - First aid services that require patient referral and conduct further follow-up in coordination with PHC-MO. IV. implement the second-line first-aid management for green, yellow and red category patients at HWC.

COMPETENCY-BASED STANDARDS (CBS) 1	
To identify the need for first-aid services	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 1 session, CHOs will understand and perform tasks,	
A. 1. recalling the institutional capacities of the referral unit system and emergency transport in the area	Knowledge
A. 2. self-motivating to follow Personal Protective Equipment guidelines	Attitude
A. 3. conducting the initial assessment of emergency cases brought in/referred by health workers/any others and assess the need for referral	Skill
A. 4. supervising the first-line first-aid management of green, yellow and red category patients at home by health workers	Skill
A. 5. implementing the second-line first-aid management for green, yellow and red category patients at HWC	Skill

A.1. Recalling the institutional capacities of the referral unit system and emergency transport in the area

- CHOs should know the roles and available facilities at primary (PHC), first referral/secondary and tertiary level centres of the public health system.
- Collect the following contacts in hand
    - Referral facilities – PHC, first referral/secondary and tertiary units
    - Ambulance services- Government Ambulance Services (PHC or secondary/first referral units or Specialist hospitals), Volunteer Ambulance Services (NGOs), Private Ambulance Service (schools/private hospitals), Combined Emergency Service (police/fire force /railway/ airport/ military)/Company ambulances (private/public funded companies).

A.2. Self-motivating to follow Personal Protective Equipment guidelines

- Check for hazards before approaching the person
- Avoid direct contact with body fluids.
- Wear protective equipment like gloves/mask/apron if needed.

A.3. Conducting the initial assessment of emergency cases brought in/referred by health workers/any others and assess the need for referral

- Identify patient category (general/vulnerable group)
- Check for HABCDE (H: Haemorrhage control A: Airway B: Breathing C: Circulation D: Disability E: Exposure)
    - Haemorrhage control- If there is bleeding from any part of the body, the first step is to stop the bleeding

- Airway maintenance- Observe for any obstructions using the head-tilt/chin-lift technique and jaw-thrust method
- Breathing maintenance- In case of respiratory arrest, the patient would have a definite pulse but he/she would not be breathing. Such patients must be given ventilation immediately.
    - Give 01 breath/ ventilation every 5 to 6 seconds for an adult patient/child; with each ventilation lasting about 1 second and making the chest rise.
    - Provide assisted ventilation using an AMBU bag
- Circulation maintenance- Check carotid artery pulse (or femoral or radial) on either side for about 06 seconds, multiply it by 10 to get the pulse rate per minute. For infants, check the brachial pulse.
    - Chest Compressions
        - Compression depth for adults should be 2 inches (about 5 cm) and the rate should be at least 100/minute.
        - For children, use two or three fingers in the centre of the chest just below the nipples. Press down approximately one-third the depth of the chest (about 1 and a half inches) and the rate should be at least 100/minute.
- Disability assessment- Assess for unresponsiveness/unconsciousness
- Exposure assessment- Provide recovery position and cover the body to prevent hypothermia.

A. 4. Supervising the first-line first-aid management of green, yellow and red category patients at home by health workers

- Identify patient category (general/vulnerable group)
- Check for HABCDE (H: Haemorrhage control A: Airway B: Breathing C: Circulation D: Disability E: Exposure)
- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify the first-aid case into green/yellow/red category
    - **Green category** (if all assessment areas are normal and can be managed at home by health workers)
        - Provide first-aid management and health counselling *(refer to practice activity 9)*
        - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping
    - **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))
        - Provide first-aid management and health counselling *(refer to practice activity 9)*
        - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - Schedule the next appointment for the home visit

        - Documentation and record-keeping
    - **Red category** (if signs and symptoms cannot be managed at home by the health worker and need CHO's attention)
        - Report to CHO immediately and refer the first aid case to CHO (to HWC/home visit by CHO)
        - Arrange transport for referral/ home visit by CHO
        - Introduce the individual and handover documents to CHO
        - Conduct follow-up of the first aid case after 1-3 days *(refer to practice activity 8)*
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping.

A. 5. Implementing the second-line first-aid management for green, yellow and red category patients at HWC

- When CHO receives the red-category individuals referred by the health workers or patients directly visit to HWC, CHO will
    - Reassess/confirm first-line primary healthcare matrix assessment report by health workers
    - Conduct second-line primary healthcare matrix assessment by CHO
    - Classify the first aid cases into the green/yellow/red category for providing second-line first aid management using the second-line GYR algorithm (Green-Yellow-Red) approach.
    - **Green (Routine First-aid Care)**
        - Patients in this category can be managed at HWC and CHO can provide routine first-aid care and health counselling
            - Ensure the follow-up of the patients by health workers *(refer to practice activity 8)*
            - Health counselling *(refer to practice activity 9)*
            - Documentation and record-keeping.
    - **Yellow (Immediate First Aid Care Needed in Consultation with PHC-MO)**[21]**:**
        - Patients in this category can be managed at HWC and CHO can provide first-aid, symptomatic management, health counselling and follow-up care to the patients in consultation with PHC-MO.
            - Conduct periodic follow-ups of the patients *(refer to practice activity 8)*
            - Periodic reporting of the health status of the patients to PHC-MO.
    - **Red (Referral to PHC-MO Needed)**
        - Patients in this category cannot be managed at HWC and require the immediate attention of PHC-MO.
            - Inform PHC-MO and call for an ambulance (for red-category patients) *(refer to practice activity 6, CBS 1, A.1)*

[21] Immediate care is a quick and efficient patient care for non-life-threatening conditions

- Provide first-aid (based on the type of emergency and *refer to Competency Based Standards 2 of this practice activity given below*) and symptomatic management (*refer to practice activity 2, table 3)*
- Insert IV cannulas for administering drugs (*refer to practice activity 4)*
- Implement physician instructions to administer medications (*refer to practice activity 4)*
- Refer red category patients to PHC/Specialist hospital *(refer to practice activity 7)* and conduct follow-up *(refer to practice activity 8)*
- Do documentation and record-keeping.

COMPETENCY-BASED STANDARDS (CBS) 2	
To provide first-aid services at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 2 session, CHOs will understand and perform tasks,	
B. 1. providing first-aid care and stabilization	Skill
B. 2. counselling the patient/caregivers about the present condition	Skill
B. 3. self-motivating to conduct the follow-up of yellow and red category patients	Attitude

B. 1. Providing first-aid care and stabilization

- **Trauma and Accidents**
  - Identify patient category (general/vulnerable group)
  - Check for HABCDE
  - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
  - Inform PHC-MO and Call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
  - Provide first-aid for **trauma and accidents**
    - Immobilization- Follow the RICER protocol in cases of fractures: Rest, Ice/Immobilization, Compression- bandaging/splinting, Elevation, Referral. During immobilization, CHO can try to splint closed fractures.
    - Control of bleeding- Bleeding may be controlled by applying direct pressure over the wound/major arteries, applying pressure bandage, cold compress (nose bleeding), elevation above the heart level, pressure over the major arteries and applying sutures.
  - Insert IV cannulas for administering drugs
  - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*

- Implement physician instructions to administer medications *(refer to practice activity 4)*
- Refer them to PHC/Specialist hospital (for **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
- Do documentation and record-keeping.

- **Bites (animal bite/snake bite/scorpion sting)**
  - Identify patient category (general/vulnerable group)
  - Check for HABCDE
  - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
  - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
  - Provide first-aid for **bites (animal bite/snake bite/scorpion sting)**
    - Examine the affected part
    - Removal of sting
    - Immobilize the area
    - Reassure the person
    - Position the patient
  - Insert IV cannulas for administering drugs
  - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
  - Implement physician instructions to administer medications *(refer to practice activity 4)*
  - Refer them to PHC/Specialist hospital (for **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
    - Get to the Hospital immediately.
    - Tell the doctor at the referred facility about the presence of any symptoms (pain, weakness, bleeding, etc.)
  - Do documentation and record-keeping.
- **Anaphylaxis and Acute Skin Rash**
  - Identify patient category (general/vulnerable group)
  - Check for HABCDE
  - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
  - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
  - Provide first-aid for **anaphylaxis and acute skin rash**
    - Anti-itching solutions to ease the symptoms (in consultation with PHC-MO)
  - Insert IV cannulas for administering drugs
  - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
  - Implement physician instructions to administer medications *(refer to practice activity 4)*

        - Use antihistamines, steroids (Injection Avil {Chlorpheniramine maleate} 25mg IV stat, Injection Hydrocort 100mg IV stat).
        - Oral antihistamines (Levocetrizine).
    - Refer them to PHC/Specialist hospital (for the **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
    - Do documentation and record-keeping.
- **Burns**
    - Identify patient category (general/vulnerable group)
    - Check for HABCDE
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
    - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
    - Provide first-aid for **burns**
        - Severity assessment: Depth of burns
            - First-degree (superficial) burns- These burns involve only the epidermis layer of skin. They can be warm, painful, red, soft, and usually don't blister
            - Second-degree (partial thickness) burns- These burns extend through the epidermis and into the dermis. They can be very painful, red, blistered, moist, and soft.
            - Third-degree (full thickness) burns- These burns extend through both the epidermis and dermis and into the subcutaneous fat or deeper. They can have little or no pain and can be white, brown, or charred.
        - Burn wound Care
    - Insert IV cannulas for administering drugs
        - Choice of IV Fluids- 4ml x % of Burns x Body weight (The first half is to be administered in the first 8 hours from the time of burn and the other half is divided equally between the second and third eight hours)
    - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
    - Implement physician instructions to administer medications *(refer to practice activity 4)*
        - Systemic antibiotics
    - Refer them to PHC/Specialist hospital (for the **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
    - Do documentation and record-keeping.

- **Choking/foreign body ingestion**
    - Identify patient category (general/vulnerable group)
    - Check for HABCDE
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
    - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
    - Provide first-aid for **choking/foreign body ingestion**
        - Give 5 back blows or perform the Heimlich manoeuver (5 abdominal thrusts).
        - If the person becomes unconscious, begin CPR.
        - After attempted rescue breaths, check the mouth for an object and if visible remove it.
        - Keep checking on SpO2 for hypoxia and start oxygen by mask/ nasal prongs – 2 to 3 litres/minute
    - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
    - Implement physician instructions to administer medications *(refer to practice activity 4)*
    - Refer them to PHC/Specialist hospital (for the **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
    - Do documentation and record-keeping.
- **Poisoning**
    - Identify patient category (general/vulnerable group)
    - Check for HABCDE
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
    - Inform PHC-MO and call for an ambulance (for the **red category**)
    - Provide first-aid for **poisoning**
        - Identification of the poison ingested if possible
        - Keep checking on SpO2 for hypoxia and start oxygen by mask/ nasal prongs – 2 to 3 litres/minute
        - Administer antidotes in consultation with PHC-MO
    - Insert IV cannulas for administering drugs
    - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
    - Implement physician instructions to administer medications *(refer to practice activity 4)*
    - Refer them to PHC/Specialist hospital (for the **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
    - Do documentation and record-keeping.
- **Seizures (fits)**
    - Identify patient category (general/vulnerable group)
    - Check for HABCDE

- Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
- Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
- Provide first-aid for **seizure/fits**
  - Roll the patient to recovery position and check random blood sugar.
- Provide first-aid for **febrile seizure/fits**
  - Give inj. Paracetamol 10mg/kg or Syrup. paracetamol 0.6ml/kg or 15mg/kg
  - Give cold sponging to the child
  - Observe for recurrence of episodes of seizures
- Insert IV cannulas for administering drugs
  - Correct dehydration with IV fluids
- Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
- Implement physician instructions to administer medications *(refer to practice activity 4)*
- Refer them to PHC/Specialist hospital (for the **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
- Do documentation and record-keeping.

- **Obstetric Emergencies (Post-Partum Haemorrhage (PPH) and Preeclampsia and Eclampsia)**
  - Identify the mother category (general/vulnerable group)
  - Check for HABCDE
  - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
  - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
  - Provide first-aid for **post-partum haemorrhage (PPH)**
    - Apply gentle uterine massage, or two-handed compression of the uterus, and maintain this during referral
    - Cover the woman with blankets
    - The woman should lie flat but with her legs raised above the height of her head to help maintain her blood pressure
    - If the woman is haemorrhaging or in shock, administer intravenous fluids and maintain the infusion during the referral
  - Provide first-aid for **preeclampsia/eclampsia**
    - A woman presenting with preeclampsia/eclampsia at your HWC may not always be possible to treat and hence you should keep PHC-MO in contact while you continue the first aid.
    - Position the mother to left side
    - Watch the mother for developing any seizures
  - Insert IV cannulas for administering drugs

- Provide symptomatic management and observe the mother *(refer to practice activity 2, table 3)*
- Implement physician instructions to administer medications *(refer to practice activity 4)*
- Refer them to PHC/Specialist hospital (for the **red category** mothers) and conduct follow-up *(refer to practice activity 7 & 8)*
- Do documentation and record-keeping.

- **Neonatal Emergencies**
  - Identify child category (general/vulnerable group)
  - Check for HABCDE
  - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
  - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
  - Provide first-aid for **neonatal emergencies**
    - provide first-aid wherever possible in consultation with PHC-MO
  - Insert IV cannulas for administering drugs (if possible)
  - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
  - Implement physician instructions to administer medications *(refer to practice activity 4)*
  - Refer the child to a facility where the presenting condition can be treated (for red-category children) and conduct follow-up *(refer to practice activity 7 & 8)*
  - Do documentation and record-keeping.
- **Exposure Illnesses (Heat Exhaustion/Heat Stroke/Cold exposure related illnesses (Hypothermia and Frostbite))**
  - Identify patient category (general/vulnerable group)
  - Check for HABCDE
  - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
  - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
  - Provide first-aid for heat exhaustion/heat stroke
    - Implement cooling measures
    - Management of dehydration and hypotension
    - Urine output monitoring
    - Keep checking on SpO2 for hypoxia and start oxygen by mask/ nasal prongs – 2 to 3 litres/minute
  - Provide first-aid for cold exposure-related illnesses (hypothermia and frostbite)
    - If the victim is conscious and alert, you could offer warm fluids like tea, warm milk or high-energy food like chocolate etc.
    - Keep the body dry and wrapped, including the head and neck, in a warm blanket.

- Insert IV cannulas for administering drugs if possible
- Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
- Implement physician instructions to administer medications *(refer to practice activity 4)*
- Refer them to PHC/Specialist hospital (for the **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
- Do documentation and record-keeping.

- **Non-communicable/communicable disease-related emergencies**
  - Identify patient category (general/vulnerable group)
  - Check for HABCDE
  - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
  - Inform PHC-MO and call for an ambulance (for the **red category**) *(refer to practice activity 6, CBS 1, A.1)*
  - Provide first-aid for **non-communicable/communicable disease-related emergencies**
    - Keep the patient lying down on his/her side.
    - Keep patient head high and turn on the side to prevent aspiration of vomit.
    - Keep the patient quiet and cover the patient lightly with a blanket.
    - Observe for signs and symptoms of hypotension/shock/other complications
    - Check and treat hypoglycaemia/ hyperglycaemia/ hypotension/ hypertension
    - Keep checking on SpO2 for hypoxia and start oxygen by mask/ nasal prongs – 2 to 3 litres/minute
  - Insert IV cannulas for administering drugs
    - If the patient is in shock, give IV fluids like Normal Saline (NS) and Ringer Lactate (RL) and do not use D5%, D10%, DNS, etc
  - Provide symptomatic management and observe the patient *(refer to practice activity 2, table 3)*
  - Implement physician instructions to administer medications *(refer to practice activity 4)*
  - Refer them to PHC/Specialist hospital (for the **red category** patients) and conduct follow-up *(refer to practice activity 7 & 8)*
  - Do documentation and record-keeping.

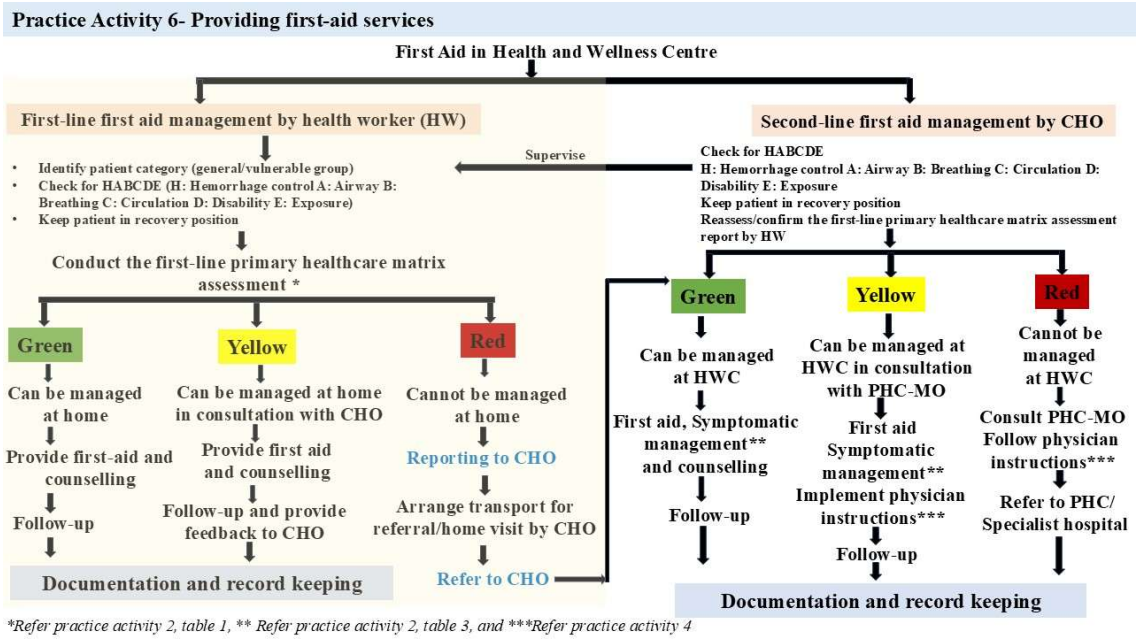
B. 2. Counselling the patient/caregivers about the present condition

- Learn about the patient's current health status and further treatment
- Explain the health condition to the patient/bystander and discuss the need for the patient referral for further treatment
- If needed, consult PHC-MO remotely for patient interaction
- Document the counselling session with the date and signature.

B. 3. Self-motivating to conduct the follow-up of yellow and red category patients

- Periodic follow-up of **yellow** and **red category** patients *(refer to practice activity 8)*
- Case discussions with senior doctors at referral centres or PHC-MO.

SUMMARY FLOWCHART



**Refer practice activity 2, table 1, ** Refer practice activity 2, table 3, and ***Refer practice activity 4*

Fig.1. Summary flowchart of practice activity 6- Providing first-aid services

CONCLUSION

At the end of the practice activity 6 session, CHOs will be competent to identify the need for first-aid services and provide second-line first-aid management. They will classify the second-line first aid services into Green/Yellow/Red categories for further management and follow-up.

PRACTICE ACTIVITY 7
REFERRAL MANAGEMENT

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide referral services
RESPONSIBILITY	Undertake referrals to enable a continuum of care Arrange referral transport and provide pre-referral stabilization if required.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to offer referral services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 7 session, CHO will be competent to: I. supervise the first-line referral of red category patients at home by health workers II. conduct the second-line referral of red-category patients (general OPD/high-risk/screening positive/first aid/cases referred by health workers and need-based cases) III. provide pre-referral stabilization and arrange transport as per the standing instructions IV. enter patient details in the referral slip and inform the service providers at referral centres V. enable a continuum of care under PM-JAY/other state-level schemes VI. ensuring health workers to escort high-risk/vulnerable cases to nearest PHC/Specialist hospital VII. practice the two-way referral system and document it in the records/IT application.

COMPETENCY-BASED STANDARDS (CBS) 1	
To supervise the first-line referral of red category patients at home by health workers and to conduct the second-line referral of red-category patients (general OPD/high-risk/screening positive/first aid/cases referred by health workers and need-based cases).	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 1 session, CHOs will understand and perform tasks,	
A. 1. supervising the first-line referral of red category patients at home by health workers	Skill
A. 2. conducting the second-line referral of red-category patients (general OPD/high-risk/screening positive/first aid/cases referred by health workers and need-based cases)	Skill
A. 3. identifying the need-based referrals	Skill

A. 1. Supervising the first-line referral of red category patients at home by health workers

- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify the patient into green/yellow/red category
    - **Green category** (if all assessment areas are normal and can be managed at home by health workers)
    - **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))
    - **Red category** (if signs and symptoms cannot be managed at home by the health worker and conduct referral to CHO)
        - Report to CHO immediately and refer the high-risk case to CHO (to HWC/home visit by CHO)
        - Arrange transport for referral/ home visit by CHO
        - Introduce the high-risk case and handover documents to CHO
        - Conduct follow-up of the high-risk case after 1-3 days
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping
- HEALTH WORKER ALERT
    - If patient dies at home *(refer to practice activity 53)*
        - First-line confirmation of death by health workers
            - Type of death
            - Time of death
            - Absence of respiration and heart rate
            - Pupil dilation
            - Document the findings in the referral form with date and time

- Inform the CHO for a home visit. If CHO is not available for the home visit, please refer the deceased patient and family to PHC.

A. 2. Conducting the second-line referral of red-category patients (general OPD/high-risk/screening positive/first aid/cases referred by health workers and need-based cases)

When CHO receives the red-category individuals referred by the health workers or patients directly visit to HWC, CHO will

- Identify patient category (general/vulnerable group)
- Reassess/confirm first-line primary healthcare matrix assessment report by health workers *(refer to practice activity 2, table 2)*
- Check for HABCDE for first aid/emergency cases (*refer to practice activity 6)*
- Conduct the second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach *(refer to practice activity 2, table 1)*
- Identify the green, yellow and red categories of general OPD/high-risk/screening positive/ first aid/ cases referred by health workers and need-based cases
    - **Green category**
        - Can be managed at HWC by CHO.
        - Provide first-aid care and health counselling *(refer to practice activity 6)*
        - Periodic follow-up by health workers
    - **Yellow category**
        - Can be managed at HWC in consultation with PHC-MO
        - First-aid (*refer to practice activity 6)* and symptomatic management (*refer to practice activity 2)*
        - Implement physician instructions and follow-up (*refer to practice activity 4)*
    - **Red category**
        - **Referral service needed**
        - Inform PHC-MO and call for an ambulance
        - First-aid *(refer to practice activity 6)* and symptomatic management *(refer to practice activity 2)*
        - Implement physician instructions (*refer to practice activity 4)*
        - Refer them to PHC/Specialist hospital and follow up

A. 3. Identifying the need-based referrals

- Natural calamities- There are two types of natural/man-made calamities- Expected and unexpected natural/man-made calamities *(refer to practice activity 35)*
    - Expected natural/man-made calamities
        - When CHO receives a red warning for the villages (red zone), implement Specific Disaster Preparedness for Vulnerable groups.
            - Identify the vulnerable groups like third-trimester pregnant mothers, newborns, high-risk, chronic, palliative and hospice care patients at home.

- Discuss with PHC-MO and refer and transfer the vulnerable groups (green/yellow category) to the relief camps/PHCs in green zones.
- Refer and transfer the **red category vulnerable groups/patients** to the specialist hospitals in green zone areas in consultation with PHC-MO.
- Conduct the follow-up and provide feedback to PHC-MO.

  - Unexpected natural/man-made calamities
    - When villages under HWC are affected with unexpected calamities, implement Specific Disaster Management for Vulnerable groups.
      - Search and identify the current health status of vulnerable groups like third-trimester pregnant mothers, newborns, high-risk, chronic, palliative and hospice care patients in the disaster sites
      - Discuss with PHC-MO and refer and transfer the vulnerable groups (green/yellow category) to the relief camps and provide patient care
      - Discuss with PHC-MO and refer and transfer the **red category vulnerable groups/patients** to the specialist hospitals
      - Conduct the follow-up and provide feedback to PHC-MO

- Mental health disorders
  - Identity the patients with mental illness and refer them to a psychiatrist in consultation with PHC-MO
  - Conduct the follow-up and provide feedback to PHC-MO
- Behavioural health disorders
  - Identify and refer the cases for quitting to the Tobacco Cessation Centre at the District Hospital/Medical College in consultation with PHC-MO
  - Identify and refer the cases for deaddiction – tobacco/alcohol/substance abuse to deaddiction centres in consultation with PHC-MO
  - Conduct the follow-up and provide feedback to PHC-MO
- Gender-Based Violence (GBV) related injuries
  - Identify and refer the cases to PHC/specialist hospital in consultation with PHC-MO
  - Inform nearby police station in consultation with PHC-MO
  - Conduct the follow-up and provide feedback to PHC-MO
- Palliative care
  - Identify and refer the patients in need of palliative care to a specialist hospital in consultation with PHC-MO
  - Conduct the follow-up and provide feedback to PHC-MO
- Rehabilitative care
  - Identify and refer the patients in need of rehabilitative care (provision of physiotherapy, crutches, MCR footwear) to a specialist hospital in consultation with PHC-MO

    - Conduct the follow-up and provide feedback to PHC-MO
- Hospice care
    - Identify and refer the patients in need of hospice care to a specialist hospital in consultation with PHC-MO
    - Conduct the follow-up and provide feedback to PHC-MO
- Family planning services
    - Identify and refer the women/eligible couples opting for limiting methods of contraception/injectable contraceptives/female sterilization and abortion to a specialist hospital in consultation with PHC-MO
    - Identify and refer the men opting for male sterilization to a specialist hospital in consultation with PHC-MO
    - Conduct the follow-up and provide feedback to PHC-MO.

COMPETENCY-BASED STANDARDS (CBS) 2	
To enter patient details in the referral-slip and inform the service providers at referral centres.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 2 session, CHOs will understand and perform tasks,	
B. 1. using a clear referral format for referral	Skill
B. 2. establishing referral linkages with secondary care facilities	Skill
B. 3. facilitating referrals at a higher-level facility in consultation with PHC-MO	Skill
B. 4. maintaining referral register and records	Skill

B. 1. Using a clear referral format for referral1

- Prepare a referral format[1]- Enter the identification data of the patient, summary of health assessment, signs and symptoms, patient care already being provided in HWC, reason for referral and other details as necessary
- Enter the contact details of CHO for further inquiries from the referral centre

B. 2. Establishing referral linkages with secondary care facilities

- Identify secondary care hospitals and their facilities near HWC
- Establish contacts with healthcare professionals in the secondary care hospitals

B. 3. Facilitating referrals at a higher-level facility in consultation with PHC-MO

- Use tablets/smartphones for referral services
- Follow referral protocols by facilitating referrals at a higher-level facility/teleconsultation with a specialist as required
- Refer the **red category**/need-based patients to an appropriate centre where specialists are available in consultation with PHC-MO, for example
    - Refer patients with acute simple illness to PHC
    - Refer high-risk pregnancies, sick newborns and care for serious mental health ailments may be referred directly to a district hospital

- Refer eye check-up to an eye facility where free spectacles are available.
- Refer patients with dental issues to a nearby dentist.

B. 4. Maintaining referral register and records

- Enter referral details in registers and records in HWC
- Enter the referral details in the IT application (as per the state government instructions)[1]

COMPETENCY-BASED STANDARDS (CBS) 3	
To provide pre-referral stabilization and arrange transport as per the standing instructions.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 3 session, CHOs will understand and perform tasks,	
C. 1. providing pre-referral stabilization care to manage emergencies, anaphylaxis and other AEFI	Skill
C. 2. providing pre-referral management of obstetric first-aid	Skill
C. 3. using emergency drugs in consultation with PHC-MO	Skill
C. 4. arranging a referral transport as per the standing instructions	Skill
C. 5. ensuring health workers to escort high-risk/vulnerable cases to nearest pre-identified health facility	Attitude

C. 1. Providing pre-referral stabilization care to manage emergencies, anaphylaxis and other AEFI

- *Refer to Practice Activity 6, CBS 2 for the management of emergencies, anaphylaxis*
- *Refer to Practice Activity 15 for the management of AEFI.*

C. 2. Providing pre-referral management of obstetric first-aid

- *Refer to Practice Activity 6, CBS 2*

C. 3. Using emergency drugs in consultation with PHC-MO

- *Refer to Practice Activity 4, CBS 1, A.6.*

C. 4. Arranging a referral transport as per the standing instructions[22]

- *Refer to Practice Activity 6, CBS 1, A.1*

C. 5. Ensuring health workers to escort high-risk/vulnerable cases to nearest referral/specialist hospital

- Ensure health workers to escort pregnant women & children/ high-risk/vulnerable cases requiring treatment/admission to the nearest PHC/ Specialist hospital
- Conduct the follow-up and provide feedback to PHC-MO.

[22] As per the standing instructions developed by the state government

COMPETENCY-BASED STANDARDS (CBS) 4	
To practice the two-way referral system and document it in the records/IT application.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 4 session, CHOs will understand and perform tasks,	
D. 1. practicing the two-way referral system for follow up of referred patients	Skill
D. 2. discussing the referred case with PHC-MO	Skill
D. 3. self-motivating to document the details in records/IT application.	Attitude

D. 1. Practicing the two-way referral system for follow up of referred patients

- Conduct the follow-up of referred patients
- Collect the treatment details and recommended plan of management for the continued care of the patient in HWC/home from a specialist (referred health facility)

D. 2. Discussing the referred case with PHC-MO

- Provide feedback on two-way referral details to PHC-MO

D. 3. Self-motivating to document the details in records/IT application[23]

- Enter two-way referral details in registers and records in HWC
- Enter two-way referral details in the IT application (as per the state government instructions)

[23] Will use IT format developed by the state government

COMPETENCY-BASED STANDARDS (CBS) 5	
To enable a continuum of care under PM-JAY/other state-level schemes.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS 5 session, CHOs will understand and perform tasks, E. 1. facilitating the enrolment of individuals to PM-JAY/State govt. scheme) E. 2. sharing information about the closest empaneled public or private hospitals	 Skill Knowledge

E. 1. Facilitating the enrolment of individuals to Pradhan Mantri Jan Arogya Yojana (PM-JAY)/ State govt. scheme

- Facilitate the enrolment of individuals under PM-JAY/State govt. scheme) by giving information regarding the centres where e-cards are provided

E. 2. Sharing information about the closest empaneled public or private hospitals

- Identify the closest empaneled public or private hospitals
- Share this information with people needing care/require referral for serious illnesses such as cancers, ischemic heart diseases, surgical care.

SUMMARY FLOWCHART

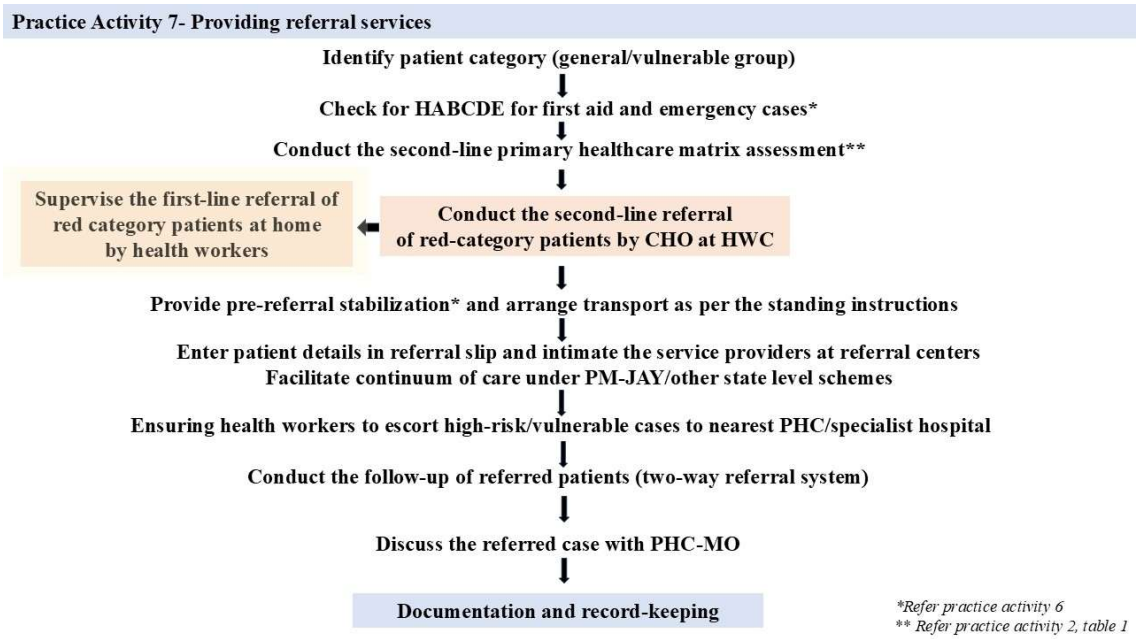


Fig.1. Summary flowchart of practice activity 7- Providing referral services

CONCLUSION

At the end of the practice activity 7 session, CHOs will be competent to refer red category-general OPD/high-risk/screening positive/first aid/cases referred by health workers and need-based cases, to enter patient details in referral slip and intimate the service providers at referral centres, to provide pre-referral stabilization and arrange transport as per the standing instructions, to practice the two-way referral system, document it in the records/IT application and to facilitate a continuum of care under PM-JAY/other state-level schemes.

PRACTICE ACTIVITY 8
FOLLOW-UP

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct the follow-up services
RESPONSIBILITY	Conduct follow-up of high-risk cases at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to conduct follow up of high-risk cases.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 8 session, CHO will be competent to I. supervise the first-line follow-up of yellow and red category patients at home by health workers II. conduct the second-line follow up of previous cases of yellow and red category patients at HWC (health team referrals/general OPD cases/screening positive/with mental illness/ high-risk neonates and infants/under-five children/adolescents/pregnant mothers/ adults/elderly/need-based referrals/ PM-JAY (State govt. scheme) discharged patients).

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the first-line follow-up of yellow and red category patients at home by health workers and to conduct the second-line follow up of previous cases of yellow and red category patients at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the purposes of follow up of previous cases of yellow and red category patients at home and HWC	Knowledge
A. 2. using tablets/smartphones for follow up	Skill
A. 3. supervising the first-line follow-up of yellow and red category patients at home by health workers	Skill
A. 4. conducting the second-line follow up of yellow and red category patients at HWC	Skill
A. 5. confirming continuation of treatment from the PHC-MO and providing the follow up care at HWC	Skill
A. 6. providing follow up care to PM-JAY (or State govt. scheme) discharged patients	Skill
A. 7. self-motivating to provide updates on follow up of patients to PHC-MO	Attitude

A. 1. Recalling the purposes of follow-up of previous cases of yellow and red category patients at home and HWC

- Identifying misunderstandings
    - Follow up can help identify misunderstandings of the patients and address their questions and concerns.
- Making assessments and adjusting treatments
    - Follow up can help CHOs make further assessments and adjust treatments as needed.
- Checking for health problems
    - Follow-up can help check for health problems that may occur months or years after treatment ends, such as the development of other types of cancer.
- Ensuring appropriate care
    - Follow-up can help ensure that patients with chronic conditions receive the appropriate secondary care input.
    - Follow-up with the children/pregnant mothers/patients to ensure adherence to routine care/treatment plans or any complications developed after initiation.

A. 2. Using tablets/smartphones for follow up

- Use tablets/smartphones to contact the patients for follow up.

A. 3. Supervising the first-line follow-up of yellow and red category patients at home by health workers (health team referrals/general OPD cases/screening positive/ with mental illness/ high-risk neonates and infants/under-five children/adolescents/pregnant mothers/ adults/elderly/need-based referrals/ PM-JAY (State govt. scheme) discharged patients)

- Conduct the home visit of previous cases of yellow and red category patients by health workers.
- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and **classify current status of the patient into green/yellow/red category**
    - **Green category** (if all assessment areas are normal and can be managed at home by health workers)
        - Provide routine care and health counselling *(refer to practice activity 9)*
        - Schedule the next appointment for the **follow-up** *(refer to practice activity 8)*
        - Documentation and record-keeping.
    - **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))
        - Provide symptomatic management *(refer to practice activity 2)* and health counselling *(refer to practice activity 9)*
        - **Conduct follow-up after 1-3 days**
        - Documentation and record-keeping.
    - **Red category** (if signs and symptoms cannot be managed at home by the health worker and need CHO's attention)

- Report to CHO immediately and refer the high-risk case to CHO (to HWC/home visit by CHO)
- Arrange transport for referral/ home visit by CHO
- Introduce the high-risk case and handover documents to CHO
- **Conduct follow-up after 1-3 days**
- Schedule the next appointment for the home visit
- Documentation and record-keeping.

A. 4. Conducting the second-line follow up of yellow and red category patients at HWC (health team referrals/general OPD cases/screening positive/ with mental illness/ high-risk neonates and infants/under-five children/adolescents/pregnant mothers/ adults/elderly/need-based referrals/ PM-JAY (State govt. scheme) discharged patients)

When CHO receives the red-category individuals referred by the health workers or previous yellow and red category patients directly visit to HWC, CHO will

- Reassess/confirm first-line primary healthcare matrix assessment report by health workers (OR).
- Conduct second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach by CHO.
  - **Identify the current health status as green/yellow/red category**
  - **Green (Routine Care)**
    - Patients in this category can be managed by CHO at HWC
      - Provide symptomatic management *(refer to practice activity 2)*
      - Provide health counselling *(refer to practice activity 9)*
      - **Conduct follow-up after 1-3 days**
      - Documentation and record-keeping.
  - **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)**
    - Patients in this category can be managed at HWC in consultation with PHC-MO
      - Provide symptomatic management and administer medications *(refer to practice activity 2)*
      - Provide health counselling *(refer to practice activity 9)*
      - **Conduct follow-up after 1-3 days**
      - Documentation and record-keeping.
  - **Red (Referral to PHC-MO Needed)**
    - Patients in this category cannot be managed at HWC and require referral services.
      - Consult PHC-MO and implement primary medical management by administering medications as per PHC-MO instructions *(refer to practice activity 4)*
      - Refer the red category cases to PHC/Specialist hospital in consultation with PHC-MO *(refer to practice activity 7)*
      - **Conduct follow-up of referred patients after 1-3 days**
      - Periodic reporting of the health status of patients to PHC-MO.

A. 5. Confirming continuation of treatment from the PHC Medical Officer and providing the follow up care at HWC

- Confirm continuation of routine care/treatment from PHC-MO especially useful during the first follow up visit of the individual who has been recently initiated on treatment for Communicable Diseases/NCDs/antenatal care/need-based care/others
- Schedule follow up appointments for patients at HWC
- Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
- **Identify the current health status as green/yellow/red category.**
    - *Refer to A.4.*

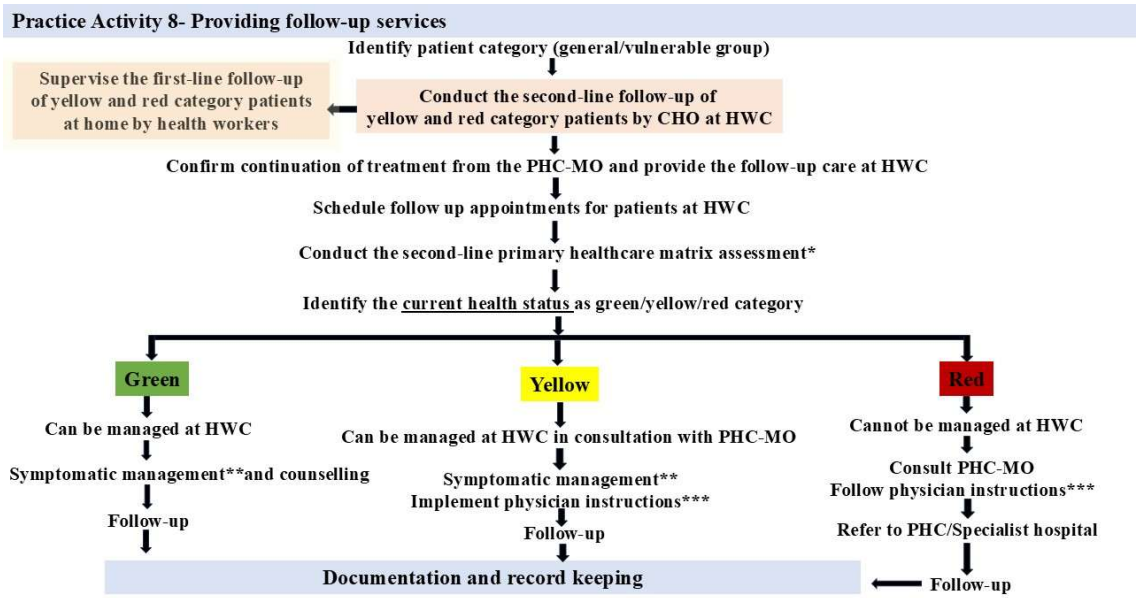
A. 6. Providing follow up care to PM-JAY (or state govt. scheme) discharged patients

- Identify the PM-JAY discharged patients
- Follow up care to PM-JAY discharged patients based on the information alerts shared by your PHC-MO.

A. 7. Self-motivating to provide updates on follow-up of patients to PHC-MO

- Conduct case discussion with PHC-MO
- Implement the instructions
- Provide the feedback to PHC-MO
- Document and record the details in HWC.

SUMMARY FLOWCHART



** Refer practice activity 2, table 1, ** Refer practice activity 2, table 3, and ***Refer practice activity 4*

Fig.1. Summary flowchart of practice activity 8- Providing follow-up services

CONCLUSION

At the end of the practice activity 8 session, CHOs will be competent to conduct the follow-up of yellow and red category health team referrals/general OPD cases/screening positive/ with mental illness/ high-risk neonates and infants/under-five children/adolescents/ pregnant mothers/adults/elderly/need-based referrals/ PM-JAY (state govt. scheme) discharged patients.

PRACTICE ACTIVITY 9
COUNSELLING

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct counselling services
RESPONSIBILITY	Provide health counselling services at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to conduct counselling services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 9 session, CHO will be competent to: I. supervise the first-line counselling of green, yellow and red category patients at home by health workers II. conduct second-line health counselling for green category patients (disease-based/need-based/mental health/general health/maternal and child health and family planning) III. conduct second-line health counselling for yellow category patients (disease-based/need-based/mental health/maternal and child health) IV. conduct second-line referral counselling for red category patients (high-risk/emergency/need-based/family planning/safe abortion/mental health and disease-based).

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the first-line counselling of green, yellow and red category patients at home by health workers and to conduct second-line counselling of green, yellow and red category patients at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the counselling areas based on patient category to be conducted at HWC	Knowledge
A. 2. recalling the counselling process	Knowledge
A. 3. supervising the first-line counselling of green, yellow and red category individuals at home by health workers	Skill
A. 4. conducting second-line counselling of green, yellow and red category patients at HWC	Skill
A. 5. practicing the principles of counselling	Skill
A. 6. conducting home visits/ outreach services for counselling	Skill
A. 7. self-motivating to conduct follow-up of patients after counselling services.	Attitude

A. 1. Recalling the counselling areas based on patient category to be conducted at HWC

- There are three types of second-line counselling services to be provided in HWC by CHO,
    - **Second-line health counselling for green category patients**- CHO conducts second-line counselling on current health status, home care management, signs of complications, drug compliance and follow-up. The second-line counselling topics of green categories are;
        - Maternal and child health *(refer to practice activity 16 & 17)*
            - Conduct counselling support for the following Antenatal Care, Postnatal Care and Essential Newborn Care
            - Early and exclusive breastfeeding for 6 months, age-appropriate complementary feeding on completion of 6 months of age, Infant Young Child Feeding (IYCF) and enabled access to food supplementation - all linked to ICDS
            - Deworming of children above 1 year of age, Growth Monitoring, Nutrition counselling, Iron Folic acid tablet (IFA) use, Water Sanitation and Hygiene (WASH), Childhood Immunization and enabling Early Childhood Development (ECD)

- Registration in the state government-sponsored Maternity benefit schemes
- 'Take Home Ration' to lactating mothers and nutrition-specific counselling to mothers/caregivers for their children
- Conduct genetic counselling when needed.

▪ General health *(refer to practice activity 2)*
- Prevention and management of communicable and non-communicable diseases
- Lifestyle modification, addressing risk factors, self-care, treatment compliance and identification of complications related to each of these conditions.
- Counselling on steps to perform self-health examination- Self breast/oral examination.
- Counselling for substance abuse cessation (drug, alcohol, tobacco) and referral to cessation Centres
- Identify and report elderly/women/children abuse cases, and provide family counselling
- Management of common children/antenatal/adult/geriatric ailments and supportive treatment
- Counselling on Yoga and meditation *(refer to practice activity 28)*
- Counselling on Adolescent Health- Improving nutrition, sexual and reproductive health, enhancing mental health/promotion, favourable attitudes for preventing, injuries and violence, preventing substance misuse, promoting a healthy lifestyle, personal hygiene (oral hygiene and menstrual hygiene), peer counselling and life skills education.

▪ Disease-based *(refer to practice activity 2)*

▪ Need-based *(refer to practice activity 7, CBS 2, A.2)*

▪ Mental health *(refer to practice activity 8)*
- Psychosocial support for mental health, awareness and stigma reduction activities and address the myths related to Mental/ neurological illnesses.
- Necessary counselling to be given for deaths in the family
- Counselling on gender-based violence
- Counselling and follow up of patients with Severe Mental Disorders.

▪ Family planning *(refer to practice activity 19)*
- Counselling for creating awareness about early marriage and delaying early pregnancy.
- Conduct genetic counselling if needed.

○ **Second-line health counselling for yellow category patients**- CHO conducts second-line counselling on current health status, symptomatic management,

home care management, signs of complications, drug compliance and follow-up. The counselling topics of yellow categories are;

- Maternal and child health *(refer to practice activity 16 & 17)*
- General health *(refer to practice activity 2)*
  - Treatment of communicable and non-communicable diseases
  - Lifestyle modification, addressing risk factors, self-care, treatment compliance and identification of complications related to each of these conditions.
  - Management of common children/antenatal/adult/geriatric ailments and supportive treatment
- Disease-based *(refer to practice activity 2)*
- Need-based *(refer to practice activity 7, CBS 2, A.2)*
- Mental health *(refer to practice activity 8)*
- Family planning *(refer to practice activity 19).*

- **Second-line referral counselling for red category patients**- CHO conducts second-line counselling on emergency/high-risk health status, need for specialist treatment and referral, referral facility details, mode of transport and two-way referral system. The counselling topics of red categories are;
  - High-risk *(refer to practice activity 5)*
  - Emergency *(refer to practice activity 6)*
  - Need-based *(refer to practice activity 7, CBS 2, A.2)*
  - Family planning *(refer to practice activity 19)*
  - Safe abortion *(refer to practice activity 19)*
  - Mental health *(refer to practice activity 8)*
    - Psychosocial support for mental health illnesses
    - Address the myths related to mental/ neurological illnesses.
    - Counselling to be conducted for deaths in the family
  - Disease-based *(refer to practice activity 2).*

A. 2. Recalling the counselling process *(refer to figure 1)*

- Identify patient category (general/vulnerable group)
- Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
- Check for HABCDE for first aid and emergency cases *(refer to practice activity 6)*
- Identify the health problems, needs and information gaps
- Identify the patient category (Green/Yellow/Red)
- Identify the type of second-line counselling required for the patient (referral/health counselling)
- Conduct the second-line counselling session for Green/Yellow/Red category patients
- Document the patient's responses and actions
- Follow-up of the patient and evaluate the health status.

A. 3. Supervising the first-line counselling of green, yellow and red category individuals at home by health workers

- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify status of the patient into green/yellow/red category
    - **Green category** (if all assessments are normal and can be managed at home by health workers)
        - Provide routine care and **first-line health counselling**
        - Schedule the next appointment for the follow-up *(refer to practice activity 8)*
        - Documentation and record-keeping.
    - **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))
        - Provide symptomatic management and **first-line health counselling** *(refer to practice activity 2)*
        - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - Documentation and record-keeping.
    - **Red category** (if signs and symptoms cannot be managed at home by the health worker and need CHO's attention)
        - Report to CHO immediately and refer the high-risk case to CHO (to HWC/home visit by CHO)
        - Conduct **first-line referral counselling** (explains about the referral service to CHO at HWC)
        - Arrange transport for referral/ home visit by CHO
        - Introduce the high-risk case and handover documents to CHO
        - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - Schedule the next appointment for the home visit
        - Documentation and record-keeping.

A. 4. Conducting second-line counselling of green, yellow and red category patients at HWC (refer to figure 1)

When CHO receives the red-category individuals referred by the health workers or previous yellow and red category patients directly visit to HWC, CHO will

- Reassess/confirm the first-line primary healthcare matrix assessment report by health workers OR
- Conduct second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach by CHO *(refer to practice activity 2, table 1)*
- Identify the health status as green/yellow/red category.
    - Second-line health counselling for **green category** patients (can be managed at HWC by CHO)
        - Identify the type of second-line health counselling required- Disease-based/need-based/mental health/general health/maternal and child health/family planning
        - Establish rapport with the patient/caregiver

        - Brief current health status and problems
        - Conduct health counselling
        - Document the counselling session, topics discussed, response from the patient and next follow-up details
        - Conduct follow-up by health workers *(refer to practice activity 8)*
        - Provide feedback to PHC-MO.
    - Second-line health counselling for **yellow category** patients (can be managed at HWC in consultation with PHC-MO)
        - Provide first-aid and symptomatic management
        - Identify the type of second-line health counselling required- disease-based/need-based/mental health/maternal and child health
        - Establish rapport with the patient/caregiver
        - Brief current health status and problems
        - Conduct health counselling
        - Document the counselling session, topics discussed, response from the patient and next follow-up details *(refer to practice activity 8)*
        - Provide feedback to PHC-MO.
    - Second-line referral counselling for **red category** patients (Cannot be managed at HWC and referral service required)
        - Check for HABCDE for first aid and emergency cases *(refer to practice activity 6)*
        - Consult PHC-MO and implement primary medical management by administering medications as per PHC-MO instructions *(refer to practice activity 4)*
        - Arrange transport for referral (*refer to practice activity 6, CBS 1, A.1)*
        - Identify the type of second-line referral counselling required- high-risk/emergency/need-based/family planning/safe abortion/mental health/ disease-based
        - Conduct second-line referral counselling on
            - current health status of the patient
            - type of advanced care needed for the patient
            - details of referral specialist (doctor) and facility
            - mode of transport with or without the health team
            - referral slips
            - update on getting appointments for specialists at the referral facility
            - two-way referral system
        - Refer the patient to PHC/Specialist hospital after referral counselling
        - Provide feedback to PHC-MO and follow up.

A. 5. Practicing the principles of counselling

- Follow eight principles of counselling in HWC
    - Acceptance: Accepting the client's physical, psychological, social, economic, and cultural conditions.
    - Confidentiality: Maintaining confidentiality of the counselling sessions
    - Respect: Respecting the client's autonomy and individuality.
    - Professional boundaries: Maintaining professional boundaries.
    - Effective communication: Communicating effectively by ensuring patient cooperation.
    - Listening- Listen to the patient carefully and observe the non-verbal cues.
    - Reflection- Reflect on the patient’s experiences and identify the needs and problems
    - Follow-up- Ensuring the follow-up of the patients after counselling.
- Implement Peplau's Theory of Interpersonal Relations in Nursing in conducting counselling services in HWC
    - Orientation: CHO helps the patient become oriented to their problem and understand the sources of their anxiety.
    - Identification: CHO acts as a facilitator by providing options for the patient to choose from and enabling them to cooperate.
    - Exploitation: CHO helps the patient to choose the best treatment option for them.
    - Resolution: CHO terminates the session when the patient is fully convinced about the chosen treatment and follow-up details.

A. 6. Conducting home visits/ outreach services for counselling

- During the home visits/outreach services, CHO allows health workers to undertake counselling and advice, including demonstration as appropriate.
- CHO provides feedback regarding counselling sessions to health workers after returning to HWC.
- Document the counselling sessions with the date, time and signature of CHO and health workers. The documentation will be verified by the PHC-MO during monthly PHC meeting.

A. 7. Self-motivating to conduct follow-up of patients after counselling services

- Conduct follow-up of yellow and red category patients after counselling services
- Supervise the follow-up of green category patients by health workers during home visits/outreach services.

SUMMARY FLOWCHART

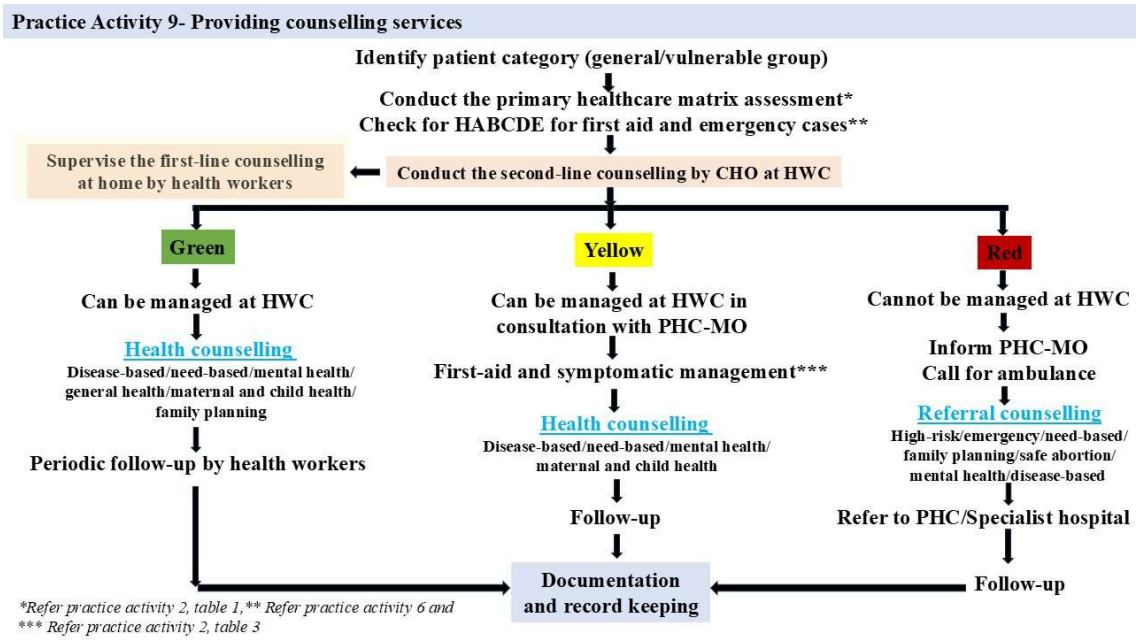


Fig.1. Summary flowchart of practice activity 9- Providing counselling services

CONCLUSION

At the end of the practice activity 9 session, CHO will be competent to provide second-line health counselling for green and yellow category patients in disease-based/need-based/mental health/maternal and child health/family planning categories. CHO will conduct second-line referral counselling services for red-category patients in high-risk/emergency/need-based/family planning/safe abortion/mental health and disease-based categories.

PRACTICE ACTIVITY 10
TELECONSULTATION

DOMAIN	Clinical Care Provider
SUB DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct teleconsultation services
RESPONSIBILITY	Facilitate teleconsultation at HWC

PRE-SERVICE LEARNING EXPERIENCE
Learnt to conduct teleconsultation services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of the practice activity 10 session, CHOs will be competent to: I. conduct OPD teleconsultation to confirm the continuation of treatment (or as part of a two-way referral system) and seek clarifications regarding the provision of medical management for yellow category patients II. conduct referral teleconsultation to seek instructions for pre-referral stabilization and referral advice for red category patients III. undertake virtual training including case management support by PHC-MO/Specialists for CHO and health workers.

COMPETENCY-BASED STANDARDS (CBS)	
To conduct OPD teleconsultation for yellow category patients, referral teleconsultation for red category patients and undertake training using teleconsultation for CHO and health workers at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the various teleconsultation services	Knowledge
A. 2. recalling the teleconsultation process	Knowledge
A. 3. conducting the teleconsultation services for yellow and red category patients	Skill
A. 4. self-motivating to ensure the functional status of teleconsultation equipment	Attitude
A. 5. conducting the follow-up of yellow and red category patients using teleconsultation.	Skill

A. 1. Recalling the various teleconsultation services

- There are three types of teleconsultation services conducted in OPD, Referral and training using teleconsultation services
    - OPD teleconsultation for **yellow category** patients
        - OPD teleconsultation will be conducted with PHC-MO/specialist to confirm the continuation of treatment (or as part of a two-way referral system) and seek clarifications regarding the provision of medical management for yellow category patients in HWC.
    - Referral teleconsultation for **red category** patients
        - Referral teleconsultation will be conducted with PHC-MO to seek instructions for pre-referral stabilization and referral advice for red category patients in HWC.
    - Training using teleconsultation
        - Training using teleconsultation will be conducted to undertake virtual training including case management support by PHC-MO/Specialists for CHO and health workers.

A. 2. Recalling the teleconsultation process

- Identify patient category (general/vulnerable group)
- Conduct the second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach *(refer to practice activity 2, table 1)*
- Check for HABCDE for first aid and emergency cases *(refer to practice activity 6)*
- Classify the patients as green/yellow and red category
- Identify the type of consultation required (OPD for **yellow category**/referral for **red category**)
- Obtain the patient's consent for OPD/referral teleconsultation.
- Connect PHC-MO/Specialist through telephone/mobile/Esanjeevani OPD app
    - Telephone/mobile mode
        - Contact PHC-MO/Specialist through the given number, explain the condition and seek advice.
        - Document the advice with date, time and mode of consultation with signature.
    - Esanjeevani OPD app
        - Log in to the app, call the physician, turn on the camera and facilitate the consultation.
        - Download the instructions in a PDF document.
- Implement the physician's instructions and observe the patient's condition
- Documentation and record-keeping
- Conduct the follow-up and provide feedback to PHC-MO.

A. 3. Conducting the teleconsultation services for yellow and red category patients

- OPD teleconsultation for **yellow category** patients (can be managed at HWC in consultation with PHC-MO)
    - Identify patient category (general/vulnerable group)
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
    - Check for HABCDE for first aid and emergency cases *(refer to practice activity 6)*
    - Collect the informed consent from the patient
    - Connect PHC-MO/specialist through telephone/mobile/Esanjeevani OPD app
    - Confirm continuation of treatment and seek clarifications regarding the provision of medical management/two-way referral system
        - e.g. Confirming the continuation of treatment from your PHC Medical Officer- is especially useful during the first follow up visit of the individual who has been recently initiated on treatment for Diabetes/Hypertension.
    - First-aid and symptomatic management and health counselling *(refer to practice activity 2, table 3)*
        - e.g. CHO can facilitate teleconsultation for skin rash with PHC-MO along with case details and obtain a treatment decision.
    - Documentation and record-keeping
    - Follow-up *(refer to practice activity 8)* and provide feedback to PHC-MO.
- Referral teleconsultation for **red category** patients (cannot be managed at HWC and referral services required)
    - Identify patient category (general/vulnerable group)
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
    - Check for HABCDE for first aid and emergency cases *(refer to practice activity 6)*
    - Collect the informed consent from the patient
    - Connect PHC-MO/Specialist through telephone/mobile/Esanjeevani OPD app
    - Seek instructions for pre-referral stabilization and referral advice for referral services
    - Conduct referral counselling *(refer to practice activity 9)* and refer the patient to PHC/Specialist hospital *(refer to practice activity 7)*
    - Documentation and record-keeping
    - Follow-up *(refer to practice activity 8)* and provide feedback to PHC-MO.
- Training using teleconsultation
    - Conduct the assessment gap of knowledge, skill and attitude in providing services by the health workers.
    - Request for training using teleconsultation with PHC-MO/Specialist
    - Undertake virtual training including case management support by PHC-MO/Specialists for CHO and health workers
    - Documentation and record-keeping.

A. 4. Self-motivating to ensure the functional status of teleconsultation equipment

- Two major pieces of equipment are used in teleconsultation: Telephone and laptop
    - Telephone/mobile
        - Ensure battery charge of the phone round the clock
        - Ensure adequate balance to make calls (depends upon pre-paid/post-paid)
        - Ensure the network coverage. If there is any network issue, arrange a phone with another network to make emergency phone calls
        - Ensure all the emergency contacts are saved in a hard copy (diary) other than the phone book.
    - Laptop
        - Ensure battery charge of the laptop round the clock
        - Ensure a wi-fi/landline/hotspot network connection is available round the clock
        - If it is not working in an unfavourable condition, use telephone mode for consultation.

CHO ALERT

- If both telephone/mobile and app are not connecting in an unfavourable environment, provide first aid *(refer to practice activity 6)*, symptomatic management *(refer to practice activity 2, table 3)* and referral counselling *(refer to practice activity 9)*, keep the patient under observation and document the vital signs hourly.
- When the transport is ready, refer the patient to a PHC/specialist hospital with a referral slip *(refer to practice activity 7)*.
- If possible, arrange patient escort by the health worker.
- Provide the updates to PHC-MO when the network connection is restored.
- Documentation and record-keeping.

A. 5. Conducting the follow-up of yellow and red category patients using teleconsultation

- OPD teleconsultation for **yellow category** patients
    - Conduct the follow-up of the patients after 1-3 days by health workers *(refer to practice activity 8)*
    - Provide the updates to PHC-MO during weekly reporting
    - Documentation and record-keeping.
- Referral teleconsultation for **red category** patients
    - Conduct the follow-up of the patients after 1-3 days by CHO *(refer to practice activity 8).*
    - Provide the updates to PHC-MO.
    - Documentation and record-keeping.

SUMMARY FLOWCHART

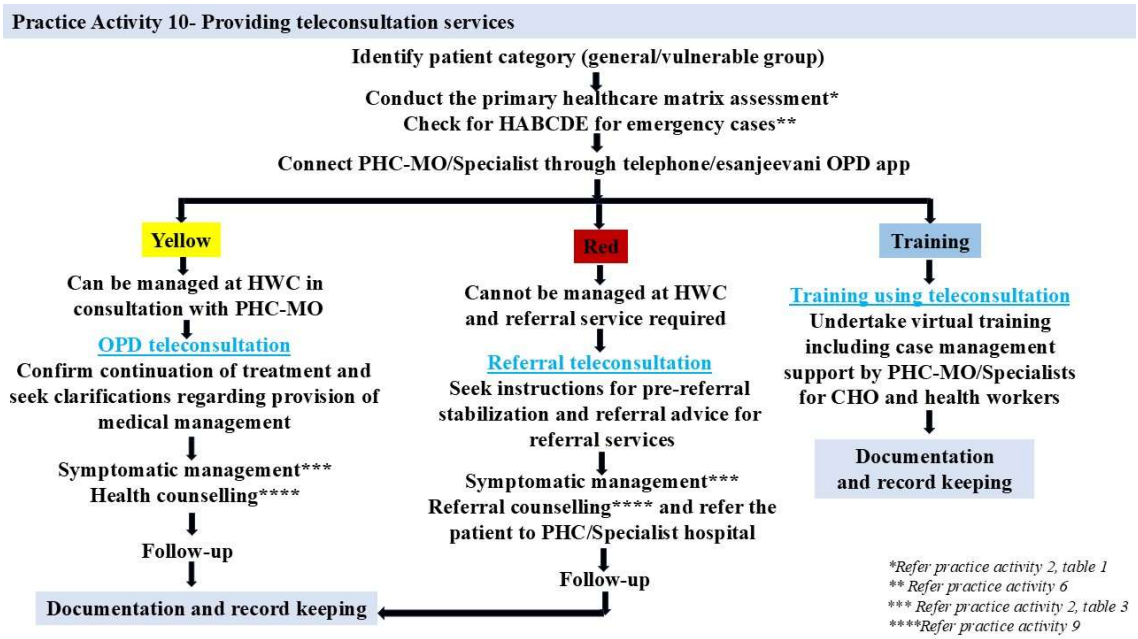


Fig.1. Summary flowchart of practice activity 10- Providing teleconsultation services

CONCLUSION

At the end of the practice activity 10 session, CHO will be competent to conduct OPD teleconsultation to confirm the continuation of treatment and seek clarifications regarding provision of medical management for yellow category patients and referral teleconsultation to seek instructions for pre-referral stabilization and referral advice for red category patients. CHO will conduct training using teleconsultation to undertake virtual training including case management support by PHC-MO/Specialists for CHO and health workers.

PRACTICE ACTIVITY 11
INFECTION PREVENTION AND CONTROL PRACTICES

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To practice infection prevention and control guidelines
RESPONSIBILITY	Implement infection prevention and control practices

PRE-SERVICE LEARNING EXPERIENCE
Learnt infection prevention and control practices in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 11 session, CHO will be competent to: I. institute safe clinical facilities and practices in HWC as per standard protocols II. prepare the infection control checklist for daily rounds III. conduct regular training of health workers on infection prevention and control practices IV. participate in the National Quality Assurance Programme- Kayakalp

COMPETENCY-BASED STANDARDS (CBS)	
To implement the infection prevention and control guidelines	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the infection prevention and control guidelines	Knowledge
A. 2. installing the facilities for practicing the infection prevention and control practices	Skill Skill
A. 3. instituting safe clinical practices as per standard protocols	Skill
A. 4. preparing the infection control checklist for daily rounds	Skill
A. 5. supervising cleaning protocols daily/weekly/monthly at HWC	Skill
A.6. conducting regular training of health workers on infection prevention and control practices	Attitude
A.7. self-motivating to participate in the National Quality Assurance Programme- Kayakalp	

A. 1. Recalling the infection prevention and control guidelines

- Hand washing practices
    - Provide adequate hand washing facilities and ensure compliance with the correct method of hand hygiene in HWC.
- Practice cleaning protocols *(refer to A.5.)*
    - Ensure spot/daily/weekly cleaning practices in HWC.
- Practice safe clinical practices
    - Physical distancing
    - Wear Personal Protective Equipment (PPE) during patient care services
    - Practice safe health assessment *(refer to practice activity 1)*/medication administration *(refer to practice activity 4)*/laboratory *(refer to practice activity 3)*/ injection practices *(refer to practice activity 4)*
    - Practice sterile techniques in clinical procedures like wound dressing *(refer to practice activity 6).*
- Practice proper written handover system between CHO and the health workers.
- Ensure safe disposal of Bio-Medical Waste as per rules *(refer to practice activity 12).*
- Follow airborne infection prevention and control guidelines
    - Hand hygiene
    - Follow respiratory hygiene
    - Correct use of PPE
    - Safe cleaning and decontamination of surfaces
    - Safe handling and disposal of waste and linen.
- Conduct regular training of health workers in infection prevention and control.
- Health team immunization
    - Ensuring immunization of CHO and health workers against Hepatitis B and any emerging and re-emerging diseases (as per national/state guidelines).

A. 2. Installing the facilities for practicing the infection prevention and control practices

- Handwashing facilities
    - Install handwashing facilities with handwash liquids/towels/tissue papers/blue waste bins in all service areas at HWC.
- PPE facilities
    - Ensure the availability of head covers, masks, aprons and gloves in HWC.
- Health team immunization
    - Ensure the immunization of health team (CHO and health workers) against Hepatitis B and any emerging/re-emerging diseases (as per national/state guidelines) should be ensured in coordination with PHC-MO.
- Availability of disinfectants
    - Store bleaching powder in dry, dark and cool places
    - Prepare 1% bleaching powder solution add 1 tablespoon of bleaching powder in 1 litre of water for disinfection purposes.

- Soiled linen/equipment management facilities
    - Instruct the health workers to always wear gloves while handling soiled linen/equipment
    - Fold the soiled linen/equipment in such a manner that health worker does not come in contact with the soiled part
    - Add disinfectant to the soiled linen/equipment before sending it to the washing
    - Store washed linens/equipment in a clean and sterile area.
- Cleaning of floors, furniture, equipment and walls
    - Ensure the spot/daily/weekly cleaning at HWC
    - Provide cleaning materials and disinfectants to the helper for cleaning
    - Instruct the helper to always wear gloves, mask and apron while cleaning.
- Sterilization of reusable equipment
    - Supervise the sterilization of reused articles by health workers
    - Pack and label the sterilization articles with the date and time of sterilization
    - Send used equipment for sterilization to PHC (if sterilization facilities are not available in HWC).

A. 3. Instituting safe clinical practices as per standard protocols

- Practicing infection prevention protocols while providing clinical care
    - Physical distancing
    - Handwashing before and after the procedure
    - Wearing a mask on duty time
    - PPE donning on & off
    - Using sterilized equipment for the clinical procedure
    - Safe handling and disposal of sharps.
- Colour-coded bins should be available in every service area including patient waiting areas so that waste can be segregated at the source[24]
    - Green bin- General bio-degradable and non-infectious waste (general food/paper waste)
    - Blue bin- General non-biodegradable and non-infectious waste (non-infected plastics)
    - Red bin- Infectious and non-biodegradable waste (infected plastics, gloves and dressings)
    - Yellow bin- Infectious and biodegradable waste (human anatomical waste)
    - White container- Sharps.

A. 4. Preparing the infection control checklist for daily rounds

- Prepare a checklist for daily rounds in coordination with PHC-MO and ensure that the checklist contains the following;
    - Quality of infection prevention and control services in HWC
    - Performance of the health workers in providing infection prevention and control services

[24] Will be customised at the state-level

- Adherence to infection prevention and control protocols in patient care services
- Adherence to handing and taking over infection prevention and control protocols in all areas
- Stock availability of disinfectants required in every service area
- Sterilization date of the instruments
- Ensure cleanliness and check the cleaning checklist for completion of all service areas as per cleaning protocols
- Presence of junk or unnecessary items in service areas.

A. 5. Supervising cleaning protocols daily/weekly/monthly at HWC

- Routine cleaning: Once in two hours with aldehyde-free high-level disinfectant (HLD) like 70% isopropyl alcohol
  - Cleaning agent: Routine cleaning with soap detergent plus disinfection with aldehyde-free high-level disinfectant (HLD) like 70% isopropyl alcohol.
- Spot Cleaning: When stain/spill identified in the service area
  - Cleaning agent: As required after disinfection with 0.5% chlorine solution.
- Intensive deep cleaning: Weekly/holidays
  - Cleaning agent: Intensive cleaning of floors, walls, furniture and equipment with soap detergent plus disinfection with aldehyde free high-level disinfectant (HLD) like 70% isopropyl alcohol.

A. 6. Conducting regular training of health workers on infection prevention and control practices

- Conducting regular training of health workers on
  - infection prevention and control guidelines *(refer to A.1)*
  - practicing the infection prevention and control practices *(refer to A.2)*
  - instituting safe clinical practices as per standard protocols *(refer to A.3)*
  - monitoring the infection prevention and control practices using an infection control checklist for daily rounds *(refer to A.4)*
  - and following cleaning protocols daily/weekly/monthly at HWC *(refer to A.5)*.

A. 7. Self-motivating to participate in the National Quality Assurance Programme- Kayakalp

- Kayakalp aims to promote Cleanliness, Hygiene, and Infection Prevention.
- It is an award scheme in which facilities are assessed at three levels (Internal, Peer, External) using an objective checklist covering eight thematic areas (a) Hospital Upkeep, (b)Sanitation & Hygiene, (c) Waste Management, (d) Infection control, (e) Support Services, (f) Hygiene Promotion, and (g) Beyond the hospital boundary.
- Facilities scoring 70% and above after external assessment are recognized and incentivized.
  - Conduct an infection control assessment in HWC using the Kayakalp objective checklist
  - Discuss the gaps with PHC-MO and rectify the identified gaps
  - Participate in the Kayakalp award scheme in coordination with the health workers and PHC-MO.

SUMMARY FLOWCHART

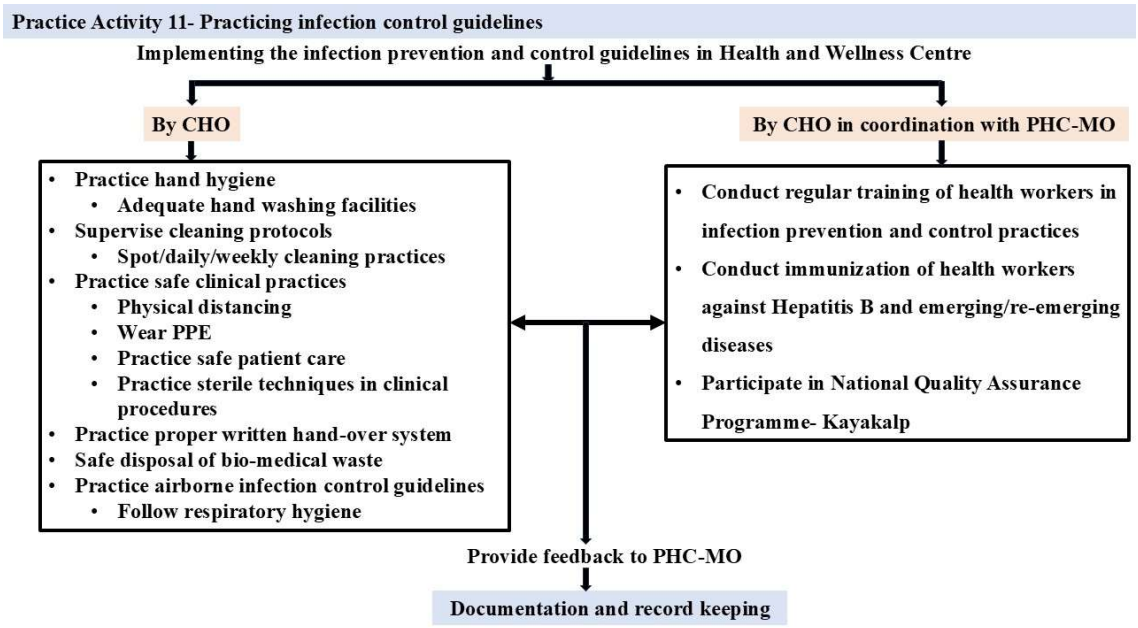


Fig.1. Summary flowchart of practice activity 11- Practicing infection control guidelines

CONCLUSION

At the end of the practice activity 11 session, CHO will be competent to institute safe clinical facilities and practices in HWC as per standard protocols, prepare the infection control checklist for daily rounds, conduct regular training of health workers on infection prevention and control practices and participate in National Quality Assurance Programme- Kayakalp.

PRACTICE ACTIVITY 12
BIO-MEDICAL WASTE MANAGEMENT

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To practice bio-medical waste management guidelines
RESPONSIBILITY	Follow the guidelines for waste collection, storage, transport and disposal at HWC

PRE-SERVICE LEARNING EXPERIENCE
Learnt bio-medical waste management in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 12 session, CHO will be competent to: I. identify the areas of waste generation and kinds of waste generated in the HWCs II. manage different types of waste generated and its management process III. prepare bio-medical waste management checklist for daily rounds IV. conduct regular training of healthcare workers on bio-medical waste management practices V. participate in the National Quality Assurance Programme- Kayakalp

COMPETENCY-BASED STANDARDS (CBS)	
To follow biomedical waste management guidelines at HWC	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the bio-medical waste management guidelines	Knowledge
A. 2. identifying the areas and kinds of waste generated in the HWC	Skill
A. 3. installing the facilities for waste management at HWC	Skill
A. 4. facilitating the waste management process as per the bio-medical waste management guidelines	Skill
A. 5. preparing the bio-medical waste management checklist for daily rounds	Skill
A. 6. conducting regular training of healthcare workers on bio-medical waste management practices	Skill
A. 7. self-motivating to participate in the National Quality Assurance Programme- Kayakalp	Attitude

A. 1. Recalling the bio-medical waste management guidelines

- Areas of waste generation and kinds of waste generated in the HWCs *(refer to A.2).*
- Management of different types of waste generated *(refer to A.3).*
- Waste management process *(refer to A.4).*
- Bio-medical waste management checklist for daily rounds *(refer to A.5).*
- National Quality Assurance Programme- Kayakalp *(refer to A.7).*

A. 2. Identifying the areas and kinds of waste generated in the HWC

- OPD
    - Blood and body fluids, syringes and needles, slides, ampoules, vials, broken thermometers, plaster-casts, chemical waste, and liquid wastes.
- Injection Room
    - Syringes and needles, ampoules, vials, broken glasses, gloves and vaccine waste.
- Laboratory
    - Blood and body fluids, syringes and needles, gloves, slides, sputum and sputum cups, chemical waste and liquid waste.
- Store
    - Discarded medicines, chemicals, disinfectants, plastics, papers, unused furniture and equipment.

A. 3. Installing the facilities for waste management at HWC

- Drainage and Sanitation (in coordination with PHC-MO)
    - Construction and maintenance of drainage and sanitation systems for wastewater, surface water, subsoil water and sewerage shall be done by the prescribed standards at the state-level.
    - Water harvesting is one of the most critical components that should be focused upon by CHO.
    - Reuse of wastewater in irrigation, cooking, cleaning, washing, etc. can be demonstrated in HWCs for the orientation of the community.
- General waste disposal
    - CHO should make arrangements for the disposal of general waste with Panchayat/ULB.
- E-waste management
    - Electronic equipment, used batteries, and radio-active wastes which are not covered under biomedical wastes but have to be disposed of in coordination with PHC-MO.
- Liquid waste management
    - Liquid waste management is another area which needs adequate attention and the liquid waste and effluents can be treated in the area where it is generated, before disposal in the drainage system.
- Spill management (for mercury/ infected body fluids)
    - Mercury spill

        - Wear PPE, collect the spilled mercury using thick paper and put it in a glass bottle with water. Tightly cover the bottle's lid.
        - Transport to the designated centre as per instructions by PHC-MO.
    - Infected body fluids spill
        - Clean the liquid waste spill by adding an equal or more quantity of bleaching powder solution and leave the area for 30 minutes.
        - Wipe the area with a swab/cloth.
        - Discard the swab/cloth after cleaning the area into a red bin meant for plastics and other wastes.
- Bio-medical waste disposal
    - Availability of a dedicated biomedical waste disposal facility/deep burial pit along with septic tank and soaking pit should be ensured at HWC.
    - If not available, facilitate the transportation of waste in closed containers for disposal in PHC/nearby centres.
    - It should also be ensured that disposal of human anatomical waste, soiled waste and biotechnology waste is done within 48 hours.
- Waste segregation
    - Colour-coded bins should be available in every service area including patient waiting areas so that waste can be segregated at the source
        - Green bin- General bio-degradable and non-infectious waste (general food/paper waste)
        - Blue bin- General non-biodegradable and non-infectious waste (non-infected plastics)
        - Red bin- Infectious and non-biodegradable waste (infected plastics, gloves and dressings)
        - Yellow bin- Infectious and biodegradable waste (human anatomical waste)
        - White container- Sharps.

A. 4. Facilitating the waste management process as per the bio-medical waste management guidelines

- There are four processes practiced in the waste management process in HWC; Segregation, Collection and Storage, Transportation and Treatment and Disposal.
    - Segregation
        - Always segregate waste into infectious and non-infectious waste at the source of generation as per the colour coding *(refer to A.3).*
    - Collection and Storage
        - Always collect the waste in covered bins
        - Fill the bins up to the 3/4th level
        - Clean the bins regularly with soap and water/disinfect the bins regularly.
    - Transportation (in coordination with PHC-MO)
        - Always carry/transport the waste in closed containers

        - Use dedicated waste collection bins/trolleys/wheelbarrows for transporting waste
        - Transport waste through a pre-defined route within the healthcare facility to a nearby Common Bio-medical Waste Treatment Facility (CBWTF).
    - Treatment and Disposal (general and bio-medical waste)
        - General waste
            - General waste without any treatment is to be sent to waste dumps for final disposal.
        - Bio-medical waste
            - Always remember to disinfect and mutilate the waste before its final disposal
            - Anatomical waste to be deep-buried
            - Chemically disinfected waste can be sent to PHC/municipal dumps for disposal.

A. 5. Preparing the bio-medical waste management checklist for daily rounds

- Prepare a checklist for daily rounds in coordination with PHC-MO and ensure that the checklist contains the following;
    - BMW is segregated and stored properly
    - Segregated collection and transportation of biomedical waste is maintained properly
    - Used sharps are collected and transported for disposal properly
    - Management of hazardous waste like mercury/body fluids is maintained properly
    - Solid general waste management is maintained properly
    - Liquid waste management is maintained properly
    - Equipment and supplies for bio-medical waste management are maintained properly.
- Monitoring the waste management using a bio-medical waste management checklist for daily rounds.

A. 6. Conducting regular training of healthcare workers on bio-medical waste management practices

- Conducting regular training of healthcare workers on
    - Areas of waste generation and kinds of waste generated in the HWCs *(refer to A.2)*
    - Management of different types of waste *(refer to A.3)*
    - Waste management steps *(refer to A.4)*
    - Participation in National Quality Assurance Programme- Kayakalp *(refer to A.7).*

A. 7. Self-motivating to participate in the National Quality Assurance Programme- Kayakalp

- Kayakalp aims to promote cleanliness, hygiene, and infection control in HWCs.
- It is an award scheme in which facilities are assessed at three levels (Internal, Peer, External) using an objective checklist covering eight thematic areas (a) Hospital Upkeep, (b) Sanitation & Hygiene, (c) Waste Management, (d) Infection control, (e) Support Services, (f) Hygiene Promotion, and (g) Beyond the hospital boundary.
- Facilities scoring 70% and above after external assessment are recognized and incentivized.
    - Conduct waste Management assessment at HWC using the Kayakalp objective checklist.
    - Discuss the gaps with PHC-MO and rectify the identified gaps.
    - Participate in the Kayakalp award scheme in coordination with the health workers and PHC-MO.

SUMMARY FLOWCHART

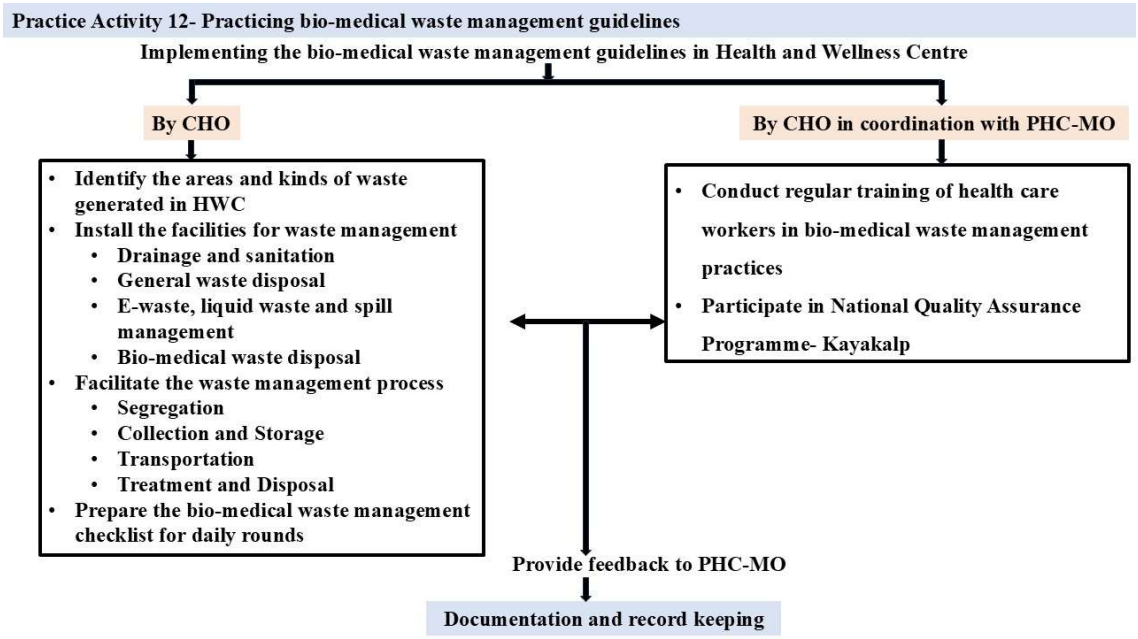


Fig.1. Summary flowchart of practice activity 12- Practicing bio-medical waste management guidelines

CONCLUSION

At the end of the practice activity 12 session, CHO will be competent to identify the areas of waste generation and kinds of waste generated in the HWCs, manage different types of waste and its management processes, prepare bio-medical waste management checklist for daily rounds, conduct regular training of healthcare workers on bio-medical waste management practices and participate in the National Quality Assurance Programme- Kayakalp.

CLINICAL CARE PROVIDER

Direct Community Care Supervisor (DCCS)

PRACTICE ACTIVITY 13
POPULATION-BASED SCREENING

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise population-based screening
RESPONSIBILITY	To supervise population-based screening To supervise screening for non-communicable diseases for all those of age 30 years and above, who report directly to HWC, and are referred by the health workers.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to conduct population-based screening in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 13 session, CHOs will be competent to: I. supervise health workers to undertake the population enumeration and fill out the Community-Based Assessment Checklist (CBAC) II. supervise health workers in conducting the first-line population and mass screening as per CPHC packages and refer the first-line screening positives (red category) to CHO at HWC and manage the first-line screening negative cases (green and yellow category) at home III. conduct the second-line screening of cases (first-line screening positives referred by health workers) in HWC and refer the second-line screening positive cases (red category) to PHC/Specialist hospital and manage the second-line screening negative cases (green and yellow category) at HWC IV. provide the continuum of care for the third-line screened positive cases (referred second-line positives by CHO to PHC-MO) in PHC/Specialist hospital.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise health workers to conduct population and mass screening as per CPHC packages.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. supervising health workers to undertake the population enumeration	Knowledge
A. 2. supervising health workers to fill out the Community-Based Assessment Checklist (CBAC)	Skill
A. 3. supervising health workers to set up screening clinics	Skill
A. 4. motivating the health workers for community engagement in conducting screening clinics	Attitude
A. 5. supervising health workers to conduct the first-line population and mass screening as per CPHC packages at home/community	Skill
A. 6. supervising the health workers in managing first-line screening positives (red category) and negatives (green and yellow category)	Skill
A. 7. conducting the second-line screening of cases (first-line screening positives referred by health workers) and who visit directly to HWC	Skill
A. 8. referring all second-line screening positives (red category) to PHC/Specialist hospital and managing all negative cases (green and yellow category) at HWC	Skill Skill
A. 9. providing the continuum of care for the third-line screened positive cases (referred second-line positives by CHO to PHC-MO) in PHC/Specialist hospital	
A. 10. training the health workers to conduct various screening tests	Knowledge
A. 11. submitting the screening reports to PHC-MO.	Skill

A. 1. Supervising health workers to undertake the population enumeration

- Supervise health workers to undertake the population enumeration through home visits
- Supervise health workers in completing health cards for each individual
- Supervise the health workers in identifying individuals aged above 30 years and high-risk cases in all age groups through **population and mass screening as per CPHC packages**.
    - **Population screening**
        - Population screening refers to the systematic screening of a specific subgroup of the population that is at a higher risk for a particular disease or condition. It is often targeted and based on factors such as age, gender, or specific high-risk factors.
        - Example: Screening women aged 50-69 for breast cancer using self-breast examination or screening adults over 40 for hypertension and diabetes.
    - **Mass screening**
        - Mass screening involves offering screening tests to everyone in a population or community regardless of risk factors or symptoms. It is typically conducted for a particular disease or condition across a broad demographic.
        - Example: Mass screening for COVID-19 in a region during an outbreak.
    - **Screening as per CPHC packages**
        - It involves the screening of population as per the 12 CPHC packages *(except package 11- Emergency Medical Services, including for Trauma and Burns).*
            - Package 1- Care in pregnancy and child birth
            - Package 2- Neonatal and infant Health
            - Package 3- Childhood and Adolescent healthcare services including immunization
            - Package 4- Family planning, contraceptive services and other reproductive care services
            - Package 5- Management of Communicable diseases and General Outpatient care for acute simple illness and minor ailments
            - Package 6- Management of Communicable diseases: National Health Programmes (Tuberculosis, Leprosy, Hepatitis, HIV/AIDS, Malaria, Kala-azar, Filariasis and Other vector borne diseases)
            - Package 7- Prevention, Screening and Management of Non-Communicable diseases
            - Package 8- Care for Common Ophthalmic and ENT problems
            - Package 9- Basic oral healthcare
            - Package 10- Elderly and palliative healthcare services

- Package 12- Screening and Basic management of Mental health ailments.

- Supervise health workers to use first-line GYR algorithm (Green-Yellow-Red) approach to determine and manage the positive and negative cases.
  - **Screening positive cases**
    - **Red category** cases are screening positive cases.
    - Referral services required (to CHO at HWC).
  - **Screening negative cases**
    - Green and yellow category are screening negative cases
      - **Green category** patients can be managed at home by health workers
      - **Yellow category** patients can be managed at home by health workers in coordination with CHO's instructions.

A. 2. Supervising health workers to fill out the Community-Based Assessment Checklist (CBAC)

- Supervise health workers to fill out the Community-Based Assessment Checklist (CBAC)-
  - details related to history of symptoms and behavioural factors
    - which includes tobacco and alcohol consumption
    - routine physical activity
  - waist circumference measurement
  - family history of diabetes, hypertension and heart diseases
  - presence of symptoms of common cancers, epilepsy and respiratory diseases.
- Conduct the screening and assess the CBAC score
- Refer the case with CBAC score >4 to CHO at HWC
- Provide health counselling to the cases with CBAC score <=4 *(refer to practice activity 9)*
- Documentation and record-keeping.

A. 3. Supervising health workers to set up screening clinics

- Target population
  - Identify the target population, location, date and time
- Screening station/clinic
  - Set the screening station/clinic
  - Arrange equipment and materials for the screening clinics.

A. 4. Motivating the health workers for community engagement in conducting screening clinics

- Awareness campaign
  - Use posters, flyers, social media, and local media to enhance awareness of screening clinics.

- Community engagement
    - Engage community leaders and influencers to spread the information on screening clinics.
- Pre-registration
    - If possible, offer pre-registration to estimate the attendance and plan resources accordingly.

A. 5. Supervising health workers to conduct the first-line population and mass screening as per CPHC packages at home/community

Supervise the health workers to conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach *(refer to practice activity 2, table 2)* and also look for signs and symptoms as per the screening objectives at home/community.

First-line population and mass screening as per CPHC packages by health workers

- **Package 1- Care in pregnancy and child birth**
    - High-risk screening of pregnant mothers
        - Look for pallor, oedema, jaundice
        - Low/high pulse rate (<60/>90 beats per minute), respiratory rate >30 breaths per minute, blood pressure>= 140/90 mmHg
        - Lack of or excessive weight gain (normal is 9–11 kg during her pregnancy in addition to normal weight)
        - Presence of sugar and albumin in urine
        - Presence of lumps and tenderness in the breasts
        - Rh-negative mother.
    - Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **Package 2- Neonatal and infant Health**
    - High-risk screening of infant (up to 2 months)
        - Check for signs of infection/jaundice
        - Does the young infant have diarrhoea?
        - Check for feeding problem & undernutrition
        - Check the young Infant's immunization status
        - Look for disabilities and developmental delays
        - Assess any other problems
    - High-risk screening of child (2 months to 5 years)
        - Assess, classify and identify treatment from 2 months to 5 years
        - Does the child have a cough or difficulty breathing?
        - Does the child have diarrhoea?
        - Does the child have a fever?
        - Does the child have an ear problem?
        - Check for pallor, feeding problem & undernutrition
        - Check the Child's Immunization (Mother and Child Protection (MCP) Card)

        - Look for disabilities and developmental delays
        - Assess any other problems
    - Identify the green/yellow/red category children using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 3- Childhood and Adolescent healthcare services including immunization</u>**
    - Monitoring growth
        - Health workers measure height, weight, and BMI to assess if the adolescent is undernourished, overweight, or at risk of obesity.
    - Anaemia screening
        - Iron-deficiency anaemia is common among adolescents, particularly in girls. Hemoglobin levels are checked to diagnose anaemia, and supplements or dietary advice are given if necessary.
    - Screening for STIs
        - Adolescents at risk are tested for sexually transmitted infections (STIs), and health education is provided to prevent future infections.
    - Depression and anxiety screening
        - Health workers use tools like questionnaires or direct interviews to identify early signs of depression, anxiety, or other mental health issues in coordination with CHO. Adolescents showing symptoms are referred to CHO.
    - Substance abuse
        - Screening for alcohol, tobacco, and drug use helps detect early signs of substance abuse.
    - Vision and hearing tests
        - Screening for vision or hearing impairments ensures that students receive early treatment, which is crucial for academic success.
    - Dental check-ups
        - Health workers examine oral health and provide guidance on dental hygiene.
    - Hypertension and diabetes screening
        - Early screening for hypertension and diabetes is important, especially if there is a family history of these diseases. Adolescents showing risk factors receive counseling on lifestyle modifications.
    - Immunization
        - Health workers ensure adolescents are up to date on vaccinations such as tetanus, diphtheria, HPV, and other important vaccines.
    - Identify the green/yellow/red category adolescents using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**

- **<u>Package 4- Family planning, contraceptive services and other reproductive care services</u>**
    - Reproductive history assessment
    - Screening for family planning choices
        - The choice of contraception is discussed based on personal preferences, health considerations, and long-term reproductive plans.
- **<u>Package 5- Management of Communicable diseases and General Outpatient care for acute simple illness and minor ailments</u>**
    - Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 6- Management of Communicable diseases: National Health Programmes (Tuberculosis, Leprosy, Hepatitis, HIV/AIDS, Malaria, Kala-azar, Filariasis and Other vector borne diseases)</u>**
    - Tuberculosis
        - Look for cough, fever, weight loss or night sweats
    - Leprosy
        - Look for loss of sense of touch and pain, injuries such as cuts and burns, reddish skin patches with sensory loss
        - Look for discoloured or lighter patches of skin, nodules, thick or dry skin, painless ulcers on the soles of feet, painless swelling or lumps on the face or earlobes, loss of eyebrows or eyelashes
    - Hepatitis B/C
        - Look for fever, abdominal pain, dark urine, clay-coloured bowel movements, joint pain, jaundice (yellowing of the skin or the whites of the eyes)
    - HIV/AIDS
        - Look for fever, muscle aches, headache, sore throat, night sweats, mouth sores, swollen lymph glands, diarrhoea, unexplained weight loss, white spots in the mouth, unusual marks on the skin, coughing, and reduced appetite
    - Malaria
        - Look for fever, chills, headache, and muscle aches
        - Malaria outbreak period
    - Kala-azar
        - Look for fever: Recurrent, intermittent, or remittent, often with a double rise
        - Look for weight loss: Progressive emaciation
        - Look for skin: Dry, thin, and scaly, with greyish discolouration of the hands, feet and abdomen
    - Filariasis and other vector-borne diseases
        - Look for fever, chills, headaches, skin lesions and swelling of the legs, arms, breast or genitalia

- Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
- **Document the findings as screening positive (red category)/negative (green/yellow category).**

- **<u>Package 7- Prevention, Screening and Management of Non-Communicable diseases on every Wednesday[25]</u>**
  - Oral cancer
    - Look for oral ulcers
  - Breast cancer
    - Look for lumps or skin changes during breast examination
  - Cervical cancer
    - Look for patient's complaints of unusual vaginal pain, bleeding or discharges
  - Hypertension
    - Look for cases with blood pressure is more than 120/80 in two or more properly measured BP readings in a sitting position
  - Diabetes mellitus
    - Look for cases with fasting blood sugar of more than 110 mg/dl and post-prandial blood sugar of more than 140 mg/dl
  - Other non-communicable diseases
    - Occupational health diseases
      - Look for any signs of respiratory tract infection- coughing, runny nose, sneezing, throat pain and any other disturbances which affect the daily work
    - Epilepsy
      - Look for seizure episodes
  - Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 8- Care for Common Ophthalmic and ENT problems</u>**
  - Common Ophthalmic problems
    - Look for reading or visual issues
  - ENT problems
    - Look for hearing issues or ear pain
    - Look for nose and throat problems
  - Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**

[25] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

- **Package 9- Basic oral healthcare**
    - Basic oral healthcare
        - Look for ulcers, dental cavities or any other disturbances
    - Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **Package 10- Elderly and palliative healthcare services**
    - Assess for any special needs (palliative care) to be addressed
    - Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **Package 12- Screening and Basic management of Mental health ailments**
    - Assess current stressors affecting on individual
    - Identify the green/yellow/red category patients using first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**

A. 6. Supervising the health workers to manage first-line screening positives (red category) and negatives (green and yellow category)

- Managing first-line screening positives **(Red category)**
    - Inform CHO and follow instructions
        - Provide symptomatic management if needed *(refer to practice activity 2, table 3)*
    - Refer the positive cases to CHO for second-line screening in HWC
- Managing first-line screening negatives (**Green** and **yellow** category)
    - Provide health counselling on *(refer to practice activity 9)*
        - Lifestyle modifications
        - Annual screening.

A. 7 Conducting the second-line screening of cases (first-line screening positives referred by health workers) and who visit directly to HWC

Second-line population and mass screening as per CPHC packages by CHO at HWC

- **Package 1- Care in pregnancy and child birth**
    - **High-risk screening of pregnant mothers**
        - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)* and classify current status of the mothers into green and yellow (screening negatives) and red category (screening positives).
        - Conduct laboratory investigations *(refer to practice activity 3)*
        - Assess for signs pallor, oedema, jaundice, low or high pulse rate (<60->90 beats per minute), respiratory rate >30 breaths per minute, systolic blood pressure>= 140 mmHg or more and/or the diastolic blood

pressure to be 90 mmHg or more, lack of or excessive weight gain (normal is 9–11 kg during her pregnancy in addition to normal weight), presence of sugar and albumin in urine, presence of lumps and tenderness in the breasts, and Rh-negative mother.

- Assess the immunization status *(refer to practice activity 14)*
- Provide symptomatic management and health counselling to pregnant mothers in the green and yellow category (screening negatives) *(refer to practice activity 2, table 3)*
- Refer the pregnant mothers in the red category (screening positives) to PHC-MO/Specialist hospital *(refer to practice activity 7)*
- **Document the findings as screening positive (red category)/negative (green/yellow category).**

- **<u>Package 2- Neonatal and infant Health</u>**
  - **High-risk screening of infant (up to 2 months)**
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)* and classify current status of the newborns into green and yellow (screening negatives) and red category (screening positives).
    - Assess for signs of infection/jaundice/diarrhoea/feeding problem/undernutrition/or any other problems
    - Looking for disabilities and developmental delays
    - Assess the young infant's immunization status *(refer to practice activity 14)*
    - Provide symptomatic management to newborns in the green and yellow category (screening negatives) *(refer to practice activity 2, table 3)*
    - Refer the newborns in the red category (screening positives) to PHC-MO/Specialist hospital *(refer to practice activity 7)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
  - **High-risk screening of child (2 months to 5 years)**
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)* and classify current status of the children into green and yellow (screening negatives) and red category (screening positives).
    - Assess for signs of cough/difficult breathing/Diarrhoea/fever/ear problem/pallor/feeding problem/undernutrition/or any other problems
    - Assess the immunization status *(refer to practice activity 14)*
    - Looking for disabilities and developmental delays
    - Provide symptomatic management to children in the green and yellow category (screening negatives) *(refer to practice activity 2, table 3)*
    - Refer the children in the red category (screening positives) to PHC-MO/Specialist hospital *(refer to practice activity 7)*

        - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 3- Childhood and Adolescent healthcare services including immunization</u>**
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
    - Assess signs and symptoms of illness
    - Provide health counselling to green category adolescents *(refer to practice activity 9)*
    - Provide symptomatic management and health counselling to adolescents in the yellow category *(refer to practice activity 2, table 3)*
    - Refer the adolescents in the red category to PHC-MO/Specialist hospital *(refer to practice activity 7)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 4- Family planning, contraceptive services and other reproductive care services</u>**
    - Confirm the reproductive history assessment by health workers
    - Confirm the family planning choices by couples
    - Provide the family planning services *(refer to practice activity 19)*
    - Document the family planning services.
- **<u>Package 5- Management of Communicable diseases and General Outpatient care for acute simple illness and minor ailments</u>**
    - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
    - Provide symptomatic management and health counselling to patients in the green and yellow category *(refer to practice activity 2, table 3)*
    - Refer the patients in the red category to PHC-MO/Specialist hospital *(refer to practice activity 7)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 6- Management of Communicable diseases: National Health Programmes (Tuberculosis, Leprosy, Hepatitis, HIV/AIDS, Malaria, Kala-azar, Filariasis and Other vector borne diseases)</u>**
    - **Tuberculosis**
        - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
        - Provide symptomatic management for cough, fever, weight loss or night sweats *(refer to practice activity 2, table 3)*
        - Collect sputum and send a sample for AFB analysis to a nearby microscopic centre *(refer to practice activity 3)*
        - **Document the findings as screening positive (red category)/negative (green/yellow category).**

- **Leprosy**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Assess the loss of sense of touch and pain, injuries such as cuts and burns, reddish skin patches with sensory loss
  - Assess the discoloured or lighter patches of skin, nodules, thick or dry skin, painless ulcers on the soles of feet, painless swelling or lumps on the face or earlobes, loss of eyebrows or eyelashes
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **Hepatitis B/C**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Assess fever, abdominal pain, dark urine, clay-coloured bowel movements, joint pain, jaundice (yellowing of the skin or the whites of the eyes)
  - Conduct RDT test *(refer to practice activity 3)*
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **HIV/AIDS**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Assess fever, muscle aches, headache, sore throat, night sweats, mouth sores, swollen lymph glands, diarrhoea, unexplained weight loss, white spots in the mouth, unusual marks on the skin, coughing, and reduced appetite
  - Conduct RDT test for HIV/AIDS *(refer to practice activity 3)*
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **Malaria**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Assess fever, chills, headache, and muscle aches (especially during the malaria outbreak period)
  - Collect blood smears for malaria and send them for microscopic examination *(refer to practice activity 3)*
  - Conduct RDT test for malaria *(refer to practice activity 3)*
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**

- **Kala-azar**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Assess for fever: Recurrent, intermittent, or remittent, often with a double rise
  - Assess for weight loss: Progressive emaciation
  - Assess for Skin: Dry, thin, and scaly, with greyish discolouration of the hands, feet and abdomen
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **Filariasis and other vector borne diseases**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Assess for fever, chills, headaches, skin lesions and swelling of the legs, arms, breast or genitalia
  - Conduct RDT for filariasis *(refer to practice activity 3)*
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**

- **<u>Package 7- Prevention, Screening and Management of Non-Communicable diseases</u>**
  - **Oral cancer**
    - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
    - Conduct oral visual examination (OVE)
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
  - **Breast cancer**
    - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
    - Conduct clinical breast examination (CBE)
    - Assess the presence of lumps or skin changes while breast examination
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
  - **Cervical cancer**
    - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
    - Conduct Visual Inspection using Acetic acid (VIA) *(refer to practice activity 3)*
    - Assess for unusual vaginal pain, bleeding or discharges

- **Document the findings as screening positive (red category)/negative (green/yellow category).**

- **Hypertension**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Check the blood pressure if more than 120/80 in two or more properly measured BP readings in a sitting position- positive case
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **Diabetes mellitus**
  - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
  - Check fasting and post prandial blood sugar (Fasting is more than 110 mg/dl and post prandial blood sugar more than 140 mg/dl- positive)
  - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Other non-communicable diseases</u>**
  - **Occupational health diseases**
    - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
    - Assess signs of respiratory tract infection- coughing, runny nose, sneezing, throat pain and any other disturbances which affect the daily work
    - Document the findings
    - Provide symptomatic management and health counselling to patients in the green and yellow category *(refer to practice activity 2, table 3)*
    - Refer the patients in the red category to PHC-MO/Specialist hospital *(refer to practice activity 7)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
  - **Epilepsy**
    - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
    - Collect the details of seizure episodes
    - **Document the findings as screening positive (red category)/negative (green/yellow category)**

- **<u>Package 8- Care for Common Ophthalmic and ENT problems</u>**
    - **Common Ophthalmic problems**
        - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
        - Conduct vision testing using Snellen's chart
        - **Document the findings as screening positive (red category)/negative (green/yellow category).**
    - **ENT problems**
        - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
        - Conduct tuning fork hearing test (Rinne's and Weber's test)
        - Assess for ear wax and any obstructions in the ear canal
        - Assess ear pain, nose and throat problems
        - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 9- Basic oral healthcare</u>**
    - **Basic oral healthcare**
        - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
        - Assess the presence of ulcers, dental cavities or any other disturbances
        - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 10- Elderly and palliative healthcare services</u>**
    - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
    - Assess for any special needs to be addressed
    - Provide symptomatic management and health counselling to elderly in the green and yellow category *(refer to practice activity 2, table 3)*
    - Refer the elderly in the red category to PHC-MO/Specialist hospital *(refer to practice activity 7)*
    - **Document the findings as screening positive (red category)/negative (green/yellow category).**
- **<u>Package 12- Screening and Basic management of Mental health ailments</u>**
    - Identify the green/yellow/red category patients using second-line primary healthcare matrix assessment *(refer to practice activity 2 table 1)*
    - Assess for any special mental health needs to be addressed
    - Provide health counselling to patients in the green and yellow category *(refer to practice activity 9)*
    - Refer the elderly in the red category to PHC-MO/Specialist hospital *(refer to practice activity 7)*

- **Document the findings as screening positive (red category)/negative (green/yellow category).**

A. 8. Referring all second-line screening positives (red category) to PHC/Specialist hospital and managing all negative cases (green and yellow category) at HWC

- **Managing all second-line screening negatives (Green and yellow category)**
  - Provide health counselling on
    - Lifestyle modifications
    - Biannual screening.
- **Managing all second-line screening positives (Red category)**
  - Inform PHC-MO and follow instructions
  - Provide symptomatic management and health counselling *(refer to practice activity 2, table 3)* if needed
  - Refer the positive cases to PHC/Specialist hospital for third-line screening and diagnosis.

A. 9. Providing the continuum of care for the third-line screened positive cases (referred second-line positives by CHO to PHC-MO) in PHC/Specialist hospital

- **Managing third-line screening positives**
  - Confirm the treatment schedule from PHC-MO/Specialist
  - Provide follow-up services *(refer to practice activity 8)*
  - Administer medications *(refer to practice activity 4)*
  - Document the continuum of care
- **Managing third-line screening negatives**
  - Provide health counselling on
    - Lifestyle modifications
    - Quarterly screening.

A. 10. Training the health workers to conduct various screening tests

- Provide training on first-line screening for health workers *(refer to A.5).*

A. 11. Submitting the screening reports to PHC-MO

- Prepare and submit the various screening reports to PHC-MO.
- Utilize the screening reports for planning healthcare services and programs.

SUMMARY FLOWCHART

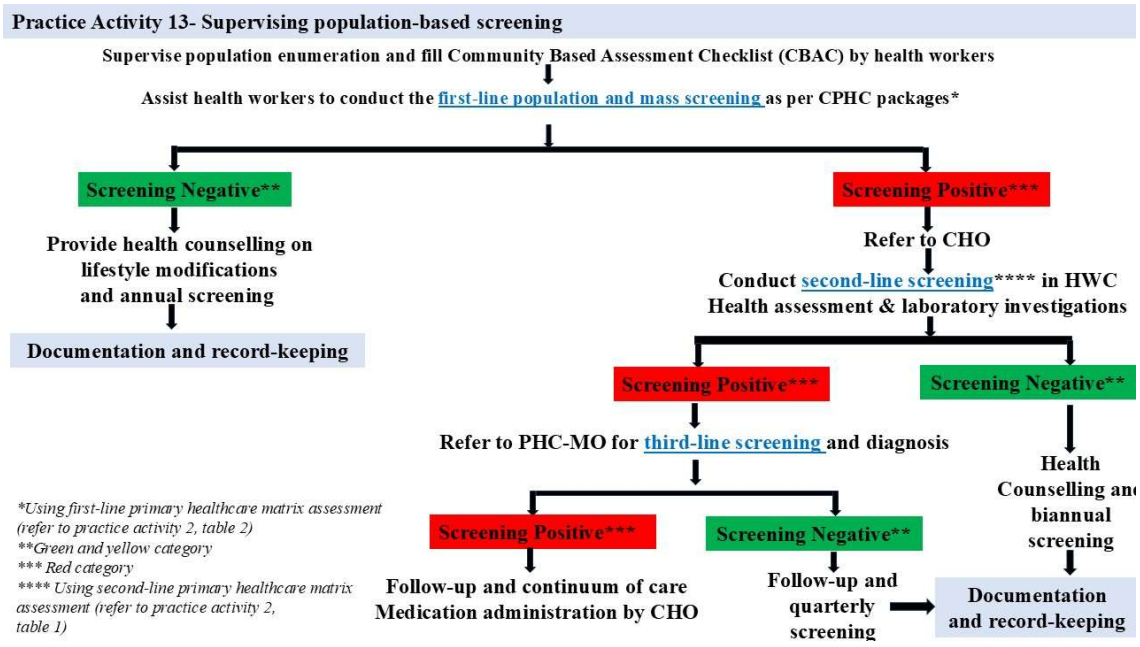


Fig.1. Summary flowchart of practice activity 13- Supervising population-based screening

CONCLUSION

At the end of the practice activity 13 session, CHOs will be competent to supervise health workers to undertake the population enumeration and fill Community Based Assessment Checklist, supervise health workers to conduct the first-line population and mass screening as per CPHC packages, conduct the second-line screening of cases (first-line screening positives referred by health workers) in HWC and provide the continuum of care for third-line screened positive cases in PHC/Specialist hospital.

PRACTICE ACTIVITY 14
IMMUNIZATION

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise immunization services
RESPONSIBILITY	Administer immunization services

PRE-SERVICE LEARNING EXPERIENCE
Learnt to provide immunization services as per the national immunization schedule in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 14 session, CHO will be competent to supervise: I. the data collection of under-five children and pregnant mothers through door-to-door visits, II. the identification of due date, left-out and dropout immunization cases III. the Routine Immunization Micro Planning preparation IV. the vaccine carrier maintenance V. the immunization outreach services VI. the record maintenance and VII. the reporting of minor/major reactions after immunization by the health workers

COMPETENCY-BASED STANDARDS (CBS)	
To supervise immunization of neonates, infants, under-five children, adolescents, pregnant mothers and others including the health workers.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the national immunization schedule and health workers immunization guidelines	Knowledge
A. 2. supervising the data collection of under-five children and pregnant mothers	Skill
A. 3. supervising the Routine Immunization Micro Planning preparation by the health workers	Skill
A. 4. supervising the vaccine carrier maintenance by the health workers	Skill
A. 5. supervising the immunization outreach services	Skill
A. 6. supervising the immunization services by health workers	Skill
A. 7. supervising the record maintenance by the health workers	Skill
A. 8. motivating the health workers to report minor/major reactions immediately to CHO	Attitude

A. 1. Recalling the national immunization schedule and health workers immunization guidelines

- **For pregnant women**
  - TT1 and TT 2/ TT booster
- **For under-five children**
  - BCG, Hepatitis B - Birth dose, OPV-0, 1, 2, 3,
  - Pentavalent 1, 2 & 3 (Diphtheria+ Pertussis + Tetanus + Hepatitis B + Hib), Fractional IPV (Inactivated Polio Vaccine), Measles / Rubella, Vitamin A, DPT Boosters, and TT
  - Rotavirus, Pneumococcal Conjugate Vaccine and Japanese Encephalitis 1 & 2 (Where applicable)[26]
- **Adolescents**
  - Td10 and Td16 vaccination
- **Immunization of health team (CHO and health workers)**
  - Tetanus and Hepatitis B.

A. 2. Supervising the data collection of under-five children and pregnant mothers

- Conduct house-to-house visits in villages/sub-urban/hard-to-reach/ marginalized/temporary settlement areas and head counting of pregnant mothers and under-five children (especially high-risk cases)
- Prepare the list of pregnant mothers and under-five children and their immunization status (especially high-risk cases)
- Estimate the due date, left-out and dropout immunization cases and inform CHO
- Plan for immunization outreach services to cover due date, left-out and dropout cases.

A. 3. Supervising the Routine Immunization Micro Planning preparation by the health workers

- Develop a Routine Immunization (RI) micro-plan with the following details: -
  - Name of the villages and health worker/CHO in-charge
  - An estimation of beneficiaries (who has to be vaccinated and with which antigen)
  - An estimation of vaccines and logistics (for each planned immunization session)
- Review the immunization session due list
- Identify dropout/ left-out beneficiaries and enter their names into the next session's due list for follow-up and mobilization.
- Guide health workers to remind families of newborns/pregnant women for due immunization.
- Ensure follow-up with beneficiaries to identify minor vaccine reactions or Adverse Events Following Immunizations.
- Health worker's work plan including mobilization plan
- Submit the HWC micro plan to PHC-MO to develop the PHC micro plan with the following details
    - Total no. of immunization beneficiaries
    - Number of immunization beneficiaries with due date

[26] Will be customized to the state level context

- Number of dropout/ left-out beneficiaries with due date
- Number of vaccines and consumables required for the next due immunization session

A. 4. Supervising the vaccine carrier maintenance by the health workers

- Daily maintenance and cleanliness of vaccine carriers
- Ensure temperature recording twice a day
- Supervise the immunization day vaccines and logistics indenting, receipt and storage in HWC
- Timely collection of vaccines from PHC (cold chain point) as per micro-plan and arrangement of extra ice packs to ensure cold chain maintenance *(refer to practice activity 49)*
- Supervise the health workers to check
  - the labels for the expiry date
  - Vaccine Vial Monitor (VVM) of the vaccine vials before use
  - consumables required for the immunization
  - availability of an Anaphylaxis kit (for health workers) at the immunization site and an AEFI kit (for CHO) in HWC[27]
- Timely return of remaining vaccines to PHC (cold chain point) after immunization
- Reporting of vaccine career breakdown/AEFI to PHC-MO via CHO immediately

A. 5. Supervising the immunization outreach services

- Counsel pregnant women and families (who missed the immunization outreach services) on where and when to take the child/mother for further immunisation.
- Identify children/pregnant mothers who missed their immunization sessions and ensure that they get vaccinated during the next immunization session/campaign.
- Organize Special "Day Clinics on Friday (monthly once)[3]" for immunization with health workers *(refer to practice activity 36)*
- Supervise Intensified Mission Indradhanush (IMI) as per the state guidelines[2]
- Organize Village Health Sanitation and Nutrition Day (VHSND) to deliver outreach services for routine immunization *(refer to practice activity 34)*

A. 6. Supervising the immunization services by health workers

- **Immunization services on every Monday at HWC**[28]
  - Supervising the health workers on
    - Preparing for the immunization session
    - Select a setting/place to conduct immunization services
    - Arrange the equipment and supplies required for immunization services
    - Prepare a due list of beneficiaries and share it with health workers for mobilizing beneficiaries
    - Cold chain maintenance during the immunization session

[27] Will be customized to the state level context

[28] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

- Communicating with families/caregivers on vaccination details
- Assessing infants/children for vaccination
  - Assess eligibility for immunization
  - Assess possible contraindications
- Giving vaccinations
  - Good oral administration technique - administer oral vaccines before injectable vaccines
  - Preparing to vaccinate
  - Reconstitution of vaccines
  - Positioning the child for vaccination
  - Practice good injection techniques
  - Observe the child for any reactions for 30 minutes
- Closing the session
  - Recording the vaccination details
  - Analyse the session due list and tally sheet
  - Ensure appropriate segregation of the vaccines into opened and unopened vials

- **Safe injections and waste disposal**
  - Supervise the injection safety
    - Keep hands clean before giving injections
    - Use sterile injection equipment, every time
    - Prevent the contamination of vaccine and injection equipment
    - Prevent needle-stick injuries
  - Ensure safe disposal of immunization waste
    - Follow bio-medical waste management guidelines *(refer to practice activity 12)*
    - Use the Hub cutter to cut the plastic hub of the syringe and not the metal part of the needle
    - Store the broken vials in a separate puncture-proof container or the same hub cutter (as per the state guidelines) [29]
    - Segregate and store the plastic portion of the cut syringes and unbroken (but discarded) vials in the red bag or container
    - Send the red bag and the hub cutter to PHC for disposal at Common Bio-medical Waste Treatment Facilities (CBWTF)

A. 7. Supervising the record maintenance by the health workers

- Enter data using online and offline modes regarding immunization service delivery- Health and Wellness Centre Portal, Mother and Child Protection Card (MCP), Mother and Child Tracking System (MCTS) and Reproductive and Child Health (RCH) Portal
  - Enter the beneficiary details for immunization
  - Update the status after immunization
  - Send SMS alerts/reminders for next due immunization in advance

[29] Will be customized to the state level context

- ANMOL Application
    - Enter and update the immunization service records of beneficiaries by health workers

A. 8. Motivating the health workers to report minor/major reactions immediately to CHO

- It is important that all AEFIs are reported and communication with the PHC Medical Officer via CHO be done immediately *(refer to practice activity 15).*
- The process of finding out the reasons for the AEFI will help the CHO and PHC-MO to understand why the event happened.
- It helps to guide and improve the quality of immunization services by health workers.

SUMMARY FLOWCHART

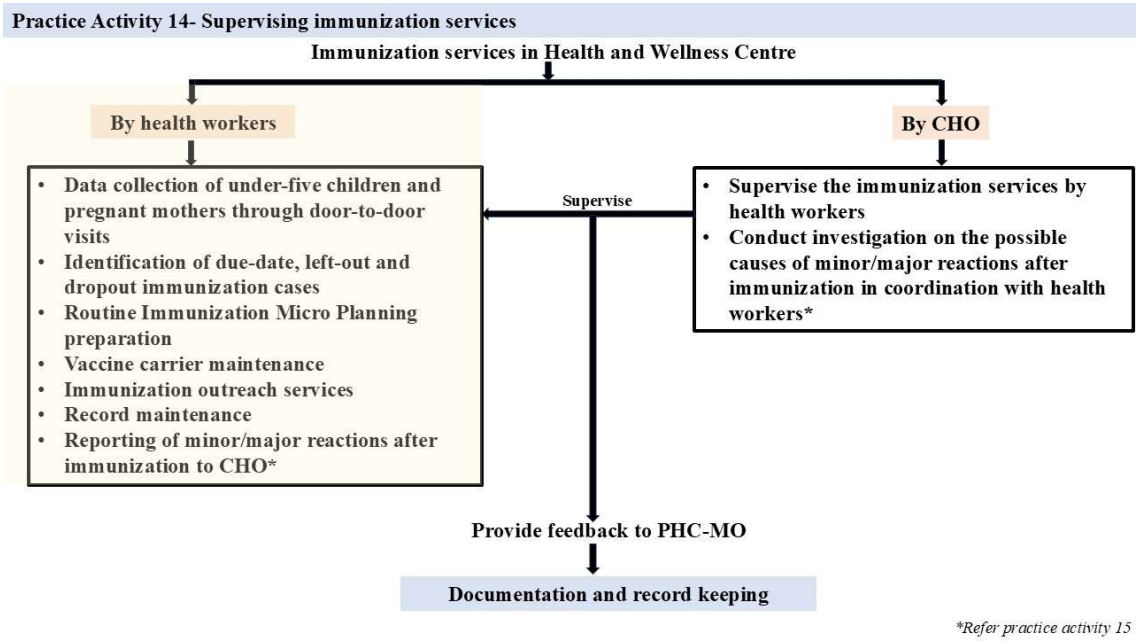


Fig.1. Summary flowchart of practice activity 14- Supervising immunization services

CONCLUSION

At the end of the practice activity 14 session, CHOs will be competent to supervise the data collection of under-five children and pregnant mothers through door-to-door visits, the Routine Immunization Micro Planning preparation, the vaccine carrier maintenance, the immunization outreach services, the record maintenance and reporting of minor/major reactions after immunization by the health workers.

PRACTICE ACTIVITY 15
MANAGEMENT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise services on management of Adverse Events Following Immunization (AEFI)
RESPONSIBILITY	Do Adverse Events Following Immunization (AEFI) management and reporting

PRE-SERVICE LEARNING EXPERIENCE
Learnt to provide Adverse Events Following Immunization (AEFI) management and reporting in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 15 session, CHOs will be competent to: I. supervise first-line AEFI management by health workers, to provide second-line AEFI management and to refer the case for third-line AEFI management by PHC-MO/Specialist II. supervise the established procedure for routine reporting of AEFI cases III. ensure immunization sites are prepared for AEFI prevention and treatment IV. motivate the health workers to report minor to major reactions after immunization immediately to CHO.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise first-line AEFI management by health workers, provide second-line AEFI management and refer the case for third-line AEFI management by PHC-MO/Specialist.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the type of AEFIs	Knowledge
A. 2. supervising the first-line AEFI management by health workers at the immunization site	Skill
A. 3. identifying patient category and providing second-line management of AEFI in HWC	Skill
A. 4. supervising the established procedure for routine reporting of AEFI cases	Skill
A. 5. ensuring immunization sites are prepared for AEFI prevention and treatment	Skill
A.6. motivating the health workers to report minor to major reactions after immunization immediately to CHO	Attitude

A. 1. Recalling the type of AEFIs

There are five types of AEFI.

- Type I Vaccine product-related reaction
    - An AEFI that is caused or precipitated by a vaccine due to inherent properties of the vaccine product
- Type II Vaccine quality defect-related reaction (Both I & II were earlier categorized in Vaccine Reaction)
    - An AEFI that is caused or precipitated by a vaccine that is due to one or more quality defects of the vaccine product
- Type III Immunization error-related reaction (formerly “programme error”)
    - An AEFI that is caused by inappropriate vaccine handling, prescribing or administration and thus by its nature is preventable
- Type IV Immunization anxiety-related reaction (formerly “injection reaction”)
    - An AEFI arising from anxiety about immunization
- Type V Coincidental event
    - An AEFI that is caused by something other than the vaccine product, immunization error or immunization anxiety.

A. 2. Supervising the first-line AEFI management by health workers at the immunization site

When AEFI occurs at the immunization site, the health worker will;

- Check for HABCDE (H: Haemorrhage control A: Airway B: Breathing C: Circulation D: Disability E: Exposure) *(refer to practice activity 6)*
- Conduct the primary healthcare management assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify the patient into green/yellow/red category
- **Green category** (if all assessment areas are normal and can be managed at the site with available resources and capacity of health workers)
    - Report to CHO immediately by phone and discuss the plan of interventions
    - Provide routine care and health counselling *(refer to practice activity 2, table 3)*
    - Keep the patient under observation for one hour
    - If no symptoms persist, send the patient home
    - Collect suspected vaccines and consumables and submit them to CHO for AEFI investigation
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping
- **Yellow category** (if signs and symptoms can be managed at the site (in coordination with CHO) with available resources and capacity of health workers)
    - Report to CHO immediately by phone and discuss the plan of interventions
    - Provide symptomatic management and health counselling *(refer to practice activity 2, table 3)*
    - Keep the patient under observation for one hour
    - If no symptoms persist, send the patient home
    - Collect suspected vaccines and consumables and submit them to CHO for AEFI investigation
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping
- **Red category** (if respiratory, cardiovascular and dermatological/ mucosal systems are affected and signs and symptoms cannot be managed at the site by health workers)
    - Report to CHO immediately by phone and discuss the plan of interventions
    - Administer one dose of Adrenaline IM *(refer to practice activity 4)*
    - Arrange transport for referral
    - Collect suspected vaccines and consumables for AEFI investigation
    - Prepare the referral AEFI event slip with vaccination details
    - Escort the patient to HWC/PHC/Specialist hospital for providing second/third/fourth line management of AEFI (as per instructions by CHO)
    - Handover the patient, collected vaccine materials and referral slip to CHO/PHC-MO/Specialist *(refer to practice activity 7)*
    - Return to the immunization site and continue the services
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping.

A. 3. Identifying patient category and providing second-line management of AEFI in HWC

When CHO receives the red-category patient referred by the health workers, CHO will

- Reassess/confirm HABCDE and primary healthcare matrix assessment report by health workers
- Classify the patient into the yellow/red category for providing second-line AEFI management *(refer to practice activity 2, table 1)*

- **Yellow category** (if signs and symptoms can be managed at HWC (in coordination with PHC-MO) with available resources and capacity of CHO
  - Report to PHC-MO immediately by phone and discuss the plan of interventions
  - Provide first aid, symptomatic management and administer medications *(refer to practice activity 6, 2 and 4 respectively)*
  - Keep the patient under observation for one hour
  - If no symptoms persist, send the patient home
  - Hand over the suspected vaccines and consumables to PHC-MO for AEFI investigation
  - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
  - Documentation and record-keeping
- **Red category** (if medical attention is needed and cannot be managed at HWC)
  - Report to PHC-MO immediately by phone and discuss the plan of interventions
  - Administer one dose of Adrenaline IM (if not given by health workers)
  - Provide first aid, symptomatic management and administer medications as per instructions by PHC-MO *(refer to practice activity 6, 2 and 4 respectively)*
  - Arrange transport for referral
  - Collect suspected vaccines and consumables for AEFI investigation
  - Prepare the referral AEFI event slip with vaccination details
  - Escort the patient to PHC/Specialist hospital for third/fourth line management of AEFI (as per instructions by PHC-MO)
  - Handover the patient, collected vaccine materials and referral AEFI event slip to PHC-MO/Specialist *(refer to practice activity 7)*
  - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
  - Documentation and record-keeping.

A. 4. Supervising the established procedure for routine reporting of AEFI cases

- Supervise AEFI reporting and first-line management by health workers
  - **Green**/**Yellow** category AEFI cases
    - Report immediately to CHO
    - Follow CHO's instructions in providing routine care and symptomatic management
    - Prepare the minor AEFI event report with vaccination details
    - Collect suspected vaccines and consumables and submit them to CHO for AEFI investigation
    - Conduct follow-up after 1-3 days
    - Assist CHO in the investigation of minor AEFIs and take corrective action in response to the guidance from the MO (PHC)

- **Red category** AEFI cases
  - Report immediately to CHO
  - Follow CHO's instructions in administering one dose of Adrenaline IM
  - Arrange transport for referral (as per instructions by CHO)
  - Collect suspected vaccines and consumables for AEFI investigation
  - Prepare the referral AEFI event slip with vaccination details
  - Escort the patient to HWC/PHC/Specialist hospital for second/third/fourth line management of AEFI (as per instructions by CHO)
  - Handover the patient, collected vaccine materials and referral AEFI event slip to CHO/PHC-MO/Specialist
  - Return to the immunization site and continue the services
  - Assist CHO in the investigation of major AEFIs and take corrective action in response to the guidance from the MO (PHC)
  - Conduct a follow-up of the case after 1-3 days
- Routine procedure
  - Weekly reporting of AEFI cases to CHO is ensured by health workers
  - AEFI register is maintained at the HWC

- AEFI reporting and second-line management by CHO
  - **Yellow category** AEFI cases (referred by health workers)
    - Report immediately to PHC-MO
    - Follow PHC-MO's instructions in providing symptomatic management and administering medications
    - Collect suspected vaccines and consumables
    - Examine the suspected vaccine and consumables and submit them to PHC-MO for AEFI investigation (handed over by health workers)
    - Prepare the major AEFI event report with vaccination details
    - Assist PHC-MO in the investigation of major AEFIs and take corrective action in response to the guidance from the MO.
    - Conduct the follow-up of the patient after 1-3 days
  - **Red category** AEFI cases (referred by health workers)
    - Report immediately to PHC-MO
    - Follow PHC-MO's instructions in providing symptomatic management and administering medications
    - Examine the suspected vaccine and consumables for AEFI investigation (handed over by health workers)
    - Prepare the referral AEFI slip with vaccination details
    - Arrange transport for referral (as per instructions by PHC-MO)
    - Escort the patient to PHC/Specialist hospital for third/fourth line AEFI management (as per instructions by PHC-MO)
    - Handover the patient, collected vaccine materials and referral slip to PHC-MO/Specialist
    - Conduct the follow-up of the patient after 1-3 days

        - Assist PHC-MO in the investigation of major AEFIs and take corrective action in response to the guidance from the MO.
    - Routine procedure
        - Weekly reporting of all serious/severe cases is submitted to PHC-MO
        - AEFI cases are reported in HMIS every month.

A. 5. Ensuring immunization sites are prepared for AEFI prevention and treatment

- Supervising the immunization sites are prepared for preventing AEFI Type III error (Immunization error-related reaction)
    - Screen each beneficiary for contraindications to avoid serious reactions.
    - Follow best immunization practices.
    - Before starting vaccination at the RI site, the health workers must note down (in the vaccinator's logistics diary) the following particulars. This will help mitigate AEFIs at session site level:
        - Manufacturer's name
        - Expiry date
        - Batch number
        - VVM status (for new and partially used vaccines)
        - Date on the label of partially used vaccine (in case of OPV)
        - In the case of reconstituted vaccines, the date and time are on the label.
    - Ask the beneficiaries to wait for half an hour after vaccination to observe for any AEFI.
- Supervising the education on AEFI to prevent AEFI Type IV error (Immunization anxiety-related reactions)
    - Parents are counselled to inform about any untoward events of concern following vaccination.
    - Observe the interaction of health workers at the session site and discussion with parents/ caregivers.
    - Protocols and Instructions regarding preventing, identifying and managing AEFI are displayed at the immunization sites.
- Supervising the immunization sites are prepared for treating AEFI
    - The vaccinator is aware of what to do in case of any immediate serious reaction/ anaphylaxis
    - Beneficiaries are observed for 30 minutes after immunization
    - An emergency drug tray is available at the site of immunization
    - Antipyretic drugs are provided wherever required
    - Immediate administration of a single age-appropriate dose of injection adrenaline intramuscularly
    - Arranging immediate transportation of the patient to the nearest health facility/ centre (well-equipped to manage anaphylaxis)
    - Collect suspected vaccines and consumables and submit them to CHO for AEFI investigation
    - Providing details of the patient to CHO for follow-up and proper documentation in records and reports.

A.6. Motivating the health workers to report minor to major reactions after immunization immediately to CHO

- It is important that all AEFIs are reported and communication with the PHC-MO via CHO be done immediately.
- The process of finding out the reasons for the AEFI will help the CHO and PHC-MO to understand why the event happened.
- It helps to guide and improve the quality of immunization services by health workers.

SUMMARY FLOWCHART

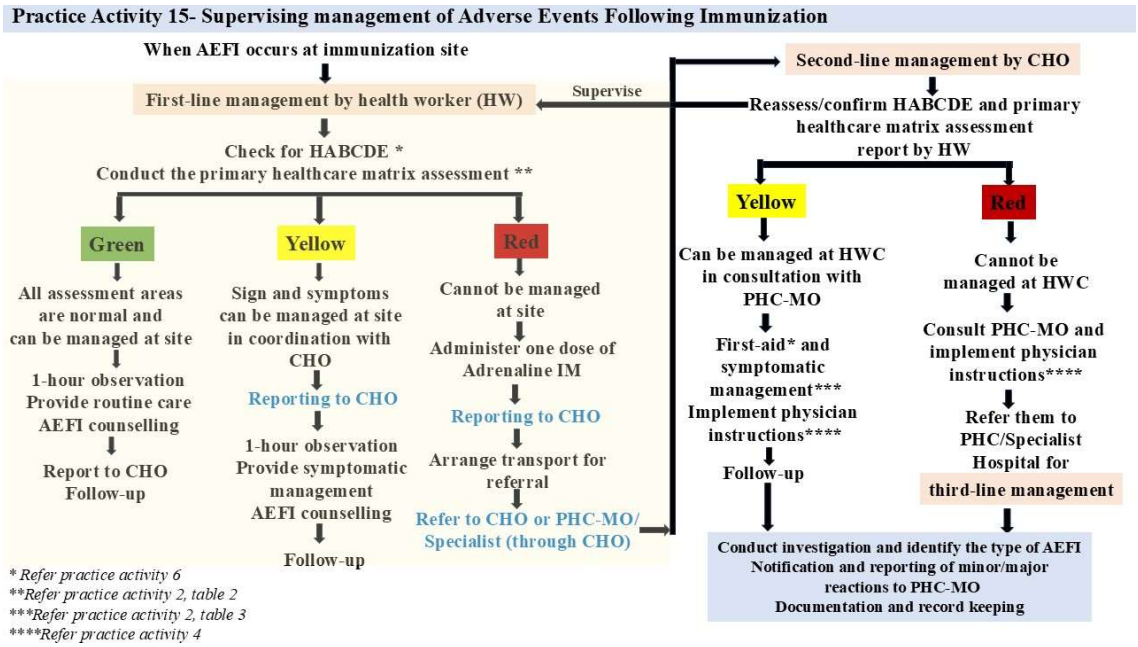


Fig.1. Summary flowchart of practice activity 15- Supervising management of Adverse Events Following Immunization

CONCLUSION

At the end of the practice activity 15 session, CHOs will be competent to supervise first-line AEFI management by health workers, to provide second-line AEFI management and to refer the case for third-line AEFI management by PHC-MO/Specialist. They will supervise the established procedure for routine reporting of AEFI cases and to ensure immunization sites are prepared for AEFI prevention and treatment.

PRACTICE ACTIVITY 16
MATERNAL HEALTH

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise maternal health services
RESPONSIBILITY	Supervise MCH registration and regular check-ups

PRE-SERVICE LEARNING EXPERIENCE
Learnt to provide antenatal registration, check-ups and follow-up services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 16 session, CHO will be competent to: I. supervise the first-line MCH routine process, childbirth care and management of green/yellow/red category for antenatal/postnatal mothers by health workers II. provide the facility-level service provision and second-line MCH services III. refer the red-category antenatal/postnatal cases for third-line MCH management to PHC-MO/Specialist.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise first-line MCH management by health workers, provide second-line MCH management and refer the red-category antenatal/postnatal cases for third-line MCH management to PHC-MO/Specialist.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the status of the Maternal Health and Service Delivery Framework in India	Knowledge
A. 2. supervising the first-line MCH routine process (antenatal/postnatal day clinics), childbirth care and management of green/yellow/red category antenatal/postnatal mothers by health workers	Skill
A. 3. providing the facility-level service provision, second-line MCH services and referring the red-category antenatal/postnatal cases for third-line MCH management	Skill
A. 4. motivating the health workers to ensure the quality of MCH care	Attitude

A. 1. Recalling the status of the Maternal Health and Service Delivery Framework in India

- **National key maternal health interventions**[30]
    - Surakshit Matritva Aashwasan Yojana (SUMAN) in 2019
        - The Surakshit Matritva Aashwasan Yojana (SUMAN) is a maternity benefit scheme launched by the Ministry of Union Health and Family Welfare in India. The scheme aims to provide quality healthcare at an affordable cost to pregnant women and newborns.
        - Features are;
            - Zero-cost delivery and C-sections
            - Free transport
            - Respectful care
            - Support for breastfeeding
            - Services for newborns
            - Conditional cash transfers or direct benefit transfers under various central and state-specific schemes.
    - Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) in 2016
        - The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is a program launched by the Indian government's Ministry of Health & Family Welfare (MoHFW) to provide free, quality antenatal care to all pregnant women on the 9th of every month. It includes: -
            - Ensuring that all pregnant women in their second or third trimester receive at least one antenatal checkup
            - Improving the quality of antenatal care
            - Identifying and listing high-risk pregnancies.
    - Universal screening for GDM, Syphilis and HIV in 2014
        - It is recommended that pregnant women get tested for HIV, syphilis, and hepatitis B (HBsAg) at least once during pregnancy, ideally in the first trimester.
    - Maternal Death Surveillance and Response (MDSR) program in 2013
        - The Maternal Death Surveillance and Response (MDSR) program is a continuous cycle of action at the community, facility, regional, and national levels in India that aims to prevent future maternal deaths by learning from previous ones-
            - Identify and study deaths
            - Review near-miss cases
            - Implement and monitor steps.
    - Janani Shishu Suraksha Karyakram (JSSK) scheme in 2011
        - The Janani Shishu Suraksha Karyakram (JSSK) scheme launched to eliminate out-of-pocket expenses for both pregnant women and sick infants.
            - Free and zero-expense delivery, including C-section delivery

[30] Will be customized to the state level context

- Free drugs and consumables
- Free essential diagnostic
- Free blood
- Free diet facilities
- Free transport facilities
- Free drop-back facility
- Exception from all user charges.

- Comprehensive abortion care scheme in 2010
  - Comprehensive abortion care (CAC) is a set of services that includes safe abortion, information, and post-abortion care.
- Janani Suraksha Yojana (JSY) in 2005
  - The Janani Suraksha Yojana (JSY) is a centrally-sponsored scheme to reduce maternal and infant mortality.
    - Provides financial assistance to pregnant women
    - Promotes institutional delivery among poor pregnant women
    - Offers post-delivery care and integrates cash assistance.
- Universal rights of women and newborns
  - Everyone has the right to freedom from harm and ill-treatment.
  - Everyone has the right to information, informed consent, and respect for their choices and preferences, including companions of choice during maternity care and refusal of medical procedures.
  - Everyone has the right to privacy and confidentiality.
  - Everyone is their person from the moment of birth and has the right to be treated with dignity and respect.
  - Everyone has the right to equality, freedom from discrimination and equitable care.
  - Everyone has the right to healthcare and the highest attainable level of health.
  - Everyone has the right to liberty, autonomy, self-determination and freedom from arbitrary detention.
  - Every child has the right to be with their parents or guardians.
  - Every child has the right to an identity and nationality from birth.
  - Everyone has the right to adequate nutrition and clean water.

A. 2. Supervising the first-line MCH routine process (antenatal/postnatal day clinics), childbirth care and management of green/ yellow/red category for antenatal/postnatal mothers by health workers

First-line MCH routine process by health workers on Tuesday at HWC[31]

- Supervising the early registration of pregnancy
  - Supervising issuing of ID numbers and Mother and Child protection card

[31] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

    - Supervision of antenatal registration and profile entry in ANMOL and tracking of pregnant women.
- Assisting people to understand the importance of ANC registration in government-sponsored maternity benefit schemes
    - Supportive supervision of mobilisation of pregnant women for accessing ANC services at VHSND/ PMSMA/Janani Suraksha Yojana Scheme *(refer to A.1).*
- Supervising the arrangements to conduct ANC/PNC day clinics
    - Ensure the availability of drugs, diagnostics, consumables and equipment essential for providing maternal health services at HWC.
- Supervising the Ante Natal Check-ups in ANC/PNC day clinics
    - Antenatal assessment (including checking of Fetal Heart Sounds)
    - Immunization
    - Nutrition
    - Universal Screening for GDM, HIV and Syphilis.
- Supervising health workers to mobilize the community for Ante Natal Check-up
    - Supportive supervision visits to the VHSNDs/ marginalized villages in the catchment area to ensure optimum coverage of maternal health services.
- Supporting health workers to attending to those who missed the Ante Natal Check-up
    - Support health workers in ensuring 100% complete ANC for all pregnant women in the catchment area.
- Supervising the recording and Reporting of ANC/PNC Services *(Refer to practice activity 39)*
    - Ante Natal Care (ANC) Services
    - Tetanus Toxoid (TT) Immunization to Pregnant Women (PW)
    - Pregnant women (PW) with Hypertension (BP>140/90)
    - Pregnant women (PW) with GDM (BP>140/90)
    - Pregnant women (PW) with HIV/Syphilis
    - Number of Home Deliveries
    - Pregnancy outcome & details of new-born
    - Number of livebirths (Male/Female/not identified)
    - Number of Preterm newborns (< 37 weeks of pregnancy)
    - Number of Still Birth
    - Number of Abortion (spontaneous+)
- Postnatal Care for Mothers
    - Supervise the 3 post-partum visits and the following activities;
        - History taking
        - Postnatal examination
        - Newborn examination
        - Breastfeeding
        - Post-partum care and hygiene

- Nutrition
- Family planning.

First-line childbirth care by health workers

To supervise normal vaginal delivery in specified HWC as per state context- where ANM is trained as a Skill Birth Attendant

- Supporting the ANM during assessment and vaginal examination during Labour
    - Assessment, supportive care and vaginal Examination during labour
    - Ascertain whether the woman has had any obstetrical operations (caesarean sections/ instrumental delivery/vaginal or breech delivery/manual removal of the placenta)
- Recognizing any complications or transverse lie for referral
- Supervising the recording of partographs during the labour
    - Maintain a partograph to recognise the need for action at the appropriate time and thus ensure timely referral.
- Monitoring the first and second stage of labour
    - Supervising the progress of the first and second stages of labour
- Ensuring active management of the third stage of labour
    - Ensure active management of the third stage of labour, thereby preventing post-partum haemorrhage (PPH)
- Monitoring essential newborn care
    - *(Refer to practice activity 17)*
- Monitoring the mother and baby for danger signs
    - *(Refer to practice activity 5)*
- Preparing mother and baby for discharge
    - Schedule follow-up visits *(Refer to practice activity 8).*

First-line MCH management for green/yellow/red category for antenatal/postnatal mothers by health workers

- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify the mothers into green/yellow/red category
- **Green category** (if all assessment areas are normal and can be managed at home/clinic by health workers)
    - Provide routine antenatal/postnatal care and counselling
    - Schedule the next appointment for an antenatal/postnatal visit
    - Documentation and record-keeping.
- **Yellow category** (if signs and symptoms can be managed at home/clinic by health workers (in coordination with CHO))
    - Provide symptomatic management and antenatal/postnatal counselling *(refer to practice activity 2)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Schedule the next appointment for an antenatal/postnatal visit
    - Documentation and record-keeping.

- **Red category** (if signs and symptoms cannot be managed at home/clinic by the health worker/ for an abortion/any other special services and require referral to CHO at HWC)
    - Report to CHO immediately
    - Refer and escort the antenatal/postnatal mother for an abortion or any others by health workers
    - Arrange transport for referral/ home visit by CHO
    - Introduce the antenatal/postnatal mother and handover documents to CHO
    - Conduct follow-up after 1-3 days (or for post-abortion care) *(refer to practice activity 8)*
    - Schedule the next appointment for an antenatal/postnatal visit
    - Documentation and record-keeping.

A. 3. Providing the facility-level service provision, second-line MCH services and referring the red-category antenatal/postnatal cases for third-line MCH management

Facility-level service provision[32] by CHO

- Field-level/Community-level service provision
    - VHSND
        - Be the lead service provider in VHSND of hard-to-reach and underserved areas or areas with poor ANC registration and high home deliveries *(refer to practice activity 34)*
    - Universal Screening for GDM, HIV and Syphilis
        - CHO should ensure that all pregnant women are mandatorily tested for GDM, HIV and Syphilis in the VHSND/antenatal OPD clinic.
    - Janani Suraksha Yojana (JSY):
        - CHO should ensure that all the ANC mothers have their bank accounts opened so that the direct benefit transfer of incentives can happen.
    - Janani Shishu Suraksha Karyakram (JSSK)
        - CHO should ensure that all the ANC mothers are made aware of all the entitlements under the JSSK program:
            - Free referral and transport to the hospital and drop back, free drugs and diagnostics, Free diet.
        - This will ensure that out-of-pocket expenditure does not happen.
    - Home delivery:
        - CHO should ensure that a proper birth plan is made, and the pregnant woman is counselled to have an institutional delivery.
        - CHO visits to all the PNC women's homes within 48 hours of birth, and on the 3rd, 7th, 14th, 28th and 42nd day of pregnancy (in case of home delivery) and ensures the well-being of the mother and newborn.
    - Maternal Death Review:

[32] Will be customized to the state level context

- Actively take part in identifying and reporting all the female deaths in the reproductive age groups in coordination with PHC-MO.

➢ Facility-Level service provision
  - Routine OPD
    - CHO should ensure that all the OPD services are happening daily and yellow and red category pregnant women are examined (referred by health workers).
  - Labour Room and Delivery
    - Ensure the quality of labour room and delivery services by a skilled birth attendant.

Second-line MCH services by CHO

When CHO receives the red-category mothers referred by the health workers or antenatal/postnatal mothers directly visit to HWC, CHO will

- Reassess/confirm the first-line primary healthcare matrix assessment report by health workers OR
- Conduct the second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach at HWC
- Classify the mother into the green/yellow/red category for providing second-line MCH management
  - **Green category** (if signs and symptoms can be managed at HWC with available resources and capacity of CHO
    - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
    - Provide antenatal/postnatal counselling *(refer to practice activity 9)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping.
  - **Yellow category** (if signs and symptoms can be managed at HWC (in coordination with PHC-MO) with available resources and capacity of CHO
    - Report to PHC-MO immediately by phone and discuss the plan of interventions
    - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
    - Provide antenatal/postnatal counselling *(refer to practice activity 9)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping.
  - **Red category** (cannot be managed at HWC and referral services required)
    - Report to PHC-MO immediately by phone and discuss the plan of interventions

- Provide first aid, symptomatic management and administer medications as per instructions by PHC-MO *(refer to practice activity 2)*
- Arrange transport for referral and prepare the referral slip with all details *(refer to practice activity 7)*
- Ensure the escort of the mother by health workers to PHC/Specialist hospital for third-line MCH management/abortion/any others (as per instructions by PHC-MO)
- Conduct follow-up after 1-3 days *(refer to practice activity 8)*
- Documentation and record-keeping.

A. 4. Motivating the health workers to ensure the quality of MCH care

- Community involvement
    - Raise awareness in the community regarding maternal health interventions in the state, universal rights of women and newborns (refer to A.1), antenatal care, and high-risk identification and management of pregnant women *(refer to practice activity 5).*
    - Seek the cooperation of other partners in the community such as self-help groups, CBOs (Community-based Organisations), non-governmental organizations, and other community-level health functionaries.
    - Establish links with Skilled Birth Attendants and traditional healers, who provide healthcare in the community.
- Counselling and supportive environment
    - Respectful communication with antenatal/postnatal mothers and their family members ensures better cooperation *(refer to practice activity 9)*.
- Prevention of infection
    - Hand-washing (before and after the procedures) and wearing gloves (during procedures) will prevent infections (refer to practice activity 11).
    - Ensure proper handling and disposal of contaminated waste (blood or body fluid-contaminated items) to minimize the spread of infection to HWC personnel and the community *(refer to practice activity 12).*

SUMMARY FLOWCHART

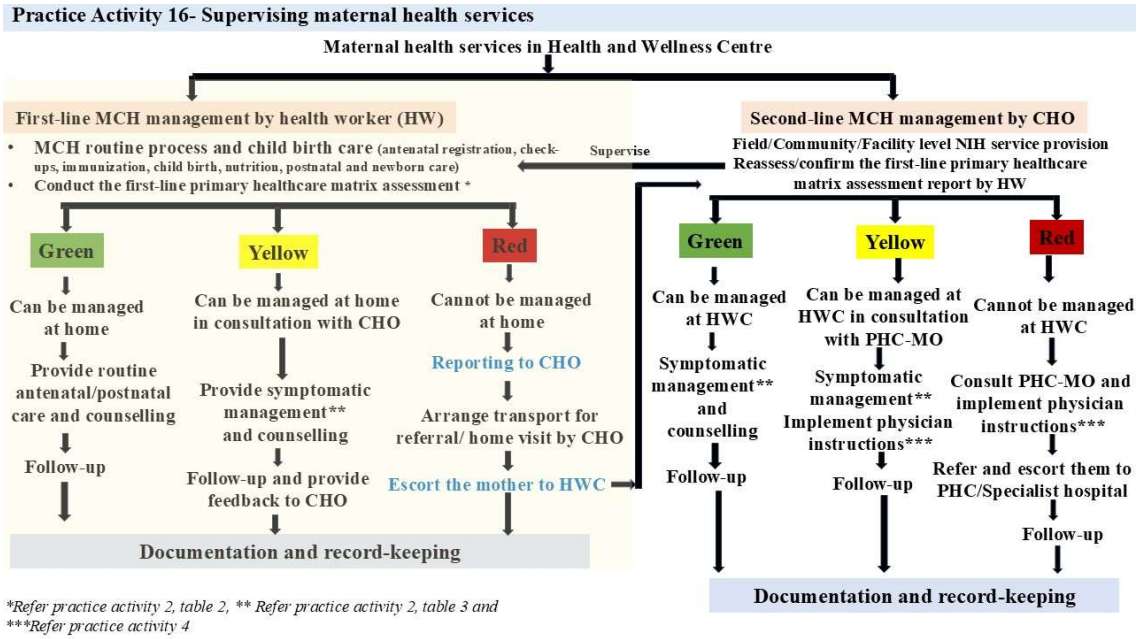


Fig.1. Summary flowchart of practice activity 16- Supervising maternal health services

CONCLUSION

At the end of the practice activity 16 session, CHO will be competent to supervise the first-line MCH routine process, childbirth care and management of green/yellow/red category antenatal/postnatal mothers by health workers, will provide the facility-level service provision and second-line MCH services and will refer the red-category antenatal/postnatal cases for third-line MCH management by PHC-MO/Specialist.

PRACTICE ACTIVITY 17
NEONATAL AND INFANT HEALTH

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise Neonatal and Infant Health (NIH) services
RESPONSIBILITY	To promote nurturing care and support breastfeeding

PRE-SERVICE LEARNING EXPERIENCE
Learnt to provide nurturing care and breastfeeding services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 17 session, learners will be competent to: I. supervise the first-line NIH routine process and management of green/yellow/red category neonatal and infant cases by health workers II. provide the facility-level service provision and second-line NIH management services III. refer the red-category neonatal and infant cases for third-line NIH management by PHC-MO/Paediatric specialist.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the first-line Neonatal and Infant Health (NIH) management by health workers, provide the second-line NIH management and refer the red-category cases for third-line NIH management by PHC-MO/Specialist.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, learners will understand and perform tasks,	
A. 1. recalling the status of NIH services in India	Knowledge
A. 2. supervising the first-line NIH routine process and management of green/yellow/red category neonatal and infant cases by health workers	Skill
A. 3. providing the facility-level NIH service provision, second-line NIH services and referring the red-category cases for third-line NIH management	Skill Attitude
A. 4. motivating the health workers to ensure the quality of neonatal and infant healthcare	

A. 1. Recalling the status of NIH services in India

- POSHAN Abhiyaan in 2018
    - POSHAN Abhiyaan (Prime Minister's Overarching Scheme for Holistic Nutrition) is a flagship program launched by the Government of India in March 2018. The primary aim of the initiative is to improve nutritional outcomes for children by reducing malnutrition levels in the country.
- Intensified Mission Indradhanush (IMI) in 2018
    - *(refer to practice activity 14)*
- Mother's Absolute Affection (MAA) programme in 2016
    - The Mother's Absolute Affection (MAA) program is an initiative by the National Health Mission to improve neonate/infant nutrition and promote breastfeeding practices.
- National Deworming Day (NDD) in 2015
    - National Deworming Day (NDD) is an initiative launched by the Government of India in February 2015 to combat parasitic worm infections, which are prevalent among infants in the country.
        - Mass Administration of Deworming Tablets: On NDD, children are administered a single dose of the deworming tablet Albendazole at homes/daycare/Anganwadi.
        - Target Age Group: The program targets all children aged 1-19 years.
- Rashtriya Bal Swasthya Karyakram (RBSK) in 2013
    - Screening and management of 4 Ds – Developmental delays, Defects, Disease and Deficiency disorders
- Janani Shishu Suraksha Karyakaram (JSSK) in 2011
    - Financial incentives/entitlements for free transport and treatment of newborns and infants (up to 1 year of age) in health facilities.
- Home-Based Newborn Care (HBNC) in 2011
    - Home-based care for newborns by community health workers.
- Nutrition Rehabilitation Centres (NRCs) in 2010
    - Facility-based management of Severe Acute Malnutrition
- Janani Suraksha Yojana (JSY) in 2005
    - Financial incentives/entitlements for free transport and treatment of newborns and infants (up to 1 year of age) in health facilities.
- Infant and Young Child Feeding (IYCF) practices in 2004
    - Infant and Young Child Feeding (IYCF) practices are a set of recommendations for feeding newborns and children under one-year-old.
        - Breastfeeding: Breastfeeding should begin within an hour of birth and continue for the first six months exclusively.
        - Complementary foods: Children should eat a diverse diet that includes animal-source foods like meat, fish, or eggs, and fruits and vegetables, at least five food groups per day.
        - Other practices: Foods should be prepared safely.

- Integrated Management of Newborn and Childhood Illnesses in community (IMNCI) in 2003 *(refer to practice activity 5)*
    - It integrates several interventions for managing the most common illnesses among newborns and young children including pneumonia, diarrhoea, malaria, measles, and malnutrition.
- Universal Immunization Programme (UIP) in 1985
    - *(refer to practice activity 14)*
- Integrated Child Development Services Scheme (ICDS) in 1975
    - The program's goals include:
        - Improving the nutritional and health status of children
        - Reducing infant mortality
        - Laying the foundation for proper psychological, physical, and social development of the child
        - Reducing the incidence of malnutrition and school dropouts
        - Providing immunization
- Vitamin A prophylaxis programme (<12 months of age) in 1970
    - First dose: 100,000 international units (IU) of vitamin A at 9 months, along with the measles vaccination

A. 2. Supervising the first-line NIH routine process and management of green/yellow/red category neonatal and infant cases by health workers

First-line neonatal and infant health routine process by health workers

- Supervising essential newborn care at the delivery point
    - Establishment of respiration, delayed cord clamping, immediate drying and skin-to-skin contact and prevention of hypothermia
    - Vitamin-K injection and immunization (BCG, OPV and Hep B)
    - Early initiation of breastfeeding (within an hour) and exclusive breastfeeding
    - Identification and recording of birth defect/congenital anomalies
- Supervising Home-Based Newborn Care (HBNC) home visits by health worker
    - Ensure that health workers visited the new mother and baby on 3rd, 7th, 14th, 21st, 28th, 42nd day and then once every two weeks until the baby is two years old.
        - Check vital signs
        - Assess the status of exclusive breastfeeding
        - Provide skin, cord and eye care
        - Ensure the completion of immunization dues
        - Screening of danger signs and early identification of high-risk cases *(refer to practice activity 5)*
        - Document the findings.
- Supervising growth monitoring
    - Measuring weight, length, head, chest and mid-arm circumference
    - Recording the measurements and doing the interpretation

- Supervising counselling on nutrition and feeding
    - Breastfeeding
        - Supervising the demonstration of various positions for breastfeeding a baby to the mother
        - Monitoring the status of sucking by the newborn
        - Supervising the implementation of alternative feeding techniques if not sucking.
        - Assessment of breast and nipples.
    - Complementary feeding
        - Start at six months, gradually increase consistency and variety, increase the number of meals, and provide a variety of nutrient-rich foods.
- Supervising community-level curative care for minor ailments by the health workers
    - Minor ailments such as diarrhoea, fever, care for the normal and sick newborn (in coordination with CHO)
- Supervising the individual/family/community-level education about nurturing care.
    - Care after birth and counselling before discharge of mother and neonate from HWC
    - Maintenance of body temperature
    - Initiation of breastfeeding and sustaining it
    - Care of the umbilical stump/ skincare/ bathing/ care of the eyes
    - Identification of danger signs and immunization (BCG, OPV and Hep B)
    - Follow-up and referral services in HWC.

First-line management of green/yellow/red category neonatal and infant cases at home

- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify the neonate/infant into green/yellow/red category
- **Green category** (if all assessment areas are normal and can be managed at home by health workers)
    - Provide routine neonate/infant care and counselling
    - Schedule the next appointment for the immunization or routine health assessment
    - Documentation and record-keeping.
- **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))
    - Provide symptomatic management and neonate/infant care counselling *(refer to practice activity 2)*
    - Conduct follow-up after 1-3 days
    - Schedule the next appointment for the immunization or routine health assessment
    - Documentation and record-keeping.
- **Red category** (if signs and symptoms cannot be managed at home by health workers/any other special services and need CHO's attention)
    - Report to CHO immediately

- Refer and escort the neonate/infant and parents for further second-line NIH management by health workers
- Introduce the neonate/infant (and parents) and handover documents to CHO
- Conduct follow-up after 1-3 days
- Schedule the next appointment for the immunization or routine health assessment
- Documentation and record-keeping.

A. 3. Providing the facility-level NIH service provision, second-line NIH services and referring the red-category cases for third-line NIH management

Facility-level neonatal and infant health service provision[33] **by CHO**

- Field-level/Community-level service provision
    - VHSND
        - Be the lead service provider in VHSND of hard-to-reach and underserved areas to confirm sick Severe Acute Malnutrition (SAM) status of neonates/infants and coordinate with PHC-MO for early referral *(refer to practice activity 34).*
    - Universal Immunization Programme (UIP)
        - CHO will support the health workers in conducting immunization sessions and ensure improvement in immunization coverage.
    - Janani Suraksha Yojana (JSY):
        - CHO should ensure the receipt of financial incentives/entitlements for free transport and treatment of newborns and infants (up to 1 year of age) in HWC.
    - Janani Shishu Suraksha Karyakram (JSSK)
        - CHO should ensure that all the mothers are made aware of all the entitlements under the JSSK program for their children:
            - Free referral and transport to the hospital and drop back, free drugs and diagnostics, free diet.
        - This will ensure that out-of-pocket expenditure does not happen.
    - Neonatal/infant Death Review:
        - Actively take part in identifying and reporting all neonate/infant deaths in coordination with PHC-MO.
- Facility-Level service provision
    - Routine OPD
        - CHO should ensure that all the OPD services are happening daily and red category neonates/infants are examined (referred by health worker)
    - Newborn care corner
        - Supervise essential newborn care at birth, including resuscitation in HWC (at delivery points).

Second-line neonatal and infant health services and referring the red-category cases for third-line NIH management at HWC

When CHO receives the **red category** neonate/infant referred by the health worker or

[33] Will be customized to the state level context

parents/caregivers brought the neonate/infant directly to HWC, CHO will

- Reassess/confirm the first-line primary healthcare matrix assessment report by health worker
- Conduct the second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach by CHOs
- Classify the neonate/infant into the green/yellow/red category for providing second-line NIH management
    - **Green category** (if signs and symptoms can be managed at HWC with available resources and capacity of CHO
        - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
        - Provide neonate/infant care counselling *(refer to practice activity 9)*
        - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - Documentation and record-keeping.
    - **Yellow category** (if signs and symptoms can be managed at HWC (in coordination with PHC-MO) with available resources and capacity of CHO
        - Report to PHC-MO immediately by phone and discuss the plan of interventions
        - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
        - Provide neonate/infant care counselling *(refer to practice activity 9)*
        - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - Documentation and record-keeping.
    - **Red category** (if medical/paediatric specialist attention is needed and cannot be managed at HWC)
        - Refer the red-category cases for third-line NIH management
        - Report to PHC-MO immediately by phone and discuss the plan of interventions
        - Provide first aid, symptomatic management and administer medications as per instructions by PHC-MO *(refer to practice activity 2)*
        - Arrange transport for referral and prepare the referral slip with all details *(refer to practice activity 7)*
        - Ensure the escort of the neonate/infant and family by health worker to PHC/Specialist hospital for third-line NIH management (as per instructions by PHC-MO)
        - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - Documentation and record-keeping.

A. 4. Motivating the health workers to ensure the quality of neonatal and infant healthcare

- Ensuring quality home visits
    - Supervising the home visits by health workers.
- Ensuring availability of quality materials for neonatal and infant healthcare services
    - Supervising the use of HBNC and HBYC[34] kits during home visits

[34] Home-Based Care for Young Child Program

- Ensuring quality of neonatal and infant healthcare services
    - Supervising quality of neonatal and infant health assessment, immunization and routine care by health workers
- Ensuring maintenance of quality records and reports
    - Supervising availability and quality of records – MCP, RCH/Immunization register, RCH Portal, etc.

SUMMARY FLOWCHART

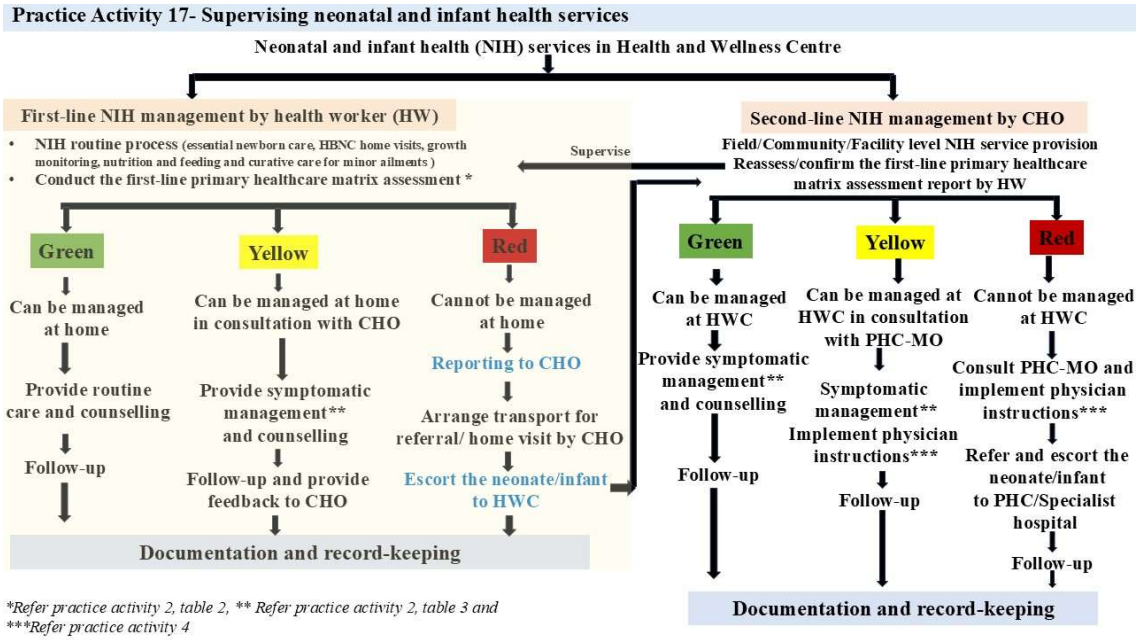


Fig.1. Summary flowchart of practice activity 17- Supervising neonatal and infant health services

CONCLUSION

At the end of the practice activity 17 session, will be competent to supervise the first-line NIH routine process and management of green/yellow/red category neonatal and infant cases by health workers, will provide the facility-level NIH service provision, second-line NIH services and will refer the red-category cases for third-line NIH management.

PRACTICE ACTIVITY 18
UNDER-FIVE CHILD HEALTH

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise under-five child health services
RESPONSIBILITY	Supervise growth monitoring of under-five children

PRE-SERVICE LEARNING EXPERIENCE
Learnt to supervise growth monitoring of under-five children in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 18 session, CHOs will be competent to: I. supervise the first-line under-five child health routine process and management of green/yellow/red category under-five children by health workers II. provide the facility-level service provision and second-line under-five child health management services III. refer the red-category children for third-line under-five child health management to PHC-MO/pediatric/dental specialist

COMPETENCY-BASED STANDARDS (CBS)	
To supervise first-line under-five child health management by health workers, provide second-line under-five child health management and refer the red-category cases for third-line under-five child health management to PHC-MO/pediatric/dental specialist.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the status of under-5 child health services in India	Knowledge
A. 2. supervising the first-line under-5 child health routine process and management of green/yellow/red category under-5 children by health workers	Skill
A. 3. providing the facility-level under-5 child health service provision, second-line under-5 child health services and referring the red-category cases for third-line under-5 child health management	Skill
A. 4. motivating the health workers to ensure the quality of under-5 child healthcare.	Attitude

A. 1. Recalling the status of under-5 child health services in India

- Intensified Mission Indradhanush (IMI) in 2018
    - *(refer to practice activity 14)*
- Anaemia Mukt Bharat (AMB) in 2018
    - Anaemia Mukt Bharat (AMB) is a flagship initiative launched by the Government of India in 2018 as part of the National Nutrition Mission (POSHAN Abhiyaan) to tackle the high prevalence of anaemia across the country.
        - Prophylactic Iron and Folic Acid Supplementation: Distribution of Iron Folic Acid (IFA) tablets to children.
        - Testing and Treatment: Regular screening and treatment of anaemia in schools, Anganwadi centres, and health facilities.
        - Deworming: Biannual deworming for children to prevent parasitic infections that contribute to anaemia.
        - Behaviour Change Communication: Mass awareness campaigns to educate mothers/caretakers about the importance of a balanced diet rich in iron, hygiene practices, and regular health check-ups.
- POSHAN Abhiyaan in 2018
    - POSHAN Abhiyaan (Prime Minister's Overarching Scheme for Holistic Nutrition) is a flagship program launched by the Government of India in March 2018. The primary aim of the initiative is to improve nutritional outcomes for children by reducing malnutrition levels in the country.
- National Deworming Day (NDD) in 2015
    - National Deworming Day (NDD) is an initiative launched by the Government of India in February 2015 to combat parasitic worm infections, which are prevalent among children in the country.
        - Mass Administration of Deworming Tablets: On NDD, children are administered a single dose of the deworming tablet Albendazole at schools and Anganwadi centres.
        - Micronutrient Supplementation and Deworming: Providing a single or multiple micronutrients, such as iron, iodine, folic acid, vitamin A, vitamin B12, vitamin D, or zinc, in the form of capsules, tablets, drops, or syrup.
        - Target Age Group: The program targets all children and adolescents aged <5 years.
- National Oral Health Program in 2015
    - Prevent, control, and manage dental diseases among children
    - Promote oral health and disease prevention.
- Rashtriya Bal Swasthya Karyakram (RBSK) in 2013
    - Screening and management of 4 Ds – developmental delays, defects, disease and deficiency disorders.
- Nutrition Rehabilitation Centres (NRCs) in 2010
    - NRCs are units in public health facilities that provide medical and nutritional care to children with Severe Acute Malnutrition (SAM) and medical

complications. Children are referred to NRCs by CHOs and the health workers in HWC.

- Infant and Young Child Feeding (IYCF) practices in 2004
    - IYCF practices are a set of recommendations for feeding children under-five years old.
    - Children should eat a diverse diet that includes animal-source foods like meat, fish, or eggs, and fruits and vegetables, at least five food groups per day. Foods should be prepared safely.
- Integrated management of newborn and childhood illnesses in the community (IMNCI) in 2003 *(refer to practice activity 5)*
    - It integrates several interventions for managing the most common illnesses among newborns and young children under five, including pneumonia, diarrhoea, malaria, measles, and malnutrition.
- National Iodine Deficiency Disorders Control Programme in 1992
    - The program's strategies include:
        - Assessing the prevalence of iodine deficiency disorders
        - Identifying high-risk populations
        - Raising awareness about the benefits of iodized salt
        - Spot testing for iodine *(refer to practice activity 3).*
- Universal Immunization Programme (UIP) in 1985
    - *(refer to practice activity 14)*
- Integrated Child Development Services Scheme (ICDS) in 1975
    - The program's goals include:
        - Improving the nutritional and health status of children
        - Reducing child mortality
        - Laying the foundation for proper psychological, physical, and social development of the child
        - Reducing the incidence of malnutrition and school dropout
        - Providing immunization.
- Vitamin A prophylaxis programme (13 months to 59 months) in 1970
    - Provide 2,00,000 IU every six months.

A. 2. Supervising the first-line under-5 child health routine process and management of green/yellow/red category under-5 children by health workers

First-line under-5 child health routine process

- Supervising the data entry of Mother and Child Protection (MCP) card
    - Supervising the data entry of MCP cards and monitoring the growth failure among under-5 children in the service area.
- Supervising Home-Based Care for Young Children (HBYC)
    - Supervising scheduled visits to under-five children by health workers
    - Supervising health worker’s counselling for feeding, health assessment, immunization, and screening of various diseases.

- Supervising growth monitoring
    - Measuring weight and height circumference once every month up to the age of 3 years and at least once in 3 months thereafter.
    - Recording the measurements MCP card and doing the interpretation. Monitor growth faltering and discuss the child's growth with family and follow-up action if needed.
- Coordinating for screening and management of 4Ds under Rashtriya Bal Swasthya Karyakram (RBSK)
    - Supervise the early detection of Developmental delays, Defects, Disease and Deficiency Disorders under RBSK.
- Supervising counselling on nurturing care
    - Family environment- Identify the interaction between a child and a parent
    - Child abuse- Assess the signs and symptoms of child abuse
    - Nutrition- Provide counselling on nutritious foods and safe cooking practices
    - Immunization- Assess the completion of immunization dues
    - Overall well-being development- Assess the overall growth and development of the child at home and pre-school.
- Supervising community-level curative care for minor ailments by the health workers
    - Minor ailments such as diarrhoea, fever, care for the normal and sick under-five child (in coordination with CHO).
- National Oral Health Program
    - Supervise oral examination of children
    - Provide oral health counselling.
- Supervising the implementation of community-based programmes for children *(refer to A.1)*
    - Micronutrient Supplementation and Deworming
    - Iron and Folic Acid (IFA) supplementation (from 5-9 years)
    - Anaemia Mukt Bharat programme
    - Vitamin A prophylaxis programme (13 months to 59 months)
    - Deworming in children
    - Integrated Child Development Services Scheme (ICDS)
    - POSHAN Abhiyaan
    - National Iodine Deficiency Disorders Control Programme.

First-line management of green/yellow/red category under-5 children

- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify the child into green/yellow/red category.
- **Green category** (if all assessment areas are normal and can be managed at home by health workers)
    - Provide routine child care and counselling
    - Schedule the next appointment for the immunization or routine health assessment
    - Documentation and record-keeping.

- **Yellow category** (if signs and symptoms can be managed at home by health workers (in coordination with CHO))
    - Provide symptomatic management and child care counselling *(refer to practice activity 2)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Schedule the next appointment for the immunization or routine health assessment
    - Documentation and record-keeping.
- **Red category** (if signs and symptoms cannot be managed at home by health workers/ for any other special services and need CHO's attention)
    - Report to CHO immediately and refer the child and parents for further second-line management
    - Ensure the escort of the child and family by health workers to HWC for second-line under-5 child health management
    - Introduce the child (and parents) and handover documents to CHO
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Schedule the next appointment for the immunization or routine health assessment
    - Documentation and record-keeping.

A. 3. Providing the facility-level under-5 child health service provision, second-line under-5 child health services and referring the red-category cases for third-line under-5 child health management

Facility-level under-5 child health service provision[35]

- Field-level/Community-level service provision
    - VHSND
        - Be the lead service provider in VHSND of hard-to-reach and underserved areas to confirm sick Severe Acute Malnutrition (SAM) status of under-five children and coordinate with PHC-MO for early referral *(refer to practice activity 34).*
    - Universal Immunization Programme (UIP)
        - CHO will support the health workers in conducting immunization sessions and ensure improvement in immunization coverage.
    - Under-five Death Review:
        - Actively take part in identifying and reporting all the under-5 deaths in coordination with PHC-MO.
- Facility-level service provision
    - Routine OPD
        - CHO should ensure that all the OPD services are happening daily and yellow/red category children are examined (referred by health workers).

[35] Will be customized to the state level context

- Immunization corner
  - Supervise immunization of under-5 children, growth monitoring and dental examination.

Second-line under-5 child health services and referring the red-category cases for the third-line under-5 child health management

When CHO receives **the red category** child referred by the health worker or parents/caregivers brought the child directly to HWC, CHO will

- Reassess/confirm the first-line primary healthcare matrix assessment report by health worker.
- Conduct the second-line primary healthcare matrix assessment using the second-line GYR algorithm (Green-Yellow-Red) approach by CHOs.
- Classify the child into the green/yellow/red category for providing second-line under-five child health management.
  - **Green category** (if signs and symptoms can be managed at HWC with available resources and capacity of CHO
    - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
    - Provide child care counselling *(refer to practice activity 9)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping.
  - **Yellow category** (if signs and symptoms can be managed at HWC (in coordination with PHC-MO) with available resources and capacity of CHO
    - Report to PHC-MO immediately by phone and discuss the plan of interventions
    - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
    - Provide child care counselling *(refer to practice activity 9)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping.
  - **Red category** (cannot be managed at HWC and referral services required)
    - Report to PHC-MO immediately by phone and discuss the plan of interventions
    - Provide first aid, symptomatic management and administer medications as per instructions by PHC-MO *(refer to practice activity 2)*
    - Arrange transport for referral and prepare the referral slip with all details *(refer to practice activity 7)*
    - Ensure the escort of the child and family by health workers to PHC/specialist hospital for third-line under-5 child health management (as per instructions by PHC-MO)
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping.

A. 4. Motivating the health workers to ensure the quality of under-5 child healthcare

- Ensuring quality home visits
  - Supervising the home visits by health workers.
- Ensuring availability of quality materials for under-5 child healthcare services
  - Supervising the use of Home-Based Care for Young Child Programme (HBYC) kits during home visits.
- Ensuring quality of under-5 child healthcare services
  - Supervising quality of under-5 child health assessment (oral), immunization, nutrition status and routine care by health workers.
- Ensuring maintenance of quality records and reports
  - Supervising availability and quality of records – MCP, RCH/Immunization register, RCH Portal, etc.

SUMMARY FLOWCHART

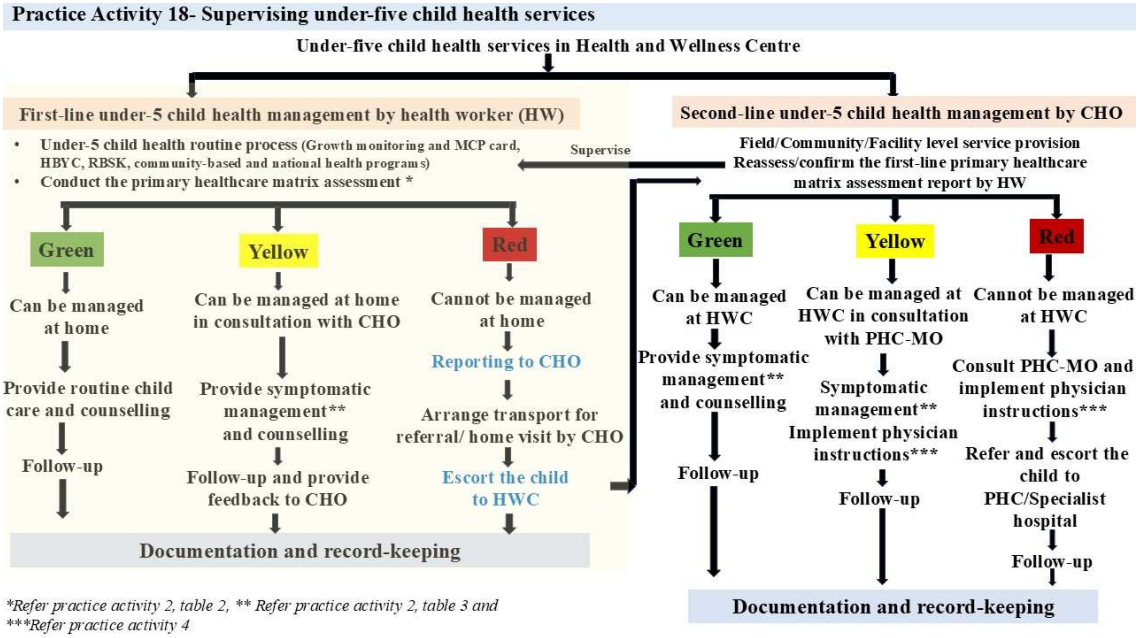


Fig.1. Summary flowchart of practice activity 18- Supervising under-five child health services

CONCLUSION

At the end of the practice activity 18 session, CHO will be competent to supervise the first-line under-5 child health routine process and management of green/yellow/red category under-five children by health workers, will provide the facility-level under-5 child health service provision, second-line under-5 child health services and will refer the red-category children for third-line under-5 child health management.

PRACTICE ACTIVITY 19
FAMILY PLANNING

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise family planning services
RESPONSIBILITY	Provide family planning services.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to provide family planning services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 19 session, CHOs will be competent to: I. supervise the provision of first-line FP services and the registration of eligible couples II. provide the second-line FP services, coordinate FP Day clinics and Family Planning Logistics Management Information System (FP-LMIS) III. refer the eligible couple for third-line FP services and coordinate the Continuum of Care.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the first-line family planning (FP) services by health workers, provide second-line FP services and refer the beneficiaries for third-line FP management by PHC-MO/ Specialist.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the family planning service delivery framework at HWC	Knowledge
A. 2. supervising the registration of eligible couples	Skill
A. 3. supervising the provisioning of first-line FP services	Skill
A. 4. providing second-line FP services	Skill
A. 5. referring the eligible couple for third-line FP services	Skill
A. 6. coordinating FP Day clinics	Skill
A. 7. coordinating Continuum of Care	Skill
A. 8. coordinating Family Planning Logistics Management Information System (FP-LMIS)	Skill
A. 9. motivating the families to adopt family planning services	Attitude

A. 1. Recalling the family planning service delivery framework at HWC

- General FP/reproductive services
    - Listing of eligible couples and database maintenance for service provision
    - Early detection of pregnancies through pregnancy testing kits
    - First aid for Gender-Based Violence related injuries *(refer to practice activity 6)*
    - Identification and management of RTIs/STIs.
- FP Counselling Services
    - Routine FP counselling:
        - Counselling regarding Healthy Timing and Spacing of Pregnancy (HTSP)
        - Providing information regarding various government schemes
        - Discussing the various contraceptives and their preferences.
    - Post-abortion FP counselling:
        - Confidential counselling and facilitation of safe abortion services (methods), including adolescents.
    - Post-partum FP counselling:
        - Counselling beneficiaries in choosing a family planning method to start using after the emergency contraception.
- Provisioning of FP services
    - First-line FP services (by health workers)
        - Provision of short-acting methods- condoms, oral contraceptive pills (Mala N, Chhaya).
    - Second-line FP services (by CHO)
        - Provision of long-acting reversible contraceptive methods- Injectable Contraceptives and IUCD (Interval and PP-IUCD)
        - Provision of emergency contraceptive pills, if required.
    - Third-line FP services (by PHC-MO/Specialist)
        - Referral for sterilization and abortion services in PHC/Specialist hospital.
- Abortion care Services
    - Providing information on safe abortion services
    - Facilitation of referrals to appropriate referral sites for safe abortion.
- Continuum of Care
    - Follow-up, counselling, early management and referral (if required) for side effects of contraceptives, if any
    - Follow up for any complication after abortion and appropriate referral for further management if needed.
- Family Planning Indemnity Scheme (FPIS) in 2013
    - Recalling FPIS and the compensation that the government ensures to the beneficiaries.
    - For example, indemnity coverage up to Rs. 30,000 in case of sterilization failure.

A. 2. Supervising the registration of eligible couples

- Identifying eligible couples
    - Identification, registration of eligible couples (an eligible couple is a married couple where the wife is between the ages of 15 and 49) and community need assessment for FP services.
    - Support health workers in making a list of all the eligible couples of his/her villages mentioning the preferred type of contraception and sharing the data of users with CHO as per state government format.[36]
    - Ensure that all eligible couples in the service area are listed and a database is maintained for service provision.
- Eligible couple Registration in the ANMOL app
    - ANMOL application is developed for early identification and tracking of Eligible Couple.
    - Support health workers in registering eligible couples and tracking them through the ANMOL app
    - Monitor the eligible couple register: It shows the information of all the eligible couples registered in the system (RCH register).

A. 3. Supervising the provisioning of first-line FP services

- Provision of first-line FP counselling
    - Counselling regarding Healthy Timing and Spacing of Pregnancy (HTSP)
    - Counselling regarding different types of contraceptives
    - Discussing with the beneficiary their preference regarding contraceptives.
- Distribution of first-line FP materials
    - Home Delivery of Contraceptives by health workers-
        - Oral Contraceptives – Combined Contraceptive Pills (Mala-N), Centchroman Pills (Chhaya)
        - Condoms (Nirodh).
- Referral of women to CHO for second line FP methods
    - Identify the women and refer them to CHO for second/third-line FP methods.

A. 4. Providing second-line FP services

- Providing second-line FP counselling
    - Conduct the screening for second-line FP services and discuss the findings with PHC-MO.
    - Explain second-line FP procedures and obtain informed consent from the women, if PHC-MO permits CHO (who is trained) to proceed *(If not, refer the women to PHC-MO/Specialist for second-line FP management).*
- Providing second-line FP services (if CHO is trained)
    - Injectable Contraceptive: Medroxy Progesterone Acetate (MPA)
        - Injectable contraceptive MPA is a three-monthly injection containing the synthetic hormone progestin and is available at HWC under the Antara Programme.
            - CHO will administer the first dose under the supervision of PHC-MO.
            - The second dose and subsequent doses can be given by CHO after 3 months at HWC.

[36] Will be customized to the state level context

- Record all details in the MPA card and hand over the client section.
- Retain the facility section of the MPA card.
- Follow up with the woman, to understand if she has any side effects.
- Remind the women of the scheduled date for the next dose.
- Provide feedback to PHC-MO.

- Intra Uterine Contraceptive Devices (IUCD)
  - The IUCD is a Long-Acting Reversible Contraceptive (LARC) which can be inserted in the post-partum period (PP-IUCD), Post Abortion period (PA-IUCD), or Interval period (Interval-IUCD) and is effective for up to 5 years.
    - Insertion period - At any time during the menstrual cycle or, after 6 weeks of delivery or after 12 days of completion of abortion (Interval IUCD) or within 5 days of unprotected intercourse.
    - Conduct follow-up- IUCD users should have a routine check-up at 6 weeks or after their first menstruation, whichever is earlier.
    - IUCD Card: IUCD card should be given to the women after insertion.
    - Provide feedback to PHC-MO.
- Emergency Contraceptive Pills (ECPs)/ Morning-after pills or post-coital contraceptives
  - Emergency contraceptive pills are used to prevent pregnancy after unprotected sexual intercourse if sex was coerced or contraceptive accidents like condom rupture or missed pills.
    - Collect the history and identify the need for ECP pills (up to 3 days (72 hours) after unprotected sex)
    - Administer EC pill that contains only progestin–Levonorgestrel (1.5mg per tablet)
    - Conduct follow-up of any side effects
    - Provide feedback to PHC-MO.

A. 5. Referring the eligible couple for third-line FP services

- Referral of women to PHC-MO/Specialist for third-line FP methods
  - If CHO is not trained for second-line FP services, refer the women to PHC-MO/Specialist
- Conduct the counselling on permanent FP methods- tubectomy/vasectomy and refer the men/women to PHC-MO/Specialist for female/male sterilization
- Identify the need for abortion, provide counselling on abortion services and refer the women to PHC-MO/Specialist for abortion
- Arrange referral transport for the beneficiary and accompany him/her if possible, especially if the beneficiary seeks abortion care services.

A. 6. Coordinating FP Day clinics

- Organize Special "Day Clinics" in HWC to enhance attendance for the Family Planning counselling clinic
- Issue separate cards for attending family planning clinics
- Undertake monthly FP activities/campaigns to improve community awareness and uptake of FP services by the families.

A. 7. Coordinating Continuum of Care

- Review of first-line FP services by health workers
- Follow-up for any complications of temporary FP methods and referral, if needed.
- Provide feedback on first- and second-line PF services to PHC-MO
- Follow up for any complications of post-abortion/sterilisation (third-line FP services), appropriate referral wherever required.

A. 8. Coordinating Family Planning Logistics Management Information System (FP-LMIS)

(refer to practice activity 49)

- Supervising the indenting of FP commodities
- Coordinating weekly stock updation of FP materials
- Recording and Monitoring of FP supplies
- Ensuring the supply status and distribution of FP supplies in monthly HWC meeting.

A. 9. Motivating the families to adopt family planning services

- Motivate Families with whom the health workers are having difficulty in motivating to change health-seeking behaviours, adopting family planning methods and who did not come to VHSND.
- Motivating for family planning and healthy spacing- Delaying first child and spacing between 2 children for at least 3 years.

SUMMARY FLOWCHART

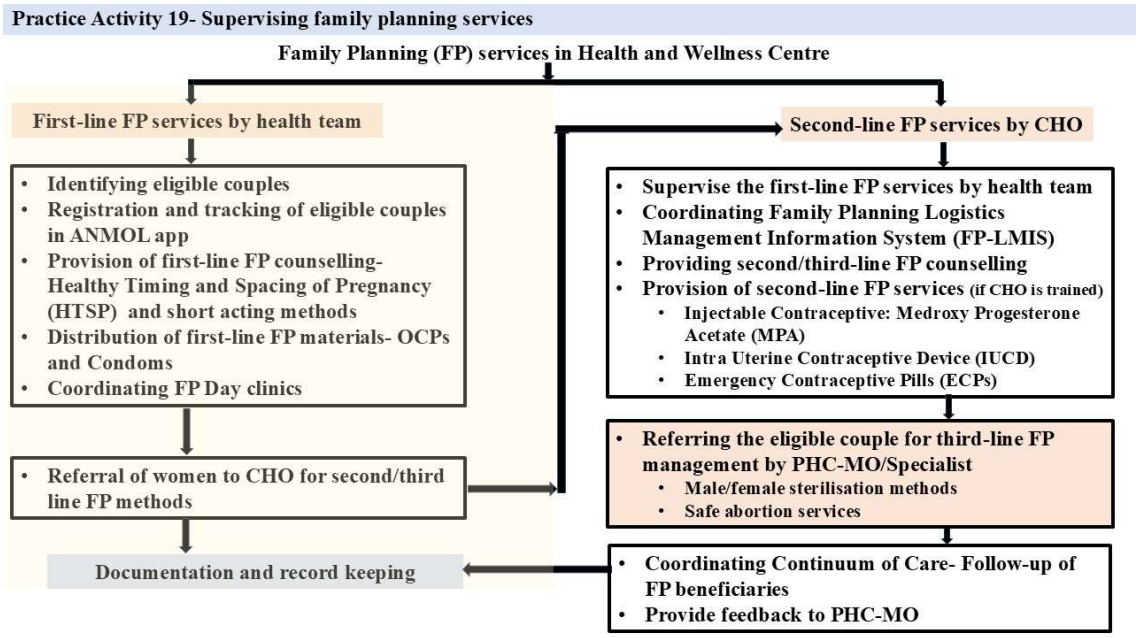


Fig.1. Summary flowchart of practice activity 19- Supervising family planning services

CONCLUSION

At the end of the practice activity 19 session, CHOs will be competent to supervise the registration of eligible couples and the provision of first-line FP services. They will provide second-line FP services, refer the women for third-line FP services and coordinate the Continuum of Care and Family Planning Logistics Management Information System (FP-LMIS).

PRACTICE ACTIVITY 20
HOME-BASED DELIVERY OF CARE

DOMAIN	Clinical Care Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise home-based delivery services
RESPONSIBILITY	Supervise home visits and deliver home-based care as per needs.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to provide home-based care in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 20 session, CHOs will be competent to: I. supervise first-line home-based palliative/rehabilitation/mental health/newborn/child/maternal healthcare/communicable disease/non-communicable disease/hospice/need-based care at home by health workers II. supervise the case management of green/yellow/red category patients/children at home by health workers III. provide the second-line home-based services to red category patients/children at home by CHO IV. arrange the third-line home-based care services to red category patients/children at home by PHC-MO.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the first-line home-based palliative/rehabilitation/mental health/ newborn/ child/maternal healthcare/communicable disease/non-communicable disease/hospice/need-based care at home by the health worker, provide the second-line home-based services and arrange the third-line home-based care services to red category patients/children at home by PHC-MO.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the essentials of home-based delivery of care services	Knowledge
A. 2. supervising the first-line home-based delivery of care services and management of green/yellow/red category of cases at home by health workers	Skill
A. 3. providing the second-line home-based care services at home by CHO and arrange the third-line home-based care services to red category patients/children at home by PHC-MO.	Skill
A. 4. motivating the health workers to ensure the quality of home-based care.	Attitude

A. 1. Recalling the essentials of home-based delivery of care services

- Undertaking household survey
    - Undertake household survey with health workers for detailed community mapping for existing resources, enumeration of different age categories and enrolment of the population being covered in HWC.
    - Identify the population at risk/marginalized communities, and estimate the home-based care needs.
- Daily home visits by the health workers
    - Home visits for two hours every day in the afternoon[37], at least four or five days a week, the health workers should visit the families living in her catchment area, with priority being accorded to marginalized families.
- Types of home-based delivery of care services at HWC
    - Home-based palliative care for individuals requiring palliative care
    - Home-based rehabilitation care for delivering care to home-bound/ bedridden/disabled patients
    - Home-based mental healthcare to support home-based mental healthcare to patients with mental disorders
    - Home-based newborn, child and maternal healthcare for providing newborn, child and maternal care
    - Home-based care for communicable diseases for home care to patients in the recovery stage of illness
    - Home-based care for non-communicable disease (NCD) for home care to diagnosed NCD patients
    - Home-based care for hospice patients provides care to people during their last 6 months of life.
    - Home visits for preliminary inquiry into natural/premature/unnatural deaths/relevant health/non-health issues
    - Home-based local community health actions.

A. 2. Supervising the first-line home-based delivery of care services and management of green/yellow/red category of cases at home by health workers

First-line home-based delivery of care services

- Supervising household survey by health workers
    - Supervise household survey by the health workers
    - Monitor the community mapping for existing resources
    - Supervise the population enumeration of different age categories and enrolment of the population being covered in HWC
    - Supervise the identification of high-risk populations (marginalized communities) and prioritise the home-based care services in HWC.
- Supervising the home-based palliative/rehabilitation/mental health/newborn/child/ maternal health/communicable disease/non-communicable disease/hospice/need-based care

[37] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach *(refer to practice activity 2, table 2)*
- Develop a plan of interventions based on the patient category (Green/Yellow/Red) *(refer to practice activity 2)*
- Implement the plan of action and do the evaluation of care *(refer to practice activity 2, table 3)*
- Provide health counselling *(refer to practice activity 9)*
- Conduct the follow-up *(refer to practice activity 8)*
- Consult CHO for the home-visit if required *(refer to practice activity 7)*

- Supervising home visits for preliminary inquiry into natural/premature/unnatural deaths/relevant health/non-health issues
  - Supervise the verbal autopsy/or at least preliminary inquiry into any maternal/child/natural/unnatural deaths in the community
  - Supervise the surveillance for unusually high incidence of disease cases and notify CHO.
- Supervising home-based local community health actions
  - Ensure regular testing of salt/water testing for faecal contamination at the household level by the health workers during home visits *(refer to practice activity 3, table 1)*
  - Conducting the home visits for mobilizing the people for Patient Support Groups for different diseases *(refer to practice activity 31)* and VHSND activities *(refer to practice activity 34).*

Management of green/yellow/red category of cases at home by health workers

- Conduct the first-line primary healthcare matrix assessment using the first-line GYR algorithm (Green-Yellow-Red) approach (*refer to practice activity 2, table 2)* and classify the patient/child into green/yellow/red category
- **Green category** (if all assessment areas are normal and can be managed at home by a health worker)
  - Provide routine home care and counselling
  - Schedule the next appointment for the routine home care/ health assessment
  - Documentation and record-keeping
- **Yellow category** (if signs and symptoms can be managed at home by a health worker (in coordination with CHO))
  - Provide symptomatic management and home care counselling *(refer to practice activity 2)*
  - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
  - Schedule the next appointment for the routine home care/ health assessment
  - Documentation and record-keeping
- **Red category** (if signs and symptoms cannot be managed by a health worker/any other special services and need CHO's visit)
  - Report to CHO immediately and make arrangements for a home visit by CHO
  - Introduce the patient/child/family and handover documents to CHO

- Conduct follow-up after 1-3 days *(refer to practice activity 8)*
- Schedule the next appointment for the routine home care/ health assessment
- Documentation and record-keeping.

A. 3. Providing second-line home-based care services at home by CHO and arrange the third-line home-based care services to red category patients/children at home by PHC-MO.

Providing second-line home-based care services by CHO

- When CHO receives the information regarding the **red category** patient/child (home-based) by the health worker, CHO will
  - Schedule a home visit with the health worker
  - Reassess/confirm the first-line primary healthcare matrix assessment report by health worker
  - Conduct the second-line primary healthcare matrix assessment using the second-line GYR algorithm approach by CHOs
  - Classify the patient/child into the yellow/red category for providing second-line home-based care management
    - **Yellow category** (if signs and symptoms can be managed at home (in coordination with PHC-MO remotely) with available resources and capacity of CHO
      - Report to PHC-MO immediately by phone and discuss the plan of interventions
      - Provide first aid, symptomatic management and administer medications *(refer to practice activity 2)*
      - Provide healthcare counselling *(refer to practice activity 9)*
      - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
      - Documentation and record-keeping
    - **Red category** (if signs and symptoms cannot be managed at home)
      - Arrange the third-line home-based care services to red category patients/children at home by PHC-MO.

Arranging the third-line home-based care services to red category patients/children at home by PHC-MO

- **Red category** (Needs immediate home visit by PHC-MO)
  - Report to PHC-MO immediately by phone, discuss the plan of interventions and schedule a home visit by PHC-MO.
    - Provide first aid, symptomatic management and administer medications as per instructions by PHC-MO. *(refer to practice activity 2)*
    - Schedule a home visit by PHC-MO for the third-line home-based care.
    - Conduct follow-up by CHO after 1-3 days *(refer to practice activity 8)*
    - Documentation and record-keeping
    - Provide feedback to PHC-MO.
  - Or else (if PHC-MO is unavailable for home visit)
    - Arrange transport for referral and prepare the referral slip with all details *(refer to practice activity 7)*
    - Ensure the escort of the patient/child and family by health workers to Specialist hospital (as per instructions by PHC-MO)

- Conduct follow-up at home after 1-3 days (after discharge from the Specialist hospital) *(refer to practice activity 8)*
- Documentation and record-keeping
- Provide feedback to PHC-MO.

A. 4. Motivating the health workers to ensure the quality of home-based care

- Ensuring quality home visits
  - Supervising the home visits by health workers
- Ensuring the availability of quality materials for home-based care services
  - Supervising the use of Home-Based Care kits during home visits
- Ensuring quality of home-based care services
  - Supervising quality of health assessment, medication compliance, nutrition status and routine care by health workers.

SUMMARY FLOWCHART

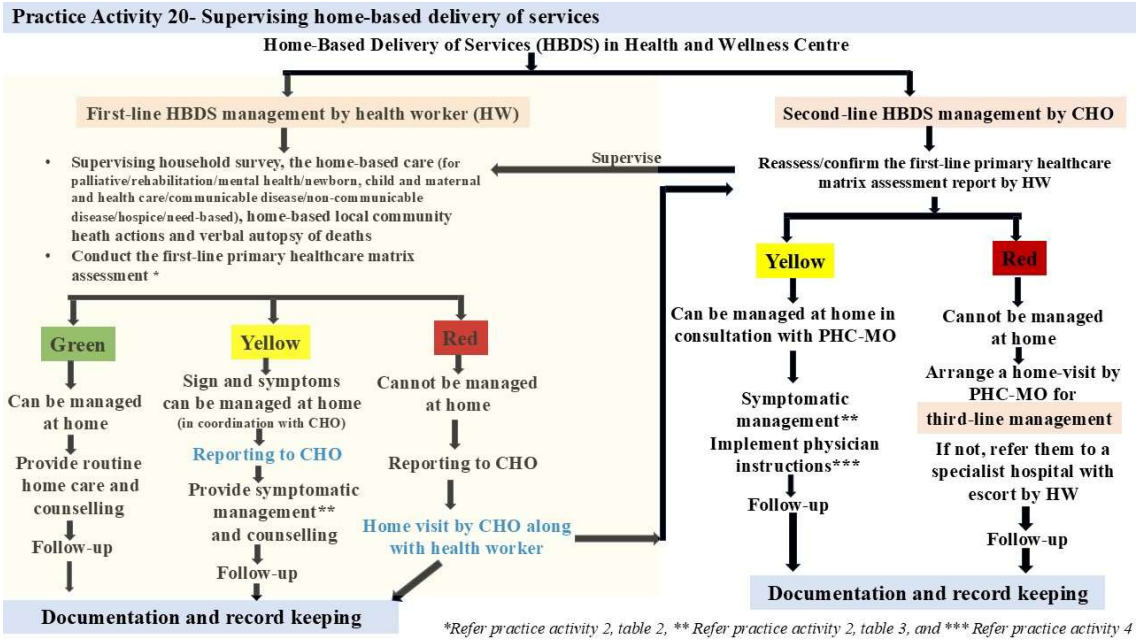


Fig.1. Summary flowchart of practice activity 20- Supervising home-based delivery of services

CONCLUSION

At the end of the practice activity 20 session, CHO will be competent to supervise the first-line home-based delivery of care services and management of green/yellow/red category of cases at home by health workers, will provide the second-line home-based care services and will arrange the third-line home-based care services to red category patients/children at home by PHC-MO.

PUBLIC HEALTHCARE PROVIDER

Direct Community Care Provider (DCCP)

PRACTICE ACTIVITY 21
BURDEN OF DISEASE

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To identify the burden of disease
RESPONSIBILITY	Collate and analyze the disease burden data for planning the services and reporting

PRE-SERVICE LEARNING EXPERIENCE
Learnt about the burden of diseases in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 21 session, CHOs will be competent to: I. prepare for data collection- identification of objectives and tool development ii. allocate and supervise the data collection by health workers iii. conduct data entry and analysis iv. calculate the rate, ratio and trends of diseases v. interpret the burden of general health problems vi. report the data of diseases for planning the services in the community.

COMPETENCY-BASED STANDARDS (CBS)	
To collect, analyze, interpret and report the data of disease burden for planning the services in the community.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. listing the steps of identifying the burden of diseases	Knowledge
A. 2. allocating and supervising the data collection of existing diseases in the community by health workers	Skill
A. 3. analyzing the disease frequency in the community	Skill
A. 4. interpreting the data of health problems in the community	Skill
A. 5. reporting the data of diseases to PHC-MO for planning the services in the community	Skill
A.6. motivating the health workers for community participation in data collection.	Attitude

A. 1. Listing the steps of identifying the burden of diseases

- The steps of identifying the burden of diseases are
    - Identify the objectives of data collection (e.g., identifying prevalence rates, understanding disease patterns, etc.)
    - Pre-preparation of data collection
        - Prepare a timeline for data collection
        - Develop the tools/checklists for the health workers for data collection
        - Train the health workers to conduct data collection
        - Assign the field/streets to health workers for data collection
        - Conduct a pilot data collection by health workers to ensure the quality of data collection.
    - Conduct the data collection of the burden of diseases
    - Analyse the collected data
    - Interpret the data of diseases for reporting
    - Report the data of diseases to PHC-MO for planning the services in the community.

A. 2. Allocating and supervising the data collection of existing diseases in the community by health workers

- Supervise the data collection of health workers
    - Allocate the field/streets to health workers for data collection.
    - Collect the details of patients and their health profiles through data records or home/community visits and weekly NCD clinics.
    - Supervise the quality of data collected by health workers.
- Post-preparation of data collection
    - Collect the completed tools/checklists after data collection for data entry by CHO
    - Enter the data in the analysis sheet (manually/ electronically) by CHO
    - Clean and prepare the data for data analysis.

A. 3. Analysing the disease frequency in the community

- Calculate the rate, ratio and trends of diseases in the community
    - Disease Rate- The disease rate typically refers to the incidence or prevalence of a disease in a population.
        - Incidence Rate
            - Definition: The number of new cases of a disease in a specified period.
            - Incidence Rate= Number of New Cases/ Population at Risk ×Multiplier
              (Multiplier is usually 1,000 or 100,000, depending on the context)
            - Example: If there are 50 new cases of flu in a community of 10,000 people over a year, the incidence rate is:
              50/10,000×100,000= 500 cases per 100,000 people.
        - Prevalence Rate
            - Definition: The total number of cases (new and existing) at a specific point in time.

- Formula: Prevalence Rate=
  Number of Existing Cases/Total Population × Multiplier
  (Multiplier is usually 1,000 or 100,000, depending on the context)
- Example: If there are 200 cases of diabetes in a community of 10,000 people, the prevalence rate is:
  200/10,000 ×100,000=2,000 cases per 100,000 people.

- Disease Ratio- The disease ratio compares the number of cases of one disease to another or a reference group.
  - Ratio of Disease Cases
    - Definition: The number of cases of one disease relative to another or to a reference group.
    - Formula: Ratio =
      Number of Cases of Disease A/Number of Cases of Disease B
    - Example: If there are 300 cases of disease A and 100 cases of disease B in a population, the ratio of disease A to disease B is: 300/100= 3 cases of disease A for every 1 case of disease B.
- Disease Trends- Analyzing disease trends involves looking at how the rates of disease change over time.
  - Trend Analysis- Evaluating how disease rates change over different periods
    - Increase/Decrease: Look for patterns such as increasing or decreasing rates.
    - Seasonal Patterns: Identify any seasonal variations.
    - Statistical Tests: Use statistical methods such as regression analysis to quantify trends and predict future rates.
    - Example: If the incidence rate of a disease was 50 cases per 100,000 people in 2010, 60 cases in 2015, and 70 cases in 2020, you can analyse whether the disease rate is increasing and by how much in consultation with PHC-MO.
- Measures of Fertility- Fertility measures are indicators of reproductive health and population growth.
  - Crude Birth Rate (CBR):
    - CBR= Number of Live Births in a Year/Total Population× 1,000
  - General Fertility Rate (GFR):
    - GFR= Number of Live Births in a Year/Number of Women Aged 15-49×1,000

  Example: If there are 500 live births in a year in a population of 100,000:
  CBR= 500/100,000×1,000 = 5 births per 1,000 people.
- Morbidity- Morbidity refers to the incidence or prevalence of a disease or health condition within a population. It often encompasses measures of ill health or disability.
  - Morbidity Rate: Morbidity Rate=
    Number of Cases of Disease/Total Population× Multiplier
    (Multiplier is usually 1,000 or 100,000, depending on the context)

Example: If there are 300 people with chronic asthma in a community of 10,000, Morbidity Rate= 10,000/300×100,000=
3,000 cases per 100,000 people.

- Mortality- Mortality measures the frequency of deaths within a population. Common measures include:
  - Crude Death Rate (CDR):
    - CDR= Number of Deaths in a Year/Total Population×1,000
  - Age-Specific Mortality Rate:
    - Age-Specific Mortality Rate=
      Number of Deaths in Age Group/Population in Age Group×1,000
  - Cause-Specific Mortality Rate:
    - Cause-Specific Mortality Rate=
      Number of Deaths from Specific Cause/Total Population×100,000
  - Infant Mortality Rate (IMR):
    - IMR=
      Number of Deaths < 1 Year of Age/Number of Live Births×1,000

Example: If there are 800 infant deaths in a population of 50,000, CDR=800/50,000×1,000= 16 infant deaths per 1,000 people.

A. 4. Interpreting the data of health problems in the community

- Interpreting the burden of general health problems in the community (notified health issues by the state/national government)[38]
- As a CHO, the primary task will be to understand the population and map the disease burden in the community. Once this is done, CHO may identify issues/diseases with high prevalence and plan the services with PHC-MO.
  - **CHO can identify the mortality rate and major causes of maternal, neonatal, under-five and adolescent mortality)**
    - For example, 5 maternal deaths per 1000 livebirths in the community in a year
    - Maternal Mortality Rate= Number of maternal deaths/Total live births×10,000
    - Maternal mortality rate in the village A is = 5/1000×10,000= 50 maternal deaths per 10,000 live births.
  - Causes of maternal mortality (Number of deaths due to particular causes/Total number of maternal deaths× 100)
    - Haemorrhage- 4/5 (80%)
    - Sepsis-1/5 (20%)

It is understood that haemorrhage (80%) is the major reason for maternal mortality in the community and discuss actions to be taken with PHC-MO.

- **CHO can identify the deaths due to communicable/non-communicable diseases in the village**

[38] Will be customized to the state level context

- Communicable disease mortality rate= Number of deaths due to communicable diseases/Total number of deaths×1000
    - For example, 30 deaths due to communicable diseases were reported in the last year and the total deaths are 120.
    - The communicable-disease mortality rate in the village is 30/120×1000= 250 deaths per 1000 population.
- Causes of communicable-disease mortality (Number of deaths due to particular disease/Total number of deaths due to communicable diseases× 100)
    - Diarrheal infections=18/30× 100= 60%
    - TB=3/30× 100=10%
    - Respiratory infections=9/30× 100= 30%

It is understood that diarrheal (60%) and respiratory (30%) infections are the major reasons for deaths due to communicable diseases and discuss actions to be taken with PHC-MO.

- **CHO can identify the burden of Eye/ENT/Oral/Mental health problems in the community**
    - CHO has to identify the total health problems (Eye+ ENT+ Oral+ Mental health problems) in the community
        - For example, Total number of health problems- 60 (Eye (12) + ENT (18) + Oral (20) + Mental health problems (10))
    - Then, CHO can identify the proportion of each problem in the community and for example,
        - The proportion of eye problems in the community- Number of eye problems/Total number of health problems× 100=12/60× 100= 20%
        - The proportion of ENT problems in the community- Number of ENT problems/Total number of health problems× 100= 18/60× 100 =30%
        - The proportion of oral problems in the community- Number of oral problems/Total number of health problems× 100= 20/60× 100 =34%
        - The proportion of mental health problems in the community- Number of mental health problems/Total number of health problems× 100= 10/60× 100=16%

From the above-given data, it is shown that ENT and oral health problems are more prevalent in the community and discuss actions to be taken with PHC-MO.

- **CHO can also identify the major causative factors of health problems in the community** (Number of particular diseases in eye/ENT/Oral/Mental health problem category/Total number of eye/ENT/Oral/Mental health problems in the village× 100). For example,
    - The proportion of cataract cases in the village is= Number of cataracts in the village/Total eye health problems× 100
        - Number of cataracts in the village-8

        - The proportion of cataract cases in the village is=8/12× 100=67%
    - The proportion of refractive errors in the village is= Number of refractive errors in the village/Total eye health problems× 100
        - Number of refractive errors- 4
        - The proportion of refractive errors in the village is= 4/12× 100=33%

It is understood that cataract is the major reason for eye problems in the community. Therefore, CHO can plan the health services in the community with PHC-MO.

A. 5. Reporting the data of diseases to PHC-MO for planning the services in the community

- *Refer to A.4.*
- The number of cases might be increased in some diseases such as tuberculosis, malaria, leprosy, chikungunya, filariasis etc. due to seasonal variations. CHOs have to be alert if they are working in such disease-endemic areas and plan interventions together with the PHC-MO to manage the disease.

A.6. Motivating the health workers for community participation in data collection

- Effective strategies for community participation in data collection by health workers are
    - Educate and Raise Awareness:
        - *Inform the community by health workers*: Hold informational sessions or workshops by health workers to explain the importance of data collection for understanding and addressing disease burden in the community.
    - Build Trust and Relationships
        - *Engage community leaders by health workers*: Encourage community leaders, NGOs and social sectors to participate in the data collection.
    - Leverage Technology:
        - *Use digital tools by health workers*: Implement mobile apps, online surveys, or other technology solutions to make data collection more convenient and engage the community through health workers.
    - Offer Feedback and Recognition:
        - *Acknowledge contributions by health workers*: Publicly recognize and thank community participants for their efforts, showing appreciation for their role in improving community health.
        - *Share results by health workers*: Provide updates on how the collected data is being used and the progress made as a result, reinforcing the value of their contribution.

SUMMARY FLOWCHART

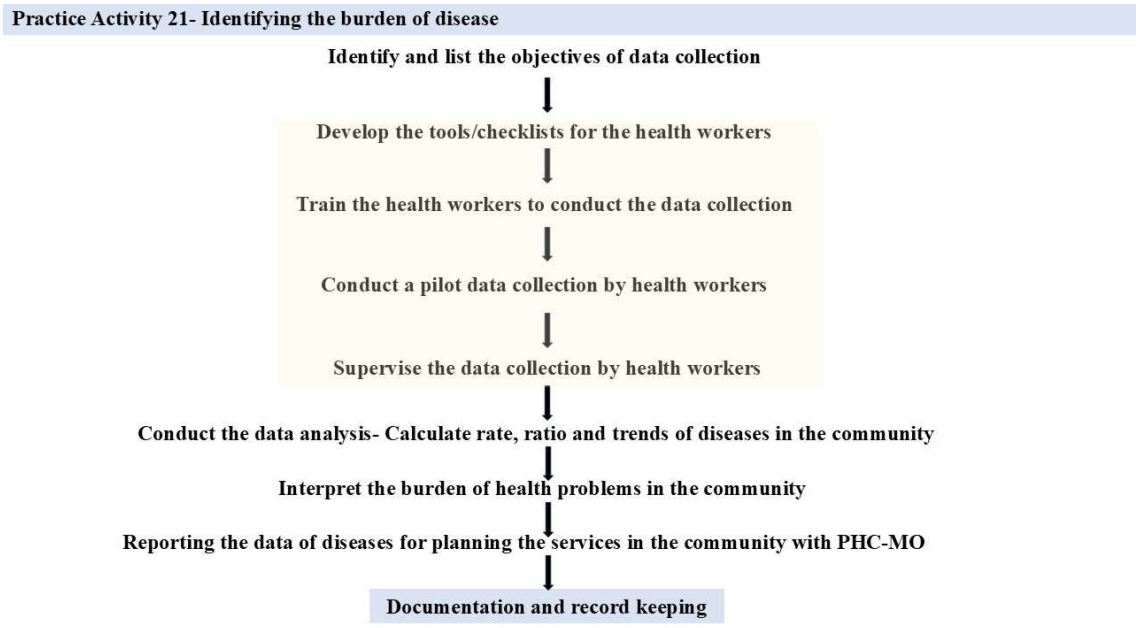


Fig.1. Summary flowchart of practice activity 21- Identifying the burden of disease

CONCLUSION

At the end of the practice activity 21 session, CHOs will be competent to identify the objectives and develop the tools and questionnaires for data collection. They will supervise the data collection of existing diseases by health workers, analyse the disease frequency, interpret the data of health problems and report the data of diseases for planning the services in the community.

PRACTICE ACTIVITY 22
DETERMINANTS OF DISEASE

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To identify the determinants of disease
RESPONSIBILITY	Address issues of social, environmental and behavioural determinants of disease at HWC

PRE-SERVICE LEARNING EXPERIENCE
Learnt about the determinants of disease in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 22 session, CHOs will be competent to: I. implement the steps of identifying the social, environmental and behavioural determinants of disease in the community II. prepare for data collection in the community in coordination with health workers III. conduct the data collection of social, environmental and behavioural determinants of disease in the community IV. analyze the social, environmental and behavioural determinants of disease in the community V. report the data on determinants of disease to PHC-MO for planning the services in the community.

COMPETENCY-BASED STANDARDS (CBS)	
To collect, analyse, interpret and report the data on social, environmental and behavioural determinants of disease for planning the services at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the types of determinants of disease	Knowledge
A. 2. listing the steps of identifying the social, environmental and behavioural determinants of disease	Knowledge
A. 3. preparing and conducting the data collection of social, environmental and behavioural determinants of disease in the community	Skill
A. 4. analyzing the social, environmental and behavioural determinants of disease in the community	Skill
A. 5. reporting the data on determinants of disease to PHC-MO for planning the services in the community	Skill
A. 6. motivating the health workers to address the determinants of disease through community participation.	Attitude

A. 1. Recalling the types of determinants of disease

There are 3 types of determinants of disease: social, environmental and behavioural determinants of disease

- Social determinants of disease are;
    - gender-equality
    - non-violence
    - education
    - social relations
    - food-security and nutrition
    - adequate information on existing health services and the need for timely use of health services.
    - income and social protection
    - employment and job security
    - early childhood development
    - social inclusion and non-discrimination
    - access to affordable health services of decent quality
- Environmental determinants of disease are
    - availability of potable and adequate water for daily activities
    - housing, basic amenities and the environment
    - sanitation and hygiene
    - safe collection and disposal of refuse
    - proper collection and disposal of wastewater
    - occupational health hazards such as fluorosis, silicosis, arsenic contamination, etc.
    - clean air
    - stable climate
    - safe use of chemicals
    - protection from radiation
    - sound agricultural practices
    - health-supportive cities and built environments
    - preserved nature are all prerequisites for good health.
- Behavioural determinants of disease are
    - physical exercise
    - healthy lifestyle practices
    - staying away from drug and substance abuse
    - mental health and well-being.

A. 2. Listing the steps of identifying the social, environmental and behavioural determinants of disease

The steps of identifying the determinants of disease are

- Identify the objectives of data collection
- Develop the open-ended questionnaires for qualitative inquiry
- Conduct the data collection
- Analyse the collected data
- Interpret the data on social, environmental and behavioural determinants of disease for reporting
- Report the data on determinants of disease to PHC-MO for planning the services in the community.

A. 3. Preparing and conducting the data collection of social, environmental and behavioural determinants of disease in the community in coordination with health workers

- Preparation of data collection
    - Develop the objectives of data collection (e.g., exploring the determinants of social, environmental and behavioural problems affecting health, understanding the severity of problems and investigating solutions for addressing the problems in the community etc.)
    - Develop the closed/open-ended questionnaires for qualitative inquiry to explore determinants of disease. For example;
        - What type of determinants of disease exist in the community?
        - How do people perceive the severity of determinants of disease in the community?
        - What are the possible solutions to address the determinants of disease in the community?
    - Validate the open-ended questionnaires with PHC-MO and subject experts.
- Conduct the data collection
    - Identify the key participants for data collection
    - Train the participants for data collection
    - Conduct the observations, in-depth interviews and focus group discussions to explore the determinants of social, environmental and behavioural problems affecting health (especially from vulnerable groups) in the community
    - Document the verbatim and field notes during data collection.

A. 4. Analyzing the social, environmental and behavioural determinants of disease in the community

- Identify the major problems and their determinants existing in the community
- Identify the prioritized solutions (for each problem) with 2 (minimum) scientific rationales by addressing the determinants of disease.

A. 5. Reporting the data on determinants of disease to PHC-MO for planning the services in the community

- Reporting the data on determinants of disease for planning the services in the community
- Discuss with PHC-MO to develop a plan of action in the community.

A. 6. Motivating the health workers to address the determinants of disease through community participation

Effective strategies for community participation in data collection to address the determinants of disease by health workers are

- Educate and Raise Awareness:
    - Inform the community by health workers: Hold informational sessions or workshops by health workers to explain the importance of data collection to address the determinants of disease in the community.
- Build Trust and Relationships
    - Engage community leaders by health workers: Encourage community leaders, NGOs and social sectors to participate in the in-depth interviews and focus group discussions.
- Leverage Technology:
    - Use digital tools by health workers: Implement mobile apps, online meetings, or other technology solutions to make data collection more convenient and engage the community through health workers.
- Offer Feedback and Recognition:
    - Acknowledge contributions by health workers: Publicly recognize and thank community participants for their efforts, showing appreciation for their role in improving community health.
    - Share results by health workers: Provide updates on how the collected data is being used and the progress made as a result, reinforcing the value of their contribution.

SUMMARY FLOWCHART

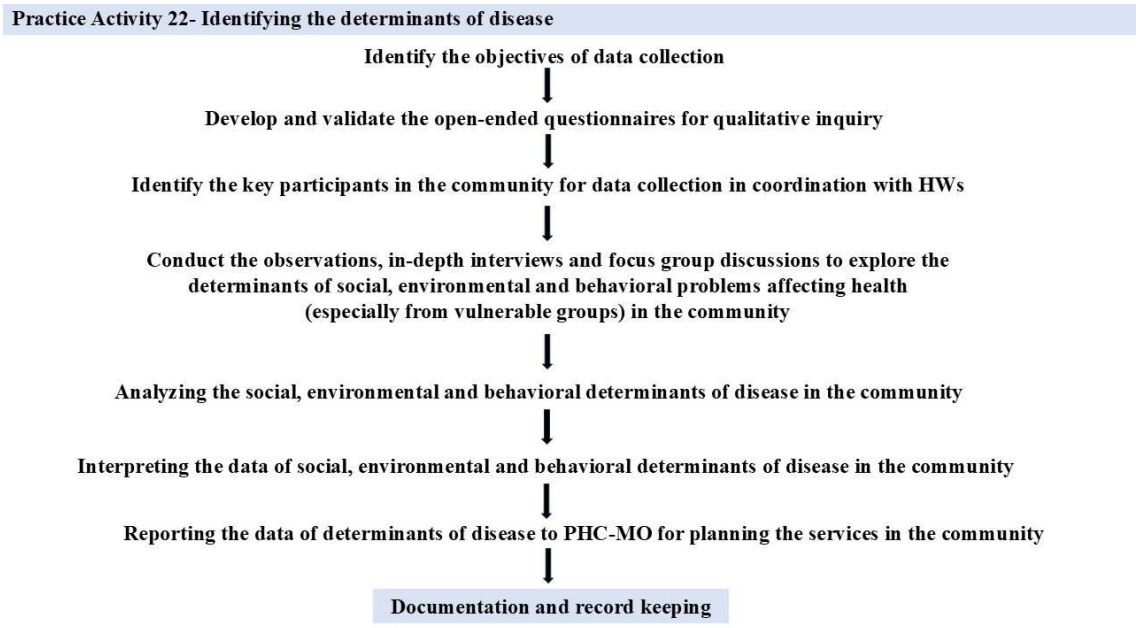


Fig.1. Summary flowchart of practice activity 22- Identifying the determinants of disease

CONCLUSION

At the end of the practice activity 22 session, CHOs will be competent to develop the objectives to address the determinants of disease in the community and prepare open-ended questionnaires for data collection. They will conduct the qualitative inquiry to explore the determinants of disease, perform data analysis, interpret and report the data on determinants of disease to PHC-MO for planning the health services in the community.

PRACTICE ACTIVITY 23
LOCAL BODY MEETING

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct local body meetings
RESPONSIBILITY	Conduct local body meetings to monitor community-level activities.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about various local bodies in the community.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 23 session, CHOs will be competent to: I. develop the objectives of the local body meeting II. identify the local body representatives in the village III. conduct a local body meeting with community representatives to develop a plan of action IV. prepare the minutes of the meeting and submit it to PHC-MO V. empower the local bodies to undertake collective actions for health promotion.

COMPETENCY-BASED STANDARDS (CBS)	
To plan and organize local body meetings to monitor community activities at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the objectives of local body meetings in the community	Knowledge
A. 2. identifying the local body representatives in the village	Skill
A. 3. conducting a local body meeting with community representatives to develop a plan of action in the community	Skill
A. 4. empowering the local bodies to undertake collective actions for health promotion	Attitude

A. 1. Recalling the objectives of local body meetings in the community

- Define local body meetings in the community
    - A local body meeting in the community refers to a gathering organized by local governing stakeholders such as panchayat representatives, local decision-makers, religious leaders, traditional healers and ICDS functionaries to discuss health problems relevant to the community. These meetings are platforms for local government representatives, CHOs, health workers and community members to address and make decisions about public health initiatives.
- Describe the purpose of local body meetings in the community
    - Decision-making on local health issues
        - Local body meetings provide a platform for discussing and making decisions on health issues that affect the community.
    - Community engagement and participation
        - Local body meetings enable community people to engage with their elected representatives, CHOs and health workers to participate in health-related discussions.
    - Transparency and accountability
        - These meetings help maintain transparency by keeping the community informed about public health actions, ongoing projects, and policy decisions. They hold local leaders accountable for their responsibilities and decisions.
    - Planning and implementation of development projects
        - Local body meetings are used to discuss community development plans and approve the implementation of projects like roads, sanitation, education, and health services. These meetings ensure that local projects are aligned with the community's needs.
    - Conflict resolution
        - These meetings often serve as platforms for resolving disputes and conflicts related to public resources, or other concerns through collective dialogue.
    - Feedback mechanism
        - Residents can provide feedback on public health services, ongoing projects, and policies, enabling continuous improvement of local governance and ensuring the community needs are met effectively.
- Listing the health programmes to be conducted in coordination with local bodies
    - Prepare a list of health programmes to be conducted in the community in coordination with health workers
    - Discuss the list of health programmes with PHC-MO for approval to conduct in the community.

A. 2. Identifying the local body representatives in the village

- Identify the objectives of the local body meeting
- List the local governing stakeholders such as panchayat representatives, local decision-makers, religious leaders, traditional healers and ICDS functionaries in the village.

A. 3. Conducting a local body meeting with community representatives to develop a plan of action in the community

- Plan the date, time and venue for the local body meeting in coordination with PHC-MO
- Prepare the local body meeting agenda in coordination with PHC-MO
- Invite the local governing stakeholders for the local body meeting
- Conduct local body meetings with stakeholders such as panchayat representatives, local decision-makers, religious leaders, traditional healers, ICDS functionaries, community representatives, CHOs and health workers to finalize the tentative plan of action.
    - Review the previous minutes of the local body meeting
    - Discuss the progress of execution of the action plans
    - Provide feedback about the ongoing health services, burden and determinants of disease *(refer to practice activity 21 & 22)* in the community by the health team
    - Ensure IEC for awareness about HWC services
    - Develop the local action plans for health promotion campaigns and camps under national/state level health programmes at HWC
- Prepare the minutes of the meeting and submit it to PHC-MO.
- Plan a date and venue for the next local body meeting.

A. 4. Empowering the local bodies to undertake collective actions for health promotion

Empowering local bodies to undertake collective actions for health promotion is essential for improving public health outcomes in communities. To achieve this, CHOs can implement the following strategies;

- Capacity building and training
    - Skill development: equip local body members and community leaders with the necessary knowledge and skills in public health and health promotion strategies
    - Health literacy: ensure that local leaders and community members are well-informed about health issues, including the importance of preventive healthcare and the determinants of disease.
- Decentralized decision-making
    - Policy autonomy: provide local bodies with greater autonomy to make decisions on health-related issues.
- Collaboration and partnerships
    - Multi-sectoral collaboration: encourage collaboration between local bodies and other stakeholders, such as public/private healthcare providers, NGOs, and educational institutions, to undertake joint health promotion initiatives.
    - Coordinate with state level committees like Jan Arogya Samiti for health promotion campaigns.
- Community engagement and participation
    - Empower community members: encourage active participation from the community in health promotion efforts.
    - Health ambassadors: train local volunteers to serve as health ambassadors or peer educators. They can help spread health knowledge, encourage healthy practices, and identify health risks in the community.

- Monitoring and accountability
    - Performance metrics: establish clear goals and key performance indicators (KPIs) for local health promotion initiatives.
    - Community feedback mechanisms: create channels for the community to provide feedback on the health promotion activities of local bodies.
- Health policy integration
    - Health in all Policies (Hap): integrate health promotion into various sectors like education, housing, and transportation. Local bodies should ensure that policies in all areas consider their impact on community health.
    - Legislation and bylaws: empower local bodies to create or enforce health-related bylaws, such as regulations on hygiene standards, pollution control, and the sale of unhealthy foods.

SUMMARY FLOWCHART

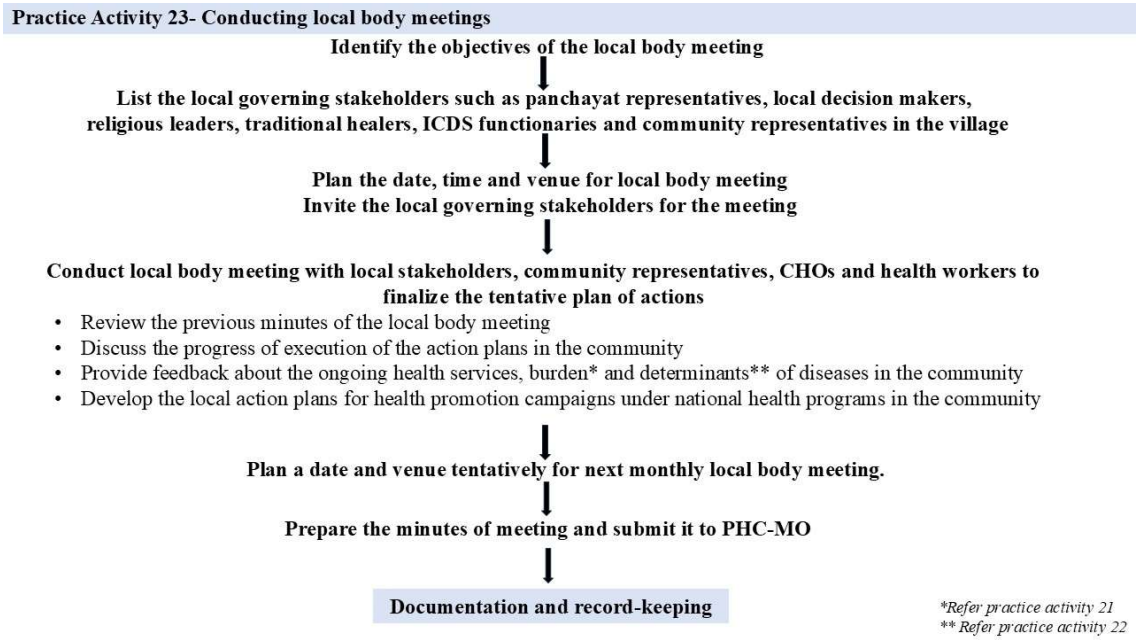


Fig.1. Summary flowchart of practice activity 23- Conducting local body meetings

CONCLUSION

At the end of the practice activity 23 session, CHOs will be competent to develop the objectives of the local body meeting, identify the local body representatives in the village, conduct a local body meeting with community representatives to develop a plan of action, prepare the minutes of meeting and submit it to PHC-MO and empower the local bodies to undertake collective actions for health promotion.

PRACTICE ACTIVITY 24
LOCAL ACTION PLAN

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct a local action plan
RESPONSIBILITY	Develop a local action plan with measurable targets at HWC

PRE-SERVICE LEARNING EXPERIENCE
Learnt about preparation and implementation of local action plans in the community.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 24 session, CHOs will be competent to: I. develop a local action plan with measurable targets during local body meetings II. identify the various village-level committees to implement the local action plan III. implement the local action plan IV. monitor and report the local action plan V. motivate the local body team to develop a local action plan for vulnerable communities

COMPETENCY-BASED STANDARDS (CBS)	
To develop a local action plan with measurable targets for implementation at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. listing the objectives of local action plans in the community	Knowledge
A. 2. developing a local action plan with measurable targets during local body meetings	Skill
A. 3. identifying the various village-level committees to implement the local action plan	Skill
A. 4. implementing the local action plan	Skill
A. 5. monitoring, evaluating, scaling up and reporting the local action plan	Skill
A. 6. motivating the local body team to develop a local action plan for vulnerable communities.	Attitude

A. 1. Listing the objectives of the local action plan in the community

- A local action plan is a strategic plan designed to address specific health challenges within a local community, focusing on improving public health outcomes and ensuring access to essential healthcare services.
- It involves identifying key health issues based on local data and community needs, setting goals, and implementing targeted interventions.
- These are often aligned with national health programs but are tailored to the local context.
- Key components of a local action plan:
    - Community health reassessment: Prioritize the health issues and needs of the community through local body meetings to prepare an action plan *(refer to practice activity 23).*
    - Goal setting: Establishing Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goals for improving local health.
    - Intervention strategies: Developing programs and activities to address health challenges, such as immunization drives, health education, and disease prevention campaigns.
    - Resource allocation: Ensuring that financial, human, and material resources are available to implement the interventions.

A. 2. Developing a local action plan with measurable targets during local body meetings

The steps for developing a local action plan with measurable targets are;

- Community health reassessment
    - Conduct a reassessment to prioritize the burden and determinants of disease *(refer to practice activity 21 & 22)* in the community.
        - For example, high rates of diabetes and low immunization coverage.
- Conduct a local body meeting *(refer to practice activity 23)*
    - CHO will conduct discussions with local stakeholders, including health workers, community leaders, and residents.
    - CHO will list the HWC and village health statistics to discuss the key causes of mortality and morbidity in the community.
    - CHO will work with the local body meeting team to develop a local action plan with measurable targets
    - CHO will discuss the available resources to implement the local action plans.
- Set priorities and objectives
    - Prioritize health problems that require immediate attention or have the most significant impact (e.g., maternal and child health, sanitation).
    - SMART objectives: Define goals that are Specific, Measurable, Achievable, Relevant, And Time-Bound (SMART).
    - Example:
        - Goal: Reduce the prevalence of childhood malnutrition by 15% within two years.
        - Objective: Increase the number of children under 5 receiving nutritional supplements by 25% in 12 months.

- Develop action plans and timelines
    - Identify specific activities/programs and timelines to achieve each objective (e.g., nutritional awareness programs, vaccination drives).
    - Allocate roles and responsibilities to health workers, volunteers, or local government agencies.
    - Ensure resources like funding, materials, and manpower are in place for each intervention.
- Set measurable targets based on objectives and timeline
    - Establish baseline health indicators (e.g., current malnutrition rates, immunization coverage).
    - Target outcomes: Define quantitative targets to monitor progress.
    - Example:
        - Initial immunization coverage: 60% of children under 5.
        - Target: 90% immunization coverage within 1 year.
        - Key Performance Indicators (KPIs): Set KPIs to monitor activities (e.g., number of health camps held, number of households reached).

Example of a local action plan for malnutrition:

- Goal
    - Reduce childhood malnutrition by 20% in the next two years.
- Objective
    - Increase the enrolment in the community feeding program by 30% within one year.
- Action
    - Organize monthly nutritional awareness workshops.
    - Provide nutritional supplements to identified children in the villages.
    - Monitoring the implementation of action plans against the objectives.
- Measurable target
    - Track the nutritional status (weight-for-age) of children every six months, aiming for a 10% improvement in average weight gain by the end of the first year.

A. 3. Identifying the various village-level committees to implement the local action plan

- List the various village-level committees such as VHSNDs (*refer practice activity 34),* PSGs (*refer practice activity 31),* youth groups and voluntary organizations to implement the local action plan.
- Implementing the local action plan with village-level committees for 'local level community action for health'.
- Motivate the HWC team to evaluate the involvement of committees in local action plans and plan for the next steps.

A. 4. Implementing the local action plan

- Create a timeline with clear deadlines for each activity or milestone.
- Foster partnerships with local organizations, non-profits, or governmental bodies for implementation.

- Document the expenses and bills for reimbursement (from Jan Arogya Samiti/state level committees/PHC-MO)

A. 5. Monitoring, evaluating, scaling up and reporting the local action plan

- Monitoring and evaluation
    - Regular monitoring: Establish a system to regularly monitor progress, using Key Performance Indicators (KPIs) and health data (e.g., monthly or quarterly reports).
    - Mid-term evaluations: Conduct mid-term evaluations to assess if targets are being met and adjust strategies as needed.
    - Final evaluation: Evaluate the overall success of the program after the designated period and measure the impact against the initial goals and objectives.
- Scale up
    - Review outcomes: If goals are met or progress is significant, consider scaling up successful interventions to other regions or addressing additional health issues.
- Reporting
    - Submit the local action plan report to PHC-MO.

A. 6. Motivating the local body team to develop a local action plan for vulnerable communities

- Conduct HWC meetings to discuss, take decisions and plan actions with measurable targets for the vulnerable communities.
- Support the HWC team in developing village health plans with a specific focus on vulnerable communities.
- Use the HWC and vulnerable population data to understand key causes of mortality and morbidity in the community.

SUMMARY FLOWCHART

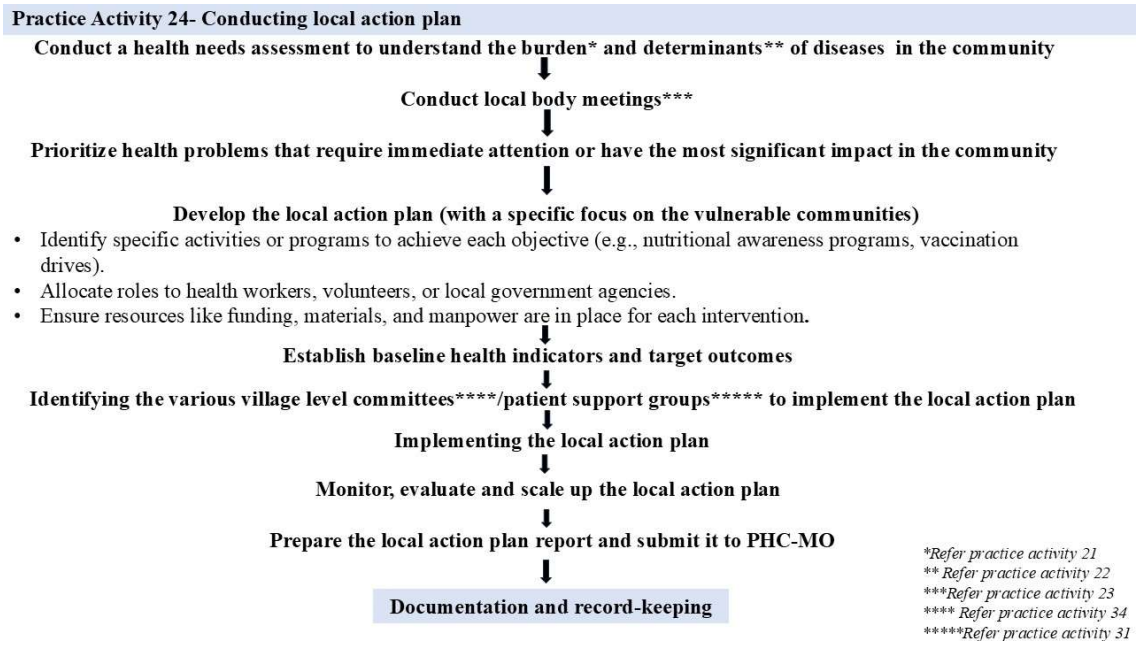


Fig.1. Summary flowchart of practice activity 24- Conducting local action plan

CONCLUSION

At the end of the practice activity 24 session, CHOs will be competent to develop a local action plan with measurable targets during local body meetings, identify the various village-level committees to implement the local action plan, implement the local action plan, monitor and report the local action plan and motivate the local body team to develop a local action plan for vulnerable communities.

PUBLIC HEALTHCARE PROVIDER

Direct Community Care Supervisor (DCCS)

PRACTICE ACTIVITY 25
COMMUNITY MAPPING

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise community mapping
RESPONSIBILITY	Map the community for planning services at HWC

PRE-SERVICE LEARNING EXPERIENCE
Learnt community mapping in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 25 session, CHO will be competent to: I. supervise health workers to develop community mapping including the details of geographical, village stakeholder, asset, social, environmental and vulnerability groups II. conduct health and at-risk mapping of the community III. motivate the HWC workers to update the community map half-yearly

COMPETENCY-BASED STANDARDS (CBS)	
To supervise health workers in developing community mapping including the geographical, village stakeholder, asset, social, environmental and vulnerability mapping details and to conduct health and at-risk community mapping.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the community mapping and its types	Knowledge
A. 2. supervising health workers to develop community mapping including the details of geographical, village stakeholder, asset, social, environmental and vulnerability groups	Skill
A. 3. conducting health and at-risk mapping of the community	Skill
A. 4. motivating the HWC workers to update the community map half-yearly.	Attitude

A. 1. Recalling the community mapping and its types

- Define community mapping
    - Community Mapping is a participatory mapping process used to gather and visually represent information about a specific community, including its assets, resources, health conditions, challenges, risks, needs and other relevant data.
    - It involves engaging community members to identify and map out important locations, issues, and needs, promoting greater understanding and informed decision-making.
- Objectives of community mapping
    - Identifying resources: Locating important community assets such as schools, healthcare centres, parks, and businesses.
    - Highlighting challenges: Identifying areas facing social, environmental, or health issues.
    - Engaging the community: Involving residents in the process of documenting and understanding their environment and needs.
    - Facilitating planning and decision-making: Providing actionable data that public health policymakers, organizations, and community leaders can use to implement effective programs and services.
- Components of community mapping
    - Geographical mapping
        - Geographical Mapping refers to the process of creating visual representations of the villages of HWC, illustrating the spatial relationships between different geographical features such as landscapes, natural resources, human settlements, and infrastructure.
        - Sub-components are
            - Topography: Mapping physical features like mountains, rivers, valleys, and plains.
            - Boundaries: Depicting the boundaries of each village of HWC.
            - Infrastructure: Showing human-made structures like roads, bridges, buildings, and transportation networks.
            - Natural Resources: Mapping natural resources such as forests and water bodies.
            - Land Use: Illustrating the distribution of agricultural areas.
            - Population Density: Depicting how populations are distributed in each village.
    - Village Stakeholder Mapping
        - Village Stakeholder Mapping is a participatory approach used to identify, analyse, and map the key stakeholders within the community.
        - Sub-components
            - Primary Stakeholders: Individuals or groups directly impacted by the HWC workers, such as community members, farmers, women's groups, or children.
            - Secondary Stakeholders: Those who indirectly influence the HWC workers, such as local government officials, community

leaders, non-governmental organizations (NGOs), and local businesses.
- External Stakeholders: Agencies, donors, or external organizations that provide funding or technical support to HWC but are not part of the community.

- Asset mapping
  - Focuses on identifying and mapping the community's strengths, resources, and assets such as parks, businesses, schools, healthcare services, and skilled individuals.
  - Example: A map highlighting all the local health clinics, educational institutions, and recreational spaces in a community.
- Social mapping
  - This type of mapping explores social structures and relationships in the community, focusing on population density, social groups, demographics, and family dynamics.
  - Example: A map displaying population distribution, ethnicity, or socio-economic groups within a community.
- Environmental mapping
  - Focuses on environmental features and challenges such as water sources, waste disposal sites, green spaces, and areas prone to flooding or pollution.
  - Example: Mapping waste disposal locations and identifying areas that need better sanitation services.
- Vulnerability Mapping
  - Vulnerability Mapping helps to identify and assess areas, populations, or systems that are at risk of harm due to various hazards or threats.
  - This can include natural disasters, health risks, social inequalities, environmental degradation, or economic challenges.
  - Example: Mapping slum areas in the village.
- Health mapping
  - Involves mapping health-related resources, needs, or disease prevalence in a community. It can be used to track health outcomes, risk factors, and access to health services.
  - Example: Mapping areas with high rates of Non-Communicable Diseases (NCDs) or areas where healthcare services are inadequate.
- At-Risk mapping
  - Identifies and maps out areas that are vulnerable to any community outbreaks.
  - Example: A map showing flood-prone areas in a coastal area with a history of community outbreaks.

A. 2. Supervising health workers to develop community mapping including the details of geographical, village stakeholder, asset, social, environmental and vulnerability groups

- Supervise the steps of community mapping by health workers
    - Identify the objectives of community mapping
    - Identify the village stakeholders to be involved in community mapping
    - Develop a mapping schedule and tasks with dates and time
    - Collect the community mapping tools/checklists in consultation with PHC-MO
    - Train the health workers to conduct the mapping exercise manually/ electronically (GIS mapping)
    - Supervise the health workers to conduct community mapping using the tools/checklists
    - Ensure the following mapping details in community mapping; geographical, village stakeholder, asset, social, environmental and vulnerability mapping
        - Develop an accurate map of the village.
        - Identify and mark municipal and ward boundaries, major road networks, major landmarks, agricultural land, major water bodies etc (Geographical mapping)
        - Identify and list community leaders (Village stakeholder mapping)
        - Include knowledge of the location of all health facilities (public and private), their catchment areas, educational institutions (public and private), business areas (Asset mapping)
        - Identify population distribution, ethnicity, or socio-economic groups (Social mapping)
        - Identify water sources, waste disposal sites, green spaces, and areas prone to flooding or pollution (Environmental mapping)
        - Identify occupational hazard areas, slum areas etc (Vulnerability mapping)
    - Submit the community mapping to CHO for review and feedback.

A. 3. Conducting health and at-risk mapping of the community

- Review the community mapping developed by health workers
- Add the following mapping details by CHO
    - Identify and list the health-related resources, needs, or disease prevalence in the community (Health mapping)
    - Identifies and maps out areas that are vulnerable to any health risks (At-Risk mapping)
- Submit the final community mapping to PHC-MO
- Display the community mapping (approved by PHC-MO) in HWC.

A. 4. Motivating the HWC workers to update the community map half-yearly

- Motivate the HWC workers to update the community map twice a year.

SUMMARY FLOWCHART

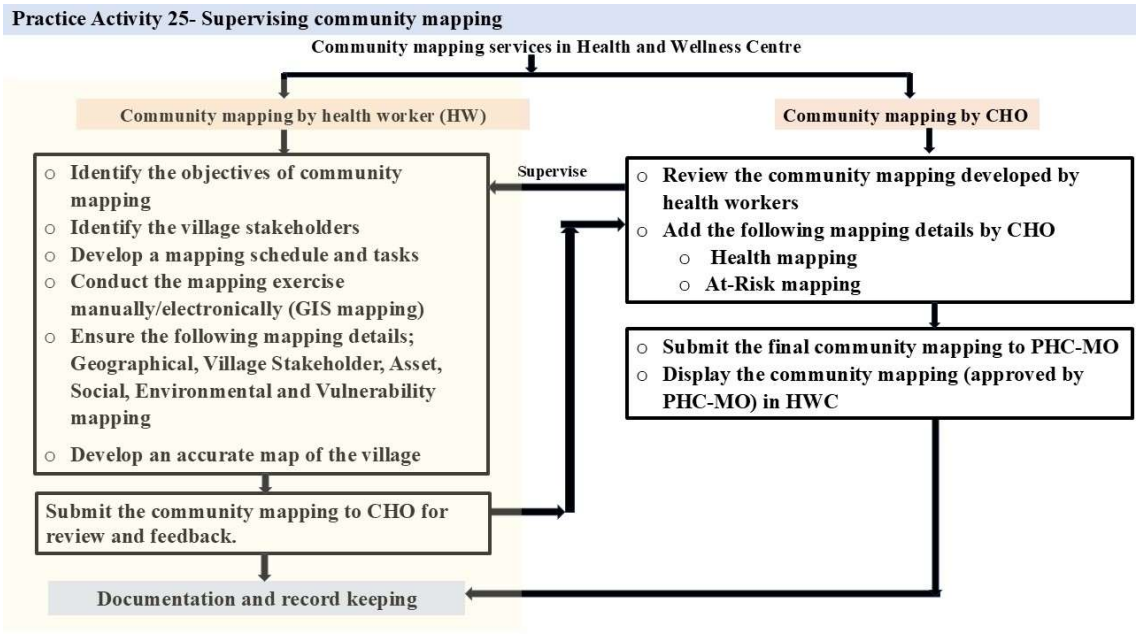


Fig.1. Summary flowchart of practice activity 25- Supervising community mapping

CONCLUSION

At the end of the practice activity 25 session, CHO will be competent to supervise health workers to develop community mapping including the details of geographical, village stakeholder, asset, social, environmental and vulnerability mapping, to conduct health and at-risk mapping of the community and to motivate the HWC workers to update the community map half-yearly.

PRACTICE ACTIVITY 26
POPULATION ENUMERATION

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise the population enumeration services
RESPONSIBILITY	Collect population-based data List all households/population in the HWC service area

PRE-SERVICE LEARNING EXPERIENCE
Learnt population enumeration in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 26 session, CHOs will be competent to: I. assist the health workers in conducting population enumeration II. assist ASHA to fill out the Community-Based Assessment Checklist (CBAC) III. supervise the empanelment of families IV. assist the health workers to transfer population enumeration data to IT systems.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the health workers to conduct population enumeration and empanelment of families at HWC area.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the demographic composition of the population	Knowledge
A. 2. understanding characteristics of the population	Knowledge
A. 3. assisting the health workers in conducting the population enumeration	Skill
A. 4. assisting ASHA to fill out the Community Based Assessment Checklist (CBAC)	Skill
A. 5. supervising the empanelment of families	Skill
A. 6. assisting the health workers to transfer the population enumeration data to IT systems	Skill
A. 7. motivating the health workers to use digital devices for the population enumeration.	Attitude

A. 1. Recalling the demographic composition of the population

- The demographic composition of the population is
  - Age-wise classification
    - 0-1 years of age
    - 0-4 years of age
    - 1-5 years of age
    - 5-9 years of age
    - 10-14 years of age
    - 0-14 years of age
    - 10-19 years of age
    - 15-49 years women of reproductive age group
    - 15-59 years of age
    - 30 years & above
    - 60 years & above
    - 65 years & above)
  - Gender
    - Male
    - Female
    - Others[39]
  - Socioeconomic status
    - Upper
    - Middle
    - Lower
    - Vulnerable status[40]

A. 2. Understanding characteristics of the population

- CHO should understand the local health needs, cultural traditions and socio-economic status of the HWC population.

A. 3. Assisting the health workers in conducting population enumeration

- Supervise the data collection
  - Arrange the survey tools for population enumeration[41].
  - Train the health workers to use tools for collecting data.
  - Supervise the collection of population-based data by health workers.
- Conduct data analysis by CHO
  - Collate and analyse data for planning and reporting data to the next level in an accurate and timely fashion.
  - Analyse the population data using rates or proportions *(refer to practice activity 21).*
- Prepare the reports for planning the services in consultation with PHC-MO
  - Estimating the number of beneficiaries availing of the services at HWC
    - Estimated number of pregnant women in the HWC area
    - Number of live births/Estimated newborns in the HWC area
    - Estimated number of pregnant mothers with complications

[39] Transgender/Non-binary/Prefer not to respond
[40] Below poverty line (BPL) households/ marginalized communities in remote areas/ areas of the village in which a specific problem is widespread
[41] Will use the tools given by the State government

        - Eligible couples
        - Sick newborns
        - Estimation of beneficiaries for common non-communicable diseases
        - Number of neonatal/infant deaths
        - Antenatal care coverage
        - Use HWC and population data to understand key causes of mortality and morbidity in the community
        - Work with the workers to develop a local action plan with measurable targets.
    - Ensure population health by recalling the following
        - Estimate the burden of disease *(refer to practice activity 21)*
        - Areas where the health problem is majorly present
        - Population groups that are most affected.
- Maintains village health records
    - Provides information about the births and deaths in the village.
    - Any unusual health problems/disease outbreaks in the community.

A. 4. Assisting ASHA to fill out the Community-Based Assessment Checklist (CBAC)

- Assists ASHA in filling out the Community Based Assessment Checklist (CBAC).
    - CBAC aims to collect details of all individuals 30 years and above, on the risk factors for diseases like hypertension, diabetes, cancers like oral, breast or cervical, tuberculosis, leprosy etc.
- Train the health workers to fill out the Community-Based Assessment Checklist (CBAC).
- Review the completed CBAC filled by the health workers to ensure that it is filled and correct.
- Maintain this register using population enumeration data
    - Name list of children who require immunization
    - Line listing of high-risk pregnant women
    - Adults above 30 years of age for screening of NCDs (CBAC) etc.

A. 5. Supervising the empanelment of families

- Supervise the empanelment of individuals and families at HWC area.
    - Prepare a population-based household list.
    - Undertake registration of all individuals and families residing within the catchment area of the HWC in the family folder.
    - Motivate the health workers to update the family empanelment data (family folders) yearly.

A. 6. Assisting the health workers to transfer population enumeration data to IT systems

- Ensure that all households/population in the service area are listed by health workers
- All individuals are empanelled at HWC for seeking healthcare services
- Maintain a database in digital format of CPHC-IT application/paper format as required by the state[42].

[42] Will be customized at the state-level

- Once empanelled through the family folders in HWC, this data will be transferred to the IT systems and thus it will serve as a record of all the population under HWC *(refer to practice activity 42).*

A. 7. Motivating the health workers to use digital devices for population enumeration

- Supervise health workers to use tablets/smartphones for population enumeration and empanelment.
- Motivate the health workers to update the population enumeration and empanelment data yearly.

SUMMARY FLOWCHART

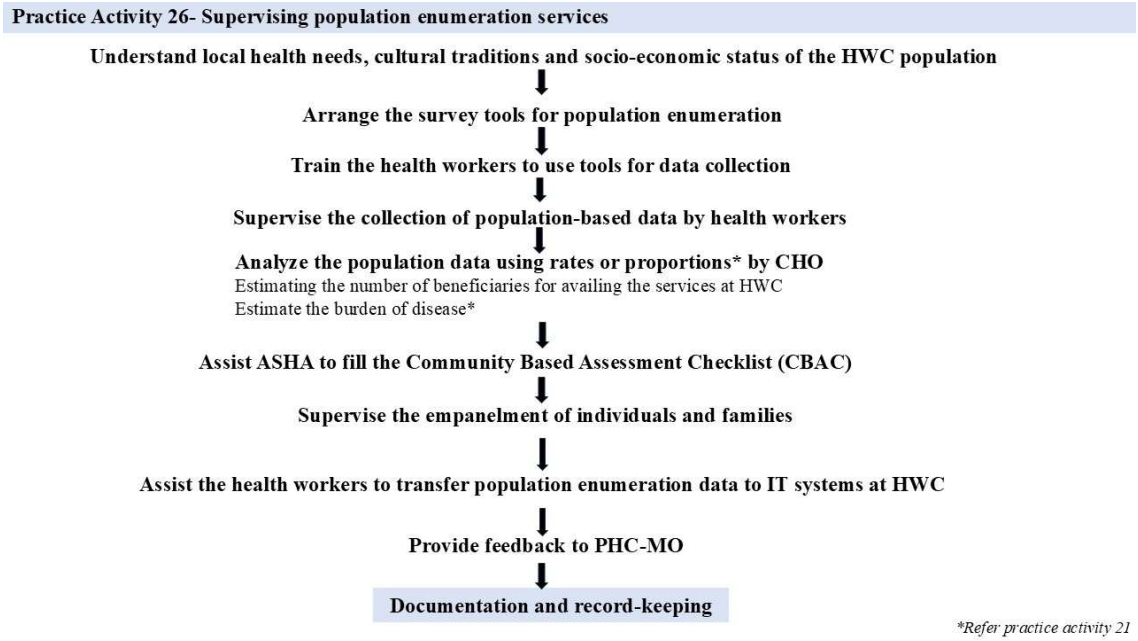


Fig.1. Summary flowchart of practice activity 26- Supervising population enumeration services

CONCLUSION

At the end of the practice activity 26 session, CHOs will be competent to understand the characteristics of the population, assist the health workers in conducting population enumeration and fill the Community Based Assessment Checklist (CBAC). CHO will supervise the empanelment of families and assist the health workers in transferring population enumeration data to IT systems at HWC.

PRACTICE ACTIVITY 27
VULNERABILITY ASSESSMENT

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise vulnerability assessment
RESPONSIBILITY	List and identify the vulnerable individuals/families in the HWC area

PRE-SERVICE LEARNING EXPERIENCE
Learnt vulnerability assessment in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 27 session, CHOs will be competent to: I. supervise health workers to conduct vulnerability mapping II. supervise slum/ward and household level vulnerability assessment by health workers III. improve the HWC services for marginalized and vulnerable individuals/families in rural/remote areas IV. monitor and review the HWC services for marginalized and vulnerable individuals/families.

COMPETENCY-BASED STANDARDS (CBS)	
To identify the vulnerable individuals/families and improve their HWC services in rural/remote areas.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the vulnerability assessment process	Knowledge
A. 2. supervising health workers to conduct vulnerability mapping	Skill
A. 3. supervising slum/ward and household level vulnerability assessment by health workers	Skill
A. 4. improving HWC services for marginalized and vulnerable individuals/ families in rural/remote areas	Skill
A. 5. monitoring and reviewing the HWC services for marginalized and vulnerable individuals/families	Skill
A. 6. motivating the health workers to update the vulnerable population-based data annually.	Attitude

A. 1. Recalling the vulnerability assessment process

- Define vulnerability assessment.
    - The vulnerability assessment process at HWC involves identifying and analyzing the health risks, challenges, and needs of the community, particularly vulnerable populations.
    - This process enables HWCs to prioritize health interventions, allocate resources effectively, and improve HWC service delivery.
- Types of vulnerability assessment
    - Residential vulnerability
        - Residential vulnerability refers to the susceptibility of residential areas and housing structures to various risks and hazards, such as natural disasters (earthquakes, floods, hurricanes), socio-economic challenges (poverty, inadequate infrastructure), and environmental factors (pollution, climate change).
    - Social vulnerability
        - Social vulnerability refers to the identification of populations that are more vulnerable to adverse effects due to socio-economic factors like poverty, lack of education, or inadequate access to healthcare.
        - Factors such as income levels, age, disability, gender, and access to resources will be considered.
    - Health-related vulnerability
        - Health-related vulnerability assesses the vulnerability of populations to health risks and disease.
        - It includes assessments of disease prevalence, healthcare access, and the capacity of health systems.
    - Occupational Vulnerability
        - Occupational Vulnerability refers to the susceptibility of workers to adverse conditions and risks associated with their employment.
        - These risks can include physical hazards, health risks, job insecurity, exploitation, and lack of rights or protections in the workplace.
        - Workers who are occupationally vulnerable may face challenges such as inadequate safety measures, low wages, limited access to healthcare, and lack of legal protections.
- Steps in the vulnerability assessment process at HWC
    - Collect the data of vulnerability individuals/families from community mapping data *(refer to practice activity 25)*
    - List the vulnerable individuals/families at HWC
    - Identify the high-risk/need-based vulnerable individuals/families and recognize their needs and problems
    - Involve PHC-MO, community leaders, health workers and local organizations in discussions to understand the challenges faced by the vulnerable individuals/ families at HWC
    - Ensure inclusion of vulnerable individuals/families in community groups like (PSGs) *(Refer to practice activity 31)* and VHSNCs *(Refer to practice activity 34)*
    - Educate and mobilize marginalized and vulnerable individuals/families to participate in HWC services

- Monitoring and reviewing the HWC services for marginalized and vulnerable individuals/families by CHO
- Collect their feedback and continue the HWC services for the vulnerable individuals/families by CHO.

A. 2. Supervising health workers to conduct vulnerability mapping

- Collect the data of vulnerability individuals/families from community mapping data *(refer to practice activity 25)*
- List the vulnerable individuals/families at HWC
- Prepare a social and resource map of the village for vulnerable individuals/families
- Use this map to identify locations or hamlets, vulnerable sections of the village in which the problem is widespread
- Supervise the population enumeration and empanelment processes of vulnerable individuals/families (*Refer to practice activity 26)*.

A. 3. Supervising slum/ward and household level vulnerability assessment by health workers

- Supervise the slum or ward-level vulnerability assessment
  - Conduct the visit to slums/wards
  - Assess the overall residential, social, health-related and occupational vulnerability of the slums/wards
  - List the overall identified problems and needs of the vulnerable families in the slums/wards
  - Provide feedback to CHO
  - Documentation and record-keeping.
- Supervise the household-level vulnerability assessment
  - Conduct home visits with priority being accorded to vulnerable/marginalized families.
  - Assess the residential, health-related and occupational vulnerability of the vulnerable individuals in the slums/wards
  - List the identified problems and needs of the vulnerable individuals/families
  - Provide feedback to CHO
  - Documentation and record-keeping.

A. 4. Improving HWC services for marginalized and vulnerable individuals/families in rural/remote areas

- Estimate the number of vulnerable individuals/families
  - Estimate the number of vulnerable individuals/families who should avail of services at HWC.
  - This would help in improving coverage of the population with essential services and improve access to HWC services for marginalized and vulnerable individuals/families.
- Ensure inclusion of vulnerable individuals/families in community groups
  - Ensure inclusion of marginalized and vulnerable individuals in PSGs *(Refer to practice activity 31)* and VHSNCs *(Refer to practice activity 34).*
- Educate and mobilize marginalized and vulnerable individuals/families
  - Educating and mobilizing marginalized and vulnerable individuals/families for
    - adopting health-seeking behaviours at HWC

- enhancing better utilization of HWC services
- enhancing better participation in health promotion campaigns by HWC *(Refer to practice activity 29)*
- claiming health entitlements
- attending health events at HWC.

A. 5. Monitoring and reviewing the HWC services for marginalized and vulnerable individuals/families

- Review the daily attendance of vulnerable individuals/families in (PSGs) *(Refer to practice activity 31)* and VHSNCs *(Refer to practice activity 34)*
- Review the HWC visit by vulnerable individuals/families
- Review the daily attendance of vulnerable individuals/families in health promotion campaigns *(Refer to practice activity 29)*
- Review the number of vulnerable individuals/families who claimed health entitlements
- Provide feedback to PHC-MO
- Documentation and record-keeping.

A. 6. Motivating the health workers to update the vulnerable population-based data annually

- Supervise the household survey of vulnerable population-based data at the beginning of the year by health workers.
- This helps CHO to update the vulnerable population-based data annually.

SUMMARY FLOWCHART

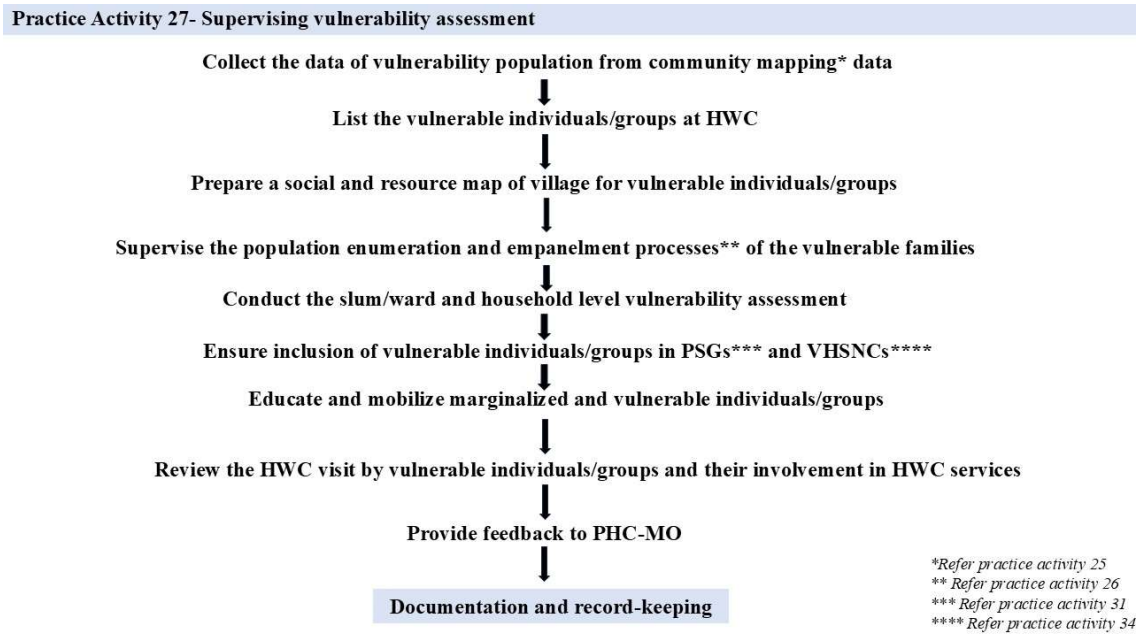


Fig.1. Summary flowchart of practice activity 27- Supervising vulnerability assessment

CONCLUSION

At the end of the practice activity 27 session, CHOs will be competent to supervise health workers to conduct vulnerability mapping, slum/ward and household level vulnerability assessment by health workers. CHO will enhance the HWC services for marginalized and vulnerable families in rural/remote areas and will monitor and review the HWC services for marginalized and vulnerable individuals/families at HWC.

PRACTICE ACTIVITY 28
YOGA

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise the provision of yoga services
RESPONSIBILITY	Facilitate Yoga activities at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about yoga services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 28 session, CHOs will be competent to: I. identify a pool of local yoga instructors in HWC II. organize yoga sessions in HWC III. organize mass yoga sessions at the community level on account of International Yoga Day on 21st June every year III. motivate health workers to enhance community participation in yoga sessions.

COMPETENCY-BASED STANDARDS (CBS)	
To identify yoga instructors and organize yoga sessions at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the importance of yoga on health	Knowledge
A. 2. identifying a pool of local yoga instructors in HWC	Skill
A. 3. organizing yoga sessions at HWC on every Saturday	Skill
A. 4. motivating health workers to enhance community participation in yoga sessions	Attitude

A. 1. Recalling the importance of yoga on health

Yoga, meaning “yoke” or “union,” encompasses a variety of physical, mental, and spiritual practices or disciplines that originated in ancient India.

The International Day of Yoga is celebrated worldwide every year on June 21, following its adoption by the United Nations in 2014. The initiative for “Yoga Day” was proposed by India’s Prime Minister Narendra Modi during his address to the UN in 2014. The first International Yoga Day was observed on June 21, 2015.

Benefits of yoga

- Children
  - Help children to improve their concentration, self-awareness, and self-confidence.
  - Improve children's balance, strength, flexibility, coordination, and motor skills.
- Adolescents
  - Help adolescents develop coping mechanisms for stress, anxiety, and depression.
  - Improve flexibility, strength, balance, posture, and overall fitness.
  - Help adolescents build confidence and a positive self-image.
- Pregnant mothers
  - Help reduce stress and anxiety, and improve mood and sleep.
  - Mothers feel more attached to their unborn child.
  - Help prepare mothers for the physical and mental demands of childbirth.
- Postnatal mothers
  - Help strengthen and tone muscles in the core and pelvis, and improve blood flow.
  - Help with physical and mental rehabilitation and regaining fitness.
- Adults
  - Improve flexibility, strength, and balance. It can also help with back pain, arthritis, and other chronic pain.
  - Maintains normal cardiovascular endurance, respiration, and blood pressure.
- Elderly
  - Yoga's slow movements and strengthening poses can help improve balance and prevent falls, which are a leading cause of injury for elderly.
  - Helps in relax and fall asleep faster, and stay asleep longer.

A. 2. Identifying a pool of local yoga instructors in HWC

- Identify local yoga instructors at HWC
- Collect the names of yoga instructors through health workers
- Contact the identified yoga instructor and invite him/her to conduct regular yoga sessions at HWC
- Organize mass yoga sessions at the community level on account of International Yoga Day on 21st June every year at HWC
- If a yoga instructor is not available, identify certified yoga videos in coordination with PHC-MO, and coordinate the sessions by displaying them.

A. 3. Organizing yoga sessions at HWC on every Saturday

- Arrange facilities for yoga sessions
    - Arrange venue and yoga mats
    - Display yoga posters at HWC
- Create awareness of yoga sessions through health workers
    - Fix and widely disseminate weekly/ monthly schedules of classes for community yoga training at the HWCs
- Conduct yoga sessions (on every Saturday for 2 hours between 9 am and 1 pm[43])
    - Supervise the yoga sessions at HWC.
- Document the yoga session details in wellness activity register
    - Date and time
    - Type of yoga practised
    - Name of Yoga instructors and participants
    - Signature of CHO
    - Next session details
    - Document the expenses and bills for reimbursement (from Jan Arogya Samiti/state level committees/PHC-MO).
- Provide feedback to PHC-MO.

A. 4. Motivating health workers to enhance community participation in yoga sessions

- Motivate the health workers to conduct one-to-one household visits for dissemination of yoga sessions
- Encourage the health workers to bring more people to yoga sessions at HWC.

[43] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

SUMMARY FLOWCHART

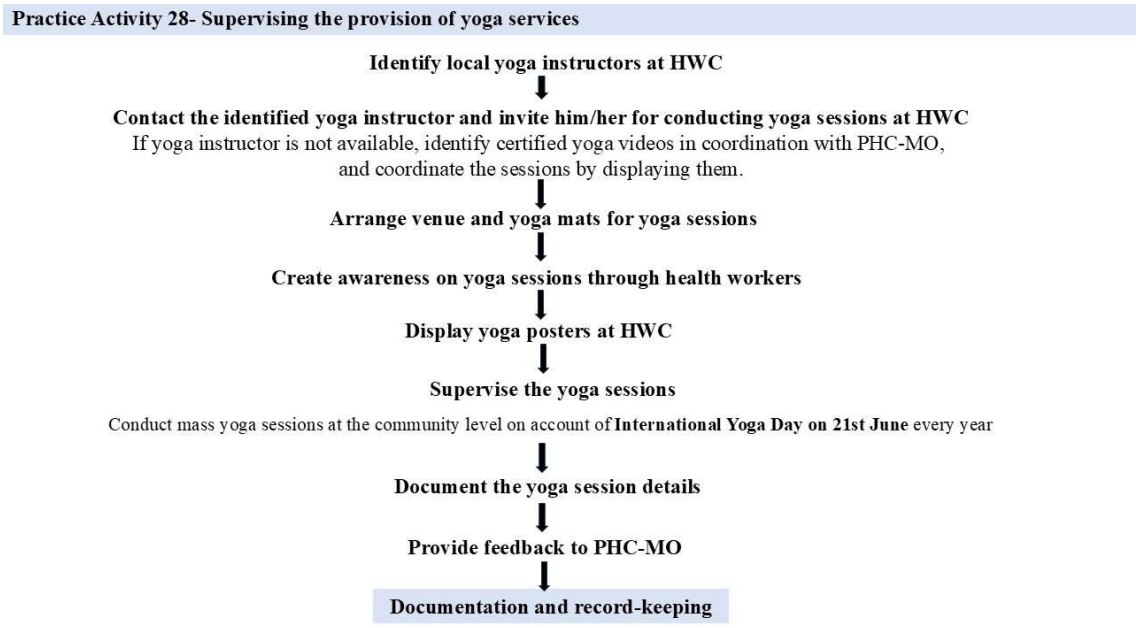


Fig.1. Summary flowchart of practice activity 28- Supervising the provision of yoga services

CONCLUSION

At the end of the practice activity 28 session, CHOs will be competent to identify a pool of local yoga instructors, organize yoga sessions at HWC and motivate health workers to enhance community participation in yoga sessions.

PRACTICE ACTIVITY 29
HEALTH PROMOTION CAMPAIGNS

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise health promotion campaigns
RESPONSIBILITY	Supervise minimum 30 community-level health promotion campaigns being undertaken by health workers.

PRE-SERVICE LEARNING EXPERIENCE
Learnt to organize health promotion campaigns in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 29 session, CHO will be competent to: I. develop the annual calendar of health promotion campaigns II. identify the stakeholders for health promotion campaigns III. supervise the health promotion campaigns IV. encourage the health workers to motivate village stakeholders and local people for health promotion campaigns

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the planning and organization of health promotion campaigns by the health workers	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. developing the annual calendar of health promotion campaigns	Skill
A. 2. identifying the stakeholders for health promotion campaigns	Skill
A. 3. supervising the health promotion campaigns	Skill
A. 4. encouraging the health workers to motivate village stakeholders and local people for health promotion campaigns	Attitude

A. 1. Developing the annual calendar of health promotion campaigns

- Developing an annual calendar of health promotion campaigns at HWC involves planning a structured schedule of initiatives for the current year to improve community health.
- A step-by-step guide to creating this calendar is the following;
    - Assess community health needs
        - Identify the burden of disease *(refer to practice activity 21).*
        - Identify the determinants of disease *(refer to practice activity 22).*
        - Refer to the minutes of the meeting of local body meetings *(refer to practice activity 23).*
        - Refer to the local action plans *(refer to practice activity 24).*
        - Refer to the vulnerability assessment reports *(refer to practice activity 27).*
        - Refer to the population enumeration reports *(refer to practice activity 26).*
        - Prepare an overall report on community needs and problems.
    - Identify key health topics
        - Identify the key health topics based on the community assessment report.
        - Customise the key health topics for the HWC-annual health calendar (provided by the national/state government).
        - Finalise the customised HWC-annual health calendar with PHC-MO and local committees (e.g. Jan Arogya Samiti/other local-level committees).
    - Plan health promotion campaigns (at least 30 per annum as per state-level policies)
        - Village level mini event- Duration is 1-2 hrs, the minimum number of participants is 30 and the budget is Rs. 1,000.
            - E.g. Cooking competitions, health rallies, cleanliness campaigns
        - Village level mega event- Duration is 3-4 hrs, the minimum number of participants is 50 and the budget is Rs. 1,500.
            - E.g. Health exhibitions and talks
        - Village level campaign- Duration is 2-3 days, the minimum number of participants is 100 and the budget is Rs. 7,000.
            - E.g. TB/Immunization campaign
                - Day 1: Miking/drum-beating Rally campaign
                - Day 2: Street plays and health talks
                - Day 3: Focus Group Discussion with Jan Arogya Committee/local level committee/stakeholders/local people
        - Sponsoring sports events (HWC may sponsor the event by displaying the IEC materials and the budget is Rs. 5000 per annum).
            - E.g. Sponsoring cricket/football match in the village
    - Implementation *(refer to A.3)*
    - Monitoring and evaluation *(refer to A.3).*

A. 2. Identifying the stakeholders for health promotion campaigns

- Identify the village-level stakeholders from AWW/VHSNC/the Gram Panchayat/tribal groups/Mahila Mandir/Mothers club/Social Mobilizers/NGOs/vulnerable communities etc *(refer to practice activity 23).*
- Conduct a local body meeting with community representatives to develop a plan of action for health promotion campaigns at HWC *(refer to practice activity 23).*
- Develop the local action plans for health promotion campaigns under national/state-level health programmes at HWC *(refer to practice activity 24).*

A. 3. Supervising the health promotion campaigns

- Prepare a draft health promotion plan with local-level committees like Jan Arogya Samiti
    - Prepare a list of campaigns that will be conducted on campaign days.
    - Allocate the roles and responsibilities among health workers and volunteers on campaign days.
    - Disseminate the health promotion details through the health workers during household visits.
    - Prepare IEC materials and display them at HWC and village hot-spot areas (where crowds are more present e.g. markets, ration shops etc).
- Invite an influential person to talk on the theme of the health promotion activity.
- Supervise the conduction of health promotion campaigns by health workers at HWC.
- Document the minutes of the event and photographs in the wellness activity register.
- Document the expenses and bills for reimbursement (from Jan Arogya Samiti/local-level committees/PHC-MO).
- Evaluate the health promotion event in coordination with health workers.
- Provide feedback to PHC-MO.

A. 4. Encouraging the health workers to motivate village stakeholders and local people for health promotion campaigns

- Conduct meetings with stakeholders such as panchayat representatives, local decision-makers, religious leaders, traditional healers, ICDS functionaries and local people to review the previous health promotion event.
- Develop a tentative plan of action and date for the next campaign.
- Supervise health workers and community volunteers to conduct the upcoming health promotion events.

SUMMARY FLOWCHART

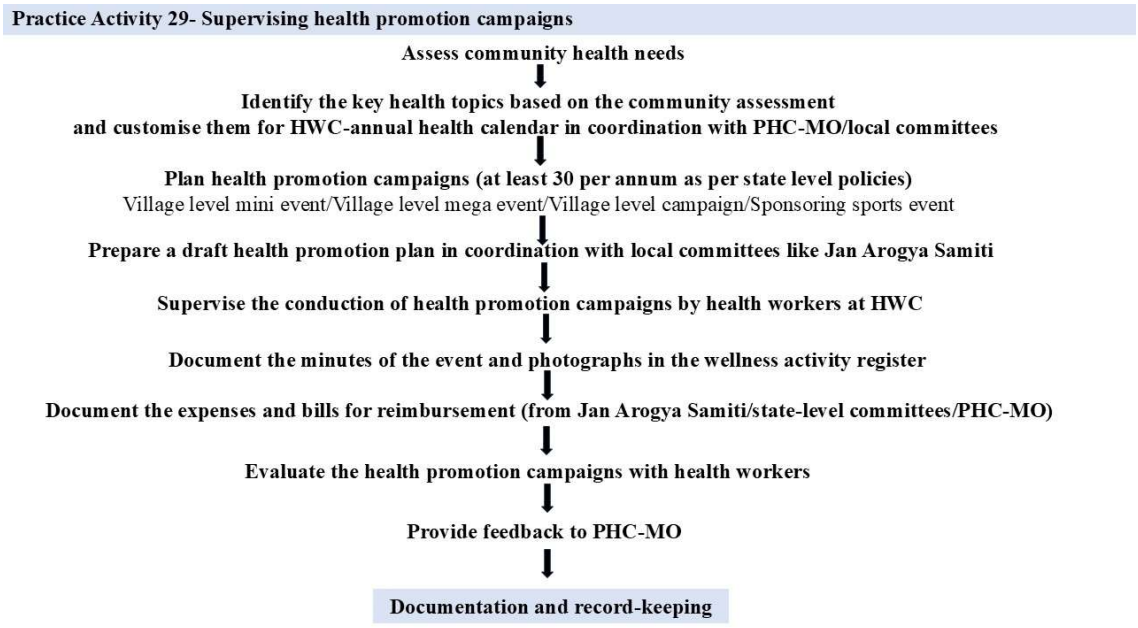


Fig.1. Summary flowchart of practice activity 29- Supervising health promotion campaigns

CONCLUSION

At the end of the practice activity 29 session, CHOs will be competent to develop the annual calendar of health promotion campaigns, identify the stakeholders for health promotion campaigns, supervise the health promotion campaigns and encourage the health workers to motivate village stakeholders and local people for health promotion campaigns at HWC.

PRACTICE ACTIVITY 30
COMMUNITY MOBILIZATION

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise health workers in providing community mobilization services
RESPONSIBILITY	Provide community mobilization services

PRE-SERVICE LEARNING EXPERIENCE
Learnt community mobilization services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 30 session, CHO will be competent to: I. supervise health workers to mobilize the community II. conduct the follow-up of health workers on community mobilization services

COMPETENCY-BASED STANDARDS (CBS)	
To supervise health workers to mobilize the communities in accessing the HWC services	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks, A. 1. recalling the community mobilization services at HWC A. 2. supervising health workers to mobilize the community A. 3. self-motivating to conduct the follow-up of health workers on community mobilization services	 Knowledge Skill Attitude

A. 1. Recalling the community mobilization services at HWC

- Define community mobilization
    - Community mobilization is a process where community members, organizations, and stakeholders come together to identify and address common issues, improve health and social outcomes, and enhance community capacity.
    - It involves collective efforts to create sustainable changes through health workers at HWC.
- Key elements of community mobilization
    - Community engagement: Building trust and relationships by health workers with community members to encourage their active involvement in the process.
    - Capacity building: Enhancing the skills, knowledge, and resources of the community to empower them to take action by health workers.
    - Advocacy: Promoting policy changes and community initiatives to address the identified issues in the community.
    - Sustainability: Ensuring that the changes and benefits of the mobilization process are maintained over time.

A. 2. Supervising health workers to mobilize the community

- Steps in community mobilization
    - Preparation and planning
        - Identify community needs and priorities through assessments and local body meetings.
        - Identify the burden of disease *(refer to practice activity 21).*
        - Identify the determinants of disease *(refer to practice activity 22).*
        - Refer to the minutes of the meeting of local body meetings *(refer to practice activity 23).*
        - Refer to the local action plans (*refer to practice activity 24).*
        - Refer to the vulnerability assessment reports *(refer to practice activity 27).*
        - Refer to the population enumeration reports *(refer to practice activity 26).*
        - Prepare an overall report on community needs and problems.
    - Set clear goals and objectives for the community mobilization
        - Motivate the health workers to mobilize the communities for
            - adopting behaviours related to better health
            - creating awareness of social determinants
            - enhancing better utilization of HWC services
            - participation in health campaigns *(refer to practice activity 29)*
            - enabling people to claim health entitlements from marginalized communities
            - primary and secondary prevention of communicable and non-communicable diseases
            - population-based screening (*refer to practice activity 13)*
            - attending VHSNC *(refer to practice activity 34)* and PSG *(refer to practice activity 31)* meetings

- participating in local body meetings like JAS *(refer to practice activity 23).*

- Supervise community mobilization
  - Train the health workers to approach the community respectfully and establish trust.
  - Involve community leaders and stakeholders in the planning process by health workers.
  - Provide training, workshops, and resources to health workers to build community skills and knowledge.
- Monitoring and evaluation
  - Evaluate the community mobilization services by health workers.
  - Follow-up of monthly plans and priorities for community mobilization services by health workers.
  - Maintain a register for community mobilization activities by health workers.

A. 3. Self-motivating to conduct the follow-up of health workers on community mobilization services

- Track the community mobilization progress
  - Track the progress of community mobilization activities by health workers and their impact in the community.
  - Adjust community mobilization strategies based on feedback and outcomes by health workers and community people.
- Sustaining the community mobilization
  - Develop community mobilization strategies to maintain progress, such as forming community groups or committees with local people led by health workers.
  - Advocate for continued support and resources from local stakeholders and PHC-MO.

SUMMARY FLOWCHART

Fig.1. Summary flowchart of practice activity 30- Supervising community mobilization services

CONCLUSION

At the end of the practice activity 30 session, CHOs will be competent to supervise health workers to mobilize the communities and conduct the follow-up of health workers on community mobilization services at HWC.

PRACTICE ACTIVITY 31
PATIENT SUPPORT GROUPS

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise Patient Support Groups (PSGs)
RESPONSIBILITY	Coordinate Patient Support Groups (PSGs)

PRE-SERVICE LEARNING EXPERIENCE
Learnt about Patient Support Groups in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 31 session, CHO will be competent to: I. develop patient support groups (PSGs) for various diseases II. conduct the follow-up of the progress of PSG meetings

COMPETENCY-BASED STANDARDS (CBS)	
To facilitate the formation and supervision of PSGs for various diseases at HWC area.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks, A. 1. listing the steps of integrating patient support groups A. 2. developing patient support groups for various diseases A. 3. self-motivating to conduct the follow-up of the progress of PSG meetings	 Knowledge Skill Attitude

A. 1. Listing the steps of integrating patient support groups

- Patient Support Groups (PSGs) in villages are community-driven initiatives where patients with similar health conditions, their caregivers, and health workers come together under the supervision of CHO to provide emotional, informational, and practical support.
    - Examples of conditions addressed by PSGs:
        - Non-Communicable Diseases (NCDs): Such as diabetes, hypertension, CAD and cancer.
        - Maternal and child health: Support for pregnant women, primi mothers, and parents of children with developmental delays and disorders.
        - Mental health: Groups for those dealing with depression, anxiety, or substance abuse.
- Purpose of PSGs
    - Health assessment: Health workers conduct the first-line primary healthcare matrix assessment *(refer to practice activity 2, table 2)* during PSG meetings and take necessary actions based on patient category *(refer to practice activity 2, table 3)* under the supervision of CHO.
    - Peer support: Patients share their experiences, challenges, and coping strategies, fostering a sense of community during PSG meetings and reducing feelings of isolation.
    - Health education: The groups discuss diseases, treatments, and lifestyle changes, involving health workers who guide patients in managing their conditions.
    - Empowerment: Through regular meetings and discussions, patients gain knowledge about their health conditions, enabling them to make informed decisions and advocate for their own health needs.
    - Access to resources: PSGs link patients with HWC services, facilitating access to screenings, medication administration, and OPD consultation services by CHO.
- Structure of PSGs
    - Supervisor: CHO will supervise the overall PSG activities at HWC and will provide feedback to PHC-MO.
    - Facilitators: Health workers at HWC will lead each PSG group (DM-PSG, HTN-PSG etc, however the title of each PSG can be determined by patients) under the supervision of CHO.
    - Members: The group comprises patients with similar conditions (e.g., diabetes, hypertension, cancer survivors) and their families.
    - Leader and Co-leader- They will address the issues of treatment by the patients and provide support advocacy at the local level.
    - Buddy- Buddy will ensure the meeting attendance, grievance redressal and treatment compliance.
    - PSG meetings: Regular PSG meetings, held monthly, are arranged in accessible locations like village halls, HWC, AWW, or community centres.

- Partnerships: PSGs may collaborate with local NGOs, or government programs like the National Health Mission (NHM).
- Reporting: All the PSG activities and meetings will be documented in registers by health workers and will be verified by CHO (refer to practice activity 41). CHO will provide feedback to PHC-MO monthly.

A. 2. Developing patient support groups for various diseases

- **Prepare a line list of patients with various diseases in coordination with health workers**
  - Patient ID
  - Name, Age, Sex, Address, contact number
  - Diagnosis
  - Treatment
  - Referral details
  - Follow-up details.
- **Develop PSGs for various diseases**
  - Minimum number of patients 25
  - Include both males and females
  - Ensure the inclusion of patients from vulnerable communities
  - Inform the patients about PSG during household visits by health workers.
- **Develop an annual calendar**
  - Develop an annual calendar in coordination with health workers and a copy of the calendar will be submitted to PHC-MO.
  - Conduct the PSG meeting on 2nd Friday of every month[44].
  - PSG meeting has 3 sessions
    - PSG meeting and orientation
    - Health assessment
    - Health education
    - Closing the meeting
- **Supervise the meeting and orientation of PSGs by health workers**
  - Invite the line-listed patients and ensure their attendance at the meeting.
  - Give orientation about current PSG activities.
  - Identify a title for PSG (avoid using disease-based names like DM-PSG, HTN-PSG etc.).
  - Identify a PSG leader and co-leader from the patients every 6 months, who will
    - address the issues of treatment by the patients
    - support advocacy at the local level
    - enhance community mobilization.
  - Identify a buddy in each PSG group every 6 months by CHO, who will ensure
    - the meeting attendance
    - compliance with the treatment
    - grievance redressal *(refer to practice activity 46).*

[44] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

- **Supervise the health assessment session by health workers**
    - Supervise the first-line primary healthcare matrix assessment (*refer to practice activity 2, table 2)* using the first-line GYR algorithm (Green-Yellow-Red) approach and classify the patient into green/yellow/red category at the PSG meeting venue.
        - **Green category** (if all assessment areas are normal and can be managed at venue/home by health workers)
            - Provide routine care and health counselling
            - Schedule the next appointment for the home visit
            - Documentation and record-keeping
        - **Yellow category** (if signs and symptoms can be managed at venue/home by health workers (in coordination with CHO))
            - Provide symptomatic management and health counselling *(refer to practice activity 2)*
            - Conduct follow-up after 1-3 days
            - Schedule the next appointment for the home visit
            - Documentation and record-keeping
        - **Red category** (if signs and symptoms cannot be managed at venue/home by the health worker and need CHO's attention)
            - Report to CHO immediately and refer the patient to CHO
            - Arrange transport to HWC or conduct venue/home visit by CHO
            - Introduce the patient and handover documents to CHO
            - Conduct follow-up of the patient after 1-3 days
            - Schedule the next appointment for the patient
            - Documentation and record-keeping
    - When CHO receives the **red category** individuals referred by the health workers, CHO will
        - Conduct second-line primary healthcare matrix assessment
        - Classify the patients into the green/yellow/red category for providing second-line high-risk management *(refer to practice activity 2)*
- **Supervise the health education sessions**
    - Educate on disease signs and symptoms, complications, medication compliance, prevention and available healthcare services in the nearby health centres and hospitals.
    - Clarify the doubts of the patients
    - Address the complaints of the patients
- **Closing the meeting**
    - Closing remarks and document the minutes of the meeting.
    - Schedule the next meeting.
    - Maintain a register for documenting PSG meeting details.
    - Provide feedback to PHC-MO.

A. 3. Self-motivating to conduct the follow-up of the progress of PSG meetings

- Track the progress of PSG meetings
    - Tracking the progress of PSG meetings by health workers and their impact on the community.
    - Adjusting PSG meeting strategies based on feedback and outcomes by health workers/leader/co-leader/buddy/patients.
- Sustaining the PSGs at HWC
    - Ensuring respectful communication among patients for the successful operations of PSGs.
    - Encouraging culturally appropriate group activities can bring unity among the patients of PSGs.
    - Providing continued support and resources by CHO in coordination with PHC-MO.

SUMMARY FLOWCHART

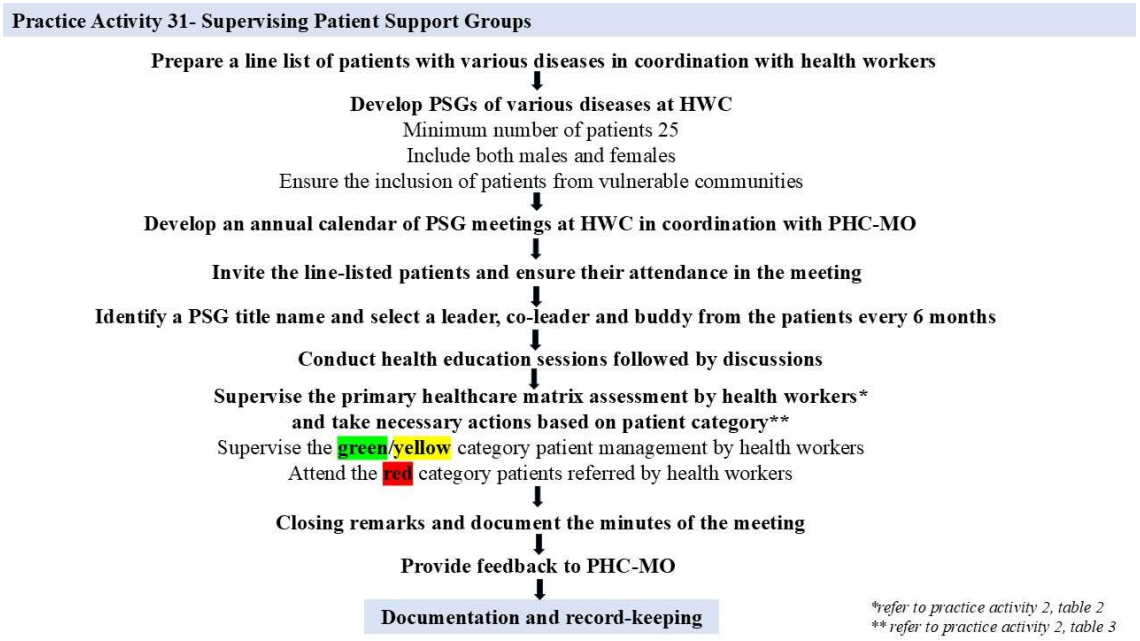


Fig.1. Summary flowchart of practice activity 31- Supervising Patient Support Groups (PSGs)

CONCLUSION

At the end of the practice activity 31 session, CHOs will be competent to develop patient support groups for various diseases and conduct the follow-up of the progress of PSG meetings at HWC.

PRACTICE ACTIVITY 32
DISEASE SURVEILLANCE

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise disease surveillance services
RESPONSIBILITY	Participate in the disease control activities which are initiated by the PHC team

PRE-SERVICE LEARNING EXPERIENCE
Learnt about disease surveillance in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 32 session, CHO will be competent to: I. supervise the first-line surveillance of high-incidence cases by health workers II. conduct the second-line surveillance of high-incidence cases at HWC III. supervise the disease surveillance activities by health workers in coordination with PHC team IV. supervise the health workers to document the disease surveillance services.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the health workers in carrying out the disease surveillance activities by PHC team.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the management of community outbreaks, endemic, epidemic and pandemic	Knowledge
A. 2. supervising the first-line surveillance of high-incidence cases by health workers	Skill
A. 3. conducting the second-line surveillance of high-incidence cases at HWC	Skill
A. 4. supervising the disease surveillance activities by health workers in coordination with PHC team	Skill
A. 5. supervising the health workers to document the disease surveillance services	Skill
A. 6. motivating the convergence initiatives to address disease surveillance in the community by health workers	Attitude

A. 1. Recalling the management of community outbreaks, endemic, epidemic and pandemic

Community Outbreak

- A community outbreak is a localized surge in the number of cases of a particular disease in a specific community or area, usually over a short period.
    - Example: An outbreak of diarrhoea in a local community.

Practical scenario: Foodborne disease outbreak in a village

- Surveillance
    - Increase in cases of acute diarrhoea reported by health workers.
- Laboratory Confirmation
    - Stool samples tested positive for E. coli.
- Contact Tracing
    - Investigation revealed that a contaminated drinking water source was the origin of the outbreak.
- Symptomatic management
    - Set up isolation units in the village.
    - Supervise the first-line primary healthcare matrix assessment of the patients by the health workers *(refer to practice activity 2 table 2).*
        - Classify them as green/yellow/red category
            - Health workers will provide first-line patient care to **green category** patients.
            - Health workers will provide first-line patient care to **yellow category** patients in consultation with CHO.
            - Health workers will refer the **red category** patients to CHO.
    - **CHO will**
        - Attend the first-line **red category** patients referred by health workers and reassess/classify them as green/yellow/red category patients for second-line patient care.
        - Provide second-line patient care to **green category** patients.
        - Provide second-line patient care to **yellow category** patients in consultation with PHC-MO.
        - Refer the second-line **red category** patients to PHC-MO, or else to a Specialist hospital in consultation with PHC-MO.
        - Conduct the follow-up of suspected and confirmed cases in the village.
- Village-level disease control and prevention measures-
    - Supervise the immediate measures by health workers including boiling water campaigns, distribution of oral rehydration salts (ORS), and treatment of water sources in the community.

Endemic/Epidemic/Pandemic

- **Endemic**
  - Endemic refers to a disease or condition that is consistently present in a particular geographical area or population but at a relatively stable or predictable rate.
  - Example: Malaria cases in northern parts of India.
- **Epidemic**
  - An epidemic refers to a sudden and widespread outbreak of a disease that occurs in a specific geographical area or population during a particular time period, usually exceeding the expected number of cases.
  - Example: COVID-19 outbreak at its onset in 2019.
- **Pandemic**
  - A pandemic refers to a sudden and rapid increase in the number of cases of a disease that affects a larger population and geographical area than an epidemic. It can start from an outbreak but spread across cities, regions, countries or globally.
  - Example: COVID-19 in the year of 2020.

Practical scenario: COVID cases reported in a village

- Case identification
  - A village reports a sudden increase in patients with fever, cough, and body aches.
- Surveillance
  - Train the health workers to recognize symptoms of COVID (as notified by the state government) and identify the suspected cases at home.
- Laboratory Confirmation
  - Make COVID-19 testing accessible in the village or nearby areas through mobile units or health camps in coordination with PHC team.
- Contact Tracing
  - Identify close contacts of the infected individuals to trace the potential spread.
  - Contacts may include family members, neighbours, or others who had close interaction.
  - Isolate symptomatic individuals to reduce transmission.
- Symptomatic management
  - Set up isolation units, mobile medical unites and ambulance services in the village in coordination with PHC team.
  - Supervise the infection control measures while handling the patients *(refer to practice activity 11).*
  - Supervise the first-line primary healthcare matrix assessment of the patients by the health workers *(refer to practice activity 2 table 2).*
    - Classify them as green/yellow/red category
      - Supervise health workers to provide first-line patient care to **green category** patients.
      - Supervise health workers to provide first-line patient care to **yellow category** patients in consultation with CHO.

- Supervise health workers to refer the **red category** patients to CHO.

- **CHO will**
  - attend the first-line **red category** patients referred by health workers and reassess/classify them as green/yellow/red category patients for second-line patient care. *(refer to practice activity 2 table 3).*
  - Provide second-line patient care to **green category** patients.
  - Provide second-line patient care to **yellow category** patients in consultation with PHC-MO.
  - Refer the second-line **red category** patients to PHC-MO/Specialist hospital in consultation with PHC-MO.
  - Conduct the follow-up of suspected and confirmed cases in the village.

- Village-level disease control and prevention measures-
  - Antiviral treatment: Distribute antiviral medications to confirmed or high-risk patients.
  - Vaccination campaigns: If the community is at high risk or if the virus is widespread, consider initiating vaccination campaigns with help from PHC team.
  - Monitoring and reporting: Health workers conduct home visits to assess symptoms and collect samples from suspected cases.
  - Positive cases are isolated, and their contacts are monitored.

A. 2. Supervising the first-line surveillance of high-incidence cases by health workers

The stages of the first-line surveillance of high-incidence cases by health workers are;

- Case identification
  - Health workers are often the first point of contact for patients in rural or underserved areas.
  - Active surveillance- Health workers actively seek out cases by visiting homes, attending PSG *(refer to practice activity 31)*, VHSNC *(refer to practice activity 34)* and other community-level meetings *(refer to practice activity 29)* and conducting surveys *(refer to practice activity 26)* in areas where outbreaks are suspected.
    - They identify individuals with unusual symptoms that could indicate an outbreak (e.g., flu-like symptoms, fever, or diarrhoea) at home.
    - They conduct the first-line primary healthcare matrix assessment *(refer to practice activity 2 table 2)*.
    - They classify them as green/yellow/red category for symptomatic management.
    - They report to CHO to confirm the diagnosis.
- Laboratory confirmation
  - Collect the biological samples (blood, stool, saliva, etc.) and send them to designated laboratories in coordination with CHO *(refer to practice activity 3)*.
  - Conduct the follow-up of laboratory findings.
    - If laboratory findings are negative, conduct health counselling and follow-up after 1-3 days.
    - If laboratory findings are positive, provide contact tracing and symptomatic management for controlling the spread of the disease.

- Contact tracing
    - Health workers identify close contacts of the infected individuals to trace the potential spread. Contacts may include family members, neighbours, or others who had close interaction.
    - They isolate symptomatic individuals to reduce transmission.
    - They map the geographical distribution of cases within the village to identify clusters and potential hotspots for targeted interventions.
- First-line symptomatic management at home**/**isolation camps
    - Conduct the first-line primary healthcare matrix assessment.
    - They classify them as green/yellow/red category for symptomatic management *(refer to practice activity 2, table 2)*.
    - **Green category**- Provide first-line patient care and conduct follow-up after 1-3 days *(refer to practice activity 2, table 3).*
    - **Yellow category**- Provide first-line patient care in consultation with CHO and conduct follow-up after 1-3 days *(refer to practice activity 2, table 3).*
    - **Red category**- Refer to CHO for further management and conduct follow-up after 1-3 days *(refer to practice activity 31).*
- Village-level disease control and prevention measures
    - Medication administration as per the instructions by the state government
        - Distribute medications to confirmed or high-risk patients in coordination with CHO *(refer to practice activity 4)*.
    - Vaccination Campaigns
        - If the community is at high risk or if the virus is widespread, consider initiating vaccination campaigns with the help of CHO *(refer to practice activity 14)*.
    - Monitoring and reporting
        - Health workers conduct home visits to assess symptoms and collect samples from suspected cases.
        - Positive cases are isolated, and their contacts are monitored.
        - Provide feedback to CHO about the increase or decrease of the cases.

A. 3. Conducting the second-line surveillance of high-incidence cases at HWC

The stages of the second-line surveillance of high-incidence cases by CHO are;

- Case identification
    - Supervising the surveillance for unusually high incidence of cases in the village by health workers.
    - Verify the existence of an “epidemic/Outbreak” by comparing the count of the cases reported currently with what is usually seen in the area at the same period.
        - Ascertain the signs and symptoms of the patient, as mandated by the state government.
        - Consult the PHC-MO through teleconsultation for diagnosis and implement the instructions *(refer to practice activity 10)*
        - Examples of outbreaks are– measles, gastroenteritis.
    - Inform the PHC-MO if the number of cases is higher than expected.

    - Conduct passive surveillance: This involves collecting data from patients who report to HWC and report symptoms voluntarily.
- Laboratory confirmation
    - Collect the biological samples (blood, stool, saliva, etc.) and send them to designated laboratories in coordination with PHC-MO *(refer to practice activity 3)*.
    - **CHO ALERT**- *Collection of blood slides (Rapid Diagnostic Kits) in case of fever outbreak in malaria-prone areas.*
    - Conduct the follow-up of laboratory findings.
        - If laboratory findings are negative, conduct health counselling and follow-up after 1-3 days.
        - If laboratory findings are positive, provide contact tracing and symptomatic management for controlling the spread of the disease.
- Contact tracing
    - Supervise the health workers to trace the close contacts *(refer to A.2).*
- Second-line symptomatic management at HWC**/**isolation camps
    - When CHO receives the **red category** individuals referred by the health workers or patients directly report to HWC, CHO will
        - Reassess/confirm the first-line primary healthcare matrix assessment report by health workers.
            - OR conduct second-line primary healthcare matrix assessment by CHO.
        - Classify them as green/yellow/red category for symptomatic management *(refer to practice activity 2, table 1)*.
            - **Green category**- Provide second-line patient care and conduct follow-up after 1-3 days *(refer to practice activity 2, table 3).*
            - **Yellow category**- Provide second-line patient care in consultation with PHC-MO and conduct follow-up after 1-3 days *(refer to practice activity 2, table 1).*
            - **Red category**- Refer to PHC-MO for further management and conduct follow-up after 1-3 days *(refer to practice activity 8).*
- Village-level disease control and prevention measures
    - Supervise the health workers in implementing village-level disease control and prevention measures by health workers *(refer to A.2).*

A. 4. Supervising the disease surveillance activities by health workers in coordination with PHC team

- Supervise the participation of health workers in
    - Setting up mobile medical units, education to the unaffected population, environmental action if required, ambulance services and other activities in coordination with PHC team.
    - Identifying the hidden cases and listing them.
        - List the cases with some basic information including age, sex, onset of disease, key symptoms, any treatment taken, when the disease stopped (if it stopped) and outcome.

        - Look for the “hidden” part of the outbreak, by looking for cases in the vulnerable communities.
        - Submit the list to CHO.

A. 5. Supervising the health workers to document the disease surveillance services

- Supervise the documentation of outbreaks by health workers in
    - Filling S form every week, verify them by CHO and send them to PHC-MO.
        - Even if there is no outbreak reported, CHO has to write NIL in the form and send it to the PHC.
    - Entering the weekly outbreak data in the IDSP portal.

A. 6. Motivating the convergence initiatives to address disease surveillance in the community by health workers

- Convergence initiatives involve collaborative efforts by multiple sectors like VHSNCs/MAS *(refer to practice activity 34)*, PSGs *(refer to practice activity 31)*, JAS *(refer to practice activity 29)*, Panchayath/municipalities, non-governmental agencies, and other social sector organizations to address and control community outbreaks more effectively.
- Motivate the following convergence initiatives by health workers to address community outbreaks.
    - Health and sanitation
        - Collaboration between public health departments and local municipal bodies ensures that sanitation efforts (clean water, proper sewage disposal, and waste management) are strengthened to prevent outbreaks of diseases like cholera and typhoid in the village.
    - Education and health
        - Schools and community education programs can disseminate information on hand hygiene, vaccination, disease symptoms and nearby treatment facilities.
    - Livelihood and food security programs
        - Malnutrition weakens immunity, making communities more susceptible to outbreaks.
        - Initiatives like POSHAN Abhiyaan (focused on nutrition) converge with public health efforts to strengthen community resilience to infections.

SUMMARY FLOWCHART

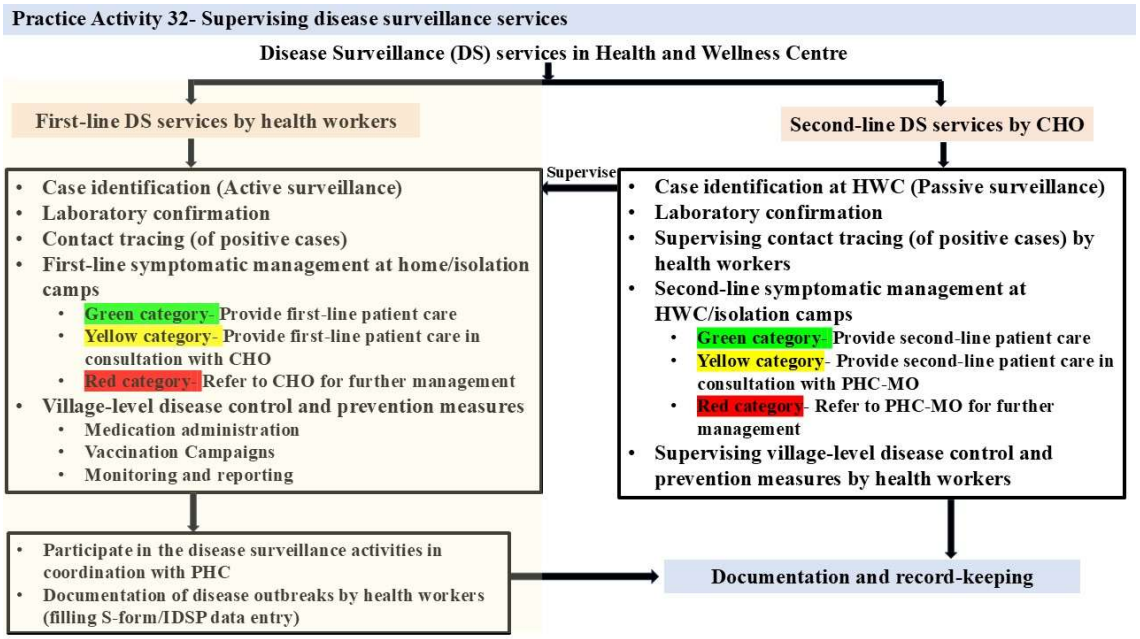


Fig.1. Summary flowchart of practice activity 32- Supervising disease surveillance services

CONCLUSION

At the end of the practice activity 32 session, CHOs will be competent to supervise the first-line surveillance of high incidence of cases by health workers, conduct the second-line surveillance of high incidence of cases at HWC, supervise the outbreak control activities by health workers in coordination with PHC and supervise the health workers to document the outbreaks at HWC.

PRACTICE ACTIVITY 33
SCHOOL HEALTH

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise school health services
RESPONSIBILITY	Coordinate school health services

PRE-SERVICE LEARNING EXPERIENCE
Learnt about school health services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 33 session, CHO will be competent to: I. identify the school teachers as health ambassadors II. implement the school health services III. review the school health services provided by health workers

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the health workers to organize health prevention and promotion activities in schools.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. identifying the school teachers as health ambassadors	Knowledge
A. 2. implementing the school health services	Skill
A. 3. self-motivating to review the school health services by health workers	Attitude

A. 1. Identifying the school teachers as health ambassadors

- Identifying school teachers as health ambassadors is an innovative approach to enhance community health education and promote healthy behaviours among students, their families, and the broader community.
    - Identify and assign the school teachers as health ambassadors by health workers and school principal.
    - Submit the list of health ambassadors to CHO.
    - Conduct periodic meetings with health ambassadors to plan programs at the school level.
- Roles and responsibilities of teachers as health ambassadors:
    - Health education
        - Teachers can incorporate health topics into their regular curriculum. This includes basic knowledge about hygiene, nutrition, common diseases, and mental health.
    - Monitoring health trends
        - Teachers can monitor students for signs of illness, malnutrition, or other health issues and refer them to HWC if necessary.
    - Promoting school-based health programs
        - Teachers can conduct health promotion programs such as vaccination drives, regular health check-ups, and nutritional assessments at the school level in coordination with health workers.

A. 2. Implementing the school health services

Supervise the following school health services by health workers;

- Conduct assessment
    - Identify the number of schools in the village.
    - Conduct school survey (no. of teachers, students, structural facilities, functional facilities and health facilities)
    - Arrange meetings with health workers, school health ambassadors *(refer to A.1.)* and the principal
    - Assess high-risk health behaviours
    - Provide feedback to CHO.
- Identify the IEC activities
    - Plan IEC Activities for
        - Health education
        - Screening and early detection of mental health, hearing/visual impairment and special health needs.
        - Disease prevention
        - Health promotion
    - Prepare IEC materials
        - Provide stationaries to prepare IEC materials like posters, flashcards etc.
        - Guide students to prepare IEC activities in coordination with teachers by health workers.
- Implement school health services

- Health screenings and check-ups
  - Regular health assessment:
    - Health workers can conduct biannual health screenings (vision, hearing, dental, growth monitoring, and primary healthcare matrix assessment) to identify any health concerns early.
    - Health workers can classify the children using a first-line GYR algorithm (Green-Yellow- Red) approach *(refer to practice activity 2, table 2)*.
      - **Green (Routine Care):** Children can be managed at school and require routine care by health workers.
      - **Yellow (Immediate Care Needed in Consultation with CHO):** Children can be managed at school in coordination with CHO and provide routine care, symptomatic management and follow-up.
      - **Red (Referral to CHO Needed):** Children cannot be managed at school and require referral for CHO's direct attention.
  - Nutritional status monitoring
    - Measuring height, weight, and body mass index (BMI) helps detect malnutrition or obesity issues.
    - Health workers, in collaboration with school teachers, can identify students in need of intervention and provide dietary advice or refer them to CHO.
- Health education and awareness programs
  - Classroom-Based Health Education
    - Teachers can deliver health education lessons on topics such as hygiene, nutrition (avoiding junk foods), physical activity (controlling screen time), mental health, tobacco/alcohol/drug abstinence, sexual and reproductive health.
  - Peer education
    - Selected students can be trained as health ambassadors to promote health messages among their peers, fostering a culture of wellness (example: Gender-Based Violence (GBV)).
  - Parent involvement
    - Teachers and health workers can organize health awareness sessions for parents, ensuring they are informed about their children's health needs and preventive care measures.
  - Preschool non-formal education activities
    - Organize Preschool non-formal education activities for playful learning and provide a stimulating environment, with inputs for growth and development.

- Disease Prevention Initiatives
  - Vaccination campaigns
    - Health workers can coordinate with schools to deliver immunization programs, ensuring that children receive their vaccinations on time under Rashtriya Bal Swasthya Karyakaram (RBSK).
  - Deworming programs
    - School-based deworming campaigns, such as those held during National Deworming Day, can be conducted in collaboration with health workers to prevent parasitic infections, which are common in school-aged children.
  - Hand hygiene and sanitation
    - Health workers and teachers can implement hand hygiene programs and ensure that proper sanitation facilities are available in the school.
- Mental health support
  - Early detection of mental health issues
    - Teachers and health workers can work together to recognize signs of mental health issues such as anxiety, depression, or behavioural problems.
  - Creating a supportive environment
    - Schools can establish counselling services or peer support groups where students can discuss mental health issues in a safe and supportive environment.
- Nutrition and mid-day meal programs
  - Healthy school meals
    - Health workers can monitor the quality and nutritional content of meals provided under the mid-day meal program. They can work with teachers to ensure that students are eating balanced, nutritious meals.
    - Encourage vegetable gardening by school authorities.
    - Training of MDM cooks, for enabling mandatory School Nutrition Clubs and competitions around health awareness for high fat, sugar and salty foods.
  - Addressing anaemia and micronutrient deficiency
    - Programs like Anaemia Mukt Bharat (AMB) can be implemented in schools, where health workers administer iron and folic acid supplements and teachers ensure compliance.
- Physical activity and fitness
  - Promoting physical fitness
    - Teachers can implement daily physical activity routines, like morning exercises or sports, to encourage students to stay active.

Health workers can monitor children's fitness levels and provide advice on physical activity.

- Fitness initiatives: Schools can participate in national fitness initiatives like the Fit India Movement, where teachers lead activities promoting physical health and encourage students to be more active.

- Addressing special health needs
  - Children with disabilities
    - Health workers can assist in identifying children with disabilities or special health needs and work with school teachers and parents to ensure they receive appropriate care and support.
  - Referral systems
    - Health workers ensure that children in the **red category** are referred to CHO for further care *(refer to practice activity 7).*
    - CHO will attend **red category** children referred by health workers using the second-line GYR algorithm approach *(refer to practice activity 2, table 1).*

- Monitoring and evaluation
  - Maintain School health records *(refer to practice activity 41)*
    - Physical assessment
    - Immunization
    - Growth charts
  - Conduct periodic verification of school health records by CHO.
  - Provide feedback to CHO.

A. 3. Self-motivating to review the school health services by health workers

- Pre-review preparation
  - Collect and analyze available data on school health services, including attendance, services delivered, and health outcomes.
- Onsite review
  - Conduct visits to schools to observe service delivery, interact with health workers, school health ambassadors and principal, and check whether protocols are being followed.
  - Review of drinking water supply, sanitation, school health records and mid-day meals for school children
  - Attend **red category** children referred by health workers and follow the second-line GYR algorithm approach *(refer to practice activity 2, table 1).*
- Feedback mechanism
  - Gather input from students, parents, and teachers (health ambassadors) to understand the impact and identify any issues or barriers to service.
- Feedback to PHC-MO
  - Document findings, including successes, challenges, and areas for improvement, and communicate these with PHC-MO for further action.

SUMMARY FLOWCHART

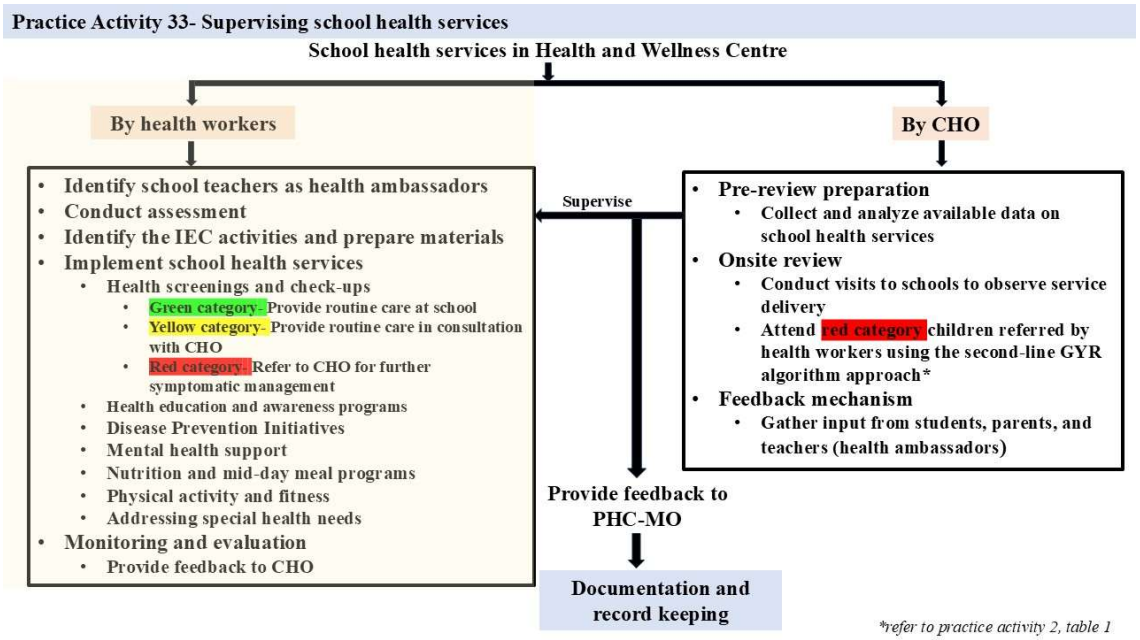


Fig.1. Summary flowchart of practice activity 33- Supervising school health services

CONCLUSION

At the end of the practice activity 33 session, CHOs will be competent to identify the school teachers as health ambassadors, implement the school health services, review the school health services by health workers and provide feedback to PHC-MO.

PRACTICE ACTIVITY 34
VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEE

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise Village Health Sanitation and Nutrition Committee (VHSNC)
RESPONSIBILITY	Coordinate Village Health Sanitation and Nutrition Committee (VHSNC) activities

PRE-SERVICE LEARNING EXPERIENCE
Learnt about Village Health Sanitation and Nutrition Committee (VHSNC) and Mahila Arogya Samiti (MAS) in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 34 session, CHO will be competent to: I. conduct the status update on VHSNC/MAS at HWC II. develop a comprehensive village health plan for VHSNC/MAS activities III. supervise the health workers to engage in VHSNC/MAS activities IV. supervise the records of VHSNC/MAS activities

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the health workers to engage in Village Health Sanitation and Nutrition Committee (VHSNC)/ Mahila Arogya Samiti (MAS) activities.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. conducting the status update on VHSNC/MAS at HWC	Knowledge
A. 2. developing a comprehensive village health plan for VHSNC/MAS activities	Skill
A. 3. supervising the health workers to engage in VHSNC/MAS activities	Skill
A. 4. motivating the health workers to maintain the records of VHSNC/MAS activities.	Attitude

A. 1. Conducting the status update on VHSNC/MAS at HWC

- **Village Health Sanitation and Nutrition Committee (VHSNC)**
    - A Village Health Sanitation and Nutrition Committee (VHSNC) is a committee that works on health and sanitation issues at the village level.
    - The VHSNC is a key part of the National Rural Health Mission (NRHM) and is intended to support health planning in the villages.
    - A VHSNC should have at least 15 members, including:
        - An elected member of the Panchayat to lead the committee
        - Health workers and CHO
        - Community members and beneficiaries
        - Representatives from all community sub-groups, especially vulnerable sections
    - The VHSNC should ideally act as a sub-committee of the Gram Panchayat and function under its supervision.
- **Mahila Arogya Samiti (MAS)**
    - National Urban Health Mission (NUHM) launched **Mahila Arogya Samiti (MAS)** in urban slums. It is a community health committee of women that works on health and family planning issues in urban slums.
        - MASs are typically made up of 10–12 women from a local slum community.
        - The group is led by an elected Chairperson and a Secretary.
        - Members are health workers and CHO.
- **Conducting a status update on VHSNC/MAS at HWC**
    - CHO will conduct a status update on VHSNC/MAS under its area
        - their constitution
        - status of bank accounts
        - involvement of the Chairperson and Member Secretary
        - regularity of monthly meetings
        - quality of discussions
        - records of minutes of the meetings and the decisions taken.

A. 2. Developing a comprehensive village health plan for VHSNC/MAS activities

- Identify the community leaders and involve them in the development of the village health plan.
- Develop a comprehensive village health plan for implementing the following activities through VHSNC/MAS
    - Health promotion and awareness campaigns *(refer to practice activity 29)*
    - Community mapping *(refer to practice activity 25)*
    - Deliver outreach services for routine immunization *(refer to practice activity 14)* and antenatal services *(refer to practice activity 16)*
    - Monitoring of health services
    - Sanitation and cleanliness drives
    - Nutrition and food security
    - Family planning services

  - Village local action plans *(refer to practice activity 24)*
  - Emergency services
  - Referral services.
- Be the lead service provider in VHSND of hard-to-reach and underserved areas or areas with poor ANC registration and high home deliveries *(refer to practice activity 16)*
- Ensure inclusion of marginalized and vulnerable beneficiaries in VHSNC/MAS *(Refer to practice activity 27).*
- Provide feedback to PHC-MO regarding comprehensive village health plans under VHSNC/MAS.

A. 3. Supervising the health workers to engage in VHSNC/MAS activities

- To supervise the site monitoring by using the Village Health Sanitation and Nutrition Day Site Monitoring Checklist by health workers
  - Supervise the filing of the VHSND site monitoring checklist and the following data entry by health workers
    - General information of the village
    - Planning
    - Infrastructure
    - Logistics available
    - Immunization
    - Reproductive health
    - Maternal health
    - Newborn and child health
    - Adolescent health
    - Counselling
    - IEC Materials
  - Motivates the health workers to maintain the records of VHSND Site Monitoring Checklists Street-wise.
- Supervising the health worker to organize Village Health Sanitation and Nutrition Day (VHND)
  - Organize Village Health Sanitation and Nutrition Day once every month (preferably Thursday) [45] at Anganwadi Centre or HWC to improve access to Maternal Newborn and Child Health (MNCH), nutrition and sanitation services at the local level.
  - The following services are provided on the VHND day.
    - Provision of antenatal and postnatal care for pregnant women
    - Immunization and growth monitoring of children
    - Health counselling on nutrition services
    - Sanitation and hygiene awareness
    - Family planning services (Distribution of contraceptives)
  - Engaging the community, including VHSNC members, Panchayati Raj Institution (PRI) members, and other community workers (Anganwadi

[45] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

workers), to encourage active involvement in the health and well-being of the village.
    - Supervises health workers to promote attendance at the monthly VHND day by those who need Anganwadi or HWC services and help them with counselling, health education and access to services.
- To supervise the health workers to assist VHSNC/MAS monthly meeting on 1st Friday of every month[46]
    - Assists VHSNC/MAS in conducting regular monthly village meetings, and undertakes collective health education drives, health campaigns etc.
    - CHO will attend two VHSNC/MAS monthly meetings in his/her area.
    - The checkpoints that CHO needs to review while supervising the monthly meetings of VHSNC/MAS are listed below:
        - Time and venue of the meeting.
        - A minimum quorum of 7-8 VHSNC members are present in the meeting.
        - The attendance register of the meeting is signed by all members.
        - Review of public services and programmes such as health services at HWC, ICDS, drinking water supply, sanitation, mid-day meals for school children, family planning services and individual household toilets.

A. 4. Motivating the health workers to maintain the records of VHSNC/MAS activities.

- Monitor the VHSNC meeting records and account for expenses incurred from untied/other funds *(refer to practice activity 50)*
    - Guides health workers (a member or member secretary of the VHSNC/MAS) to convene the monthly meeting of the VHSNC/MAS and provide leadership and guidance to its functioning.
    - Decisions of the meeting, are recorded clearly & completely and countersigned by the Chairperson of VHSNC/MAS and health worker.
    - Expenses are recorded clearly & completely and countersigned by the Chairperson of VHSNC/MAS, health worker and CHO.
    - CHO should keep a copy at HWC and submit one copy to PHC-MO on a monthly basis.

[46] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

SUMMARY FLOWCHART

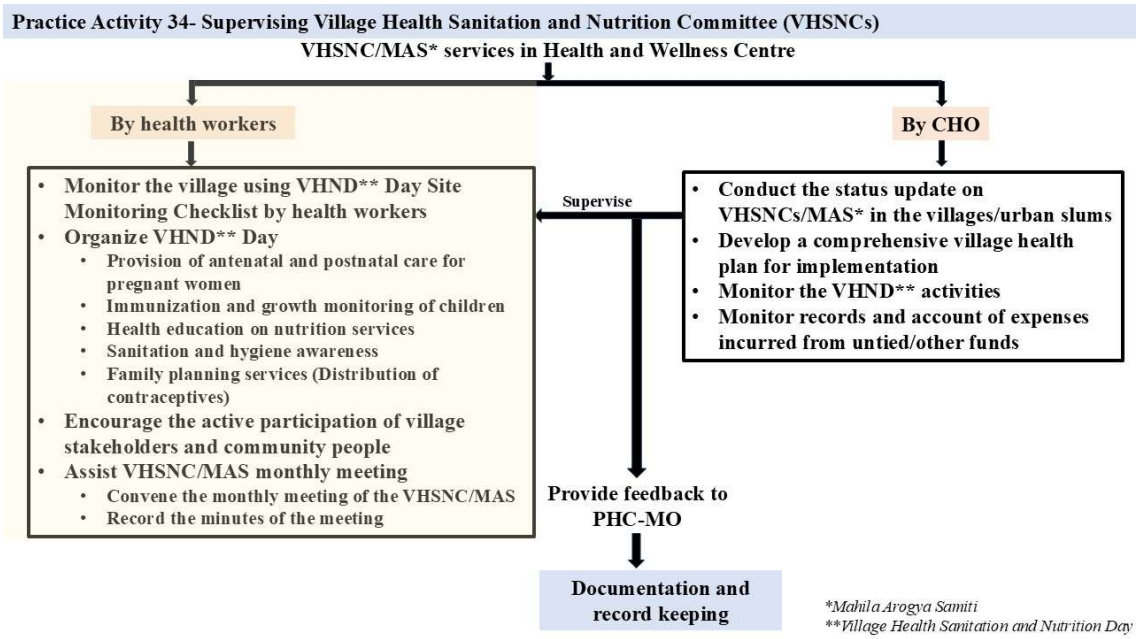


Fig.1. Summary flowchart of practice activity 34- Supervising Village Health Sanitation and Nutrition Committee

CONCLUSION

At the end of the practice activity 34 session, CHOs will be competent to conduct the status update on VHSNC/MAS at the village level, develop a comprehensive village health plan for VHSNC/MAS activities, supervise the health workers to engage in VHSNC/MAS activities and monitor the records of VHSNC/MAS activities at HWC.

PRACTICE ACTIVITY 35
DISASTER MANAGEMENT

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise disaster services
RESPONSIBILITY	Coordinate disaster services with PHC team.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about disaster services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 35 session, CHO will be competent to: I. conduct training for the health worker on Community-Based Disaster Management (CBDM) guidelines at HWC II. coordinate local response to emergencies and disaster situations in coordination with PHC-MO III. motivate the health worker to educate the community on disaster preparedness

COMPETENCY-BASED STANDARDS (CBS)	
To train and supervise the health workers for disaster services at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling Community-Based Disaster Management (CBDM) guidelines	Knowledge
A. 2. training for the health worker on CBDM guidelines at HWC	Skill
A. 3. coordinating local response to emergencies and disaster situations in coordination with PHC-MO	Skill
A. 4. motivating the health worker to educate the community on disaster preparedness.	Attitude

A. 1. Recalling Community-Based Disaster Management (CBDM) guidelines

Community-Based Disaster Management (CBDM) at HWC refers to a decentralized approach to disaster risk management where the community takes a lead role in preparing for, responding to, and recovering from disasters in coordination with the HWC team.

The guidelines for CBDM are

- Community participation and ownership
    - Communities must actively participate in the decision-making process. This includes the HWC health team, local authorities, community leaders, women, children, and vulnerable groups.
    - The community's understanding of local hazards, vulnerabilities, and capacities should be integrated into disaster management plans by HWC.
- Risk assessment and vulnerability mapping
    - The HWC team and communities should identify potential hazards, map vulnerabilities (such as flood-prone areas or high-risk populations), and assess available resources for disaster response.
- Disaster preparedness plans
    - The HWC team and communities should establish or integrate into larger early warning systems to ensure timely dissemination of disaster alerts. E.g. creating WhatsApp groups.
    - The HWC team and communities ensure that disaster management plans include special provisions for vulnerable groups like children, the elderly, people with disabilities, and women.
- Capacity building and training
    - Conduct regular training for community members in disaster preparedness, first aid, search and rescue operations, and basic healthcare by the HWC team.
    - Communities should regularly carry out mock drills and simulations to test and improve their disaster preparedness by the HWC team.
- Resource mobilization
    - The HWC team and communities should identify and mobilize local resources such as vehicles, tools, or temporary shelters to be used during disaster response.
- Post-disaster recovery and rehabilitation
    - In the aftermath of a disaster, the HWC team and communities should lead rehabilitation efforts to ensure that recovery is aligned with local needs.
- Monitoring and evaluation
    - Regularly review and update community disaster management plans to reflect the changing risks, demographics, and environmental conditions by the HWC team.

A. 2. Training for the health worker on CBDM guidelines at HWC

- Introduction to CBDM at HWC and its importance
    - Overview of potential disasters (natural and man-made) at the village level.
    - Importance of community participation in preparedness, mitigation, and response efforts.
    - The role of health workers in disaster management as frontline responders in coordination with CHO and PHC-MO.

- Understanding disaster risks and vulnerabilities
    - Conducting the vulnerability assessment *(refer to practice activity 27)* by health workers
    - Keep the list of vulnerable people in hand for immediate response at the time of disasters.
- Disaster preparedness and planning
    - Collaboration with PHC for resource mobilization (e.g., medical supplies, emergency kits).
    - Conducting community training and awareness programs on health, sanitation, and hygiene during disasters.
- Specific disaster preparedness for vulnerable groups
    - Train the health workers on Specific Disaster Preparedness for Vulnerable groups before the occurrence of expected natural calamities (refer to A.3.).
- Capacity building and first aid training
    - Basic first aid training for disaster victims, including trauma care and managing injuries.
    - Training on infection prevention and control, especially during epidemics or pandemics.
- Disaster Management
    - Train the health workers on Specific Disaster Management for general/vulnerable groups after expected/unexpected natural calamities (refer to A.3.).
- Monitoring and evaluation
    - Periodic monitoring and evaluation of disaster readiness of health workers before expecting bad weather conditions.
    - Provide feedback to PHC-MO.

A. 3. Coordinating local response to emergencies and disaster situations in coordination with PHC-MO

- **Implementing Specific Disaster Preparedness for Vulnerable groups** *(before* **EXPECTED** *natural/man-made calamities like floods, cyclones during monsoons, severe drought in summer seasons etc)*
    - When CHO receives a red zone warning for the villages at HWC, implement Specific Disaster Preparedness for vulnerable groups through health workers.
        - Identify the vulnerable groups like third-trimester pregnant mothers, newborns, high-risk, chronic, elderly, palliative and hospice care patients at home by health workers.
        - Discuss with PHC-MO and refer and transfer the **green/yellow** category vulnerable groups to the **relief camps/PHCs in green zones** (unaffected villages/districts).
        - Refer and transfer the **red category** vulnerable groups/patients to **the specialist hospitals in green zone areas** (unaffected villages/districts) in consultation with PHC-MO.
        - Bring the patients back home post-disaster (after community recovery).

        - Conduct the follow-up and provide feedback to PHC-MO.
- **Supervising First-line Specific Disaster management for General/Vulnerable groups by health workers at home/relief camps** *(after the occurrence of* **UNEXPECTED** *natural/man-made calamities like earthquakes, landslides etc)*
    - Search and identify the current health status of general/vulnerable groups like third-trimester pregnant mothers, newborns, high-risk, chronic, elderly, palliative and hospice care patients in the disaster sites.
    - Conduct the first-line primary healthcare matrix assessment *(refer to practice activity 2, table 2)* and classify the patient into the green/yellow/red category using the first-line GYR algorithm.
        - **Green category** (if all assessment areas are normal and can be managed at home/relief camps by health workers)
            - Provide first-aid care and health counselling *(refer to practice activity 6)*
            - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - **Yellow category** (if signs and symptoms can be managed at home/relief camps by health workers (in coordination with CHO))
            - Provide first-aid care and health counselling in coordination with CHO *(refer to practice activity 6)*
            - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
        - **Red category** (if signs and symptoms cannot be managed at home/relief camps by the health worker and conduct referral to CHO)
            - Report to CHO immediately and refer the high-risk case to CHO *(refer to practice activity 7).*
- **Implementing Second-line Specific Disaster management for General/Vulnerable groups by CHO at relief camps** *(after the occurrence of natural/man-made calamities)*
    - When CHO receives the **red-category** individuals referred by the health workers or victims directly consult CHO, he/she will
        - Identify patient category (general/vulnerable group)
        - Reassess/confirm first-line primary healthcare matrix assessment report by health workers *(refer to practice activity 2, table 2)*
        - Check for HABCDE for first aid/emergency cases (*refer to practice activity 6)*
        - Conduct the second-line primary healthcare matrix assessment *(refer to practice activity 2, table 1)*
        - Classify the patient into the green/yellow/red category using the second-line GYR algorithm.
            - **Green category**
                - Can be managed at the relief camp by CHO.
                - Provide first-aid care and health counselling *(refer to practice activity 6)*
                - Conduct follow-up after 1-3 days *(refer to practice activity 8)*

- **Yellow category**
    - Can be managed at the relief camp in consultation with PHC-MO
    - First-aid (*refer to practice activity 6)* and symptomatic management (*refer to practice activity 2)*
    - Implement physician instructions and follow-up (*refer to practice activity 4)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
- **Red category**
    - Cannot be managed at the relief camp and referral service is needed.
    - Inform PHC-MO and call for an ambulance.
    - First-aid *(refer to practice activity 6)* and symptomatic management *(refer to practice activity 2).*
    - Implement physician instructions (*refer to practice activity 4)*
    - Refer them to PHC/Specialist hospital and follow up *(refer to practice activity 7)*
    - Conduct follow-up after 1-3 days *(refer to practice activity 8)*
- Participate in the distribution of relief materials.
- Ensure sanitation and hygiene at the relief camps.
- Take measures to prevent the occurrence of communicable diseases in the disaster sites and relief camps.
- Review the post-disaster recovery and rehabilitation.
- Provide feedback to PHC-MO.

A. 4. Motivating the health worker to educate the community on disaster preparedness.

- Motivate the families to maintain disaster kits.
- Participate in disaster kit distribution for community preparedness.
- Educate the community on disaster preparedness and management.
- Conduct the simulation training and mock drills at the village level.

SUMMARY FLOWCHART

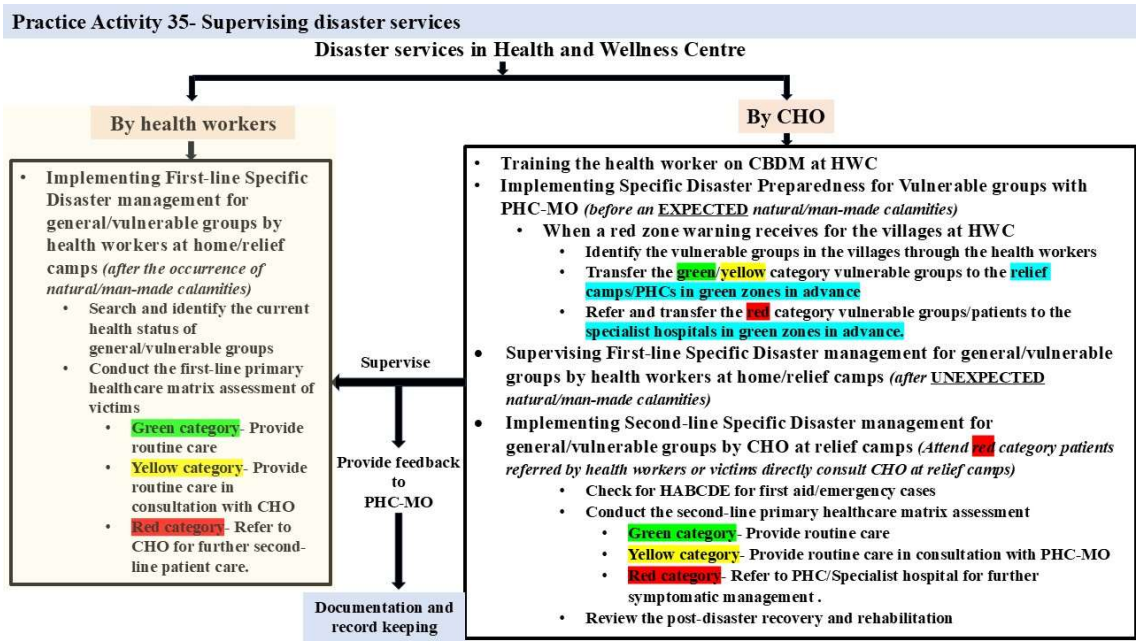


Fig.1. Summary flowchart of practice activity 35- Supervising disaster services

CONCLUSION

At the end of the practice activity 35 session, CHOs will be competent to conduct training the health worker on Community-Based Disaster Management (CBDM) guidelines at the village level, coordinate local response to emergencies and disaster situations in coordination with PHC-MO and motivate the health worker to educate the community on disaster preparedness at HWC.

PRACTICE ACTIVITY 36
OUTREACH ACTIVITIES

DOMAIN	Public Healthcare Provider
SUB-DOMAIN	Direct Community Care Supervisor (DCCS)
COMPETENCY	To supervise outreach services
RESPONSIBILITY	Monitor outreach services by the health workers.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about outreach services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 36 session, CHO will be competent to: I. supervise the health workers in planning outreach activities II. organize outreach services in the villages III. motivate the health workers to enhance community participation in outreach activities.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the health workers in organizing outreach activities per protocols specified for the twelve essential CPHC service packages.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHO will understand and perform tasks,	
A. 1. recalling the various outreach activities as per protocols specified for the 12 essential CPHC service packages	Knowledge
A. 2. supervising the health workers in planning outreach activities	Skill
A. 3. organizing outreach services in the villages on every Friday	Skill
A. 4. motivating the health workers to enhance community participation in outreach activities.	Attitude

A. 1. Recalling the various outreach activities per protocols specified for the 12 essential CPHC service packages

List of various outreach activities as per protocols specified for the 12 essential service packages (CPHC). *(refer to A.2 for the details of various outreach activities)*

- Package 1- Care in pregnancy and childbirth *(refer to practice activity 16)*
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Mental health and counselling services *(refer to practice activity 9)*
    - Nutrition programs.
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
- Package 2- Neonatal and Infant Health *(refer to practice activity 17)*
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Nutrition programs.
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
- Package 3- Childhood and Adolescent healthcare services including immunization *(refer to practice activity 18)*
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
    - Mental health and counselling services *(refer to practice activity 9)*
    - Nutrition programs
    - School health services *(refer to practice activity 33).*
- Package 4- Family planning, contraceptive services and other reproductive care services *(refer to practice activity 19)*
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Mental health and counselling services *(refer to practice activity 9).*
- Package 5- Management of Communicable diseases and General Outpatient care for acute simple illness and minor ailments
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29).*
- Package 6- Management of Communicable diseases: National Health Programmes (Tuberculosis, Leprosy, Hepatitis, HIV/AIDS, Malaria, Kala-azar, Filariasis and Other vector-borne diseases)
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*

    - Health counselling *(refer to practice activity 9)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29).*
- Package 7- Prevention, Screening and Management of Non-Communicable diseases
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
    - Mental health and counselling services *(refer to practice activity 9)*
    - Nutrition programs
    - School health services *(refer to practice activity 33).*
- Package 8- Care for Common Ophthalmic and ENT problems
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
    - School health services *(refer to practice activity 33).*
- Package 9- Basic oral healthcare *(refer to practice activity 18)*
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
    - School health services *(refer to practice activity 33).*
- Package 10- Elderly and palliative healthcare services
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
    - Mental health and counselling services *(refer to practice activity 9)*
    - Deathcare services *(refer to practice activity 53)*
    - Nutrition programs
- Package 11- Emergency Medical Services, including for Trauma and Burns *(refer to practice activity 6)*
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
    - School health services *(refer to practice activity 33).*

- Package 12- Screening and Basic management of Mental health ailments
    - Mobile clinics
    - Home visits by health workers *(refer to practice activity 20)*
    - Health camps
    - Health education in disease prevention and promotion campaigns *(refer to practice activity 29)*
    - Mental health and counselling services *(refer to practice activity 9)*
    - School health services *(refer to practice activity 33).*

A. 2. Supervising the health workers in planning outreach activities

- Plan outreach activities based on the rollout of 12 service packages *(refer to A.1)* and local requirements in coordination with PHC-MO.
- Identify the village-level stakeholders from AWW/VHSNC/the Gram Panchayat/tribal groups/Mahila Mandir/Mothers club/Social Mobilizers/NGOs/vulnerable communities. *(refer to practice activity 23).*
- Prepare an outreach activity calendar with local-level committees like Jan Arogya Samiti.
- Plan the outreach activity and provide feedback to CHO.
- Health workers can plan various outreach activities like;
    - Mobile clinics
        - Mobile units travel to remote or underserved areas to offer a range of health services such as vaccinations, maternal and child healthcare, health check-ups, and treatments for common illnesses.
    - OPD Footfalls
        - Organize OPD Footfalls (specialized clinics on designated days) for NCD screening, ANC/PNC services, Immunization, counselling and management of common illnesses.
    - Home visits by health workers *(refer to practice activity 20)*
        - Health workers visit homes to provide preventive and promotive health services, such as immunization, antenatal care, postnatal care, and health education.
    - Health Camps
        - Temporary health camps are set up in community centres or schools to provide services like general health screenings, eye check-ups, dental care, and counselling on diseases like diabetes and hypertension.
    - Health Education in disease prevention and promotion campaigns *(refer to practice activity 29)*
        - Health workers and volunteers provide health education on topics such as nutrition, hygiene, sanitation, family planning, and disease prevention (e.g., malaria, HIV/AIDS) in the streets.
    - Mental Health and Counselling Services *(refer to practice activity 9)*
        - Outreach programs may include psychological support and counselling for mental health issues, addiction recovery, or trauma from disasters.
    - Nutrition programs

        - Outreach services that focus on promoting proper nutrition and providing supplements to vulnerable populations like children, pregnant women, and the elderly.
    - School health services *(refer to practice activity 33)*
        - Health workers collaborate with schools to provide health screenings, vaccinations, and health education to children.
- Allocate the roles and responsibilities among health workers and volunteers on outreach days.
- Disseminate the outreach day details through the health workers during household visits.
- Prepare IEC materials on outreach services and display them at HWC and village hot-spot areas (where crowds are more present e.g. markets, ration shops, streets etc).

A. 3. Organizing outreach services in the villages on every Friday[47]

The steps for organizing outreach services are,

- Implementing appointment systems
    - Health workers can introduce a basic appointment system, especially for chronic care patients (e.g., hypertension, diabetes), to avoid overcrowding and ensure that footfalls are evenly distributed throughout the day.
- Pre-registration for new patients
    - Encouraging patients to pre-register either online or via phone can reduce time spent on paperwork and administrative tasks during OPD hours.
- Specialized clinics on designated days
    - Inform the community in advance about the specialized clinics on designated days.
- Set up outreach station/clinic
    - Arrange patient care equipment, articles, IEC materials, medicines and essential furniture for procedures.
- Assigning time-slots
    - Time slots can be assigned to manage the number of patients arriving at the same time, which prevents overcrowding in the waiting area.
- Clear signage and directions
    - Health workers should ensure that OPD areas are well-marked with signage to help patients navigate through registration, consultation, pharmacy, and laboratory services efficiently.
- Health education during waiting periods
    - Health workers can engage patients during their waiting time by providing health education talks or showing videos on preventive healthcare, hygiene, and lifestyle changes.
- Patient care and management
    - Conduct first-line primary healthcare matrix assessment by health workers.

[47] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

- Health workers can classify the patients using the first-line GYR algorithm (Green-Yellow- Red) approach *(refer to practice activity 2, table 2).*
    - **Green (Routine Care):** Patients can be managed at the outreach station/clinic and require routine care by health workers.
    - **Yellow (Immediate Care Needed in Consultation with CHO):** Patients can be managed at the outreach station/clinic in coordination with CHO and provide routine care, symptomatic management and follow-up.
    - **Red (Referral to CHO at HWC Needed):** Patients cannot be managed at the outreach station/clinic and require referral for CHO's direct attention at HWC.
- CHO will attend **red category** children referred by health workers using the second-line GYR algorithm approach *(refer to practice activity 2, table 1).*

- Post-outreach OPD review and feedback
    - CHO should regularly review OPD footfall data to identify peak times and adjust schedules or staffing accordingly.
    - Collecting feedback from patients on their OPD experience can help identify areas of improvement in patient flow management and service delivery.
    - Maintain a register to record the outreach activities at HWC.
    - Provide feedback to PHC-MO.

A. 4. Motivating the health workers to enhance community participation in outreach activities

- Encourage collaboration between health workers, local leaders, and other stakeholders to organize outreach activities.
- Encouraging health workers to involve respected community figures, such as religious leaders, teachers, or women's groups, can help build trust and increase participation.
- Ensure the involvement of people from vulnerable groups.
- Encourage health workers to gather feedback from the community to refine and improve future outreach activities.

SUMMARY FLOWCHART

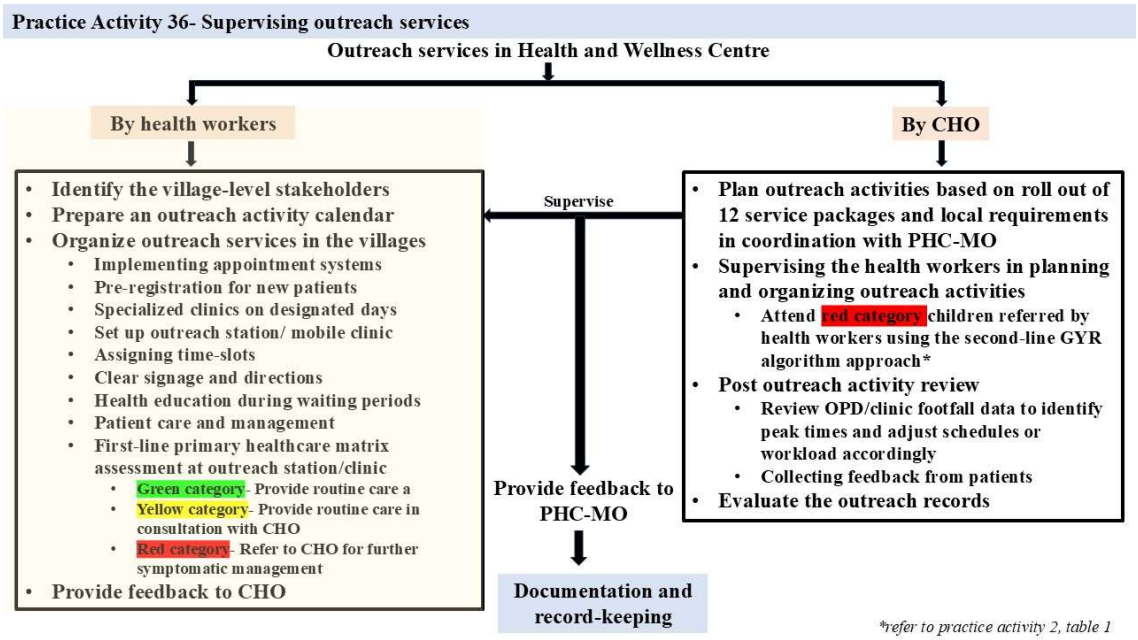


Fig.1. Summary flowchart of practice activity 36- Supervising outreach services

CONCLUSION

At the end of the practice activity 36 session, CHOs will be competent to supervise the health workers in planning outreach activities, organize outreach services in the villages and motivate the health workers to enhance community participation in outreach activities at HWC.

MANAGER

Direct Community Care Provider (DCCP)

PRACTICE ACTIVITY 37
HEALTHCARE REPORTING

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide healthcare reporting services
RESPONSIBILITY	Submit monthly events and quality assurance report to PHC MO.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about reporting services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 37 session, CHOs will be competent to: I. collect the weekly reports from health workers, compile them and submit the monthly report to PHC-MO II. attend the monthly meeting with PHC-MO for healthcare reporting services III. maintain the records of healthcare reporting with PHC-MO.

COMPETENCY-BASED STANDARDS (CBS)	
To review the weekly reports by health workers, compile them and submit the monthly reports to PHC-MO.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the principles of healthcare reporting services at HWC	Knowledge
A. 2. collecting the weekly reports from health workers, compile them and submit the monthly report to PHC-MO	Skill
A. 3. attending the monthly meeting with PHC-MO for healthcare reporting services on 4th Friday of every month	Skill
A. 4. self-motivating to maintain the records of healthcare reporting with PHC-MO.	Attitude

A. 1. Recalling the principles of healthcare reporting services at HWC

The principles of healthcare reporting services at HWC are essential to ensure accurate, timely, and actionable data collection and management.
Here are the key principles:

- Precise data collection
    - Data should be accurately recorded and reported by health workers, ensuring that it reflects the true health status, services provided, and outcomes at the HWC.
- Regular reporting
    - Reports should be generated weekly by health workers.
    - Compile weekly reports and prepare a monthly report and submit them to PHC-MO monthly.
    - Ensure that the monthly data is up to date and submit them on time.
- Data security
    - The HWC data should be handled with strict confidentiality by CHO and health workers, ensuring compliance with privacy laws and guidelines by the state government.
- Open reporting
    - Reporting systems should allow for transparency in HWC healthcare services, making it easier for PHC-MO to monitor the performance of CHO and health workers and the effectiveness of health interventions at HWC.
- Link to national health programs
    - HWC reporting should align with national health information systems (e.g., HMIS/RCH portal) to ensure data flows smoothly from local to higher levels of health governance.

A. 2. Collecting the weekly reports from health workers, compile them and submit the monthly report to PHC-MO

Healthcare reporting from CHO to PHC-MO is a systematic process designed to ensure the smooth transfer of data from the HWCs to the PHC for monitoring, evaluation, and decision-making.
Here's a step-by-step guide to this process:

- Data collection at the HWC level
    - Health workers collect daily data on home visits/mobile clinic/outpatient visits, screenings, maternal and child health services, immunizations, communicable and non-communicable diseases (NCDs), and other key health interventions.
    - Information from outreach programs (e.g., health camps, vaccinations, screenings) is also collected. *(refer to practice activity 36)*
- Data compilation of weekly reports
    - The health workers compile data under supervision of CHO and submit it to CHO weekly.
    - Weekly report by health workers includes:
        - Updates on HMIS/RCH data
            - Number of patients treated at home (**Green and Yellow category**) *(refer to practice activity 2)*
            - AEFI events *(refer to practice activity 15)*

- Outbreak events *(refer to practice activity 32)*
- Cases of communicable diseases
- Screenings for NCDs (e.g., diabetes, hypertension) *(refer to practice activity 13)*
- High-risk cases *(refer to practice activity 5)*
- Antenatal coverage and newborn data *(refer to practice activity 16 & 17)*
- Number of births and deaths
- Immunization coverage *(refer to practice activity 14)*
- First-line referrals **(Red category**) and follow-up details *(refer to practice activity 2)*
- Inventory management and issues *(refer to practice activity 49)*
- Any others specified by the state government

▪ Updates on PSGs/VHSNCs/MAS

- Health promotion activities conducted *(refer to practice activity 29)*
- Any major events related to PSGs/VHSNCs/MAS in the community and HWC *(refer to practice activity 31 & 34)*

- Health workers compile the weekly data

- Data validation
  - Before submitting, data is reviewed for accuracy, consistency, and completeness by the health workers and CHO at the HWC.
- Submission of report to CHO
  - Health workers submit the report to CHO
  - Receive feedback from CHO
  - Documentation and record-keeping of the data by health workers at HWC
- Submission of report to PHC-MO
  - CHO compile the weekly reports and prepare a monthly summary data for submission to PHC-MO during the monthly meeting. *(refer to A.3)*
  - Monthly reports are submitted to the PHC-MO directly.
  - Electronic submissions can be uploaded via the HMIS or any other designated government health portal.
- Follow-Up and feedback
  - The PHC-MO provides feedback to the CHO, identifying areas for improvement or action based on the report.
- Continuous monitoring and evaluation
  - The PHC-MO uses the data to monitor the progress of various health programs, such as maternal and child health initiatives, disease surveillance, and NCD management.

A. 3. Attending the monthly meeting with PHC-MO for healthcare reporting services on 4th Friday of every month[48]

CHO compile and prepare a summary data for submission to PHC-MO during the monthly meeting.

[48] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

Monthly report by CHO includes:

- Updates on HMIS/RCH data
  - Number of patients treated at HWC (**Green and Yellow category**) *(refer to practice activity 2)*
  - AEFI events *(refer to practice activity 15)*
  - Outbreak events *(refer to practice activity 32)*
  - Cases of communicable diseases
  - Screenings for NCDs (e.g., diabetes, hypertension) *(refer to practice activity 13)*
  - High-risk cases *(refer to practice activity 5)*
  - Antenatal coverage and newborn data *(refer to practice activity 16 & 17)*
  - Number of births and deaths
  - Immunization coverage *(refer to practice activity 14)*
  - Second-line referrals (**Red category**) and follow-up details *(refer to practice activity 2)*
- Updates on PSGs/VHSNCs/MAS
  - Health promotion activities conducted *(refer to practice activity 29)*
  - Any major events related to PSGs/VHSNCs/MAS in the community and HWC *(refer to practice activity 31 & 34)*
- Updates on HWC services
  - OPD footfall data *(refer to practice activity 36)*
  - Supervisory home visits with health worker *(refer to practice activity 20)*
  - Provision and availability of drugs & consumables for laboratory services at HWC *(refer to practice activity 49)*
  - Availing of monthly performance-based incentives for health team *(refer to practice activity 40)*
  - Functionality status of HWC *(refer to practice activity 45)*
  - Activities planned for next month *(refer to practice activity 29)*
  - Quality assurance reports
    - Provide updates on Key Performance Indicators (KPIs) such as
      - OPD patient footfall
      - service coverage
      - screening rates
      - treatment adherence
      - follow-ups
      - referral success.
      - Patient and Village stakeholder's feedback.

A. 4. Self-motivating to maintain the records of healthcare reporting with PHC-MO

- Maintain a record of healthcare reporting with PHC-MO
  - date and time of reporting
  - a copy of healthcare reporting data submitted to PHC-MO
  - mode of reporting discussions done
  - suggestions received
  - conclusion of the meeting
  - next meeting details.

SUMMARY FLOWCHART

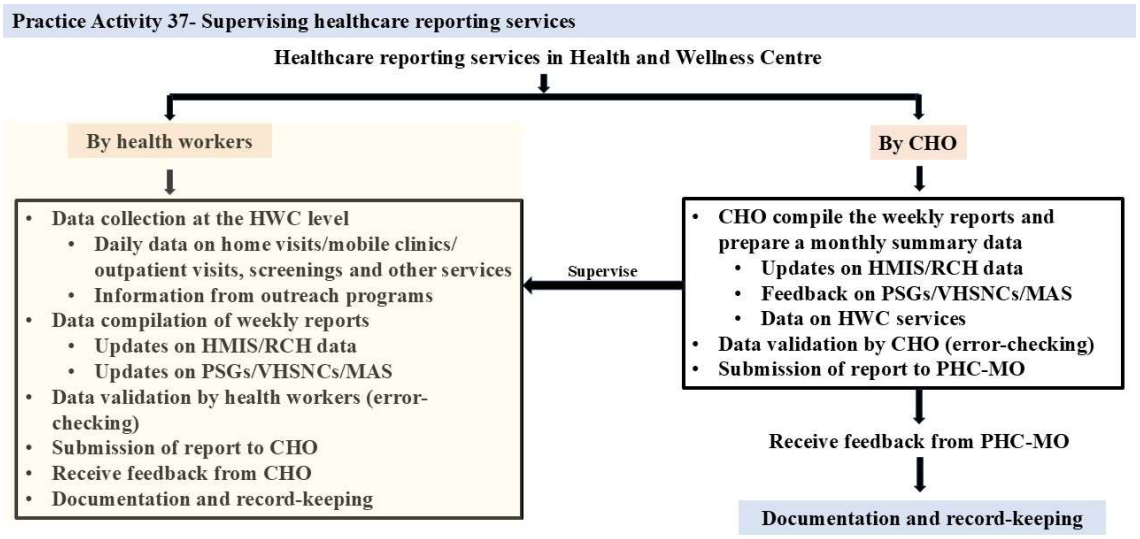


Fig.1. Summary flowchart of practice activity 37- Supervising healthcare reporting services.

CONCLUSION

At the end of the practice activity 37 session, CHO will be competent to collect the weekly reports from health workers, compile them and submit the monthly report to PHC-MO, attend the monthly meeting with PHC-MO for healthcare reporting services and maintain the records of healthcare reporting with PHC-MO.

PRACTICE ACTIVITY 38
INTERPROFESSIONAL COMMUNICATION

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To demonstrate interprofessional communication
RESPONSIBILITY	Use the skills of communication to influence the community.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about interprofessional communication in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 38 session, CHOs will be competent to: I. develop interprofessional communication skills II. implement technology-based interprofessional communication skills at HWC.

COMPETENCY-BASED STANDARDS (CBS)	
To demonstrate interprofessional communication skills using relevant technologies at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks, A. 1. developing interprofessional communication skills A. 2. implementing technology-based interprofessional communication skills at HWC A. 3. motivating the health workers to implement interprofessional communication skills using relevant technologies	 Knowledge Skill Attitude

A. 1. Developing interprofessional communication skills

Interprofessional communication skills are critical for the CHO at HWC to ensure effective collaboration with patients, health workers and PHC-MO in the community. Below are some key interprofessional communication skills the CHO should develop and utilize at the HWC:

- Active listening
    - The CHO should actively listen to health workers, patients, and other village stakeholders, making sure to acknowledge their input and understand their viewpoints.
- Clear and concise communication
    - The CHO must communicate information clearly using a simple language.
    - During HWC meetings, or reporting to a PHC Medical Officer, the CHO should deliver concise messages that focus on essential health information, action points, and next steps.
- Collaboration and coordination
    - Involve health workers, PHC-MO, village people and patients in decision-making and problem-solving processes at HWC.
- Respect and professionalism
    - Show respect for the expertise and roles of the health workers. This involves acknowledging their contributions and providing them with space to share their thoughts without interrupting.
- Conflict resolution
    - In case of disagreements between health workers and patients, the CHO should step in to mediate, ensuring that conflicts are resolved through open discussion and mutual understanding.
    - The CHO should maintain a neutral stance and use evidence-based guidelines and protocols to help resolve any disputes.
- Culturally competent communication
    - The CHO needs to be mindful of cultural differences, particularly when communicating with diverse communities and health workers.
- Emotional intelligence
    - Being aware of their own emotions and how they affect others helps the CHO maintain a calm and supportive environment in stressful situations.
- Use of technology
    - Efficiently use electronic health records (EHRs), online reporting systems, or mobile health applications to share information accurately and promptly across health workers and communities.
- Delegation and supervision
    - The CHO should delegate tasks clearly, making sure the roles and responsibilities of each healthcare worker are well-defined.

- Community-centred communication
    - The CHO should communicate community needs effectively to the health workers, ensuring that community' concerns and preferences are considered in care planning.

A. 2. Implementing technology-based interprofessional communication skills at HWC

The technology-based interprofessional communication skills at HWC are the following:

- Electronic Health Records (EHR)
    - EHR systems allow the CHO to document patient details, treatments, laboratory results, and progress notes. This shared digital platform ensures all health workers, including PHC-MO, nurses, laboratory technicians and pharmacists, have access to up-to-date patient information. *(refer to practice activity 42)*
- Health Management Information Systems (HMIS)
    - Through HMIS, the CHO can track healthcare data trends and share important insights with health workers. For instance, a pattern of rising non-communicable disease (NCD) cases can be shared with the health workers to improve early interventions. *(refer to practice activity 42)*
- Teleconsultation
    - The CHO can use teleconsultation platforms to connect with PHC-MO and specialists, facilitating interprofessional consultation.
      For instance, the CHO can seek advice on managing complex cases from PHC-MO. *(refer to practice activity 10)*
- Mobile health (mHealth) applications
    - The CHO can use mobile apps to coordinate outreach programs and communicate with health workers. These apps can also send reminders, gather health data, and share it instantly with health workers.
    - Mobile applications such as "ReMiND" (Reducing Maternal and Newborn Deaths) allow health workers to share vital health information, referrals, and patient updates with the CHO for prompt follow-up and intervention.
- WhatsApp/Group messaging tools
    - Creating professional WhatsApp or similar group chats enables the CHO (and PHC-MO) to communicate rapidly with the healthcare workers, facilitating swift coordination for emergencies, health camps, or disease outbreaks.
- Virtual team meetings (Video Conferencing)
    - Virtual meetings or webinars can be used for training health workers on new protocols, guidelines, or updates in healthcare practice, ensuring all staff stay informed and skilled.
- Digital task management tools
    - Digital platforms like "Google Sheets" can be used by the CHO to assign tasks to health workers, track progress, and set deadlines for health activities like immunization drives, screenings, or health promotion campaigns.
- Cloud-based collaboration platforms
    - Cloud-based systems allow CHO (and PHC-MO) to upload and access patient data, reports, and health indicators in real-time, fostering transparency and continuous

communication. Platforms like "Google Drive" or "Microsoft OneDrive" can be used to share important health documents or resource material with health workers.

- Artificial Intelligence (AI) and Decision-Support Tools
    - AI tools can also predict disease trends and alert the CHO and the health workers to possible outbreaks or high-risk areas in the community, allowing for better-prepared interventions at the community-level.

A. 3. Motivating the health workers to implement interprofessional communication skills using relevant technologies

- Hands-on training for health workers
    - Offer practical training sessions on how to use specific technologies such as EHR systems, mHealth apps, and task management tools (like Google Sheets or Trello). This will increase their comfort and confidence in using technology.
- Ongoing support by CHO
    - Provide continuous support for the health workers as they adapt new tools.
- Peer support networks
    - Foster a culture of peer learning where health workers share their experiences with new technologies, helping each other troubleshoot and optimize their use of tools.
- Recognition of excellence
    - Publicly acknowledge health workers who effectively use technology to improve communication and patient care.
- Incentives for technology adaption
    - Offer small rewards or bonuses for health workers (in coordination with PHC-MO) that successfully implement new communication technologies and achieve measurable improvements in service delivery.

SUMMARY FLOWCHART

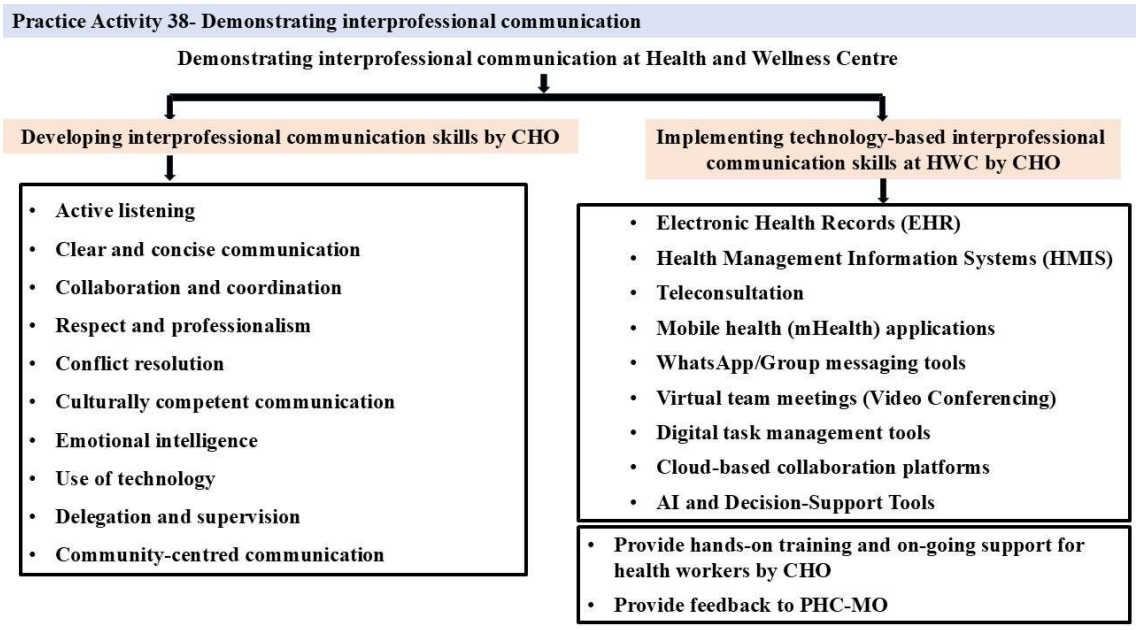


Fig.1. Summary flowchart of practice activity 38- Demonstrating interprofessional communication.

CONCLUSION

At the end of the practice activity 38 session, CHO will be competent to develop interprofessional communication skills, implement technology-based interprofessional communication skills and motivate the health workers to implement interprofessional communication skills using relevant technologies at HWC.

PRACTICE ACTIVITY 39
REPORTING FORMATS

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To maintain HWC reporting formats
RESPONSIBILITY	To implement the best practices for maintaining reporting formats at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about reporting formats in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 39 session, CHOs will be competent to: I. understand the various reporting formats at HWC II. implement the best practices for maintaining reporting formats at HWC.

COMPETENCY-BASED STANDARDS (CBS)	
To implement the best practices for maintaining reporting formats at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks, A. 1. recalling the various reporting formats at HWC A. 2. implementing the best practices for maintaining reporting formats at HWC A. 3. motivating the health workers to cross-check the errors in the reporting formats	 Knowledge Skill Attitude

A. 1. Recalling the various reporting formats at HWC

List and describe the various reporting formats at HWC

- **HMIS HWC reporting format- Monthly**

The HMIS HWC reporting format is a standardized tool used for collecting data from HWC. This reporting format ensures that key health indicators are captured and reported accurately by CHO at HWC.

- Reproductive and child health
- Ante Natal Care (ANC) Services & High-Risk Pregnancies
  - ANC registration
  - Deliveries
  - Pregnancy outcome & details of new-born/children
  - Anaemia Mukt Bharat
  - Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI) Cases
  - Immunization data
- National Programmes
  - National Vector Borne Disease Control Programme (NVBDCP)
  - Adolescent Health
  - National TB Elimination Programme (NTEP)
- Health Facility Services
  - OPD Patient services
  - **Green, Yellow and Red** category patient details
  - Laboratory testing
  - Family planning
- Mortality Details
  - Details of deaths reported
- Quality Control
  - QA (Quality Assurance) & BEMMP (Biomedical Equipment Management & Maintenance Program)

- **Maternal death reporting format- Monthly**

The Maternal Death Reporting Format at HWC is an essential tool used for documenting and analyzing maternal deaths to improve maternal health services and outcomes.
Key components are;

- Basic information of pregnant mother
- Pregnancy history
- Antenatal Care (ANC) details
- Delivery details
- Postnatal Care (PNC) Information
- Medical and clinical details
- Healthcare facility information
- Social and environmental factors
- Three-delay model analysis
  - Delay 1: Delay in seeking care by the woman or her family

        - Delay 2: Delay in reaching an appropriate health facility
        - Delay 3: Delay in receiving adequate treatment after reaching the health facility
    - Investigation team and reporting
    - Follow-up actions
- **Child death reporting format- Monthly**

The Child Death Reporting Format at HWC is an essential tool for recording, analyzing, and understanding the causes of death in children under-five years of age.
Key components are

- Basic information of the child
- Birth and medical history
- Cause of death
- Healthcare and service access
- Social and environmental factors
- Review of the three-delay model
    - Delay 1: Delay in deciding to seek care by the family.
    - Delay 2: Delay in reaching a health facility due to economical restraints, lack of transportation or distance.
    - Delay 3: Delay in receiving care once at nearby health centre/hospital (e.g., lack of staff or resources).
- Reporting and investigation team
- Follow-up actions

- **VHSND reporting format-Monthly**

The VHSND (Village Health Sanitation and Nutrition Day) reporting format is used to collect and report data related to health services, sanitation, and nutrition at the community level, particularly in rural areas.
Key components are

- Basic Information about the rural areas
- Health services provided
- Nutrition services
- Sanitation and hygiene promotion
- Community participation
- Challenges and issues identified
- Follow-up actions.

- **National program reporting format- Monthly**

The National Program reporting format at HWC varies based on the specific national health programs being implemented, such as the National Health Mission (NHM), the National Program for Prevention and Control of Non-Communicable Diseases (NPCDCS), or others.
Key components are

- Basic information
- Demographics
- Screening services provided
    - Screening positives

        - Screening negatives
    - Health services provided
    - Non-communicable diseases
    - Health counselling services
    - Community participation
    - Challenges and barriers
    - Recommendations

- **Quality assurance reporting format- Monthly**

The reporting format for quality assurance may vary by program or initiative but generally includes several key components to monitor and evaluate healthcare quality.
Key components are

- Basic information
- Quality indicators
- Patient satisfaction
- Staff performance and training
- Quality improvement initiatives
- Challenges and barriers to quality care
- Recommendations for quality improvement

- **CHO-HWC reporting format- Monthly**

The reporting format for CHOs at HWCs is essential for monitoring the performance of healthcare services, ensuring accountability, and promoting community health initiatives.
Key components are

- Basic information about HWC
- Demographic details- number of villages and population covered
- HWC Services Provided (based on the format instructed by the State Government)
- Community Engagement
- Referrals (**Red category**)
- Mortality details
- Follow-up visits conducted
- Any major events occurred at HWC
- Feedback on performance of health workers
- Infrastructural challenges
- Training and capacity building for health workers

- **S-form/IDSP for outbreak reporting- Weekly**

The health workers and CHO use the S-form to notify higher authorities about suspected outbreaks of infectious diseases and other health-related events within their community.
Key components are

- Basic information about infectious diseases
- Population at risk
- Clinical features
- Epidemiological information
- Laboratory investigations
- Notification to higher authorities

- Contact tracing
- Follow-up actions

A. 2. Implementing the best practices for maintaining reporting formats at HWC

Best practices for maintaining reporting formats

- Data entry
  - Supervise the health workers to fill the formats
  - CHO will counter-check the formats for any errors.
- Accuracy
  - Ensure all data is recorded accurately and in a timely manner to reflect the true performance of the HWC.
- Regular updates
  - Reporting formats should be updated at regular intervals (daily, weekly, monthly) depending on the type of data being collected.
- Training of staff
  - Regular training of the health workers, is essential for maintaining consistency and accuracy in data reporting.
- Utilizing technology
  - Where possible, electronic systems like the Health Management Information System (HMIS) or other digital tools should be used to maintain real-time, accurate records.
- Storing of reporting formats
  - Keep separate folders for keeping the filled reporting formats year wise.
  - Cover and label the folders properly.
  - Store it in a safe cupboard at HWC.
- Submission of reporting formats
  - Submit weekly/monthly HWC level reporting formats to PHC-MO for review and suggestions.

A. 3. Motivating the health workers to cross-check the errors in the reporting formats

- Ensure that the reporting formats are simple, clear, and user-friendly.
- Provide health workers with a checklist of common errors to look for (e.g., missing patient details, incorrect calculations, or incomplete data).
- Conduct regular audits of reporting formats by CHO, and provide feedback to the health workers.
  - Point out areas of improvement, and offer praise when reporting is accurate.

SUMMARY FLOWCHART

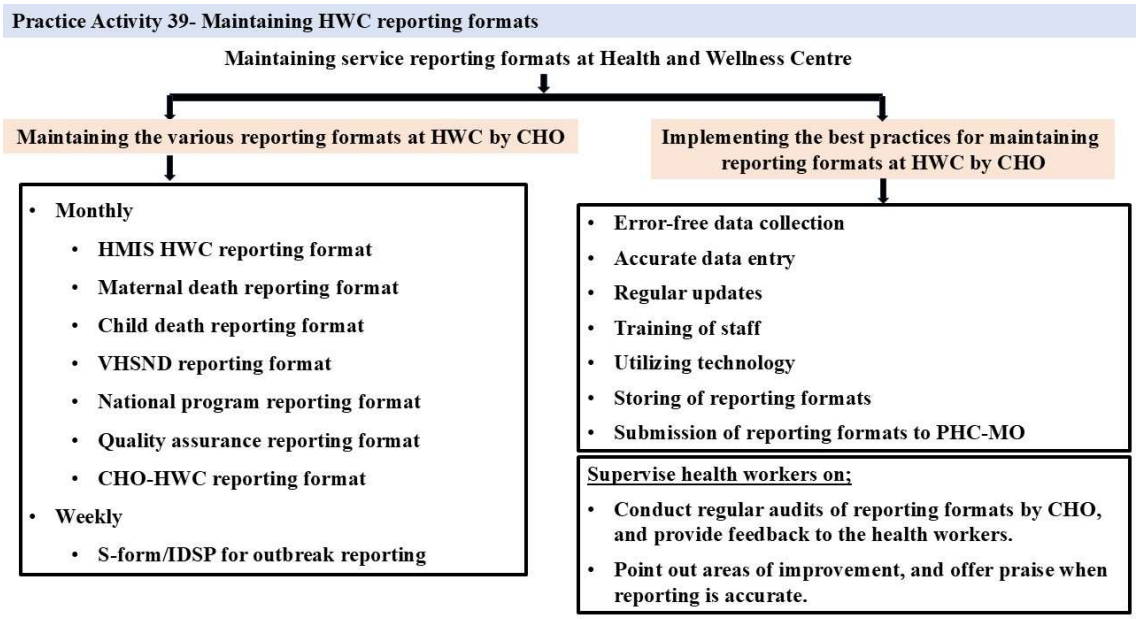


Fig.1. Summary flowchart of practice activity 39- Maintaining HWC reporting formats.

CONCLUSION

At the end of the practice activity 39 session, CHO will be competent to understand the various reporting formats, implement the best practices for maintaining reporting formats and motivate the health workers to cross-check the errors in the reporting formats at HWC.

PRACTICE ACTIVITY 40
PERFORMANCE ASSESSMENT REPORTS

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To develop performance assessment reports
RESPONSIBILITY	Develop and submit performance assessment reports of health workers to PHC-MO.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about performance assessment reports in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 40 session, CHOs will be competent to: I. understand the various performance assessment reports using the health indicators at HWC II. develop the performance assessment reports for submission to PHC-MO III. verify the performance reports before submitting to PHC-MO for incentives.

COMPETENCY-BASED STANDARDS (CBS)	
To develop performance assessment reports using service package indicators at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the various performance assessment reports using the health indicators at HWC	Knowledge
A. 2. developing and submitting the performance assessment reports to PHC-MO	Skill
A. 3. self-motivating to verify the accuracy of performance reports before submitting to PHC-MO for incentives.	Attitude

A. 1. Recalling the various performance assessment reports using the health indicators at HWC

Develop the performance assessment reports of each health worker using the following indicators;

- Indicators for care during pregnancy and birth
    - Proportion of estimated pregnancies registered
        - Service Delivery Output to receive 75% of Incentive Payment- 60% of the estimated pregnancies registered
        - Service Delivery Output to receive 100% of Incentive Payment- 80% of the estimated pregnancies registered
    - Registered pregnant women who received full ANC (%)
        - Service Delivery Output to receive 75% of Incentive Payment- 80% of the pregnant women received ANC as per schedule
        - Service Delivery Output to receive 100% of Incentive Payment- 100% of the pregnant women received ANC as per schedule
    - Pregnant women line listed for severe anaemia out of total registered for ANC (%)
    - All Maternal deaths in age group of 15-49 years (%)
- Indicators for neonatal and infant health
    - Infants exclusively breastfed for six months (%)
    - Newborn having weight less than 2.5 kg (%)
    - Sick newborns referred by health workers to HWC (%)
- Indicators for child health
    - Full Immunization rate
        - Service Delivery Output to receive 75% of Incentive Payment- 90% of the children received as per schedule
        - Service Delivery Output to receive 100% of Incentive Payment- 100% of the children received as per schedule
    - Children with diarrhoea treated with ORS and zinc (%)
    - Children diagnosed with pneumonia
    - Proportion of Newborns who received HBNC visits
        - Service Delivery Output to receive 75% of Incentive Payment- 90% of the newborns received HBNC visits as per schedule
        - Service Delivery Output to receive 100% of Incentive Payment- 100% of the newborns received HBNC visits as per schedule
- Indicators for family planning and reproductive health
    - Number of intervals IUCDs inserted per trained provider* per month
    - Utilization of condoms/OCPs/ECPs through ASHAs (%)
- Indicators for management of communicable diseases
    - Provision of DOTS for tuberculosis patients (%)
    - Provision of MDT for leprosy patients (%)
- NCD application and HWC register in means of verification column for all 7 indicators
    - Proportion of above 30 years individuals screened for Hypertension (%)
        - Service Delivery Output to receive 75-100% of Incentive Payment- Estimated to achieve 80% screening of individual over 30 years over a period of one year
    - Proportion of above 30 years individuals screened for Diabetes (%)

        - Service Delivery Output to receive 75-100% of Incentive Payment- Estimated to achieve 80% screening of individual over 30 years over a period of one year
    - Proportion of Patient of HTN on treatment (%)
        - Service Delivery Output to receive 75% of Incentive Payment- 30% of the patients received as per schedule
        - Service Delivery Output to receive 100% of Incentive Payment- 50% of the patients received as per schedule
    - Proportion of Patient of DM on treatment (%)
        - Service Delivery Output to receive 75% of Incentive Payment- 30% of the patients received as per schedule
        - Service Delivery Output to receive 100% of Incentive Payment- 50% of the patients received as per schedule
    - Proportion of above 30 years individuals screened for Oral cancer (%)
    - Proportion of above 30 years women screened for Breast cancer (%)
    - Proportion of above 30 years women screened for Cervical cancer (%)
- Number of OPD cases in the month
    - Service Delivery Output to receive 75% of Incentive Payment- 300 per month for 5000 population
    - Service Delivery Output to receive 100% of Incentive Payment- 400 per month for 5000 population

A. 2. Developing and submitting the performance assessment reports to PHC-MO

- Organizing a monthly meeting with health workers for performance review at HWC
    - Conduct the performance review meeting with health workers monthly
    - Discuss the assessment with the health worker in a positive manner.
    - Highlight strengths, and provide specific examples of where and how improvements can be made.
    - Assess the performance of health workers at HWC based on the performance monitoring criteria shared by state government. *(refer to A.1)*
    - Confirm the performance assessment details with health workers to avoid disputes further
    - Document the minutes of the meeting and share a copy to PHC-MO.
- Develop the performance assessment reports of health team (CHO and health workers) at HWC
    - The health workers will submit their reports to CHO on weekly basis.
    - The data would be gathered and compiled in specific reporting formats[49] by CHO.
        - Service Delivery Output to receive 75% of Incentive Payment
        - Service Delivery Output to receive 100% of Incentive Payment
- Submit monthly performance report to PHC-MO to enable disbursement of the Performance Linked Payments to HWC-Team (CHO and health workers)
    - CHO will eventually submit these reports to PHC-MO monthly to enable tracking of performance.
    - Ensuring timely submission of performance report to PHC-MO for the release of monthly performance-based incentives to health workers.

[49] Using the format given by the state government

A. 3. Self-motivating to verify the accuracy of performance reports before submitting to PHC-MO for incentives.

- Verifying the data entered in the performance assessment reports by health workers
    - CHO can verify the performance assessment reports by checking the existing information systems such as- RCH Portal/Registers, Ayushman Arogya Mandir App etc workers and meeting records submitted to PHC-MO.
    - Ensuring that performance review reports are accurate and authentic.

SUMMARY FLOWCHART

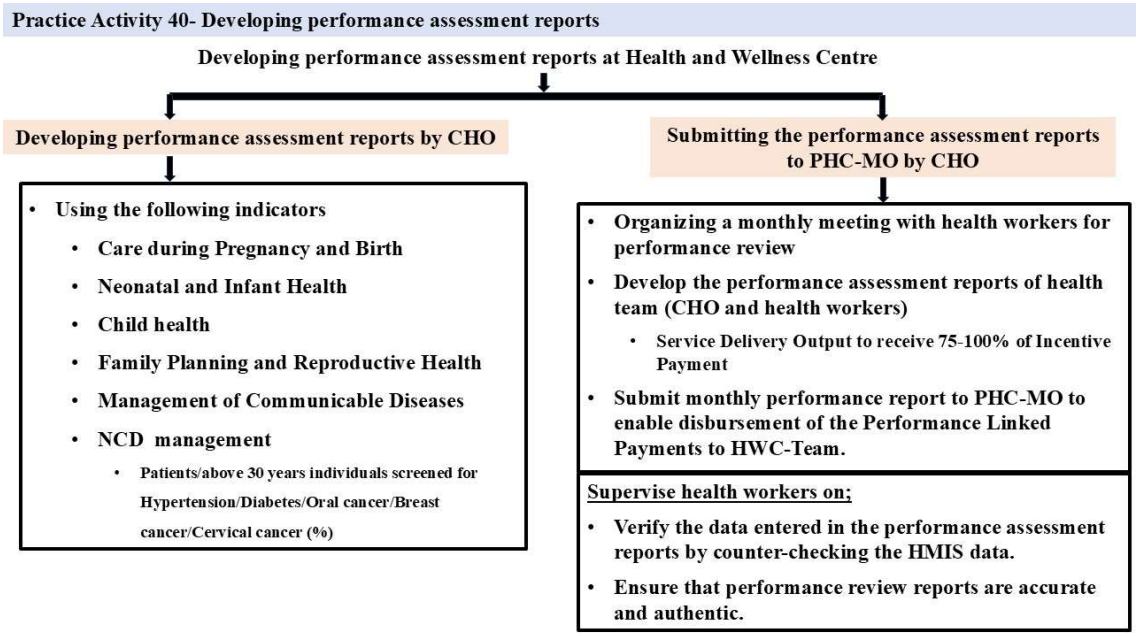


Fig.1. Summary flowchart of practice activity 40- Developing performance assessment reports.

CONCLUSION

At the end of the practice activity 40 session, CHO will be competent to understand the various performance assessment reports using the health indicators, develop and verify the performance reports before submitting to PHC-MO for releasing incentives of CHO and health workers at HWC.

PRACTICE ACTIVITY 41
REGISTERS AND RECORDS

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To maintain registers and records
RESPONSIBILITY	Maintain birth, morbidity, mortality registers and records at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about registers and records in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 41 session, CHOs will be competent to: I. understand the difference between the registers and records II. supervise the health workers to maintain registers and records at HWC III. update registers and records at HWC.

COMPETENCY-BASED STANDARDS (CBS)	
To supervise the health workers to maintain registers and records at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the difference between the registers and records	Knowledge
A. 2. supervising the health workers to maintain registers and records at HWC	Skill
A. 3. motivating the health workers to update registers and records weekly at HWC	Attitude

A. 1. Recalling the difference between the registers and records

In HWC, both registers and records are essential tools for maintaining documentation of health services delivered by CHO and health workers, but they serve different purposes and functions.

- **Registers**
    - Registers are logbooks or summary documents that aggregate and systematically track specific types of data (such as diseases or services) across a population or facility.
    - They serve to track and monitor public health indicators or service utilization within a facility or community.
    - Registers provide an overview of health activities or disease patterns, helping in program management and policy decisions.
    - Registers are used to compile aggregate data for reporting, surveillance, and health program evaluation at the community or facility level.
    - Examples
        - Outpatient department (OPD) registers, which list all patients who visit a health center for general services.
        - Non-Communicable Diseases (NCD) registers that maintain data on individuals diagnosed with hypertension, diabetes, etc.
        - Maternal and Child Health (MCH) registers for monitoring antenatal care or child immunizations.
- **Records**
    - Records refer to detailed documentation of individual patient information. They provide a more comprehensive view of a single patient's health history and services received.
    - The primary purpose of records is to track the long-term health status of individual patients. This includes visits, diagnoses, treatments, follow-ups, and other relevant medical data.
    - Used primarily for patient care, continuity of treatment, and follow-up.
    - Examples
        - Family folders.
        - Patient medical files that include detailed case histories, treatment plans, and progress notes.
        - Referral forms for patients being sent to higher facilities.
        - Immunization cards or other health tracking documents given to individual patients
        - Supportive supervision records *(refer to practice activity 43).*

A. 2. Supervising the health workers to maintain registers and records at HWC

Here are the key registers CHOs must maintain at the HWC;

- Patient registers *(refer to practice activity 2)*

Label the patient details as **Green**, **Yellow** **and** **Red** category in an additional column for easy identification.

- OPD register
    - Maintain the details of patients visiting the HWC for various health issues, including their diagnosis, treatment, and follow-up plans.

- NCD Registers
  - Specific registers for Non-Communicable Diseases (NCDs), like diabetes, hypertension, and other chronic illnesses. It helps in tracking patients enrolled in the NPCDCS program.
- Antenatal Care (ANC) Register
  - Used to maintain and track pregnant women for timely antenatal check-ups, ensuring maternal and child health services.
    - Ante Natal Care (ANC) Services
      Tetanus Toxoid (TT) Immunisation to Pregnant Women (PW)
    - Pregnant women (PW) with Hypertension (BP>140/90)
    - Pregnant women (PW) with GDM (BP>140/90)
    - Pregnant women (PW) with HIV/Syphilis
    - Number of Home Deliveries
      Pregnancy outcome & details of new-born
    - Number of live birth (Male/Female/not identified)
    - Number of Pre term newborns (< 37 weeks of pregnancy)
    - Number of Still Birth
    - Number of Abortion (spontaneous/induced)
- Immunization Register *(refer to practice activity 14)*
  - Maintains data of immunization services provided to children and adults as part of the Universal Immunization Programme (UIP).

- Program-Specific Registers *(refer to practice activity 24)*
  - NPCDCS Register
    - For tracking patients under the National Programme for the Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke. It maintains screening, diagnosis, and treatment details.
  - Maternal and Child Health (MCH) Register
    - Maintain services provided to pregnant women, mothers, and newborns.
  - TB (Tuberculosis) Register
    - Tracks cases of tuberculosis, including diagnosis, treatment adherence, and follow-up under the Revised National Tuberculosis Control Program (RNTCP).
- Health Promotion Activities *(refer to practice activity 29)*
  - Village Health Sanitation and Nutrition Day (VHSND) Register
    - Tracks the activities conducted during these sessions, including the number of beneficiaries, health education, and nutritional supplements provided.
  - Community mobilization registers
    - Documentation of efforts to involve the community in health promotion, such as awareness drives or health camps.
  - Wellness activity registers *(refer to practice activity 29)*
  - Patient Support Group activity register *(refer to practice activity 31)*
  - School health registers (r*efer to practice activity 33)*
- Inventory Registers *(refer to practice activity 49)*
  - Drug and Vaccine Inventory Register

        - Keeps track of medicines and vaccines available at the HWC, ensuring stock management and avoiding shortages.
    - Equipment Maintenance Register
        - Maintain the functioning and servicing details of medical equipment available at the HWC.
- Reporting and Feedback *(refer to practice activity 37)*
    - Monthly Reports
        - CHOs are responsible for compiling and submitting monthly reports on health services provided, patient numbers, disease trends, and other key indicators.
- Referral Register
    - Tracks **red-category** patients referred to higher health centers for specialized care, noting reasons for referral and follow-up actions.
- Health Management Information System (HMIS) Reporting *(refer to practice activity 42)*
    - Data from various registers are compiled and reported through the HMIS system.
    - CHOs must ensure timely entry of health data to monitor trends, program performance, and service delivery effectiveness.

Here are the key patient records that CHO must maintain at HWC;

Label (on cover page) or arrange the **Green**, **Yellow** **and** **Red** category patient's records separately in alphabetical order for easy access and identification.

- OPD patient records *(refer to practice activity 2)*
    - Details Recorded: Patient's name, age, gender, address, symptoms, diagnosis, treatment, referral and follow-up details.
    - Purpose: To track daily patient visits, health complaints, and services provided. This helps monitor the volume and nature of healthcare services delivered.
- NCD patient records *(refer to practice activity 2)*
    - Details Recorded: Information on patients screened and diagnosed with NCDs such as diabetes, hypertension, cardiovascular diseases, and cancer.
    - Purpose: To monitor patients under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) for treatment and follow-up.
- Pregnant mother records *(refer to practice activity 2)*
    - Details Recorded: Information about pregnant women including their gestational age, health conditions, antenatal check-ups, and services received.
    - Purpose: To ensure timely monitoring of maternal health, including tetanus immunization, iron and folic acid supplementation, and safe delivery planning.
- Immunization records *(refer to practice activity 14)*
    - Details Recorded: Record of children and adults receiving vaccinations under the Universal Immunization Programme (UIP), including the type of vaccine, date of administration, AEFI events and follow-up for the next dose.
    - Purpose: To track the immunization coverage in the community, ensuring all eligible individuals are vaccinated.
- Maternal and Child Health (MCH) records *(refer to practice activity 16)*
    - Details Recorded: Record of services provided to pregnant women, newborns (HBNC), and children under 5 years. This includes antenatal check-ups, postnatal care, and child immunizations.

    - Purpose: To ensure comprehensive care for mothers and children, and track health outcomes like nutritional status, safe delivery, birth weight etc.
- Family planning records *(refer to practice activity 19)*
    - Details Recorded: Records of patients receiving family planning services, including the methods used (e.g., oral contraceptives, IUDs, sterilization).
    - Purpose: To monitor family planning efforts and ensure effective counseling and follow-up services.
- Referral records *(refer to practice activity 7)*
    - Details Recorded: Information about patients **(red-category)** referred to PHC/Specialist hospital. Includes the reason for referral, referral slips and follow-up details.
    - Purpose: To track patient referrals and ensure they receive appropriate care at referral centers.
- Nutritional status records *(refer to practice activity 18)*
    - Details Recorded: Records the nutritional status of children and pregnant mothers, including weight, height and nutritional interventions provided.
    - Purpose: To monitor malnutrition and promote proper growth and development in children and to track anemia among pregnant mothers.
- Communicable diseases records *(refer to practice activity 2)*
    - Details Recorded: Tracks cases of communicable diseases like tuberculosis etc. Includes the diagnosis, treatment plan, and outcome.
    - Purpose: To support disease surveillance and control efforts at the community level.
- Mental health records *(refer to practice activity 9)*
    - Details Recorded: Data on individuals receiving mental health screenings, diagnosis, and treatment under the National Mental Health Program (NMHP).
    - Purpose: To monitor the mental health status of patients and ensure proper treatment and follow-up.
- Electronic Health Records (EHRs) *(refer to practice activity 42)*
    - Details Recorded: Digital records that store patient information in a centralized system, including visit history, diagnosis, treatment plans, and lab results.
    - Purpose: To allow easy access to patient data, improve care coordination, and support health program management.
- Palliative/hospice/home-based care records *(refer to practice activity 20)*
    - Details Recorded: Information on patients requiring palliative/hospice/home-based care services, including diagnosis, treatment goals, and comfort measures.
    - Purpose: To ensure continuous care for patients with terminal or chronic illnesses.
- Village health records *(refer to practice activity 25 & 53)*
    - Details Recorded: Enter birth and death details.
    - Purpose: Provides information on about the births and deaths in the village.
- Vulnerable population records *(refer to practice activity 27)*
    - Details Recorded: Tracks vulnerable groups, such as the under-5 children, pregnant mothers, elderly, disabled, or those with special healthcare needs, ensuring regular monitoring and services.
    - Purpose: To ensure these populations receive the necessary healthcare and follow-up.

- Account records *(refer to practice activity 50)*
    - Details Recorded: Maintain records and account book for internal Controls, payments and expenditure, prepare Statement of Expenditure (SoE) and Utilization Certificate (UC).
    - Purpose: Annual submission to PHC MO.

Family folders at HWC

- Undertake registration of all general and vulnerable population residing within the catchment area of HWC and enter the individual/family details in the family folder. *(refer to practice activity 26)*
    - Ensure that each family folder includes:
        - Label the family folders as **Green, Yellow and Red** category (on cover page) for easy identification.
        - Family profile (names, ages, genders, and other details of household members)
        - Health history (chronic diseases, immunization, pregnancies, etc.)
        - Visit and treatment records (dates of health check-ups, medicines given, etc.)
        - Risk factors (such as smoking, alcohol use, etc.)
        - Follow-up and referral notes.
- Transfer family folder details to the IT systems in place at HWC
    - Encourage the transition from paper-based family folders to digital health records as part of the Health Management Information System (HMIS)
    - Train health workers in the use of any digital platforms or mobile apps used to manage family health records.
    - Ensure that workers regularly update both paper and digital records to maintain consistency and accuracy.

A. 3. Motivating the health workers to update registers and records weekly at HWC

- Conduct regular audits of the registers and records to ensure all required information is properly documented.
- Check for consistency, missing data, or errors in entries.
- Provide individual feedback to health workers if gaps are found.
    - For example, if immunization details are missing for a child, instruct the health worker to follow up with the family.
- Keep track of registers and records that require frequent updates, such as those with pregnant women, newborns, or members with chronic conditions.

SUMMARY FLOWCHART

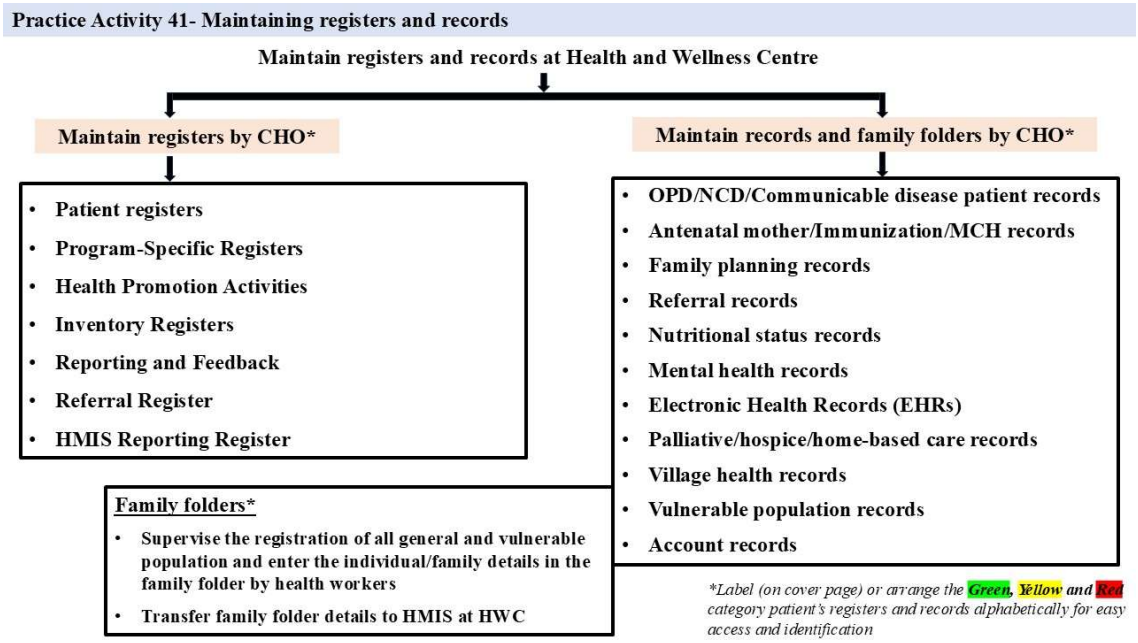


Fig.1. Summary flowchart of practice activity 41- Maintaining registers and records.

CONCLUSION

At the end of the practice activity 41 session, CHO will be competent to understand the difference between the registers and records, supervise the health workers to maintain and update the registers and records at HWC.

PRACTICE ACTIVITY 42
HEALTH MANAGEMENT INFORMATION SYSTEM

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To handle Health Management Information System (HMIS)
RESPONSIBILITY	Accurate and timely updation of various HMIS at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about HMIS in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 42 session, CHOs will be competent to: I. handle the various HMIS II. enter the data in the HMIS III. update the various HMIS at HWC.

COMPETENCY-BASED STANDARDS (CBS)	
To ensure accurate data entry and periodic updation of various HMIS at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the various HMIS at HWC	Knowledge
A. 2. entering the data in the HMIS at HWC	Skill
A. 3. updating the various HMIS at HWC	Attitude

A. 1. Recalling the various HMIS at HWC

- Define Health Management Information Systems (HMIS)
    - The Health Management Information System (HMIS)is a digital platform aimed at improving the collection, management, and utilization of health data to strengthen healthcare delivery at HWC.
- Purpose of HMIS at HWC
    - Data collection and management
        - HMIS at HWC is designed to record patient data, service delivery details, and healthcare outcomes. This includes tracking immunizations, maternal and child health, screening for non-communicable diseases (NCDs), and other health services.
    - Real-time data
        - The system allows for real-time collection and reporting of health data, which helps healthcare workers track health trends, identify high-risk populations, and monitor the progress of health programs.
    - Improved decision-making
        - HMIS provides data that informs health planning and policy decisions, enabling better allocation of resources, identification of healthcare gaps, and monitoring the impact of interventions.
    - Accountability and reporting
        - CHOs use HMIS to regularly report data to PHC-MO. This ensures accountability in delivering health services and tracking health indicators at the local level.
- Various types of HMIS at HWC
    - Anaemia Mukt Bharat (AMB) Dashboard (AMLAN App)
        - A system used to monitor and track anaemia prevention programs, especially for women and children. It provides real-time data on anaemia screenings and interventions.
    - ANM Online (ANMOL)
        - Enter village profile, eligible couples, registration and tracking of pregnant women, and child tracking through registration and profile entry.
    - Ayushman Arogya Mandir (AAM) Portal
        - CHO conducts the daily entry of OPD cases and also uploads the monthly HWC report.
    - Ayushman Bharat Health Account (ABHA) System
        - A system to generate unique health IDs for individuals, facilitating easy access to their digital health records and streamlining the provision of healthcare services.
    - CPHC-NCD IT Application
        - Operate ASHA Mobile App/SHC – HWC team-CHO Tablet App/PHC-MO Web Portal/CHC Portal Web portal/Administrator's Web Portal/Health Officials Dashboard and Operates Enrolment/NCD Screening/Refer and Follow up/Dashboard/Work plan/Incentives.

- eSanjeevani App *(refer to practice activity 10)*
  - These systems allow for digital consultations and hospital management, providing telemedicine services to remote populations and maintaining electronic medical records (EMRs) at the HWC.
- eVIN (Electronic Vaccine Intelligence Network)
  - A system designed to monitor vaccine stock and distribution at the HWC level. It ensures efficient vaccine management and cold chain maintenance for immunization programs.
- Health and Wellness Centre Portal
  - Enter details of every HWC on all important components-Human Resources/ Training of HRH/Medicines as per guidelines/ Diagnostics as per guidelines/ Upgradation of Infrastructure and Branding/IT systems/Teleconsultation services/ Wellness activities like yoga etc/Service Delivery – Population Enumeration, Community-Based Assessment Checklist *(refer to practice activity 26)* and NCD screening.
- IDSP (Integrated Disease Surveillance Programme)
  - A system for the timely detection, reporting, and response to outbreaks of diseases. Health workers use it to track communicable diseases and outbreaks in the community.
  - Complete the S form for outbreaks weekly and enter details in the IDSP App.
- KOBOCOLLECT APP
  - It is an open-source Android app for collecting survey data.
  - Health workers conduct data Entry for VHSNC *(refer to practice activity 34)*, HBNC *(refer to practice activity 17)* and ANC *(refer to practice activity 16)* data.
- Mother and Child Tracking System (MCTS)
  - A system that helps track and monitor pregnant women and children under 5 years of age for health services like immunization, institutional deliveries, and other maternal and child health interventions.
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) Software
  - A digital system is used for the screening, diagnosis, and follow-up of patients for non-communicable diseases (NCDs) like diabetes, hypertension, and cancer.
- NIKSHAY
  - A tuberculosis (TB) tracking system is used to manage TB patients, including diagnosis, treatment, and follow-up for TB care services.
- RCH (Reproductive and Child Health Portal)
  - A web-based platform to track maternal and child health services, including antenatal care, postnatal care, and immunizations.
  - Identification of beneficiaries after household survey
  - Integrated RCH register- Register Village-wise information (Profile Entry)
  - Tracking of Eligible Couples and use of contraceptives
  - Tracking of Pregnant Women and Children

- Sickle cell mobile app
  - The app streamlines beneficiary registration, enables comprehensive test detail capture, and integrates with the Ayushman Bharat Digital Mission (ABDM) to facilitate the creation and registry of Ayushman Bharat Health Account (ABHA) IDs.
- U-WIN App
  - The U-WIN app is a mobile app that allows health workers to digitally record vaccination events for the Universal Immunization Programme (UIP) in India.

A. 2. Entering the data in the HMIS at HWC

The process of data entry in HMIS by CHO at HWC is vital for accurate data management and effective healthcare delivery.

Here are the general steps followed by CHO;

- Collecting data from health workers
  - CHO receives patient information, immunization records, screenings, treatment follow-ups, and details of health programs conducted at the community level from health workers.
  - This data is recorded in manual registers and paper forms during field visits or patient interactions by health workers.
- Accessing the health management information systems
  - CHO logs into the relevant HMIS platform (e.g., HMIS, MCTS, RCH portal) using a secured username and password.
  - Each system has a user-friendly interface with specific sections for entering data related to various health services.
- Entering patient demographic information
  - CHO inputs personal details such as patient name, age, gender, address, and health ID into the system.
  - If the patient is already registered in the system (e.g., using the Ayushman Bharat Health ID), existing information is verified and updated.
- Entering health service data
  - For each health service, CHO enters specific information such as:
    - Immunizations: Type of vaccine, date administered, and follow-up schedules.
    - Maternal and Child Health: Antenatal care visits, postnatal care records, and child growth monitoring.
    - Non-Communicable Disease (NCD) Screening: Blood pressure, glucose levels, and other diagnostic results for conditions like hypertension and diabetes.
    - Communicable Diseases: Data on screening, diagnosis, and treatment for diseases such as tuberculosis (using the NIKSHAY system for TB patients).
    - Outbreak Reporting: Disease outbreak details, including date, location, and interventions taken, are entered into systems like IDSP.
    - Inventory management- CHO can track and monitor the inventory using HMIS tool. *(refer to practice activity 49)*

- Entering program-specific data
    - CHO enters information related to national health programs such as Anemia Mukt Bharat, Universal Immunization Program etc.
    - These entries include the number of beneficiaries, type of intervention, and outcomes.
- Reviewing and verifying data
    - After entering data, CHO reviews the entries to ensure there are no errors.
    - They may also cross-check information with other health workers to confirm accuracy.
    - In case of discrepancies, corrections are made before final submission.
- Saving and submitting data
    - Once verified, CHO saves the data and submit it into the system.
    - This makes the information available for PHC-MO and higher health authorities for further analysis, planning, and reporting.
    - For periodic reports, such as monthly/quarterly/annually reports, the CHO generates and submits these based on the data recorded in the system.
- Generating reports
    - The HMIS systems allow CHO to generate various reports, such as patient lists, service coverage, and health outcome summaries, which can be submitted to PHC-MO for evaluation and planning.
- Maintaining regular updates
    - CHO is responsible for ensuring that patient follow-ups, ongoing treatments, and health programs are updated regularly in the system.
- Data security and privacy
    - CHO must ensure that all patient data is handled with confidentiality and that they comply with guidelines for protecting patient information in the health management information systems.

Tools used for data entry;

- Computer/Laptop/Tablet
    - CHO typically uses computer, laptop or tablet provided at the HWC for data entry.
- Mobile-based applications
    - Some programs like MCTS and NIKSHAY have mobile applications, allowing health workers and CHOs to enter data on-the-go during field visits.

A. 3. Updating the various HMIS at HWC

- Verify the data entry and errors daily/weekly done by health workers.
- Generate a monthly HMIS report and submit it to PHC-MO.
- Update the HMIS software periodically at HWC.

SUMMARY FLOWCHART

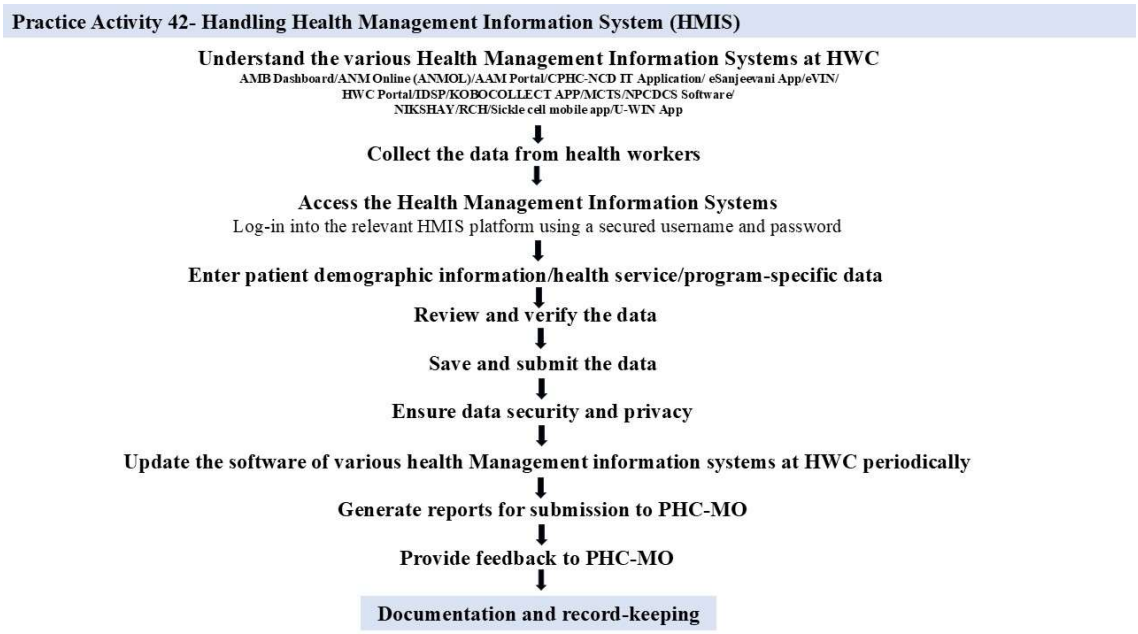


Fig.1. Summary flowchart of practice activity 42- Handling Health Management Information System (HMIS).

CONCLUSION

At the end of the practice activity 42 session, CHO will be competent to handle the various HMIS, enter the data and update the various HMIS at HWC.

PRACTICE ACTIVITY 43
SUPPORTIVE SUPERVISION

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide supportive supervision services
RESPONSIBILITY	Provide supportive supervision where health workers need additional support at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about supportive supervision in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 43 session, CHOs will be competent to: I. understand the principles of supportive supervision II. supervise the first-line HWC services by health workers III. maintain the records of supportive supervision at HWC.

COMPETENCY-BASED STANDARDS (CBS)	
To practice supportive supervision services at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the principles of supportive supervision	Knowledge
A. 2. supervising the first-line HWC services by health workers	Skill
A. 3. self-motivating to maintain the records of supportive supervision	Attitude

A. 1. Recalling the principles of supportive supervision

Define supportive supervision

- Supportive supervision involves mentoring, guiding, and improving the performance of health workers at HWC.
- For example, conduct second-line home visits for attending **red category** patients along with health workers *(refer to practice activity 20).*

The key principles of supportive supervision are;

- Collaboration and partnership
    - Supervision is a two-way process, where the CHO works together with health workers to identify challenges, share ideas, and develop solutions.
    - For example, interpret the burden of health problems in the village in coordination with health workers *(refer to practice activity 21).*
- Capacity building
    - The primary goal is to enhance the skills and knowledge of health workers through continuous learning, on-the-job training, and guidance *(refer to practice activity 47).*
- Problem-solving approach
    - Supervision is focused more on problem-solving to improve performance rather than on inspection and fault finding.
    - Provide feedback (at HWC) only after the home visit *(refer to practice activity 20).*
- Regular and continuous engagement
    - Supervision is ongoing and not a one-time event. Continuous engagement ensures that health workers receive timely support, guidance, and feedback.
    - CHO provides timely support, guidance, and feedback to provide patient care to **Green**, **Yellow** **and** **Red** **category** patients during outreach services *(refer to practice activity 36).*
- Focus on performance improvement
    - The emphasis is on improving performance rather than inspection or fault-finding.
    - The CHO helps health workers set clear goals, monitors progress, and provides feedback on how they can improve in areas such as patient care, data collection, and community outreach *(refer to practice activity 40).*
- Accountability and responsibility
    - While promoting a supportive environment, the CHO ensures that health workers are held accountable for their responsibilities.
- Data-Driven Decision Making
    - Supervision is based on evidence and data, such as reviewing patient records, service delivery reports, and health outcomes.
    - The CHO uses data to identify gaps in service delivery and guide health workers on how to improve based on actual performance metrics *(refer to practice activity 45).*

- Teamwork and communication
    - CHOs encourage collaboration among health workers and create an environment where they can openly share challenges, ideas, and feedback without fear of reprimand *(refer to practice activity 38).*
- Cultural sensitivity and community engagement
    - CHOs must consider the local context, including community norms and expectations, to ensure that health workers are providing care that is respectful and appropriate for the population they serve *(refer to practice activity 26).*

A. 2. Supervising the first-line HWC services by health workers

First-line Health and Wellness Centre (HWC) services are designed to provide basic primary healthcare at the village level by health workers. These services are supervised by CHO at HWC.

The key steps in the supportive supervision process are;

- Identify objectives
    - The CHO sets clear objectives for supportive supervision, such as improving data collection, enhancing first-line patient care, or strengthening community health outreach services.
- Gather necessary tools
    - The CHO prepares supervision checklists and tools for supportive supervision field visits (e.g., patient registers and health worker reports) in coordination with PHC-MO.
- Assess records and reports
    - Review health workers' records, service delivery data, and reports from the Health Management Information System *(refer to practice activity 42)* to identify gaps or challenges.
- Identify key areas for supportive supervision
    - Based on the data, determine specific areas where health workers may need guidance or capacity-building.
- Provide in-the-field training
    - During field visits or home visit observations, offer practical training to health workers on delivering first-line healthcare services, documenting records, or using health technology (e.g., teleconsultation *(refer to practice activity 10)*).
- Problem-solving discussions
    - Engage health workers in discussions to troubleshoot issues they encounter, such as community resistance, patient care challenges, or reporting errors.
- Accompany health workers
    - The CHO observes how health workers interact with patients or community members during home visits, immunization drives, or outreach programs.
- Provide real-time feedback
    - Offer constructive feedback immediately after the home/outreach visit, highlighting strengths and areas for improvement.
- One-on-one guidance

    - Regularly meet with individual health workers to discuss their performance, progress, and challenges.
- Assess performance regularly
    - Use supportive supervision checklists and evaluation forms to assess health workers' performance based on established standards (e.g., service coverage, quality of care).
- Track progress
    - Compare performance before and after supervision to track their improvement.
- Provide constructive feedback
    - Give positive reinforcement for strengths and guide health workers on how to address gaps.
- Recognize achievements
    - Acknowledge and celebrate the first-line service accomplishments of health workers to boost their morale in coordination with PHC-MO.
- Encourage teamwork
    - Facilitate collaboration and knowledge-sharing among health workers, fostering a supportive team environment.

A. 3. Self-motivating to maintain the records of supportive supervision

- Document the supervision process
    - Keep records of supervisory visits, feedback given, action plans developed, and performance progress.
- Report findings
    - Submit supervision reports to PHC-MO to inform decisions on training, resources, or further interventions.

SUMMARY FLOWCHART

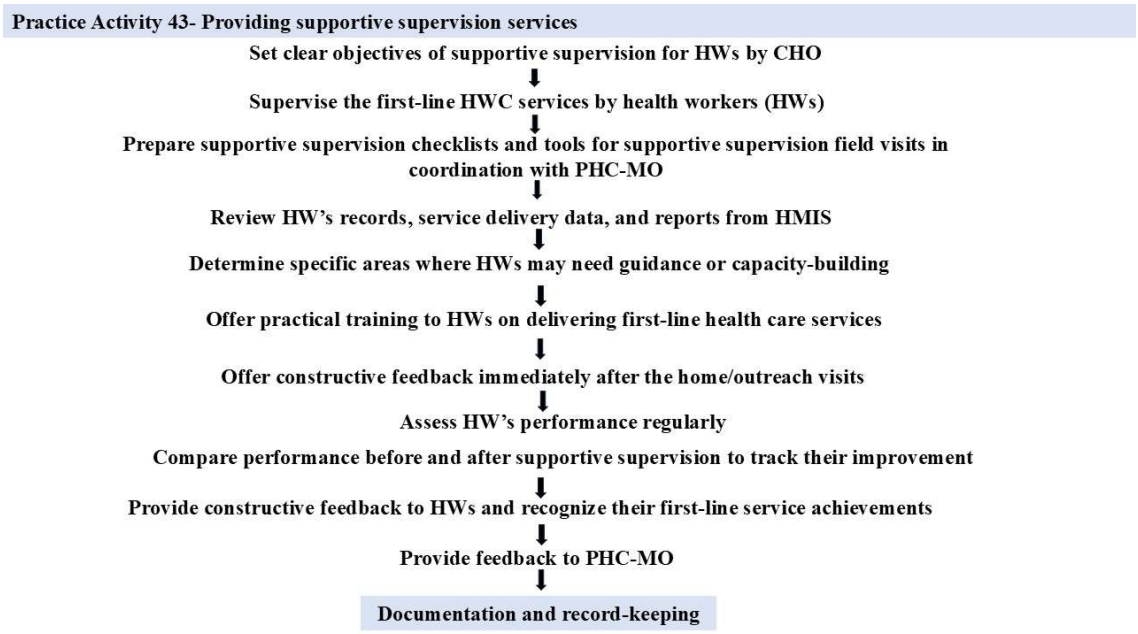


Fig.1. Summary flowchart of practice activity 43- Providing supportive supervision services.

CONCLUSION

At the end of the practice activity 43 session, CHO will be competent to understand the principles of supportive supervision, supervise the first-line HWC services by health workers and maintain the records of supportive supervision at HWC.

PRACTICE ACTIVITY 44
MONTHLY MEETING

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct Monthly meetings
RESPONSIBILITY	Conducting monthly meetings with health workers at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about monthly meetings in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 44 session, CHOs will be competent to: I. understand the guidelines for the monthly meeting II. organize the monthly meetings III. evaluate the monthly meetings at HWC.

COMPETENCY-BASED STANDARDS (CBS)	
To conduct monthly meetings at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the guidelines for the monthly meetings	Knowledge
A. 2. organizing the monthly meetings	Skill
A. 3. self-motivating to evaluate monthly meetings	Attitude

A. 1. Recalling the guidelines for the monthly meetings

The monthly meeting at HWC is an important platform for reviewing progress, addressing challenges, and planning future activities.
Here are the key components of the guidelines:

- Agenda setting
    - The meeting should have a clear agenda prepared in advance, including items such as a review of services, challenges faced, community feedback, and targets for the next month.
- Team involvement
    - The meeting involves the health workers at HWC. Occasionally, PHC-MO, representatives from the community or Panchayat may also be invited.
- Review of services
    - Evaluate the quality of services provided and identify areas where supportive supervision is needed.
- Identify barriers
    - Health workers discuss any operational or logistical challenges they are facing, such as lack of equipment, low community participation, or stockouts of essential medicines.
- Training
    - Part of the meeting should focus on the training and skill development of health workers. This could include discussions on the correct use of new equipment, protocols for new services, or refreshers on health guidelines.
- Reporting
    - Ensure that all health workers are maintaining proper documentation and submitting timely reports to CHO.
- Assign responsibilities
    - Assign tasks and responsibilities to each health worker to ensure that the goals are achieved.
- Documentation
    - Record the minutes of the meeting, including key discussions, decisions made, action points, and timelines. This serves as a record for follow-up in the next meeting.

A. 2. Organizing the monthly meetings

The steps that a CHO should follow when organizing and conducting the monthly meeting on the 3rd Friday of every month[50].

- Preparation before the meeting
    - Agenda setting
        - Before the meeting, the CHO prepares a detailed agenda covering topics such as service delivery updates, performance of health programs, and addressing any operational challenges.

[50] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

    - Data collection and review of the weekly meeting with health workers on every saturday[1]
        - The CHO gathers all necessary weekly meeting review data, including patient records, health indicators (immunization rates, NCD screenings), and reports from health workers. This data is essential for review during the meeting.
    - Notify the health workers
        - Ensure all health workers are informed in advance about the meeting, agendas and confirm their attendance.
- Opening the meeting
    - Welcome and introduction
        - The CHO begins the meeting by welcoming all health workers and briefly reviewing the agenda.
    - Review of previous minutes
        - Start by reviewing the minutes of the previous meeting, going over the action points and checking on the progress made.
- Review of health services
    - Service performance review
        - Discuss the following;
            - Performance review of health workers *(refer to practice activity 40)*
            - Review of key performing Indicators to assess the functionality of HWC *(refer to practice activity 45)*
            - Review of the current month's work plan
            - Updating work plan for the next month
            - Assessing progress on coverage of vulnerable individuals/groups for various services and identifying the gaps *(refer to practice activity 27)*
            - Monitoring the conduction of VHSNC *(refer to practice activity 34)* /PSG *(refer to practice activity 31)* meetings
            - Identifying actions that need to be discussed at the monthly PHC review meeting *(refer to practice activity 37)*
        - Evaluate whether the targets for these services were met.
    - Review of outreach and community activities *(refer to practice activity 36)*
        - The CHO reviews the activities conducted by ASHAs and ANMs, including home visits, health education campaigns, and any outreach programs.
- Problem identification
    - Challenges faced by health workers *(refer to practice activity 46)*
        - The CHO encourages health workers to openly discuss any challenges they have encountered, such as shortage of medicines, lack of community participation, or infrastructure issues.
    - Analyse community feedback

        - Discuss any feedback received from the community, either directly or through health workers, and identify areas for improvement.
- Problem-solving and decision-making
    - Collaborative problem-solving
        - The CHO facilitates discussions on how to resolve identified issues. Solutions could include revising outreach strategies, improving coordination, or requesting resources from higher authorities.
    - Assign tasks
        - Allocate specific tasks to health workers to address the challenges, with clear deadlines for completion.
- Training and capacity building
    - Skill development
        - If necessary, the CHO organizes short training sessions during the meeting to address any gaps in skills or knowledge. This could include refresher training on health protocols, use of new equipment, or addressing specific health conditions.
            - Take at least one technical session for capacity building of health workers using teleconsultation *(refer to practice activity 10)*
            - Updating the health workers about new guidelines and other technical details about programmes.
- Setting goals and targets
    - Establish next month's targets
        - Based on the performance review and identified challenges, set specific goals for the next month. These could include targets for NCD screenings, immunization drives, or community awareness activities.
    - Plan outreach activities
        - Plan upcoming outreach activities, health camps, and community mobilization efforts for the next month.
- First-line referrals, follow-ups and coordination
    - Review the process of first-line referrals, follow-ups and ensure there is smooth coordination between the CHO and health workers.
- Timely reporting
    - The CHO should remind all health workers to submit timely reports and ensure proper documentation of all first-line services.
- Documentation
    - Record meeting minutes
        - The CHO ensures that all key points, decisions, and action items discussed during the meeting are recorded. The minutes of the meeting serve as an important document for follow-up.
    - Follow-up plan
        - Develop a follow-up plan for monitoring the progress of assigned tasks and action points.

- Closing the meeting
    - Recap and thank you
        - The CHO concludes the meeting by summarizing the key decisions, thanking participants for their contributions, and confirming the date for the next monthly meeting.

A. 3. Self-motivating to evaluate monthly meetings

- Prepare the minutes of the meeting, including the plans for next month.
- Compare the previous and present month minutes of the meeting.
- Identify the gaps in the planning and implementation of monthly activities.
- Identify the solutions to fill the gap in consultation with PHC-MO.
- Submit the minutes of the meeting to PHC-MO.

SUMMARY FLOWCHART

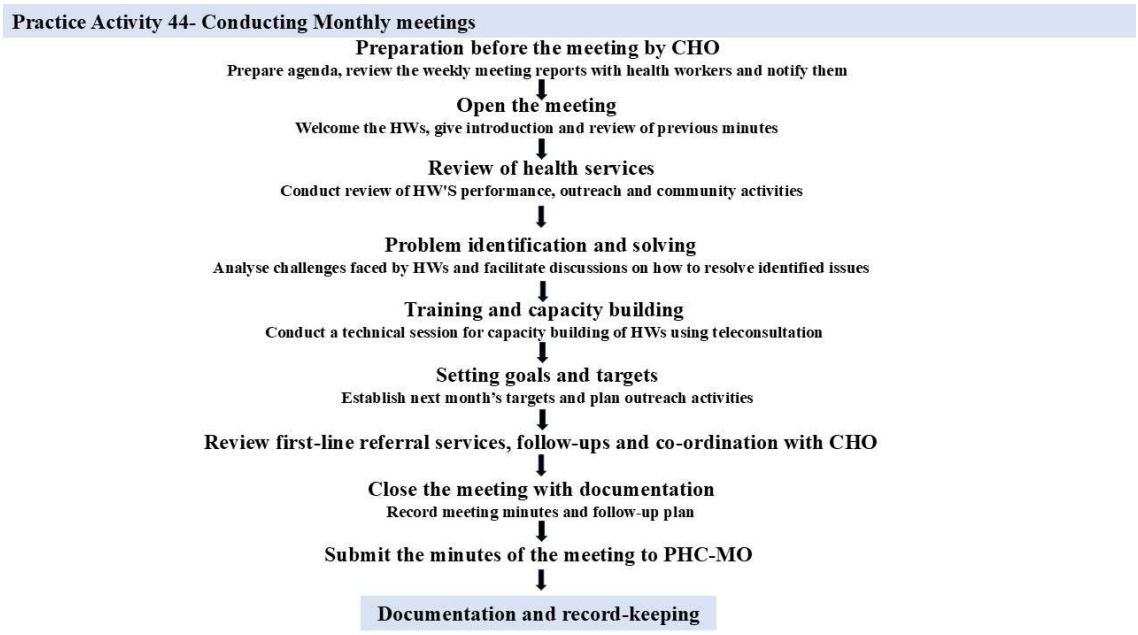


Fig.1. Summary flowchart of practice activity 44- Conducting Monthly HWC meetings.

CONCLUSION

At the end of the practice activity 44 session, CHO will be competent to understand the meeting guidelines, organize and evaluate the monthly HWC meeting with health workers.

PRACTICE ACTIVITY 45
FUNCTIONALITY STATUS

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To monitor the functionality status of HWC
RESPONSIBILITY	Monitor the functionality of HWC services.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about functions of HWC in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 45 session, CHOs will be competent to: I. understand the key indicators for monitoring the functionality status of HWC II. prepare HWC functionality status reports III. submit the accurate HWC functionality status reports to PHC-MO.

COMPETENCY-BASED STANDARDS (CBS)	
To monitor key indicators of different service packages under comprehensive primary healthcare at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. understanding the key indicators for monitoring the functionality status of HWC	Knowledge
A. 2. preparing HWC functionality status reports	Skill
A. 3. displaying citizen charts, patient rights and information on HWC service at HWC	Skill
A. 4. self-motivating to submit the accurate HWC functionality status reports to PHC-MO	Attitude

A. 1. Understanding the key indicators for monitoring the functionality status of HWC

A Monitoring system has been developed to monitor the HWC functionality.
CHO has a major role to play in the collection and consolidation of the data for monitoring.
The monitoring will be done at two levels

- Monitoring of HWC by CHO
- Monitoring of HWC by PHC-MO

The following indicators as per the service package for CPHC may be used for monitoring of HWC and outreach services by health workers;

Indicators for Care during Pregnancy and Birth (source of information: RCH register/HMIS/Maternal Death Reporting format)

- The proportion of estimated pregnancies registered= Number of pregnant women registered for ANC/Total no. of estimated pregnancies* 100
- Registered pregnant women who received full ANC (%) = Total number of women who received full ANC/Total number of pregnant women who are registered for ANC* 100

**Full ANC is defined as four antenatal check-ups that include abdominal examination; checking for height and weight; haemoglobin estimation and urine test for protein and sugar during each check-up; two doses of tetanus toxoid; distribution of 180 IFA tablets; and counselling on diet, rest, birth preparedness, and family planning.*

- Pregnant women line listed for severe anaemia out of total registered for ANC (%) = Total number of pregnant women detected with severe anaemia/ Total number of women registered for ANC* 100.
- All Maternal deaths in the age group of 15-49 years (%) = Total number of all maternal deaths reported in the age group of 15-49 years/Total number of women in the age group of 15-49 years*100.

Indicators for Neonatal and Infant Health (source of information: RCH register/HMIS/HBNC/MCP cards)

- Infants exclusively breastfed for six months (%) = Total number of infants who were exclusively breastfed for six months/Total number of infants in your area* 100
- Newborn having weight less than 2.5 kg (%) = Total number of newborns having weight less than 2.5 kg/Total number of newborns/live births in your area* 100
- Sick newborns referred by ASHAs to higher facilities (%) = Total number of sick newborns referred to higher facilities by ASHA/Number of total sick newborns identified by ASHA*100
- Full Immunization rate= Total number of children aged 12-23 months who received the BCG, DPT/Pentavalent, OPV and Measles/Total number of children in the age of 12-23 months* 100

**Full immunization coverage is defined as a child has received a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus (DPT)/Pentavalent; at least three doses of polio vaccine; and one dose of measles vaccine.*

- Children with diarrhoea treated with ORS and zinc (%) = Total number of children under-five treated for diarrhoea with ORS and zinc/Total number of children under-five diagnosed with diarrhoea*100

- Children diagnosed with pneumonia= Total number of children under-five children diagnosed with pneumonia/Total number of under five children*100.

Indicators for Family Planning and Reproductive Health (source of information: IUCD register, performance monitoring register, ASHA stock register)

- Number of interval IUCDs inserted at HWC per month (if applicable)
- Utilization of condoms/OCPs/ECPs through ASHAs (%) = Number of condoms/OCPs/ECPs utilized through ASHAs in the quarter/Number of condoms/OCPs/ECPs distributed to ASHAs in the quarter*100

Indicators for Management of Communicable Diseases (source of information: HMIS)

- Provision of DOTS for tuberculosis patients (%) = Total number of TB patients received DOTS/Total number of patients diagnosed with TB*100
- Provision of MDT for leprosy patients (%) = Total number of leprosy patients received MDT/Total number of patients diagnosed with leprosy*100

NCD application and SHC-HWC register in means of verification column for all 7 indicators (source of information: NCD App)

- Proportion of above 30 years individuals screened for Hypertension (%) = No. of individuals screened for Hypertension/Total population above 30 years of age* 100
- Proportion of above 30 years individuals screened for Diabetes (%) = No. of individuals screened for Diabetes/Total population above
- 30 years of age*100
- Proportion of Patients of HTN on treatment (%) = No. of HTN patients who received follow-up care/Total no. of HTN patients*100
- Proportion of Patients of DM on treatment (%) = No. of DM patients who received follow-up care/Total no. of DM/patients*100
- Proportion of above 30 years individuals screened for Oral cancer (%) = No. of individuals screened for Oral cancer/Total population above
- 30 years of age*100
- Proportion of above 30 years women screened for Breast cancer (%) = No. of women screened for Breast cancer/Total women above 30 years of age*100
- Proportion of above 30 years women screened for Cervical cancer (%) = No. of women screened for Cervical cancer/Total women above 30 years of age*100.

HWC services (Source of information: HMIS/Health Worker registers)

- Number of OPD cases in the month
- VHND held as per planned
- Village meetings (VHSNCs)/MAS held
- Monthly meetings held at HWCs
- Teleconsultations
- Referral cases
- PSG meeting
- School health programs
- Local body meetings
- Outreach activities

- Yoga services
- Multisectoral convergent initiatives

A. 2. Preparing HWC functionality status reports

The steps for preparing HWC functionality status reports are;

- Conduct the weekly meeting with health workers on every Saturday[51]
- Collect the data from health workers based on indicators *(refer to A.1)*
- Prepare the functionality status reports
- Verify the report for any errors
- Submit the report to PHC-MO for review and feedback.

A. 3. Displaying citizen charts, patient rights and information on HWC service at HWC

- Develop a citizen chart/patient rights/ information on HWC services in coordination with PHC-MO.
- Display the multilingual[52] citizen chart/patient rights/ information on HWC services at the entrance of HWC.
- Conduct frequent training sessions for the health team on the importance of citizen charts and patient rights at HWC.

A. 4. Self-motivating to submit the accurate HWC functionality status reports to PHC-MO

- Monitoring of HWC functionality status by CHO
    - Ensuring that HWC functionality status data is fed accurately and regularly into the information system at each level.
    - HWC functionality status data accuracy is a collective and individual responsibility of the CHO and health workers.
- Monitoring of HWC by PHC-MO
    - PHC-MO will assess and validate the records submitted by CHOs with the reports from information systems
        - RCH Portal/Registers, NCD Application of the CPHC IT system, NIKSHAY, IDSP reports, meeting records submitted
    - Calculate the service delivery output for incentive payment
        - Service Delivery Output to receive 75% of Incentive Payment-Min.300/month
        - Service Delivery Output to receive 100% of Incentive Payment-Min.400/month
    - Distribute incentive amount for the HWC team (CHO and health workers)
    - Ensure the release of performance-linked incentives within one month of submission of performance reports by CHOs.
    - Possible Action for False Reporting by CHOs
        - CHO should be given one warning if an instance of false reporting of performance indicators is identified from the call-linked validation of performance reports.

[51] Illustrative weekly calendar for primary healthcare team given in Induction Training Module for CHO at AB-HWC.

[52] State/local/national/English language

- Any repeat of falsification could result in deducting the amount from their salaries.
- A third instance could lead to the termination of service contracts of CHOs if continuous false reporting is observed despite warning.

SUMMARY FLOWCHART

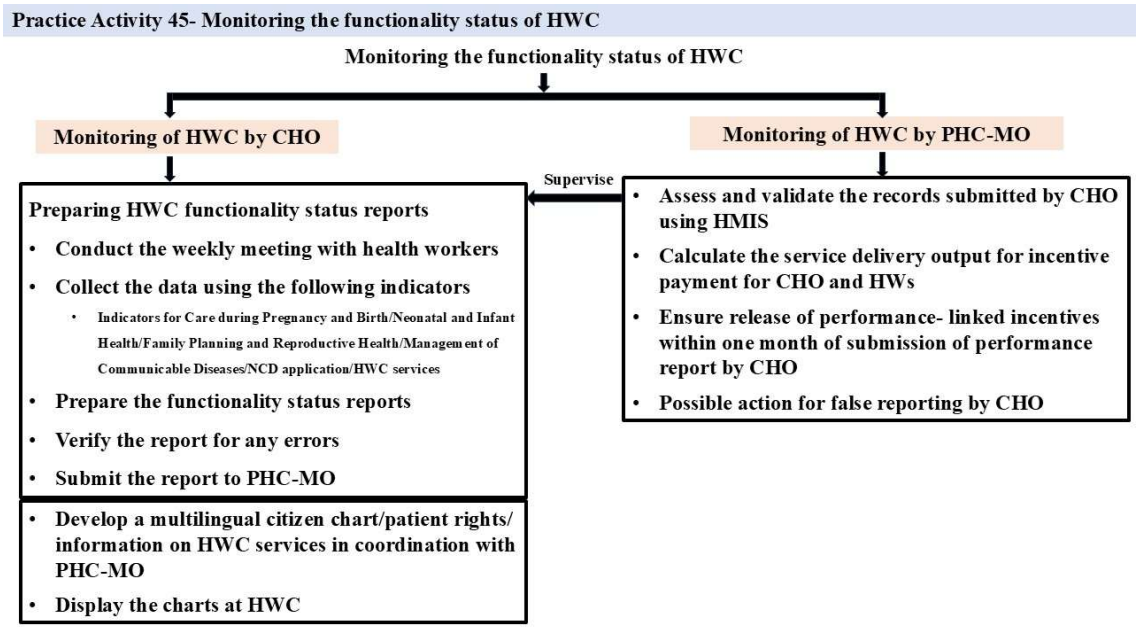


Fig.1. Summary flowchart of practice activity 45- Monitoring the functionality status of HWC.

CONCLUSION

At the end of the practice activity 45 session, CHO will be competent to understand the key indicators for monitoring the functionality status of HWC, prepare HWC functionality status reports and submit the accurate HWC functionality status reports to PHC-MO.

PRACTICE ACTIVITY 46
GRIEVANCE REDRESSAL

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To provide grievance redressal services
RESPONSIBILITY	Address any concerns and issues at HWC

PRE-SERVICE LEARNING EXPERIENCE
Learnt about grievance redressal in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 46 session, CHOs will be competent to: I. understand grievance handling procedures at HWC II. practice grievance handling procedures III. maintain the records of grievance redressal services at HWC**.**

COMPETENCY-BASED STANDARDS (CBS)	
To practice grievance handling procedures at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling grievance handling procedures at HWC	Knowledge
A. 2. practicing grievance handling procedures	Skill
A. 3. self-motivating to maintain the records of grievance redressal services	Attitude

A. 1. Recalling grievance handling procedures at HWC

Define grievance redressal services

- Grievance redressal involves a systematic approach to ensure that any concerns or complaints from patients, community members, or health workers are addressed effectively by CHO at HWC.

Principles of grievance redressal services

The key principles of grievance handling procedures at HWC are

- Accessibility
    - Grievance redressal mechanisms should be easily accessible to all stakeholders, including patients, community members and health workers.
    - Multiple channels for submitting grievances should be available (e.g., verbal, written, complaint boxes, or online submission) at HWC.
- Confidentiality
    - Confidential handling of grievances is vital to ensure privacy for complainants, especially in sensitive matters involving patient care or health worker's behavior.
    - Personal information should be protected, and only relevant personnel should have access to the grievance details.
- Open and two-way communication
    - Encourages open, two-way communication, and builds team approaches that facilitate problem-solving.
- Timeliness
    - Grievances should be acknowledged and addressed promptly, within a specific time frame.
- Fairness and impartiality
    - The grievance handling process should avoid bias, and all parties involved should be given an equal opportunity to present their side of the story.
- Transparency
    - The grievance handling process should be transparent, with clear communication to the complainant regarding the steps being taken to address their concerns.
    - Regular updates on the status of the grievance investigation and resolution should be provided.
- Accountability
    - The CHO and health staff should be accountable for addressing grievances and ensuring that the process is followed as per guidelines.
    - Failure to address grievances adequately may require the involvement of PHC-MO to ensure accountability.
- Inclusivity
    - The grievance handling process should be inclusive, ensuring that all individuals, regardless of their background, can submit complaints without fear of retribution.
- Continuous Monitoring
    - The CHO and PHC-MO should regularly monitor the grievance redressal system to assess its efficiency and make improvements where necessary.

A. 2. Practicing grievance handling procedures

The steps for grievance handling by the CHO at HWC are;

- Grievance Registration
    - Collection point
        - Patients, community members, or health workers can register grievances through various means such as complaint boxes, verbal communication, or written submissions.
    - Designated officer
        - The CHO is responsible for receiving and logging complaints at HWC and provide feedback to PHC-MO.
    - Grievance form
        - A standardized grievance form may be used to collect necessary information, including the nature of the complaint, date, and contact information.
- Acknowledgment
    - Once a grievance is submitted, the complainant is given an acknowledgment. This can be done verbally or in writing, depending on the method of submission.
    - The acknowledgment should typically happen within 24–48 hours to ensure the complainant knows their issue is being addressed.
- Initial assessment
    - The CHO conducts an initial review of the grievance to determine the nature of the issue (service-related, staff-related, medical care, etc.).
    - Based on the assessment, the grievance is categorized (urgent, routine, etc.) and escalated to the next step if necessary.
- Investigation
    - The CHO investigates the issue at HWC. This may involve talking to the health workers, reviewing patient records, or verifying any concerns about treatment or facility conditions.
    - Discuss the investigation findings and possible solutions with PHC-MO.
- Resolution
    - Discuss and resolve common issues and problems being faced by the complainant.
    - Efforts are made to resolve the grievance within a specific timeframe by CHO (as early as possible within a week, depending on the complexity of the issue).
    - If necessary, PHC-MO, village stakeholders and committees at the community level (VHSNC *(refer to practice activity 34)*, PSG *(refer to practice activity 31)* and Jan Arogya Samiti) may be involved to address more complex grievances.
    - Conduct grievance redressal meetings at HWC serve as an additional forum for capacity building, trouble shooting, problem solving and motivation.
    - **CHO ALERT**
        - If a conflict arises between the CHO and health workers, the CHO can request the PHC-MO to intervene and ensure that the reporting line for the HWC health team is smooth.

- Response to the complainant
    - Once the investigation is completed, the feedback is communicated to the complainant. This includes details on the steps taken to resolve the issue or, if the complaint is not upheld, an explanation of why.
    - The response should be clear, respectful, and offer solutions or next steps where necessary.
- Appeal process
    - If the complainant is not satisfied with the resolution, they may escalate the grievance to PHC-MO for further review.
    - A formal appeal process should be in place to allow for an impartial reassessment of the grievance.
- Record Keeping
    - All grievances must be documented in a grievance register or management system to track submissions, actions taken, and outcomes.
    - Submit the records to PHC-MO to review and feedback.

A. 3. Self-motivating to maintain the records of grievance redressal services

- Grievance log
    - All grievances must be documented in a grievance register or management system to track submissions, actions taken, and outcomes.
- Confidentiality
    - Personal details of the complainant are kept confidential to protect privacy and ensure fairness.
- Monitoring and review
    - Regular audits or reviews of grievances are conducted to identify common issues, areas for improvement, and whether the grievance handling procedure is being followed effectively by CHO in coordination with PHC-MO.
- Feedback mechanism
    - The CHO should also gather feedback from complainants to improve the overall grievance redressal system.
    - Document the feedback from complainants at HWC.

SUMMARY FLOWCHART

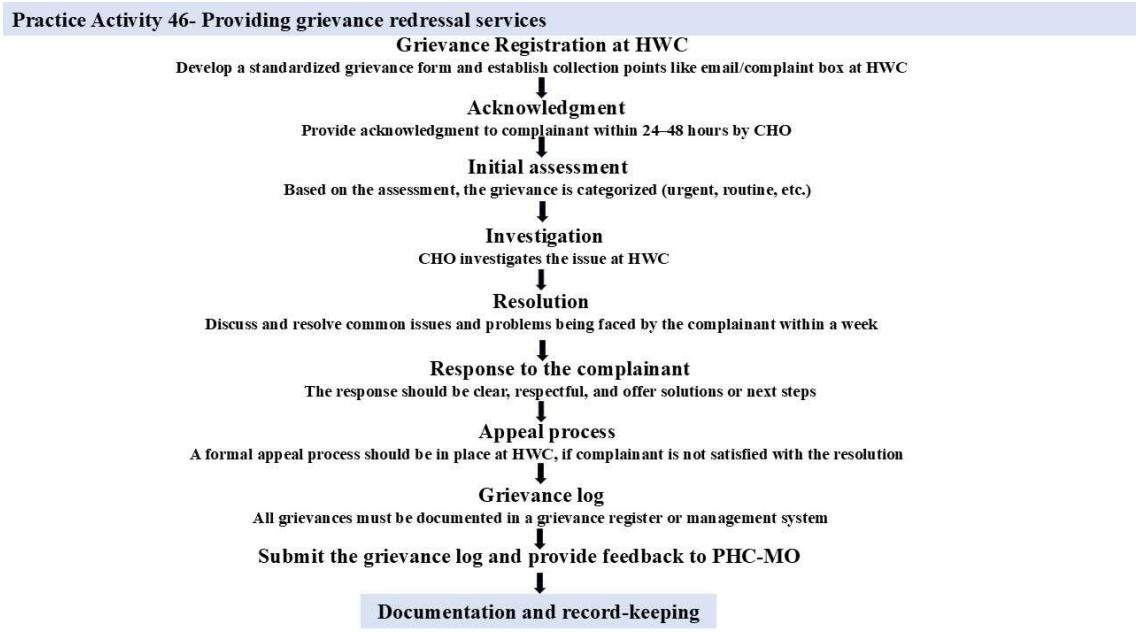


Fig.1. Summary flowchart of practice activity 46- Providing grievance redressal services.

CONCLUSION

At the end of the practice activity 46 session, CHO will be competent to understand and practice grievance handling procedures and maintain the records of grievance redressal services at HWC.

PRACTICE ACTIVITY 47
HEALTH WORKER TRAINING

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To facilitate health worker training services
RESPONSIBILITY	Refresh knowledge, skill, attitude and new health programs for health workers at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about health worker training services in primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 47 session, CHOs will be competent to: I. understand the principles of health worker training programs at HWC II. organize health worker training programs at HWC III. evaluate the health worker training programs at HWC

COMPETENCY-BASED STANDARDS (CBS)	
To organize training programs for health workers at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks, A. 1. recalling the principles of health worker training programs at HWC A. 2. organizing health worker training programs at HWC A. 3. self-motivating to evaluate the health worker training programs at HWC	 Knowledge Skill Attitude

A. 1. Recalling the principles of health worker training programs at HWC

When CHO is organizing health worker training at HWC, several principles should be followed to ensure effective learning and capacity building.

Here are the key principles;

- Needs-based training
    - The training content should be based on an assessment of knowledge gaps, health priorities, and local health challenges.
- Relevance to practice
    - Training should focus on practical, hands-on skills that are directly applicable to the daily duties of health workers.
- Active participation and engagement
    - Health worker training should encourage active participation through interactive learning methods, such as group discussions, role plays, case studies, and simulations.
- Continuous and regular learning
    - Continuous education and regular refreshers are essential to keep health workers updated on 12 CPHC packages, first-line treatment services at community level, and new national/state guidelines. This also helps in reinforcing previously acquired knowledge.
- Adult learning principles
    - Adult learners benefit from experiential learning, problem-solving, and the ability to relate new knowledge, skill and attitude to their experiences.
- Adaptability
    - Training programs should be adaptable to the local context, considering the unique challenges, cultural factors, and available resources at HWC.
- Capacity Building
    - The training should focus on building both technical and soft skills. This includes not only clinical or disease management training but also communication skills, teamwork, leadership, and decision-making.
- Monitoring and evaluation
    - Pre- and post-training assessments should be used to measure knowledge, skill and attitude gain, and regular monitoring should assess how well health workers implement the training in their work.
- Resource Availability
    - Adequate resources, such as training materials, medical equipment, and technology (using teleconsultation *(refer to practice activity 10)*), should be provided to ensure the training is effective. This also includes appropriate venues, time for training, access to trainers with the necessary expertise and continuing in-service training programs.

A. 2. Organizing health worker training programs at HWC

The steps involved in organizing health worker training at HWC are;

- Needs assessment
    - Identify training needs
        - The CHO must assess the skills and knowledge gaps of health workers. This may include reviewing performance, patient outcomes, or feedback from the community.
    - Consult guidelines
        - Refer to national or state health program guidelines (such as 12 CPHC packages) to determine the required competencies for health workers at HWCs.
- Set objectives
    - Define Clear Objectives
        - Establish the learning goals for the training. For example, improving health worker skills in population-based screening, first-line disease management, or referral to CHO.
- Develop a training plan in coordination with PHC-MO
    - Training content
        - Develop or curate training materials, ensuring they are aligned with the objectives and reflect the latest health policies and guidelines.
    - Mode of training
        - Decide whether the training will be in-person, virtual (using teleconsultation), or a hybrid approach (both in-person and teleconsultation). *(refer to practice activity 10)*
    - Duration and schedule
        - Set a timetable that fits the availability of health workers without disrupting essential services at the HWC.
- Resource allocation
    - Identify trainers
        - Identify qualified resource persons, such as PHC-MO, or specialists in the relevant field or by CHO.
    - Training materials and equipment
        - Ensure that all necessary training materials, such as manuals, presentation tools, medical equipment for demonstrations, and supplies, are available.
    - Venue and logistics
        - Arrange for an appropriate training space at HWC/PHC or ensure stable internet connections for training using teleconsultation *(refer to practice activity 10)*.
- Communication and scheduling
    - Notify participants
        - Inform health workers in advance about the training, its objectives, schedule, and expectations. Provide clear instructions on how they can prepare.
- Conduct the training

    - Engage participants
        - Use interactive methods, such as case studies, role-playing, and group discussions, to encourage active participation.
        - regular training of healthcare workers in infection control practices and biomedical waste management should be scheduled.
    - Demonstrate practical skills
        - For health workers, practical training is essential. Demonstrations of medical procedures, screening techniques, or the use of reporting tools should be emphasized.
        - Facilitate on the spot or additional graded trainings in new service packages such as NCD, Oral, Eye, ENT, Elderly, Palliative care, Mental health, medical emergencies and trauma, Early childhood development, childhood disability, and others.
- Monitoring and evaluation
    - Assess training effectiveness
        - Collect feedback from participants to assess whether the training objectives were met. Pre- and post-training assessments (quizzes or practical evaluations) can be conducted.
- Documentation
    - Maintain attendance records, training materials, and evaluation results for future reference.
- Report to PHC-MO
    - Submit a report to PHC-MO outlining the training conducted, number of participants, objectives met, and outcomes achieved.
- Continuous support
    - Ongoing supervision
        - Provide ongoing supervision and support to health workers after the training to ensure that they are applying the skills learned effectively.

A. 3. Self-motivating to evaluate the health worker training programs at HWC

CHO will

- Evaluate the training programs by conducting pre-test and post-test.
- Submit the pre-test and post-test report to PHC-MO for discussion and evaluation.
- Maintain and update the registers of health worker training at HWC.

SUMMARY FLOWCHART

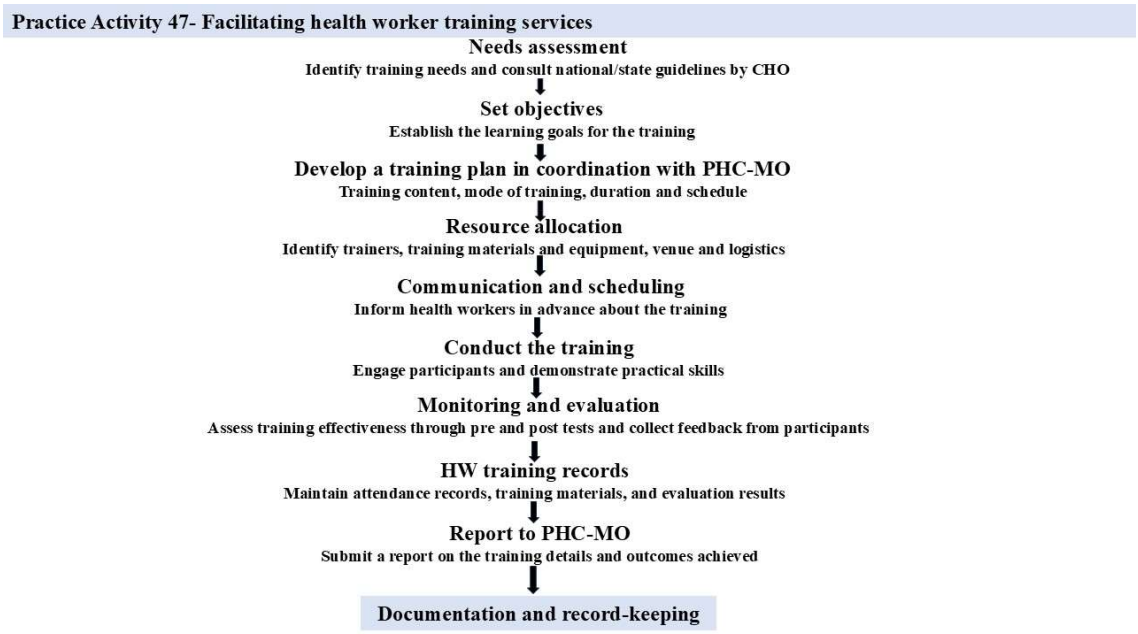


Fig.1. Summary flowchart of practice activity 47- Facilitating health worker training services.

CONCLUSION

At the end of the practice activity 47 session, CHO will be competent to understand the principles of health worker training programs, organize and evaluate the health worker's training at HWC.

PRACTICE ACTIVITY 48
MULTI-SECTORAL CONVERGENCE FOR ACTION

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To facilitate multi-sectoral convergence for action
RESPONSIBILITY	Facilitate multi-sectoral convergence for action and local bodies at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about multi-sectoral convergence for action in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 48 session, CHOs will be competent to: I. understand the multi-sectoral convergence for action at HWC II. facilitate convergence initiatives at HWC III. encourage the community participation in the convergence initiatives at HWC

COMPETENCY-BASED STANDARDS (CBS)	
To facilitate convergence initiatives and local bodies at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks, A. 1. recalling the multi-sectoral convergence for action at HWC A. 2. facilitating convergence initiatives at HWC A. 3. encouraging the community participation in the convergence initiatives at HWC	 Knowledge Skill Attitude

A. 1. Recalling the multi-sectoral convergence for action at HWC

Convergence initiatives at HWC

- Convergence initiatives at HWC involve coordinating and integrating various health and social sector services to provide comprehensive and holistic care to the community.

Key components of convergence initiatives at HWC

- Collaboration between health and other sectors
    - Health team at HWC will work closely with multiple departments, such as Women and Child Development (ICDS), Water and Sanitation, Education, and Rural Development, to ensure that various determinants of health (nutrition, sanitation, education) are addressed comprehensively.
- Multisectoral approach
    - By involving different sectors (e.g., agriculture, social welfare), convergence initiatives aim to tackle health issues in a more holistic way.
- Community engagement and empowerment
    - Convergence at HWCs involves engaging with local communities like VHSNC, Jan Arogya Samiti and leaders to ensure their participation in health planning and decision-making.
- Referral and linkage services
    - HWC serves as a referral hub, linking patients to higher levels of care, such as PHCs, specialist hospitals for further treatment.
- Improving Access to Health and Social Services
    - Through convergence, HWCs provide not only primary healthcare but also access to services such as maternal and child care, nutrition programs, immunization, and sanitation initiatives. For example, coordination with the Anaemia Mukt Bharat helps to address malnutrition and anaemia in women and children.
- Capacity building and training
    - CHO will organize capacity-building programs for health workers in collaboration with other sectors to ensure they are equipped with the knowledge and skills needed to address multifaceted community health issues.

A. 2. Facilitating convergence initiatives at HWC

The steps of convergence initiatives at HWC involve systematically integrating various health programs, services, and sectors to deliver comprehensive care.

Below are the key steps in implementing convergence initiatives at HWC:

- Identifying key stakeholders
    - Identify and engage village-level stakeholders from various sectors like health, education, nutrition, water, sanitation, and rural development.
    - Ensure community engagement through involvement of local leaders, VHSNC members, and other local committees.
- Conduct needs assessment
    - Identify the health and social needs of the community from the data of burden *(refer to practice activity 21)* and determinants *(refer to practice activity 22)* of diseases.

- Develop joint action plans
    - Develop a detailed plan for the convergence of services based on the needs of the community *(refer to practice activity 24).*
- Intersectoral coordination meetings
    - Organize regular meetings between departments (e.g., health, nutrition, and sanitation) to ensure alignment of goals and avoid duplication of services *(refer to practice activity 23).*
- Resource mobilization
    - Ensure that funds, manpower, and infrastructure from different sectors are pooled together.
    - Use existing government schemes such as POSHAN Abhiyaan, and Swachh Bharat Mission to support the convergence initiative activities.
- Integrated service provision
    - Offer comprehensive services at the HWC, such as maternal and child care, nutrition counseling, disease screening, health education, and sanitation improvement.
        - For instance, link Anemia Mukt Bharat (AMLAN on Odisha) with routine screenings for women and children to address anemia and malnutrition.
    - Facilitate convergence initiatives with allied departments for health promotion and prevention.

For example:

- Convergence initiatives with rural development or panchayats
    - To ensure the availability of safe drinking water.
- Convergence initiatives with VHSNCs *(refer to practice activity 34)*
    - To develop a comprehensive village health plan, and promote convergent action by the committee on social determinants of health.
    - To address the spread of outbreaks of vector-borne diseases such as dengue, chikungunya, malaria for sanitation drives, vector control, controlling water coagulation, through cleaning of drains etc.
- Convergence initiatives with schools *(refer to practice activity 33)*
    - To disseminate health promotion messages, promote better cooking practices for Mid- Day Meal programmes, conduct training of MDM cooks, enable mandatory School Nutrition Clubs and nutrition-related competitions.
- Convergence initiatives with ICDS
    - For Growth Monitoring, Infant and Young Child Feeding counselling and enable access to food supplementation.

- Conduct community-level outreach *(refer to practice activity 36)*
    - Conduct joint outreach activities, including health camps, awareness programs, and screening drives involving various departments and sectors.

- Monitoring progress
    - Establish a robust monitoring system to track the progress of the convergence initiatives, including health outcomes, service delivery, and community feedback.
- Recording and reporting
    - Maintain and update the records of convergence initiatives at HWC.
    - Submit the convergence initiative records to PHC-MO for discussion and evaluation.

A. 3. Encouraging the community participation in the convergence initiatives at HWC

- Organize informative sessions
    - Conduct workshops and community meetings to inform residents about the benefits of convergence initiatives.
- Engage local leaders
    - Collaborate with respected community leaders, including religious leaders and local influencers, who can advocate for convergence initiatives.
- Participatory planning
    - Involve community members in the planning phase of convergence initiatives, ensuring their voices are heard and considered in decision-making.
- Recognition programs
    - Implement recognition programs for active participants and volunteers, showcasing their contributions in community meetings or local media.
- Social media engagement
    - Utilize social media to create community groups where residents can share information, ask questions, and organize participation in health initiatives.

SUMMARY FLOWCHART

Fig.1. Summary flowchart of practice activity 48- Facilitating multi-sectoral convergence for action by health workers.

CONCLUSION

At the end of the practice activity 48 session, CHO will be competent to understand the multi-sectoral convergence for action at HWC, initiate convergence initiatives and encourage the community participation in the convergence initiatives at HWC.

PRACTICE ACTIVITY 49
INVENTORY MANAGEMENT

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To conduct inventory management
RESPONSIBILITY	Ensure indenting and availability of medical supplies and equipment at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about inventory management in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 49 session, CHOs will be competent to: I. understand inventory management at HWC II. practice the inventory management at HWC III. maintain the records of inventory management at HWC

COMPETENCY-BASED STANDARDS (CBS)	
To practice the inventory management at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks, A. 1. recalling inventory management at HWC A. 2. practicing the inventory management at HWC A. 3. self-motivating to maintain the records of inventory management at HWC	 Knowledge Skill Attitude

A. 1. Recalling inventory management at HWC

Inventory management at HWC

- Inventory management at HWC refers to the systematic process by which the CHO ensures that essential medicines, medical supplies, and equipment are available in the right quantities, at the right time, without overstocking or shortages.

Principles of Inventory Management for CHO at HWC

- First Expiry, First Out (FEFO)
    - Stock items, especially medicines, should be used based on their expiration dates, with the earliest expiring items being used first.
    - This helps to minimize waste due to expired products.
- Set reorder Levels
    - The CHO should establish minimum and maximum stock levels for each item.
    - When stock reaches the minimum threshold, a reorder should be placed to ensure continued availability without stockouts or overstocking.
- Stock rotation
    - Ensure that items are rotated regularly so that older stock is used first, and newly received stock is placed behind the existing stock.
- Regular audits
    - Conduct regular stock audits to compare physical stock with recorded data, identifying discrepancies and taking corrective actions promptly.
    - This helps to avoid losses due to theft, spoilage, or mismanagement.
- Monitoring expiry dates
    - Keep a close check on the expiry dates of medicines and supplies.
    - Expiring stock should be prioritized for use, and expired stock should be safely disposed of following proper biomedical waste management guidelines.
- Maintain cold chain for vaccines and medicines
    - Ensure that vaccines and temperature-sensitive medicines are stored properly and continuously monitored in the cold chain to preserve their efficacy.
- Timely replenishment
    - Orders for stock replenishment should be placed well in advance, based on consumption trends and patient load, to avoid stockouts.
- Utilization of Health Management Information System (HMIS)
    - Where available, use digital tools such as HMIS to track inventory levels, generate reports, and streamline the supply chain for more efficient management.

A. 2. Practicing the inventory management at HWC

The steps and best practices for inventory management by the CHO at HWC

- Assessing inventory needs
    - Initial stock assessment
        - The CHO should regularly assess the available stock of medicines, vaccines, medical equipment, and supplies.

    - Set minimum and maximum stock levels
        - Based on patient data, the CHO should set minimum and maximum stock levels to avoid understocking or overstocking.
- Using digital tools for inventory management
    - HMIS integration
        - Use digital tools and health management information systems (HMIS) to track and monitor inventory. *(refer to practice activity 42)*
    - Logbook maintenance
        - Maintain detailed logs of medicine inflows and outflows, updating records consistently after each issue or receipt of items.
        - If electronic systems are not available, manual registers can be used. *(refer to practice activity 41)*
        - Display the list of essential medicines and diagnostic services that will be available at your HWC will be provided by your state NHM.
    - Family Planning Logistics Management Information System (FP-LMIS) *(refer to practice activity 19)*
        - CHO will supervise the indenting of FP commodities by health workers.
        - CHO will ensure the supply status and distribution of FP supplies in monthly SHC-HWC meeting.
- Stock replenishment
    - Placing orders on time
        - Orders should be made based on the established minimum stock level, allowing adequate time for resupply from PHC.
        - Assess availability of medicines, reagents and consumables for a month.
        - Do timely indenting and checking of drugs, supplies to maintain adequate stocks.
    - Follow-up on supply chain
        - Regular follow-up with PHC is essential to ensure timely delivery of supplies.
- Managing expiry dates
    - First Expiry, First Out (FEFO) Principle
        - The CHO must ensure that medicines and consumables that are nearing their expiry date are used first to minimize wastage.
    - Monitor expiry dates regularly
        - Conduct monthly checks to remove expired items from stock, ensuring patient safety and regulatory compliance.
- Maintaining cold chain for vaccines
    - Cold storage management
        - The CHO must ensure proper cold storage facilities (e.g., refrigerators or cold boxes) and check temperature logs regularly to maintain the cold chain. *(refer to practice activity 14)*
    - Backup power supply
        - In areas where power outages are common, the CHO should ensure backup power supply for cold storage equipment to prevent spoilage of temperature-sensitive medicines and vaccines.
        - If power backup is not available at HWC, CHO should find a place to keep the medicines and vaccines in coordination with PHC-MO.

- Stock auditing
    - Periodic stock audits
        - Conduct daily audits to verify physical stock against recorded stock. This helps identify discrepancies such as theft, damage, or unreported usage.
    - Addressing variances
        - If discrepancies are found during audits, investigate the cause and take corrective actions to prevent recurrence.
- Training and delegation
    - Training of health workers *(refer to practice activity 47)*
        - The CHO should train the health workers on proper inventory management techniques, including stock handling, record-keeping, and reporting procedures.
    - Delegation of tasks
        - Certain routine inventory tasks can be delegated to health workers, but the CHO should oversee and review all processes to ensure accuracy.
- Bio-medical waste management
    - Proper disposal of expired medicines or damaged items
        - CHO must handover the expired medicines to PHC.
        - The CHO must ensure that expired or damaged items are disposed of according to biomedical waste management guidelines. *(refer to practice activity 12)*
- Reporting
    - Monthly reporting to PHC-MO
        - The CHO must provide monthly reports on stock levels, consumption, and any inventory issues to the PHC-MO for smooth functioning and restocking at HWC *(refer to practice activity 37)*.

A. 3. Self-motivating to maintain the records of inventory management at HWC

- Maintain the records of inventory management at HWC.
- Update the records of inventory management daily/weekly at HWC.
- Submit the inventory management records monthly to PHC-MO for review and signature.

SUMMARY FLOWCHART

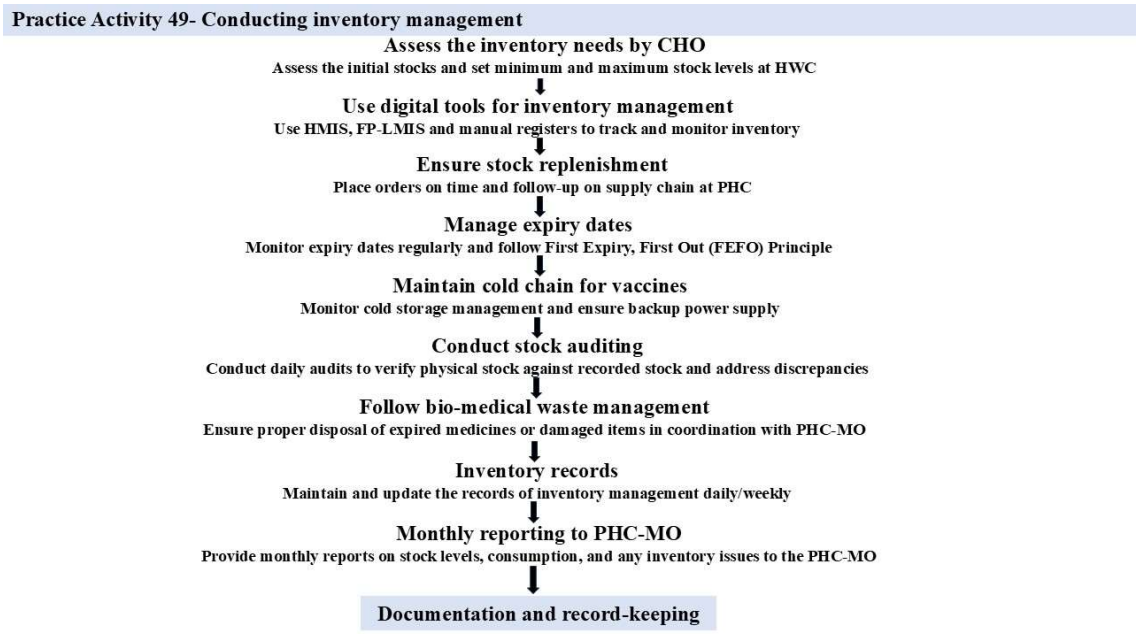


Fig.1. Summary flowchart of practice activity 49- Conducting inventory management.

CONCLUSION

At the end of the practice activity 49 session, CHO will be competent to understand and practice inventory management and maintain the records of inventory at HWC.

PRACTICE ACTIVITY 50
UNTIED FUNDS MANAGEMENT

DOMAIN	Manager
SUB-DOMAIN	Direct Community Care Provider (DCCP)
COMPETENCY	To manage untied funds
RESPONSIBILITY	Proper utilization of untied funds at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about funds management in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 50 session, CHOs will be competent to: I. understand the principles of HWC-untied funds II. utilize HWC-untied funds III. maintain the records of HWC-untied funds

COMPETENCY-BASED STANDARDS (CBS)	
To utilize untied funds in consensus with health workers, PHC-MO, JAS and VHSNC committees.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling the principles of HWC-untied funds	Knowledge
A. 2. utilizing untied funds at HWC	Skill
A. 3. self-motivating to maintain the records of HWC-untied funds	Attitude

A. 1. Recalling the principles of HWC-untied funds

HWC Untied Fund

- HWC Untied Funds are flexible funds provided to HWCs under the National Health Mission (NHM) for activities that address local health needs.
- These funds are designed to empower HWCs to meet immediate requirements, carry out minor repairs, procure essential supplies, and promote community health initiatives.
- HWC will receive Rs. 50,000 as united fund (an amount of Rs. 20,000 is provided presently to all HWCs)[1].

Management of untied funds

- Jan Arogya Samiti (JAS), an institutional platform for management and oversight of the HWCs, drawn from elected representatives, community members and service providers, will play a key role in management of the Untied fund.

Principles[53]

- Flexibility in use
    - Untied funds are intended to be used at the discretion of the HWC team (CHO and health workers) in consultation with PHC-MO for addressing local health needs that may not be covered under regular budgetary provisions.
- To meet local needs and priorities
    - The expenditure must be made based on the local needs and priorities, with local level decision making (JAS and PHC-MO).
- For common good and not for individual needs
    - Untied Funds should be used only for the common good and not for individual needs, except in the case of referral and transport in emergency situations.
    - An amount of up to Rs. 2000, can be kept by the Member Secretary for expenses on emergency requirements.
- For routine and regular requirements
    - For routine and regular requirements, such as for HWC maintenance/equipment/drugs and diagnostics, the Untied fund should be used only in case of disruptions in regular supplies, after consultation with the PHC-MO.
- For health promotion activities *(refer to practice activity 34)*
    - Untied funds can be used for activities related to Health Promotion and Action on Social Determinants of Health.
        - Mini event- Rs. 1000*22 events= Rs. 22,000
        - Megaevent- Rs. 1500* 2 events= Rs. 3000
        - Total= Rs. 25,000.

[53] Funds and its utilization may be subjected to change state-wise guidelines.

- Record maintenance
    - An annual report of the activities undertaken and expenditures made from the Untied fund, has to be presented in the JAS meeting of the last month of every financial year.

Illustrative activities, in which untied fund can be used for small gap filling expenses include:

- HWC maintenance/equipment/drugs and diagnostics in case of disruptions in regular supplies.
- Development of common spaces for physical exercises, walking area and cleaning of the HWC premises.
- Gap filling for activities such as building open-air gym/exercise equipment/indoor gym, with low-cost equipment.
- Promoting physical activity and sports through developing Volleyball Court/Football Field (depending upon the availability of space), and purchase of equipment for these sports.
- Expenditure (up to a maximum defined amount like, Rs. 500/- per meeting) can be made for organisation of the monthly JAS meetings.
- Urgent requirements of stationery, printing of formats, related to population enumeration.

CHO ALERT

Negative List for Untied Fund – Items/Expenditures not to be purchased from Untied Fund

- Expenses related to regular maintenance services, for which a fund or budget is available
- Purchase of drugs, and reagents and equipment related to diagnostic tests
- The funds should not be spent on items or activities for which resources and provisions already exist in different programmes of the state/UT government.
- No cash payment beyond Rs. 500 can be made for any purchases, to any agency/vendor.

A. 2. Utilizing HWC-untied funds

Steps of Utilizing HWC Untied Funds by CHO

- Assessment of needs
    - The CHO, along with health workers will identify gaps in services, infrastructure repairs, equipment needs, and health promotion activities that require funding.
- Consultation with PHC-MO, JAS and VHSNC
    - The CHO will facilitate discussions with the PHC-MO, JAS and VHSNC committees to prioritize the most urgent health needs and activities based on the assessment.
- Prepare an action plan
    - Based on the discussions with the PHC-MO, JAS, VHSNC and health workers, the CHO prepares a plan for how the untied funds will be utilized.

  - This includes detailed proposals outlining the purpose of expenditure, timelines, and expected outcomes.
- Approval process
  - The action plan is reviewed and approved by the PHC-MO.
- Procurement and implementation
  - Once approval is granted, the CHO will do the procurement of goods and services such as supplies, infrastructure repairs, or community health outreach programs.
  - The CHO ensures proper utilization of HWC-untied fund (Rs. 50,000/HWC) in consensus with health workers.
- Monitoring and evaluation
  - The CHO monitors the impact of activities funded through the untied funds.
  - This involves evaluating whether the intended health outcomes, such as improved service delivery or infrastructure upgrades, have been achieved.
- Record-Keeping and documentation
  - The CHO is responsible for maintaining accurate records of how the funds were utilized.
  - This includes keeping receipts, invoices, and other financial documentation to ensure transparency and accountability.
- Community feedback
  - After the implementation of the funded activities, the CHO seeks feedback from the community members, JAS and VHSNC to assess whether the interventions have met the needs of the population.
  - This helps in planning future fund utilization and making improvements.
- Reporting
  - Regular reports on the utilization of untied funds must be submitted to PHC-MO.
  - These reports should include details of the expenditures and outcomes to ensure compliance and allow for audit purposes.

A. 3. Self-motivating to maintain the records of HWC-untied funds

- Maintain records and account book for internal controls, payments and expenditure.
- CHOs can supervise VHNCs to maintain the records and account of expenses (matching bills and vouchers) incurred from untied funds (as per previous month meeting).
- Submit the HWC-untied funds records fortnightly to JAS and VHSNC committees for discussion and evaluation.
- Submit the HWC-untied funds records monthly to PHC-MO for audit and signature.
- Prepare Statement of Expenditure (SoE) and Utilization Certificate (UC) for annual submission to PHC MO.

SUMMARY FLOWCHART

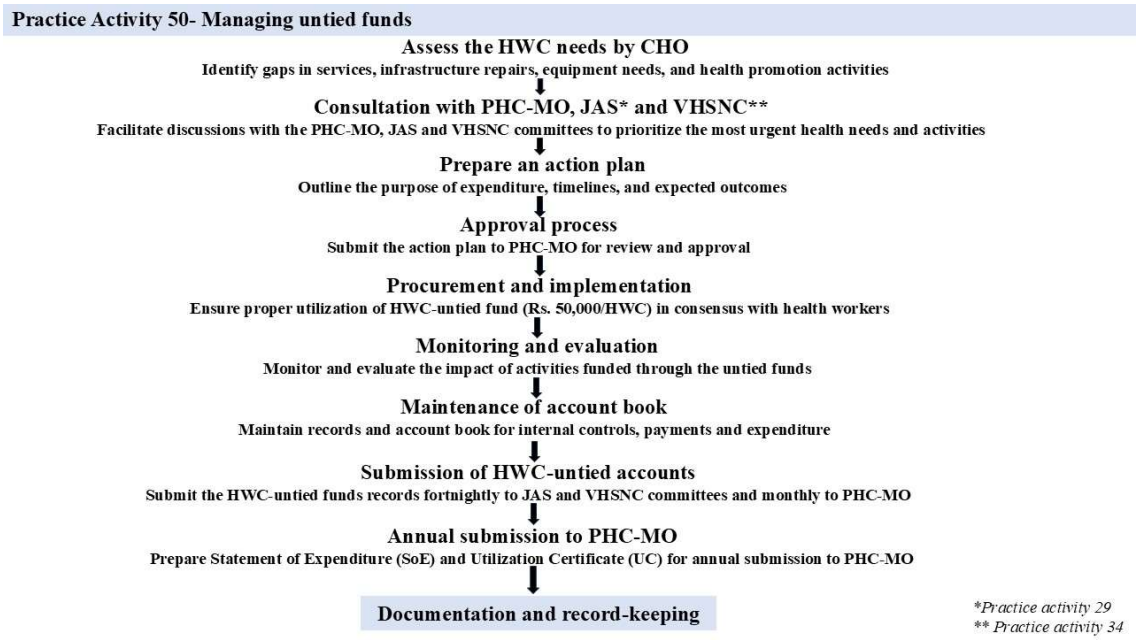


Fig.1. Summary flowchart of practice activity 50- Managing untied funds.

CONCLUSION

At the end of the practice activity 50 session, CHO will be competent to understand the principles of untied funds, utilize and maintain the records of untied funds at HWC.

MISCELLANEOUS

PRACTICE ACTIVITY 51
12 CPHC PACKAGES USING MULTI-COMPETENCIES

COMPETENCY	To deliver 12 CPHC service packages using multiple competencies
RESPONSIBILITY	Provide the management for all conditions covered under the 12 essential CPHC packages of services using multiple competencies.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about 12 CPHC service packages in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 51 session, CHOs will be competent to: I. understand the 12 CPHC service packages II. implement multiple competencies to deliver 12 CPHC service packages, national health programs and to address climate change in the community III. encourage health workers to use multiple competencies for delivering 12 CPHC service packages and other community-based services.

COMPETENCY-BASED STANDARDS (CBS)	
To deliver 12 CPHC service packages and other community-based services using multiple competencies at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks,	
A. 1. recalling 12 CPHC service packages	Knowledge
A. 2. implementing multiple competencies to deliver 12 CPHC service packages	Skill
A. 3. implementing multiple competencies to address national health programs and climate change	Skill
A. 4. encouraging health workers to use multiple competencies for delivering 12 CPHC service packages and other community-based services.	Attitude

A. 1. Recalling 12 CPHC service packages

12 CPHC service packages are

- Package 1- Care in pregnancy and child birth
- Package 2- Neonatal and infant health
- Package 3- Childhood and adolescent healthcare services including immunization
- Package 4- Family planning, contraceptive services and other reproductive care services
- Package 5- Management of communicable diseases and general outpatient care for acute simple illness and minor ailments
- Package 6- Management of communicable diseases: national health programmes (Tuberculosis, Leprosy, Hepatitis, HIV/AIDS, Malaria, Kala-azar,
- Filariasis and Other vector borne diseases)
- Package 7- Prevention, screening and management of non-communicable diseases
- Package 8- Care for common ophthalmic and ENT problems
- Package 9- Basic oral healthcare
- Package 10- Elderly and palliative healthcare services
- Package 11- Emergency medical services, including for trauma and burns
- Package 12- Screening and basic management of mental health ailments

A. 2. Implementing multiple competencies to deliver 12 CPHC service packages

Multiple competencies for delivering 12 CPHC service packages are;

- **Package 1- Care in pregnancy and child birth**

Implementing multiple competencies for CHOs helps in addressing gaps in care and improving maternal and child health outcomes.

Antenatal care, intrapartum care, postnatal care, breastfeeding, nutritional counseling and anaemia management and referral and linkage services are the key areas to deliver package 1.

Here's a breakdown of the essential competencies needed.

- To conduct health assessment
  - Refer to practice activity 1
- To provide follow-up services
  - Refer to practice activity 8
- To provide counselling services
  - Refer to practice activity 9
- To provide teleconsultation services
  - Refer to practice activity 10
- To provide symptomatic management services
  - Refer to practice activity 2
- To provide laboratory services
  - Refer to practice activity 3
- To provide medication administration services
  - Refer to practice activity 4
- To provide high-risk management services
  - Refer to practice activity 5
- To provide first-aid services

        - Refer to practice activity 6
    - To provide referral services
        - Refer to practice activity 7
    - To supervise immunization services
        - Refer to practice activity 14
    - To supervise services on management of Adverse Events Following Immunization (AEFI)
        - Refer to practice activity 15
    - To practice infection control guidelines
        - Refer to practice activity 11
    - To supervise maternal health services
        - Refer to practice activity 16
    - To supervise home-based delivery of care services
        - Refer to practice activity 20
    - To supervise outreach services
        - Refer to practice activity 36

- **Package 2- Neonatal and infant health**

CHOs need a range of competencies to effectively provide preventive, promotive, and curative services for newborns and infants. Implementing these competencies ensures early identification of health issues, timely interventions, and improved survival rates.
Essential newborn care, home-based newborn care, infant health screening and growth monitoring, managing common neonatal conditions, counseling and referral and linkage services are the key areas to deliver package 2.
Here's a breakdown of the essential competencies needed.

    - To conduct health assessment
        - Refer to practice activity 1
    - To provide follow-up services
        - Refer to practice activity 8
    - To provide counselling services
        - Refer to practice activity 9
    - To provide teleconsultation services
        - Refer to practice activity 10
    - To provide symptomatic management services
        - Refer to practice activity 2
    - To provide laboratory services
        - Refer to practice activity 3
    - To provide medication administration services
        - Refer to practice activity 4
    - To provide high-risk management services
        - Refer to practice activity 5
    - To provide first-aid services
        - Refer to practice activity 6
    - To provide referral services
        - Refer to practice activity 7

- To supervise immunization services
  - Refer to practice activity 14
- To supervise services on management of Adverse Events Following Immunization (AEFI)
  - Refer to practice activity 15
- To practice infection control guidelines
  - Refer to practice activity 11
- To supervise neonatal and infant health services
  - Refer to practice activity 17
- To supervise home-based delivery of care services
  - Refer to practice activity 20
- To supervise outreach services
  - Refer to practice activity 36

- **Package 3- Childhood and adolescent healthcare services including immunization**

Childhood and adolescent health services aim to provide preventive, promotive, curative, and rehabilitative care to children and adolescents, ensuring their optimal growth and development. CHOs play a vital role in delivering these services effectively, and they must possess a wide range of competencies to meet the needs of this age group.
Growth and development monitoring, immunization services, managing common childhood illnesses, mental health screening and counselling and school health programs are the key areas to deliver package 3.
Here's a breakdown of the essential competencies needed.

- To conduct health assessment
  - Refer to practice activity 1
- To provide follow-up services
  - Refer to practice activity 8
- To provide counselling services
  - Refer to practice activity 9
- To provide teleconsultation services
  - Refer to practice activity 10
- To provide symptomatic management services
  - Refer to practice activity 2
- To provide laboratory services
  - Refer to practice activity 3
- To provide medication administration services
  - Refer to practice activity 4
- To provide high-risk management services
  - Refer to practice activity 5
- To provide first-aid services
  - Refer to practice activity 6
- To provide referral services
  - Refer to practice activity 7
- To supervise immunization services
  - Refer to practice activity 14

- To supervise services on management of Adverse Events Following Immunization (AEFI)
  - Refer to practice activity 15
- To practice infection control guidelines
  - Refer to practice activity 11
- To supervise under-five child health services
  - Refer to practice activity 17
- To supervise school health services
  - Refer to practice activity 33
- To supervise home-based delivery of care services
  - Refer to practice activity 20
- To supervise outreach services
  - Refer to practice activity 36

- **Package 4- Family planning, contraceptive services and other reproductive care services**

The fourth package under the CPHC focuses on improving family planning, contraceptive services, and other reproductive healthcare. CHOs play a pivotal role in implementing these services, enhancing access, and addressing the reproductive health needs of the community. Counseling and communication skills, clinical competency in contraceptive services and community engagement are the key areas to deliver package 4.
Here's a breakdown of the essential competencies needed.

- To supervise family planning services
  - Refer to practice activity 19
- To provide follow-up services
  - Refer to practice activity 8
- To provide counselling services
  - Refer to practice activity 9
- To provide referral services
  - Refer to practice activity 7
- To supervise monthly health promotion campaigns
  - Refer to practice activity 29
- To supervise health workers in providing community mobilization services
  - Refer to practice activity 30
- To supervise outreach services
  - Refer to practice activity 36
- To supervise home-based delivery of care services
  - Refer to practice activity 20

- **Package 5- Management of communicable diseases and general outpatient care for acute simple illness and minor ailments**

The fifth package of CPHC focuses on managing communicable diseases and providing outpatient care for common, minor ailments. CHOs are at the forefront of these services at HWCs, where they need to demonstrate a wide range of competencies to effectively deliver care and prevent disease transmission.
Clinical assessment and diagnosis, infection prevention and control, management of acute

illnesses and minor ailments, referral skills, surveillance and reporting and community engagement are the key areas to deliver package 5.
Here's a breakdown of the essential competencies needed.

- To conduct health assessment
  - Refer to practice activity 1
- To provide symptomatic management services
  - Refer to practice activity 2
- To provide laboratory services
  - Refer to practice activity 3
- To provide medication administration services
  - Refer to practice activity 4
- To provide high-risk management services
  - Refer to practice activity 5
- To provide first-aid services
  - Refer to practice activity 6
- To provide referral services
  - Refer to practice activity 7
- To provide follow-up services
  - Refer to practice activity 8
- To provide counselling services
  - Refer to practice activity 9
- To provide teleconsultation services
  - Refer to practice activity 10
- To practice infection control guidelines
  - Refer to practice activity 11
- To supervise monthly health promotion campaigns
  - Refer to practice activity 29
- To supervise health workers in providing community mobilization services
  - Refer to practice activity 30
- To supervise outreach services
  - Refer to practice activity 36

- **Package 6- Management of communicable diseases: national health programmes (Tuberculosis, Leprosy, Hepatitis, HIV/AIDS, Malaria, Kala-azar, Filariasis and Other vector borne diseases)**

Implementing multiple competencies for CHOs is essential for effectively managing national health programs targeting diseases like Tuberculosis (TB), Leprosy, Hepatitis, HIV/AIDS, Malaria, Kala-azar, Filariasis, and other vector-borne/emerging diseases.
Screening and early diagnosis, patient referral and follow-up, treatment and case management, health education, vector control and prevention measures and community engagement are the key areas to deliver package 6.
Here's a breakdown of the essential competencies needed.

- To conduct health assessment
  - Refer to practice activity 1
- To provide symptomatic management services

        - Refer to practice activity 2
    - To provide laboratory services
        - Refer to practice activity 3
    - To provide medication administration services
        - Refer to practice activity 4
    - To provide high-risk management services
        - Refer to practice activity 5
    - To provide first-aid services
        - Refer to practice activity 6
    - To provide referral services
        - Refer to practice activity 7
    - To provide follow-up services
        - Refer to practice activity 8
    - To provide counselling services
        - Refer to practice activity 9
    - To provide teleconsultation services
        - Refer to practice activity 10
    - To practice infection control guidelines
        - Refer to practice activity 11
    - To supervise home-based delivery of care services
        - Refer to practice activity 20
    - To identify the burden of disease
        - Refer to practice activity 21
    - To identify the determinants of disease
        - Refer to practice activity 22
    - To supervise disease surveillance services
        - Refer to practice activity 32
    - To supervise monthly health promotion campaigns
        - Refer to practice activity 29
    - To supervise health workers in providing community mobilization services
        - Refer to practice activity 30
    - To supervise outreach services
        - Refer to practice activity 36

- **Package 7- Prevention, screening and management of non-communicable diseases**

This package aims to reduce the growing burden of NCDs such as diabetes, hypertension, cardiovascular diseases, and cancers by equipping CHOs with the skills to provide early detection, lifestyle interventions, and effective management.
Screening and early detection of NCDs, health education, lifestyle intervention programs, medication management and follow-up, referral and continuum of care, community engagement and outreach are the key areas to deliver package 7.
Here's a breakdown of the essential competencies needed.

- To conduct health assessment
    - Refer to practice activity 1
- To provide symptomatic management services

        - Refer to practice activity 2
    - To provide laboratory services
        - Refer to practice activity 3
    - To provide medication administration services
        - Refer to practice activity 4
    - To provide high-risk management services
        - Refer to practice activity 5
    - To provide first-aid services
        - Refer to practice activity 6
    - To provide referral services
        - Refer to practice activity 7
    - To provide follow-up services
        - Refer to practice activity 8
    - To provide counselling services
        - Refer to practice activity 9
    - To provide teleconsultation services
        - Refer to practice activity 10
    - To practice infection control guidelines
        - Refer to practice activity 11
    - To supervise home-based delivery of care services
        - Refer to practice activity 20
    - To identify the burden of disease
        - Refer to practice activity 21
    - To identify the determinants of disease
        - Refer to practice activity 22
    - To supervise disease surveillance services
        - Refer to practice activity 32
    - To supervise monthly health promotion campaigns
        - Refer to practice activity 29
    - To supervise health workers in providing community mobilization services
        - Refer to practice activity 30
    - To supervise outreach services
        - Refer to practice activity 36

- **Package 8- Care for common ophthalmic and ENT problems**

This package focuses on the early identification, management, and referral of common eye and ENT conditions to ensure timely intervention and improved quality of life for patients and children in the community.
Screening and early detection, health education, basic management of common conditions, referral and linkage to specialized care, community outreach and screening camps are the key areas to deliver package 8.
Here's a breakdown of the essential competencies needed.

    - To conduct health assessment
        - Refer to practice activity 1
    - To provide symptomatic management services

        - Refer to practice activity 2
    - To provide laboratory services
        - Refer to practice activity 3
    - To provide medication administration services
        - Refer to practice activity 4
    - To provide high-risk management services
        - Refer to practice activity 5
    - To provide first-aid services
        - Refer to practice activity 6
    - To provide referral services
        - Refer to practice activity 7
    - To provide follow-up services
        - Refer to practice activity 8
    - To provide counselling services
        - Refer to practice activity 9
    - To provide teleconsultation services
        - Refer to practice activity 10
    - To practice infection control guidelines
        - Refer to practice activity 11
    - To supervise home-based delivery of care services
        - Refer to practice activity 20
    - To identify the burden of disease
        - Refer to practice activity 21
    - To identify the determinants of disease
        - Refer to practice activity 22
    - To supervise disease surveillance services
        - Refer to practice activity 32
    - To supervise monthly health promotion campaigns
        - Refer to practice activity 29
    - To supervise health workers in providing community mobilization services
        - Refer to practice activity 30
    - To supervise outreach services
        - Refer to practice activity 36
    - To supervise school health services
        - Refer to practice activity 33

- **Package 9- Basic oral healthcare**

Oral health is a significant part of comprehensive primary healthcare services, impacting overall health and well-being. CHOs are essential in delivering basic oral healthcare services at HWCs to improve oral hygiene, prevent dental diseases, and provide early intervention. Oral health screening and early detection, health education, basic management of common oral conditions, referral services, community outreach and camps are the key areas to deliver package 9.

Here's a breakdown of the essential competencies needed.

- To conduct health assessment

        - Refer to practice activity 1
    - To provide symptomatic management services
        - Refer to practice activity 2
    - To provide medication administration services
        - Refer to practice activity 4
    - To provide referral services
        - Refer to practice activity 7
    - To provide follow-up services
        - Refer to practice activity 8
    - To provide counselling services
        - Refer to practice activity 9
    - To practice infection control guidelines
        - Refer to practice activity 11
    - To supervise home-based delivery of care services
        - Refer to practice activity 20
    - To supervise monthly health promotion campaigns
        - Refer to practice activity 29
    - To supervise health workers in providing community mobilization services
        - Refer to practice activity 30
    - To supervise outreach services
        - Refer to practice activity 36
    - To supervise school health services
        - Refer to practice activity 33

- **Package 10- Elderly and palliative healthcare services**

With an increasing aging population in India, there is a pressing need to provide comprehensive healthcare services tailored to the needs of the elderly. CHOs play a crucial role in delivering elderly and palliative care services to enhance the quality of life and manage chronic conditions in a compassionate manner.

Geriatric health assessment and management, palliative care services, health education, home-based care and follow-up, referral and coordination with higher-level facilities and community engagement are the key areas to deliver package 10.

Here's a breakdown of the essential competencies needed.

    - To conduct health assessment
        - Refer to practice activity 1
    - To provide symptomatic management services
        - Refer to practice activity 2
    - To provide laboratory services
        - Refer to practice activity 3
    - To provide medication administration services
        - Refer to practice activity 4
    - To provide high-risk management services
        - Refer to practice activity 5
    - To provide first-aid services
        - Refer to practice activity 6

- To provide referral services
    - Refer to practice activity 7
- To provide follow-up services
    - Refer to practice activity 8
- To provide counselling services
    - Refer to practice activity 9
- To provide teleconsultation services
    - Refer to practice activity 10
- To practice infection control guidelines
    - Refer to practice activity 11
- To supervise home-based delivery of care services
    - Refer to practice activity 20
- To provide deathcare services
    - Refer to practice activity 53

- **Package 11- Emergency medical services, including for trauma and burns**

In India, there is an increasing need for basic emergency medical services (EMS) at the primary healthcare level to handle trauma, burns, and other emergencies. CHOs are at the forefront of delivering timely and effective care, stabilize patients, and manage common emergencies before referring them to higher-level facilities.
First response and assessment, Basic Life Support (BLS), management of trauma and burns, referral and coordination with higher facilities, community awareness and education, disaster preparedness and response are the key areas to deliver package 11.
Here's a breakdown of the essential competencies needed.

- To conduct health assessment
    - Refer to practice activity 1
- To provide symptomatic management services
    - Refer to practice activity 2
- To provide laboratory services
    - Refer to practice activity 3
- To provide medication administration services
    - Refer to practice activity 4
- To provide high-risk management services
    - Refer to practice activity 5
- To provide first-aid services
    - Refer to practice activity 6
- To provide referral services
    - Refer to practice activity 7
- To provide follow-up services
    - Refer to practice activity 8
- To provide counselling services
    - Refer to practice activity 9
- To provide teleconsultation services
    - Refer to practice activity 10
- To practice infection control guidelines

        - Refer to practice activity 11
    - To supervise disaster services
        - Refer to practice activity 35
    - To provide deathcare services
        - Refer to practice activity 53

- **Package 12- Screening and basic management of mental health ailments**

Mental health is often neglected due to stigma, limited awareness, and lack of specialized services. The focus of Package 12 is on early identification, basic management, and referral of mental health conditions.

Knowledge and awareness of mental health, screening and early detection, health counselling, referral pathways and linkages, community engagement and outreach services are the key areas to deliver package 12.

Here's a breakdown of the essential competencies needed.

    - To conduct health assessment
        - Refer to practice activity 1
    - To provide counselling services
        - Refer to practice activity 9
    - To provide referral services
        - Refer to practice activity 7
    - To provide follow-up services
        - Refer to practice activity 8
    - To provide teleconsultation services
        - Refer to practice activity 10
    - To supervise home-based delivery of care services
        - Refer to practice activity 20
    - To supervise monthly health promotion campaigns
        - Refer to practice activity 29
    - To supervise health workers in providing community mobilization services
        - Refer to practice activity 30
    - To supervise outreach services
        - Refer to practice activity 36
    - To supervise school health services
        - Refer to practice activity 33

A. 3. Implementing multiple competencies to address national health programs and climate change

- **National health programs**

CHOs are expected to address a range of national health programs, including non-communicable diseases (NCDs), maternal and child health, communicable diseases, health promotion initiatives and **newly added programs**. To effectively manage these programs, CHOs need to implement multiple competencies.

Key competencies for CHOs in addressing national health programs:

Public healthcare provider

- To identify the burden of disease
  - Refer to practice activity 21
- To identify the determinants of disease
  - Refer to practice activity 22
- To supervise vulnerability assessment
  - Refer to practice activity 27
- To supervise monthly health promotion campaigns
  - Refer to practice activity 29
- To supervise outreach services
  - Refer to practice activity 36

Community engagement

- To conduct local body meetings
  - Refer to practice activity 23
- To conduct local action plan
  - Refer to practice activity 24
- To facilitate multi-sectoral convergence for action by health workers
  - Refer to practice activity 48

Team management

- To facilitate health worker training services
  - Refer to practice activity 47
- To supervise health workers in providing community mobilization services
  - Refer to practice activity 30

Data reporting

- To provide healthcare reporting services
  - Refer to practice activity 37
- To maintain registers and records
  - Refer to practice activity 41.

- **Climate Change (Climate related threats and extreme weather conditions)**

With the increasing frequency of climate-related threats, such as extreme weather conditions, floods, heatwaves, and vector-borne diseases, CHOs need to develop and implement multiple competencies to manage these challenges effectively.
Key competencies for CHOs in addressing national health programs:
Disaster Preparedness and Response Competency

- To supervise vulnerability assessment
  - Refer to practice activity 27
- To supervise disaster services
  - Refer to practice activity 35
- To provide deathcare services
  - Refer to practice activity 53

Health Promotion and Community Awareness

- To supervise home-based delivery of care services
  - Refer to practice activity 20
- To supervise monthly health promotion campaigns
  - Refer to practice activity 29
- To supervise health workers in providing community mobilization services
  - Refer to practice activity 30

Epidemiological Surveillance

- To supervise disease surveillance services
  - Refer to practice activity 32

Collaboration and Intersectoral Coordination

- To conduct local body meetings
  - Refer to practice activity 23
- To conduct local action plan
  - Refer to practice activity 24
- To facilitate multi-sectoral convergence for action by health workers
  - Refer to practice activity 48

Adaptation of Healthcare Services

- To conduct health assessment
  - Refer to practice activity 1
- To provide symptomatic management services
  - Refer to practice activity 2
- To provide laboratory services
  - Refer to practice activity 3
- To provide medication administration services
  - Refer to practice activity 4
- To provide high-risk management services
  - Refer to practice activity 5
- To provide first-aid services
  - Refer to practice activity 6

- To provide referral services
  - Refer to practice activity 7
- To provide follow-up services
  - Refer to practice activity 8
- To provide counselling services
  - Refer to practice activity 9

Use of Technology

- To provide teleconsultation services
  - Refer to practice activity 10

Team management

- To facilitate health worker training services
  - Refer to practice activity 47
- To supervise health workers in providing community mobilization services
  - Refer to practice activity 30

Data reporting

- To provide healthcare reporting services
  - Refer to practice activity 37
- To maintain registers and records
  - Refer to practice activity 41

A. 4. Encouraging health workers to use multiple competencies for delivering 12 CPHC service packages and other community-based services

- Health worker training *(Refer to practice activity 47)*
  - Provide targeted training on how to use multiple competencies to deliver 12 CPHC service packages at the community level.
- Flexibility across services
  - Reinforce the importance of being adaptable, as health workers may need to switch between different services within the 12 CPHC packages in one day.
- Supportive supervision
  - Provide supportive supervision by CHO *(Refer to practice activity 43)*.
- Performance assessment
  - CHO will provide regular feedback and constructive coaching which keep health workers motivated *(Refer to practice activity 40)*.
- Reporting to PHC-MO
  - CHO has to provide regular feedback for delivering 12 CPHC service packages and other community-based services to PHC-MO monthly.

SUMMARY FLOWCHART

Practice Activity 51- Delivering 12 CPHC service packages using multiple competencies

		PRACTICE ACTIVITIES																																					
CPHC package of services, National health programs and climate change		Health assessment	Follow-up	Counselling	Teleconsultation	Symptomatic management	Laboratory	Medication administer.	High-risk management	First-aid	Referral	Immunization	AEFI	Infection control	Maternal health	Home-based	Infant health	Under-five	School health	Family planning	Health promotion	Community mobilization	Outreach	Burden of disease	Determinants of disease	Disease surveillance	Vulnerability assessment	Local body meetings	Local action plan	Multi-sectoral convergence	Health worker training	Disaster services	Deathcare services
1	Pregnancy	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√							√										
2	Infant Health	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√						√										
3	Adolescent health	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√				√										
4	Family planning		√	√							√									√	√	√	√										
5	Outpatient care	√	√	√	√	√	√	√	√	√	√			√							√	√	√	√	√	√							
6	Communicable diseases	√	√	√	√	√	√	√	√	√	√			√		√					√	√	√	√	√	√							
7	Non-Communicable	√	√	√	√	√	√	√	√	√	√			√		√					√	√	√	√	√	√							
8	Ophthalmic/ENT	√	√	√	√	√	√	√	√	√	√			√		√			√		√	√	√	√	√	√							
9	Oral health	√	√	√		√		√			√					√			√		√	√	√										
10	Palliative health	√	√	√	√	√	√	√	√	√	√			√		√																	√
11	Emergency	√	√	√	√	√	√	√	√	√	√			√																		√	√
12	Mental health	√	√	√	√						√					√			√		√	√											
13	National health programs																				√	√		√	√		√	√	√	√	√		
14	Climate Change	√	√	√	√	√	√	√	√	√	√					√					√	√				√	√					√	√

Fig.1. Summary flowchart of practice activity 51- Delivering 12 CPHC service packages using multiple competencies.

CONCLUSION

At the end of the practice activity 51 session, CHO will be competent to understand the 12 CPHC service packages and implement multiple competencies to deliver 12 CPHC service packages, national health programs and to address climate change in the community.

PRACTICE ACTIVITY 52
SOFT SKILL-BASED COMPETENCY

COMPETENCY	To deliver soft skill-based competency
RESPONSIBILITY	Provide leadership and guidance to the health workers at HWC.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about soft skills in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 52 session, CHOs will be competent to: I. understand the soft skill-based competency II. implement soft skill-based competency III. evaluate soft skill-based competency among health workers.

COMPETENCY-BASED STANDARDS (CBS)	
To deliver soft skill-based competency among health workers.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks, A. 1. recalling the soft skill-based competency A. 2. implementing soft skill-based competency A. 3. self-motivating to evaluate soft skill-based competency among health workers.	 Knowledge Skill Attitude

A. 1. Recalling the soft skill-based competency

Define soft skill-based competency

- Soft skill-based competency refers to a set of interpersonal communication and behavioural skills that allow CHOs to effectively interact, collaborate, and manage relationships with health workers, PHC-MO and community.

Competency for CHO is[54]

- **Task shifting and sharing**
    - Task shifting and sharing for a CHO at HWC refers to the strategy of redistributing specific tasks and responsibilities from health workers (first-line management) to PHC-MO (third-line management).
    - Key aspects are
        - Line management approach *(refer to practice activity 1)*
            - Supervise the first-line management by health workers at home
            - Implement **second-line management by CHO** at HWC
            - Refer the patients for third-line management by PHC-MO at PHC.
        - GYR (Green-Yellow-Red) algorithm approach *(refer to practice activity 1)*
            - Supervise the first-line classification of patients by health workers at home
                - **Green (Routine Care):** Individuals can be managed at home and require routine care by health workers.
                - **Yellow (Immediate Home Care Needed in Consultation with CHO)[5]**: Individuals can be managed at home in co-ordination with CHO and provide home-based care, symptomatic management and follow-up.
                - **Red (Referral to CHO Needed):** Individuals cannot be managed at home and require referral for CHO's direct attention.
            - Implement second-line classification of patients by CHO at HWC
                - **Green (Routine Care):** Patients can be managed at HWC and require routine care, health counselling and follow-up.
                - **Yellow (Immediate Patient Care Needed in Consultation with PHC-MO)[55]:** Patients can be managed at HWC in coordination with PHC-MO and need patient care, symptomatic management and follow-up.
                - **Red (Referral to PHC-MO Needed):** Patients in this category cannot be managed at HWC and require immediate attention of PHC-MO/Specialist.
        - Primary healthcare matrix assessment *(refer to practice activity 1)*
            - Supervise the first-line primary healthcare matrix assessment at home

[54] Identified during individual and group expert consultation
[55] Immediate care is a quick and efficient patient care for non-life-threatening conditions

        - Implement second-line primary healthcare matrix assessment at HWC
            - Implement intermediate health assessment by CHO at HWC
            - Refer the red-category cases to PHC-MO at PHC for third-line primary healthcare matrix assessment (for advanced health assessment).

- **Team building and work**
    - These concepts involve fostering a collaborative environment among health workers, CHO and PHC-MO to enhance service delivery and improve health outcomes in the community.
    - Key aspects are
        - Addressing diverse primary healthcare setting *(refer to practice activity 1)*
            - Line management and GYR algorithm approaches play a crucial role in guiding health workers (at home), CHO (at HWC) and PHC-MO (at PHC) toward a common vision as a team.
        - Addressing diverse skills and strengths of CHOs
            - Each health professional/worker brings unique skills and expertise.
                - As per the GYR algorithm, health workers can refer the **red category** cases to CHO, if the patient cannot be managed at home.
                - Similarly, CHO can refer the **red category** cases to PHC-MO/Specialist, if the patient cannot be managed at HWC.
            - This GYR algorithm strengthens the team building and helps to save each patient's lives irrespective of health professional/worker's skills and expertise in various levels of primary healthcare setting.
        - Addressing limited resources and support at HWC
            - Each HWC is equipped with limited resources.
                - As per the GYR algorithm, health workers can refer the **red category** cases to CHO, if the patient cannot be managed with available resources at home.
                - Similarly, CHO can refer the **red category** cases to PHC-MO/Specialist, if the patient cannot be managed with available resources at HWC.
            - This GYR algorithm facilitates the team work and helps to save each patient's lives irrespective of resources available at home/HWC.

- **Human Values**
    - Human values are the core beliefs and principles that guide individuals in making decisions, behaving ethically, and relating to others with empathy, respect, and integrity.
    - Key human values are
        - Respect
            - Treating others with honour, consideration, and appreciation for their individuality and perspectives.

        - Compassion
            - A deep understanding and empathy towards others' suffering, leading to a willingness to help and support them.
        - Honesty
            - Being truthful and transparent in interactions, fostering trustworthiness.
        - Integrity
            - Acting consistently with ethical principles, regardless of circumstances, ensuring alignment between actions and values.
        - Responsibility
            - Being accountable for one's actions and understanding the impact of those actions on others.
        - Kindness
            - Acting with gentleness and care towards others, encouraging positive and supportive interactions.
        - Fairness
            - Treating others equally, ensuring just and unbiased actions and decisions.

- **Professional ethics**
    - Professional ethics encompasses the values, principles, and standards that guide CHO and health workers in delivering respectful, responsible, and equitable patient care at HWC.
    - Key principles are
        - Patient confidentiality
            - Protecting patients' personal and medical information, only sharing it with PHC-MO and respecting privacy rights to build trust and promote open communication.
        - Integrity and honesty
            - Conducting oneself truthfully in all professional dealings, including documenting accurate patient information, transparent reporting, and avoiding any form of misrepresentation or fraud.

        - Respect and non-discrimination
            - Treating all patients and colleagues with respect and ensuring equal access to healthcare services regardless of race, gender, age, or socioeconomic status.
        - Commitment to community welfare
            - CHOs and health workers are expected to support and prioritize the health and wellness of the community, addressing public health challenges such as non-communicable diseases and maternal and child health.

- **Critical thinking**
    - Critical thinking for a CHO at HWC involves analyzing, evaluating, and making informed decisions to solve complex health issues, optimize resources, and improve patient care outcomes.
    - Key aspects are
        - Problem solving and decision making
            - CHOs often face situations where they must address patient needs quickly and with limited resources.
            - Critical thinking helps them prioritize health concerns, evaluate treatment options, and make decisions that best serve the community.
        - Data analysis and interpretation
            - CHOs must interpret health data accurately, including patient records, community health indicators, and epidemiological data.
            - Analyzing this information critically allows them to identify health trends and address emerging public health concerns.
        - Resource management
            - Critical thinking aids in the efficient allocation of resources (e.g., medications, equipment, staff) by evaluating the demands and constraints at HWCs, ensuring the best possible patient care with available resources.
        - Continuous improvement
            - Reflecting on past decisions, identifying areas for improvement, and being open to feedback are critical thinking aspects that help CHOs adapt and grow professionally, enhancing the quality of care they provide over time.
- **Patient advocacy**
    - Patient advocacy for a CHO at HWC involves supporting patients' rights, ensuring their voices are heard, and assisting them in navigating healthcare processes and services.
    - Key components are
        - Educating and Empowering Patients
            - CHOs provide patients with information on their health conditions, treatment options, and available healthcare resources.
            - This helps patients make informed decisions about their care and empowers them to actively participate in their health management.
        - Navigating Healthcare Services
            - Many patients may face difficulties understanding and accessing healthcare resources.
            - CHOs assist patients by guiding them through healthcare services and linking them to necessary resources, including specialty care, social support services, or financial aid.

        - Protecting Patient Rights
            - CHOs play a vital role in upholding patient rights, such as confidentiality, informed consent, and respectful treatment.
        - Supporting Vulnerable Populations
            - Patient advocacy is especially important for marginalized groups, such as the elderly, those with disabilities, or those with limited access to healthcare.
            - CHOs work to ensure these populations receive fair, unbiased care and advocate for any special accommodations they may require.
- **Leadership**
    - Leadership for a CHO at HWC involves guiding, inspiring, and empowering a team of health workers to effectively deliver primary healthcare services and improve community health outcomes.
    - Key aspects are
        - Guiding the Health Team
            - CHO provides clear direction, establish priorities, and communicate effectively to keep the team focused on key health goals.
        - Building Team Cohesion
            - CHOs encourage open communication, acknowledge each member's strengths, and promote an inclusive environment where health workers feel valued and supported.
        - Encouraging Professional Development
            - CHOs support the growth of their team by identifying training needs, providing feedback, and facilitating opportunities for learning.
        - Promoting Community Engagement
            - An effective CHO understands the importance of community trust and actively engages with local residents, community leaders, and stakeholders to promote health initiatives and encourage public participation in wellness programs.
- **Community centred care**
    - Community-centred care for a CHO at HWC focuses on delivering healthcare that respects and responds to the individual needs, values, and preferences of the people in the community.
    - Key aspects are
        - Respect for Patient Autonomy and Preferences
            - CHOs support patient decision-making by respecting individual choices and involving patients and their families in health-related discussions.
        - Holistic Approach to Healthcare
            - Community-centred care looks at all aspects of a patient’s well-being, including physical, mental, social, and environmental factors.
        - Building Strong Patient Relationships

        - Establishing a trusting, communicative relationship between the CHO and the community is essential.
    - Promoting Accessibility and Equity
        - Community-centred care ensures that healthcare services are accessible to all, especially vulnerable populations.

A. 2. Implementing soft skill-based competency

Implementing soft skill-based competency for health workers at HWC requires a structured approach to cultivate these skills effectively.

Here is a step-by-step guide to ensure health workers are prepared and empowered to apply this competency in their daily work:

- Skill assessment
    - Conduct an initial assessment of health workers to identify existing competency and areas needing development.
- Set targeted objectives
    - Define which soft skills are most relevant to their responsibilities and community needs.
- Skill-specific training
    - Develop training sessions for health workers focusing on core soft skills individually in consultation with PHC-MO.
    - Use real-world scenarios that health workers might encounter to demonstrate the importance of each skill.
- Feedback mechanisms
    - Provide regular feedback to PHC-MO on health worker's interactions with patients and families, focusing on improvements in clarity, empathy, and responsiveness.

A. 3. Self-motivating to evaluate soft skill-based competency among health workers.

- Use structured evaluations to track health workers' performance in soft skills and recognize their achievements in these areas.
- Assessments should focus on their effectiveness in team collaboration, community outreach, and patient communication.
- Submit the report to PHC-MO for review and discussion.

SUMMARY FLOWCHART

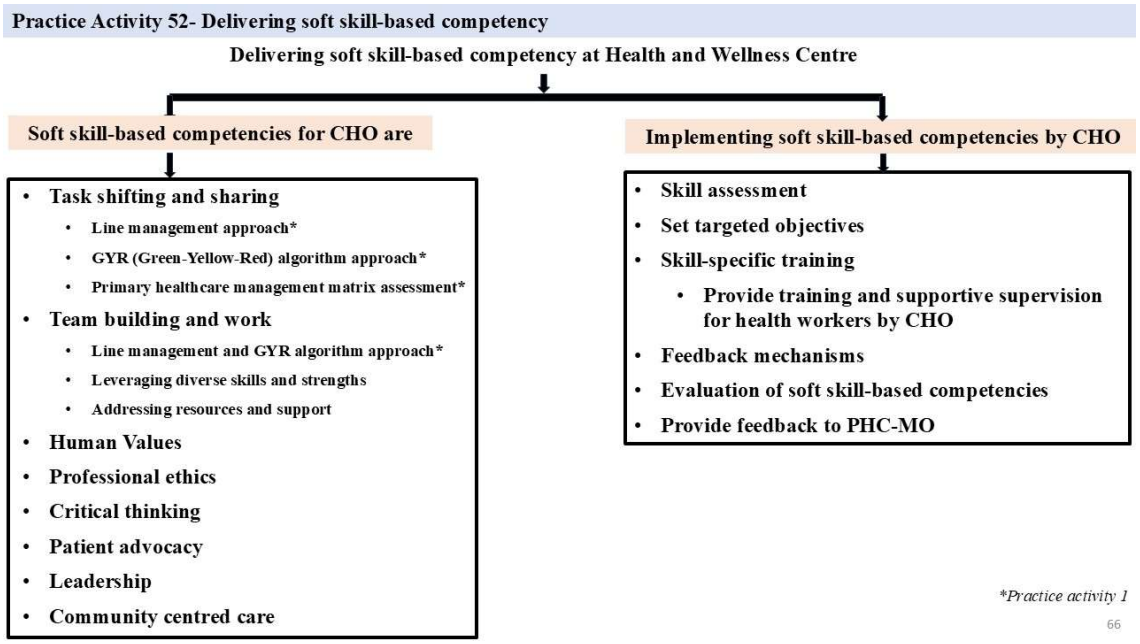


Fig.1. Summary flowchart of practice activity 52- Delivering soft skill-based competency.

CONCLUSION

At the end of the practice activity 52 session, CHO will be competent to understand, implement and evaluate the soft skill-based competency among health workers at HWC.

PRACTICE ACTIVITY 53
DEATHCARE IN THE COMMUNITY

COMPETENCY	To provide deathcare services for all age-groups in the community
RESPONSIBILITY	Provide respectful and culturally sensitive care after death and support the bereavement family to complete the legal formalities.

PRE-SERVICE LEARNING EXPERIENCE
Learnt about deathcare services in the primary healthcare setting.
IN-SERVICE LEARNING OBJECTIVES
At the end of practice activity 53 session, CHOs will be competent to: I. understand the types of death in the community II. practice the deathcare guidelines in various types of death in the community III. conduct the follow-up of bereavement family after death.

COMPETENCY-BASED STANDARDS (CBS)	
To provide deathcare services at HWC.	
SPECIFIC LEARNING OBJECTIVES	**BEHAVIOURS**
At the end of the CBS session, CHOs will understand and perform tasks, A. 1. recalling the types of death in the community A. 2. practicing the deathcare guidelines in various types of death in the community A. 3. encouraging the health workers to conduct the follow-up of bereavement family after death.	 Knowledge Skill Attitude

A. 1. Recalling the types of death in the community

As a CHO, understanding the various types of death is crucial for effective health service delivery, data collection, and community support.

Here are the primary classifications of deaths that CHOs should be aware of:

- **Natural death**
  - Death of known patients resulting from natural causes such as diseases or health conditions, rather than external factors.
  - Examples:
    - Maternal deaths, neonatal and infant death, epidemic-related death, sudden cardiac arrest and end-of-life death
- **Un-natural death**
  - Accidental death
    - Death resulting from unintended injuries or accidents.
    - Examples: Motor vehicle accidents, electrocution, drowning, natural calamities etc.
  - Suicidal death
    - Death caused by intentional self-harm with the intent to end one's life.
  - Homicidal death
    - Death resulting from intentional harm inflicted by another person.
    - Example: Rape and murder.

Here are the various contexts of death that CHOs should be aware of:

- Dies at home/neighbourhood
  - It can be natural and un-natural death.
    - Natural deaths are end-of-life death, death due to acute or chronic disease conditions at home.
    - Un-natural deaths are accidental, suicidal or homicidal deaths at home/ neighbourhood.
- Brought in dead to HWC
  - When a deceased is brought to HWC by families for an immediate attention of CHO.
- Dies at HWC
  - When a patient suddenly collapses and dies at HWC (while during consultations or any other health services).

A. 2. Practicing the deathcare guidelines in various types of death in the community

Here are the deathcare guidelines in various context of deaths at HWC

<u>DIES AT HOME/NEIGHBOURHOOD</u>

I. Natural deaths (reported by health worker or anyone in the community)

Here are the key steps that CHOs can adapt to assist PHC-MO/any nearby registered practitioner to confirm the deceased at home:

Step 1: Initial assessment of the deceased by CHO at home

- Conduct a home-visit by CHO along with health worker (with PPE and articles).
- Wear personal protective equipment
- Verify the deceased's identity.
- Check for responsiveness (e.g., verbal command, pain stimulus).
- Assess vital signs
    - Respiratory rate
    - Pulse
    - Blood pressure
    - Oxygen saturation
- Perform a physical examination
    - Check for breathing movements
    - Auscultate heart sounds
    - Check for reflexes (e.g., pupillary, corneal)
- Confirm absence of
    - Spontaneous breathing
    - Cardiac activity (using a pulse oximetry)
    - Brainstem reflexes (e.g., pupillary, corneal, oculovestibular)
- Review medical history and current condition.
- Examine the body for any obvious signs of injury or trauma.
- Ask about the circumstances of death
    - Talk to family members or witnesses to understand the circumstances surrounding the death.
- Document the clinical findings and remarks on death.
- Communicating with Family
    - CHOs should sensitively inform the family members about the confirmation of death by PHC-MO.

CHO ALERT

If any one of the vital signs are present, refer the case to PHC/Specialist hospital with escort by health worker (in consultation with PHC-MO) *(refer to practice activity 7).*

Step 2: Death confirmation by PHC-MO

- Inform PHC-MO/nearby registered practitioner for a home-visit to confirm the death.
- Assist PHC-MO to conduct physical examination and ECG.
- Assist PHC-MO to facilitate legal proceedings if required.
- Assist PHC-MO to fill the death certificate or death reporting formats by the state/national government.
- Communicating with Family
    - After confirming death, assist PHC-MO to inform the family members and provide them with emotional support.
- CHO can also assist the family regarding ambulance services and necessary paperwork in coordination with PHC-MO and village stakeholders.

OR

- If home-visit by PHC-MO is not possible, refer the deceased to PHC for death confirmation.
- Provide escort of deceased and family by a health worker.
- Conduct the follow-up of deceased's family through health worker.
- CHO can also assist the family regarding ambulance services in coordination with PHC-MO.
- Consult PHC-MO to practice measures for handling a deceased body, including clinical procedures in cases of infectious diseases.

II. Un-natural deaths (reported by health worker or anyone in the community)

Here are the key steps that CHOs can adapt:

Step 1: Initial assessment of environment by CHO

- Ensure that local police authorities are informed.
- Arrive at the scene calmly and assess the environment (in presence with police).
- Conduct a home/site visit by CHO along with health worker (with PPE and articles).
- Wear personal protective equipment.

CHO ALERT

Ensure that the area is not disturbed until police authorities arrive. This helps preserve potential evidence for further investigation.

Step 2: Initial assessment of dead patient by CHO (in presence with police)

- Verify patient's identity.
- Check the patient's responsiveness.
- Conduct a thorough assessment for vital signs
    - Pulse: Check for a carotid/radial pulse.
    - Breathing: Observe for any signs of breathing
    - Check oxygen saturation
- Consciousness: Check for pupil reaction and responsiveness to stimuli.
- Ask about the circumstances of death
- Talk to family members or witnesses to understand the circumstances surrounding the death.
- Document the clinical findings and remarks on death.

CHO ALERT

If any one of the vital signs are present, refer the patient to PHC/Specialist hospital with escort by health worker and police (in consultation with PHC-MO) *(refer to practice activity 7).*

Step 3: Death confirmation by PHC-MO

- Inform PHC-MO/nearby registered practitioner for a home/site visit to confirm the death.
- Assist the PHC-MO and police to conduct the legal proceedings, if necessary.
- Follow-up
    - After the situation has been handled by the police authorities, follow up with the family, offering support and connecting them to resources for counseling if necessary.

- Consult PHC-MO to practice measures for handling a deceased body, including clinical procedures in cases of infectious diseases.

BROUGHT IN DEAD TO HWC

Here are the key steps that CHOs can adapt at HWC if a dead patient is brought by family.

Step 1: Initial assessment of dead patient by CHO at HWC

- Wear personal protective equipment
- Verify patient's identity.
- Assess the type of death- natural/un-natural
- Check for responsiveness (e.g., verbal command, pain stimulus).
- Assess vital signs
    - Respiratory rate
    - Pulse
    - Blood pressure
    - Oxygen saturation
- Perform a physical examination
    - Check for breathing movements
    - Auscultate heart sounds
    - Check for reflexes (e.g., pupillary, corneal)
- Confirm absence of
    - Spontaneous breathing
    - Cardiac activity (using a pulse oximetry)
    - Brainstem reflexes (e.g., pupillary, corneal)
- Review medical history and current condition.
- Examine the body for any obvious signs of injury or trauma.
- Ask about the circumstances of death
- Talk to family members or witnesses to understand the circumstances surrounding the death.
- Document the clinical findings and remarks on death.
- Communicating with Family
    - CHOs should sensitively inform the family members about the confirmation of death by PHC-MO.

CHO ALERT

If any one of the vital signs are present, refer the patient to PHC/Specialist hospital with escort by health worker (in consultation with PHC-MO) *(refer to practice activity 7).*

Step 2: Death confirmation by PHC-MO

- Inform PHC-MO/nearby registered practitioner for a HWC visit to confirm the death.
- Assist PHC-MO to conduct physical examination and ECG.
- Assist PHC-MO to facilitate legal proceedings if required.
- Assist PHC-MO to fill the death certificate or death reporting formats by the state/national government.
- Communicating with Family

- After confirming death, assist PHC-MO to inform the family members and provide them with emotional support.
- CHO can also assist the family regarding ambulance services and necessary paperwork in coordination with PHC-MO and village stakeholders.

OR

- If HWC-visit by PHC-MO is not possible, refer the dead patient to PHC for death confirmation.
- Provide escort of dead patient and family by a health worker.
- Conduct the follow-up of dead patient's family through health worker.
- CHO can also assist the family regarding ambulance services in coordination with PHC-MO and village stakeholders.

CHO ALERT

- In case of un-natural deaths, ensure that police authorities are informed.
- Assist the police to conduct the legal proceedings, if necessary.
- Consult PHC-MO to practice measures for handling a deceased body, including clinical procedures in cases of infectious diseases.

DIES AT HWC

If the patient **UNEXPECTEDLY** dies at HWC irrespective of basic life support provided by the CHO and health workers, here are the key steps that CHO can adapt when patient dies at HWC.

**In case, if any one of the vital signs are present, refer the patient to PHC/Specialist hospital with escort by health worker (in consultation with PHC-MO) (refer to practice activity 7).*

Step 1: Initial confirmation of death by CHO at HWC

- Wear personal protective equipment
- Verify patient's identity.
- Assess the type of death- natural/un-natural death
- Check for responsiveness (e.g., verbal command, pain stimulus).
- Assess vital signs
  - Respiratory rate
  - Pulse
  - Blood pressure
  - Oxygen saturation
- Perform a physical examination
  - Check for breathing movements
  - Auscultate heart sounds
  - Check for reflexes (e.g., pupillary, corneal)
- Confirm absence of
  - Spontaneous breathing
  - Cardiac activity (using a pulse oximetry)
  - Brainstem reflexes (e.g., pupillary, corneal, oculovestibular)
- Review medical history and current condition.
- Examine the body for any obvious signs of injury or trauma.

- Document the clinical findings and remarks on death.
- Communicating with Family
    - CHOs should sensitively inform the family members about the confirmation of death by PHC-MO.

Step 2: Death confirmation by PHC-MO

- Inform PHC-MO/nearby registered practitioner for a HWC visit to confirm the death.
- Assist PHC-MO to conduct physical examination and ECG.
- Assist PHC-MO to facilitate legal proceedings if required.
- Assist PHC-MO to fill the death certificate or death reporting formats by the state/national government.
- Communicating with Family
    - After confirming death, assist PHC-MO to inform the family members and provide them with emotional support.

OR

- if HWC-visit by PHC-MO is not possible, refer the dead patient to PHC for death confirmation.
- Provide escort of dead patient and family by a health worker.

CHO ALERT

- In case of un-natural deaths, ensure that police authorities are informed.
- Assist the police to conduct the legal proceedings in coordination with PHC-MO.
- Consult PHC-MO to practice measures for handling a deceased body, including clinical procedures in cases of infectious diseases.

A. 3. Encouraging the health workers to conduct the follow-up of bereavement family after death

- Ensure that health workers conduct the home visit for a follow up with the bereavement family.
- Document the health, social and mental health status of bereavement family members.
- Provide feedback to PHC-MO.

SUMMARY FLOWCHART

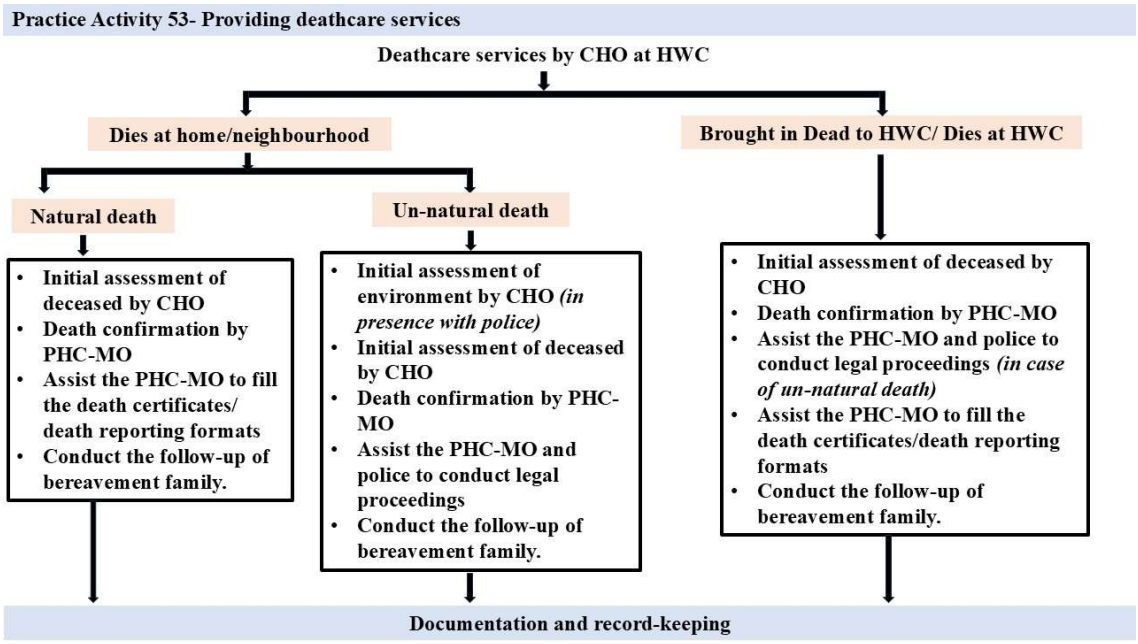


Fig.1. Summary flowchart of practice activity 53- Providing deathcare services.

CONCLUSION

At the end of the practice activity 53 session, CHO will be competent to understand the types of death in the community, practice the deathcare guidelines in various types of death at HWC and conduct the follow-up of bereavement family after death.

ANNEXURE 1
LIST OF COMPETENCIES AND BEHAVIOURS

National List of Role-Based Competencies of In-Service Community Health Officers in HWCs			
Domains (3)	**Clinical care provider (20)**	**Public health care provider (16)**	**Manager (14)**
Competencies (50) DCCP- 30 & DCCS- 20	Health assessment	Identification of burden of disease	Healthcare reporting
	Symptomatic management	Identification of determinants of disease	Sub centre level reporting formats
	Laboratory services	Local body meeting	Individual performance assessment
	Medication administration	Local action plan	Registers and records
	High-risk management	Community mapping	Interprofessional communication
	First-aid	Population enumeration	Health Management Information System
	Referral	Vulnerability assessment	Supportive supervision
	Follow-up	Yoga services	Monthly HWC meeting
	Counselling	Health promotion campaigns	HWC functionality status
	Teleconsultation	Community mobilization	Grievance redressal
	Infection control practices	Patient support groups	Health worker training
	Bio-medical waste management	Disease surveillance	
	Population-based screening	School health	Multi-sectoral convergence for action
	Immunization	Village Health Sanitation and Nutrition Committee	
	Adverse Events Following Immunization (AEFI) management		
	Maternal health		Inventory management
	Neonatal and infant health	Disaster services	
	Under-five child health	Outreach services	
	Family planning		Financial management
	Home-based delivery of care		

Colour code	Role	Definition
	Direct Community Care Provider (DCCP)	Direct Community Care Provider means a licensed nursing professional in the state who provides health care services through direct contact with the patient, family, and community, either in person or using approved telemedicine modalities in HWCs.
	Direct Community Care Supervisor (DCCS)	Direct Community Care Supervisor supervises a team of community health workers like ASHA, ANM, MPW and HW (F) who are the primary field-level frontline officials to ensure high-quality service delivery to communities and advocates for health worker skill development.

Sl.No.	Competencies (50)	Behaviours (100)
Clinical care provider- Direct Community Care Provider (DCCP)		
1	To conduct health assessment	To conduct history collection of patients/vulnerable groups including neonates and infants, under-five children, school aged and adolescents, pregnant mothers, post-partum mothers, adults and elderly people
		To conduct physical examination of patients/vulnerable groups including neonates and infants, under-five children, school aged and adolescents, pregnant mothers, post-partum mothers, adults and elderly people
		To record the health assessment findings of patients/vulnerable groups including neonates and infants, under-five children, school aged and adolescents, pregnant mothers, post-partum mothers, adults and elderly people
2	To provide symptomatic management services	To identify the signs and symptoms of the patient
		To practice the primary healthcare matrix assessment for identifying the red, yellow and green patient categories
		To identify the first line of treatment as per the standing instructions
		To implement the first line of treatment as per the standing instructions
3	To provide laboratory services	To identify the laboratory tests required for the patient
		To conduct laboratory tests for the patient
		To interpret the lab findings
4	To provide medication administration services	To ensure the availability of medicines for provision of expanded range of essential package of services as per standing instructions
		To dispense the drugs as per standing instructions
		Recording the prescribed medications and treatment in the patient folder and computer
5	To provide high-risk management services	To identify the danger signs for referral services
		To manage high-risk neonates, infants, under-five children, pregnant and postnatal mothers
6	To provide first-aid services	To identify the need of first-aid services
		To provide first-aid services

Sl.No.	Competencies (50)	Behaviours (100)
7	To provide referral services	To refer general OPD cases/referred by health workers
		To refer the positive cases after screening
		To refer high-risk neonates and infants, under-five children, adolescents, women and pregnant mothers
		To enter patient details in referral slip and intimate the service providers at referral centres
		To provide pre-referral stabilization and arrange transport as per the standing instructions
		To practice the two-way referral system and document it in the records/IT application
		To enable continuum of care under PM-JAY/other state level schemes
8	To provide follow-up services	To conduct the follow-up of yellow and red category health team referrals/general OPD cases/screening positive/ with mental illness/ high risk neonates and infants/under-five children/adolescents/pregnant mothers and adults/need-based referrals
9	To provide counselling services	To provide counselling services for general health/ mental health/ maternal and child health/adolescent health/ family planning/ safe abortion
10	To provide teleconsultation services	To conduct referral, OPD and training teleconsultation services.
11	To practice infection control guidelines	To implement the infection prevention and control guidelines
12	To practice bio-medical waste management guidelines	To follow biomedical waste management guidelines
Clinical care provider- Direct Community Care Supervisor (DCCS)		
13	To supervise population-based screening	To supervise screening of population
		To supervise case identification through screening tests
		To supervise mass screening
		To supervise high-risk screening of neonates/infants, under-five children and pregnant mothers for identification of high-risk cases
14	To supervise immunization services	To supervise immunization for neonates, infants, under five children, pregnant mothers and others
15	To supervise services on management of Adverse Events Following Immunization (AEFI)	To supervise Adverse Events Following Immunization (AEFI) management
		To supervise the notification and reporting of Adverse Events Following Immunization (AEFI)
16	To supervise maternal health services	To supervise MCH registration for pregnant mothers
		To supervise antenatal check ups

Sl.No.	Competencies (50)	Behaviours (100)
		To supervise normal vaginal delivery in specified delivery sites as per state context -where ANM is trained as Skill Birth Attendant
17	To supervise neonatal and infant health services	To supervise nurturing care
		To supervise breast feeding
18	To supervise under-five child health services	To supervise the growth monitoring of under-five children
19	To supervise family planning services	To supervise the provision of family planning services
		To coordinate Family Planning Logistics Management Information System (FP-LMIS)
20	To supervise home-based delivery of care services	To supervise home visits for delivering palliative/rehabilitative/hospice/post-surgical/postpartum/newborn care by ANMs/HW(F)s
Public healthcare provider- Direct Community Care Provider (DCCP)		
21	To identify the burden of disease	To analyze data of diseases for planning the services and reporting
22	To identify the determinants of disease	To identify social determinants of disease
		To identify environmental determinants of disease
23	To conduct local body meetings	To plan monthly local body meetings for monitoring of community level activities
		To organize monthly local body meetings for monitoring of community level activities
24	To conduct local action plan	To develop a local action plan
		To identify the measurable targets of local action plan
		To supervise the health team to implement the local action plan
Public healthcare provider- Direct Community Care Supervisor (DCCS)		
25	To supervise community mapping	To supervise health workers to develop geographical mapping of the village
26	To supervise the Population Enumeration services	To supervise to identify your population
		To supervise the collection of population-based data and planning for organizing services at HWC
		To assist the health workers to conduct population enumeration and empanelment of families at HWCs
27	To supervise vulnerability assessment	To supervise the identification of vulnerable population at HWCs
		To supervise in improving access to healthcare in rural/remote areas for the marginalized and vulnerable families.
28	To supervise the provision of yoga	To identify yoga instructors

Sl.No.	Competencies (50)	Behaviours (100)
	services	To organize yoga sessions
29	To supervise monthly health promotion campaigns	To supervise the planning of monthly health promotion campaigns by the health workers
		To supervise the steps of organizing health campaigns
30	To supervise health workers in providing community mobilization services	To supervise ASHAs/ MPWs/ANMs/HW(F)s to mobilize the communities in accessing the services
31	To supervise patient support groups (PSGs)	To facilitate the formation of patient support groups for different diseases
		To assist ASHAs/ ANMs/MPWs/HW(F)s for conducting Patient Support Groups
32	To supervise disease surveillance services	To supervise the team to confirm the diagnosis of community outbreaks
		To supervise the outbreak control activities by PHC
		To supervise the health team to document the disease surveillance services
		To supervise the health team to identify the hidden cases in the community
33	To supervise school health services	To supervise the health team to identify the school teachers as health ambassadors for community level health prevention and promotion activities
		To supervise the health team to organise health promotion activities in schools
34	To supervise Village Health Sanitation and Nutrition Committee (VHSNCs)	To supervise the health team to plan Village Health Sanitation and Nutrition Committee (VHSNCs) activities
		To supervise the health team to engage in Village Health Sanitation and Nutrition Committee (VHSNCs) activities
		To supervise the health team to assist VHSNC monthly meeting
		To monitor the activities using Village Health Sanitation and Nutrition Day Site Monitoring Checklist
35	To supervise disaster services	To train the teams for disaster services
		To supervise the disaster services of health team in coordination with PHC
36	To supervise outreach services	To supervise the health team to plan outreach activities as per protocols specified for the twelve essential service packages (CPHC)
		To monitor outreach services
Manager- Direct Community Care Provider (DCCP)		
37	To provide healthcare reporting services	To report on AEFI, referrals and any major events to medical officer
		To submit quality assurance report to PHC MO

Sl.No.	Competencies (50)	Behaviours (100)
38	To demonstrate interprofessional communication	To demonstrate interprofessional communication skills using relevant technologies
39	To maintain sub centre level reporting formats	To maintain sub centre level reporting formats
		To support ASHAs/ ANMs/MPWs/HW(F)s in maintaining updated information for all sub centre level reporting formats
40	To prepare performance assessment reports	To prepare performance assessment reports using service package indicators
		To submit the performance assessment reports for incentives
41	To maintain registers and records	To supervise the health workers to maintain registers
		To maintain records on various delivery of services
		To supervise the health workers to maintain family folders
42	To handle Health Management Information System (HMIS)	To fill the data in health information system and use the data for monitoring continuity of services
		To link with specialists and undertaking two-way referral information system
43	To provide supportive supervision services	To practice supportive supervision services
44	To conduct Monthly HWC meetings	To conduct monthly HWC meetings
45	To monitor the functionality status of HWC	To monitor key indicators of different service packages under comprehensive primary healthcare
46	To provide grievance redressal services	To follow grievance handling procedures
47	To facilitate health worker training services	To organize additional training programs for ASHAs/ ANMs/MPWs/HW(F)s
48	To facilitate multi-sectoral convergence for action by health workers	To facilitate convergence initiatives by ASHAs/ ANMs/MPWs/HW(F)s
49	To conduct inventory management	To maintain the inventory management
50	To manage HWC funds	To utilize HWC (program and JAS) funds

ANNEXURE 2
NATIONAL COMPETENCY ASSESSMENT TOOLKIT

CHO-CAT[56] toolkit is developed using 50 role-based competencies of Community Health Officers (CHOs). It consists of 70 knowledge items, 50 attitude items, and 51 skills exercises (30 DOPS[57], 15 Mini-CEX[58] and 6 SimEx[59]) for competency assessment of CHOs. The state level experts can customize the CHO-CAT toolkit to the state context by considering the following factors;

1. Roles and responsibilities of CHOs in the state
2. Disease patterns in the communities
3. Recalling your population and vulnerable communities in the state
4. Organization of services at family/community/HWC/first referral level
5. Adopted approaches and available resources for health promotion in the state
6. Management of primary healthcare team and work coordination
7. Management of HWC.

The state level experts can choose the **most appropriate 40 knowledge items, 10 attitude items and 25 skill exercises** from clinical care, public healthcare and manager domains for assessing the competencies of CHOs. The competency assessment items will vary each year depends upon the needs and demands to be addressed by CHOs of the state.

1. **Duration of evaluation**- 6 hours (360 minutes)[60]
   - Preparation- 15 minutes
   - Informed consent-15 minutes
   - Assessment- 265 minutes
   - Break period- 65 minutes
2. **Evaluators-** Post graduate nurses who are trained on CAT administration
3. **Customization of items[61]**

3.A. Customization of 40 knowledge items

Domains	Clinical care	Public healthcare	Manager
Number	20	10	10
Score range (min-max)	20-60	10-30	10-30
Total score range	40-120		
Estimated duration	1 hour		

3.B. Customization of 10 attitude items

Domains	Clinical care	Public healthcare	Manager
Number	6	2	2
Score range (min-max)	6-18	2-6	2-6
Total score range	10- 30		
Estimated duration	10 minutes		

3.C. Customization of 10 DOPS exercises

Domains	Clinical care	Public healthcare	Manager
Number	6	1	3
Score range (min-max)	6-24	1-4	1-12
Total score range	10-40		

[56] Community Health Officers- Competency Assessment Tool
[57] Direct Observation of Procedural Skills
[58] Mini Clinical Evaluation of Exercises
[59] Simulation Exercises
[60] Identified the duration during pretesting in Odisha state.
[61] CHO-CAT can be customized in consultation with state experts

Estimated duration	1 hour 40 minutes

3.D. Customization of 9 Mini-CEX exercises

Domains	Clinical care	Public healthcare	Manager
Number	5	2	2
Score range (min-max)	5-20	2-8	2-8
Total score range	9-36		
Estimated duration	1 hour 5 minutes		

3.E. Customization of 6 SimEx exercises

Domains	Clinical care	Public healthcare
Number	4	2
Score range (min-max)	4-16	2-8
Total score range	6-24	
Estimated duration	30 minutes	

3.F. Score distribution of CHO-CAT

Domains	Clinical care	Public healthcare	Manager
Score distribution and percentage	140 (56%)	55 (22%)	55 (22%)
Total score range	75-250		

3.G. Scoring[62]:

- Competent- 199-250 (>=80%)
- Moderately competent- 150-198 (61%-79%)
- Need to improve competency- <149 (<=60%)

4. CHO-Competency Assessment Protocol integrating Peplau Interpersonal Relation Theory

(Pretested and finalized the protocol in Khorda District, Odisha on 02.04.2024 and 03.04.2024)

Sl.No.	Time (Identified during Pretesting)	Items	Duration (Average time during pretesting)	Mode of Assessment	Peplau IPR phases
1.	9.00 AM	Reporting in HWC		Observation	Orientation
2.	9.30 AM-9.45 AM	Introduction and preparation of CHO	15 minutes	Discussion	
3.	9.45 AM-10.00 AM	Informed Consent	15 minutes	Written Consent	Identification
4.	10.00 AM-10.15 AM	Knowledge Items (K1-K10)	15 minutes (1.5 min/item)	Interview[63]	Exploitation
5.	10.15 AM-11.05 AM	DOPS 1 to 5	50 minutes (10 min/item)	PO/SI[64]	
6.	11.05 AM-11.15 AM	Break for CHO	10 minutes	-	
		Record Review (RR) of slot 4 and 5 by Evaluator		RR	
7.	11.15 AM-11.30 AM	Knowledge Items (K11-K20)	15 minutes (1.5 min/item)	Interview	
8.	11.30 AM-12.20 PM	DOPS 6 to 10	50 minutes (10 min/item)	PO/SI	

[62] Finalized after pilot study in Odisha on 04-06/04/2024

[63] CHO must initiate response within 15 seconds and give responses within 75 seconds.

[64] Participant Observation/ Staff Interview

9.	12. 20 PM-12.30 PM	Break for CHO	10 minutes	-	
10.		Record Review of slot 7 and 8 by Evaluator		RR	
11.	12.30 PM-12.40 PM	Attitude Items (A1-A10)	10 minutes (1 min/item)	Interview	
12.	12.40 PM-1.15 PM	Mini-CEX 1-5	35 minutes (7 min/item)	CD/SI[65]	
13.	1.15 PM- 2.00 PM	Lunch Break	45 minutes	-	
14.	2.00 PM- 2.15 PM	Knowledge Items (K21-K30)	15 minutes (1.5 min/item)	Interview	
15.	2.15 PM- 2.45 PM	Mini-CEX 6-9	30 minutes (8 min/item)	CD/SI	
16.	2.45 PM-3.00PM	Knowledge Items (K31-K40)	15 minutes (1.5 min/item)	Interview	
17.	3.00 PM-3.30 PM	SimEx 1-6	30 minutes (5 min/item)	TTD[66]	
18.	3.30 PM-4.00 PM	Record view of slot 11,12, 14-17 and complete documentation	30 minutes (Extra if needed)	RR and documentation	Resolution
19.	Termination of Assessment	Vote of thanks and constructive feedback	-	Discussion	Termination
20.	4.15 PM	Leaving HWC	-	-	

Highlights of Assessment

- **Preparation**- 15 minutes (4%)
- **Informed Consent**- 15 minutes (4%)
- **Interview of knowledge and attitude items**- 70 minutes (19%)
- **Table Top Discussion of Simulation exercises**- 30 minutes (8%)
- **Observation of skill**- 165 minutes (47%)
- **Break time**- 65 minutes (18%)
- **Total minutes of CHO Competency Assessment**- 360 minutes (6 hours) ±30 minutes

5. NATIONAL COMPETENCY ASSESSMENT TOOLKIT

A. Personal information

A.1. Date and time:	A.4. Designation/Grade:
A.2. Age:	A.5. Name of health facility:
A.3. Gender:	A.6. District:
A.7. Mention all educational qualifications in nursing:	

[65] Clinical Demonstration/ Staff Interview

[66] Table Top Discussion

A.8. Please list the various training programs attended in the last 2 years

Name of the training	Agency	Year and duration	In-person/Virtual

A.9. Total months/years of experience working in public health facilities:

A.10. Details of posting in the public health facilities:

Place of posting	Date of posting	Regular/ contractual	No. of years/months	Reason of transfer	Roles and responsibilities

B. General information

B.11. Do you know how many healthcare services are provisioned for your facility?

B.12. Can you list those services which are being provided from this facility?

B.13. Do you feel that you are performing well or at least, at par with your expectations in this job? If yes/no, then why do you feel so?
B.14. What are the working factors that enable / disable you to carry out your duties?
B.15. What are the activities you do to ensure the availability of medicines, instruments and materials in your facility?
B.16. On a scale of 1-5, how comfortable are you to perform your day-to-day activities? (1-very little, 2- less, 3- adequate, 4- more than needed, 5-exceptional)
B.17. On a scale of 1-5, how would you rate your overall clinical knowledge & skills to perform your duty? (1-very little, 2- less, 3- adequate, 4- more than needed, 5-exceptional)
B.18. What competencies do you have that are of use the most in carrying out the assigned duties?
B.19. Do you feel that you have additional skill sets to perform tasks, other than the assigned duties to you, competently? What additional training is required for you to carry out your duties efficiently?

B.20. Is there any mechanism to provide training/ orientation before the introduction of any new patient care services?

C. CHO's Domains[67]

Sl.No.	Domain
1.	Clinical care provider
2.	Public healthcare provider
3.	Manager

This tool is meant to assess the competencies of CHOs in terms of **Knowledge**[68], **Skill**[69] and **Attitude**[70] through **Interview, Direct Observation of Procedural Skills (DOPS)**, **Mini Clinical Evaluation of Exercises (Mini-CEX)** and **Simulation Exercises (SimEx)**[71]**.**

- **DOPS** is developed to assess the CHO's competencies in handling daily tasks in HWCs. The assessment modes are participant observation and record reviews (priority) and clinical demonstration (second priority). The evaluator can choose the assessment mode based on the availability of daily exercises for evaluation in the HWC setting. If it's not available during the evaluation day, the evaluator can request the CHO to demonstrate the exercise in the same setting.
- **Mini-CEX** is designed to assess their competencies in executing weekly plans of activities. The assessment modes are clinical demonstration and record reviews (priority) and participant observation (second priority). The evaluator can request the CHO to demonstrate the exercises with the available resources in the HWC. Also, the evaluator can observe and evaluate the fixed-day activities by CHO.
- **SimEx** is developed to evaluate their competencies to coordinate and lead response to emergency/rare situations like outbreaks, disasters, etc. The assessment mode is a tabletop discussion where CHOs will discuss their responses to a particular situation with the evaluator. Therefore, the evaluator will assess the CHO's competencies in handling emergencies using means of verification.

C.1. Interview (Knowledge and Attitude)[72]

Scoring[73]

1. Provided correct responses less than 50%
2. Provided correct responses between 50% and 80%
3. Provided correct responses more than 80%

[67] Broadest Category of Competencies
[68] Concepts and Theories
[69] Use of techniques to integrate knowledge into practice
[70] A person's feelings, values, and beliefs, which influence their behavior and the performance of tasks
[71] A Simulation Exercise (SimEx) is a fabricated situation, similar to happening in real life
[72] State experts can identify 40 knowledge and 10 attitude items based on 7 contextual factors of the state
[73] For knowledge items with less than 3 means of verification, the evaluator can ask sub questions to assess the level of knowledge of CHO.

Sl.No.	Knowledge items	Score	Means of Verification[74]
1.	What is the information to be collected for history collection? (Page no; - 10-15) **Leading questions** 1A. What information will be gathered for the health history collection of infants, children, and pregnant mothers?		**Common to all age groups** 1. Registration details and Identification data 2. Health history - Family and Personal health history 3. Present and past medical and surgical history 4. Drug history and allergies (Consumption of addictive substance) 5. Dietary history 6. Home safety (domestic violence) and socio-environmental history **Age wise classification** Infant and children 7. Birth history 8. Developmental history 9. Immunization history Pregnant mothers 10. Antenatal/ postnatal history
2.	What is the difference between head-to-toe and systemic physical examination? (Page no; - 11)		1. Head to toe physical examination starts with individual assessment of head, external body parts and extremities using inspection, palpation, percussion and auscultation. 2. Systemic examination will be conducted system wise, like assessment of integumentary system, nervous system, cardiovascular system etc using inspection, palpation, percussion and auscultation.
3.	What are the principles to be followed while documenting? (Page no; - 44)		1. Maintain clear, accurate and consistent data 2. Entry on time 3. Legible 4. Reflect nursing process 5. Confidentiality of the patient information 6. Security of the data 7. Use standardized terminologies
4.	How do you document health assessment findings according to state guidelines?		1. CHO shall describe the state government instructions for health assessment documentation. 2. CHO shall show and explain the health assessment formats given by the state.
5.	What are the disease conditions listed under population-based screening by the government? (Page no; - 3)		1. Hypertension 2. Diabetes Mellitus 3. Breast Cancer 4. Oral Cancer 5. Cervical Cancer
6.	List the various cancer screening tests for population-based		1. Breast Cancer- Clinical Breast Examination 2. Oral Cancer- Oral Visual Examination 3. Cervical Cancer- Visual Inspection with Acetic acid

[74] Means of Verification are the answer keys which could be used for comparison of CHO's responses and scoring the knowledge items.

Sl.No.	Knowledge items	Score	Means of Verification[74]
	screening as per the government guidelines? (Page no; - 3)		
7.	List some examples of mass screening that can be conducted in your community (Page no; - 40)		CHO shall list the mass screening programs that can be conducted in the community. CHO shall show the records of mass screenings conducted for the past one year in the community. **(Record Review)**
8.	What age groups do need high-risk screening? (Page no; - 38,39) **Leading questions** 8A. Could you please list the high-risk categories for infants and children who require screening?		**Age wise classification** Infant and children 1. Preterm Newborns 2. LBW/SNCU/NRC discharged children 3. Children suffering from common childhood illnesses and nutritional deficiency Pregnant mothers 4. High-risk pregnant women and their postnatal period Above 30 population 5. NCD screening Above 60 years population High-risk palliative and elderly patients
9.	How do you identify the disease condition by assessing the signs and symptoms of the patient? (Page no; - 6,11,14,15)		1. Undertake a detailed history collection 2. Conduct physical examination of patients to assess general signs and symptoms for identifying a disease condition 3. Identify and provide the first level management for all conditions as per the standing instructions. 4. Confirm the diagnosis in consultation with MO and initiate treatment plan 5. Conduct the follow-up of cases and report to MO
10.	Describe the first line of treatment of communicable diseases as per the standing instructions (Page no; - 6,11,14,15)		1. Undertake a detailed history collection 2. Conduct physical examination of patients to assess general signs and symptoms for identifying a disease condition 3. Conduct the laboratory diagnosis 4. Confirm the diagnosis with MO and initiate the treatment plan as per the MO order 5. Administer the drugs and give health counselling 6. Refer the patient if any complications 7. Conduct the follow-up of the patient 8. Report to MO about the patient's status
11.	How many laboratory tests are provisioned for your facility?		CHO shall list the laboratory tests available in the facility.
12.	What is the normal range of HbA1c? (Page no; - 19)		Normal range of HbA1c is ≤5.6%
13.	List the anti-diabetic		CHO shall list the anti-diabetic medicines as per state level

Sl.No.	Knowledge items	Score	Means of Verification[74]
	medicines as per standing orders in your state? (Page no; - 21)		standing orders. Evaluator can verify the response with the state government documents or by consulting with PHC-MO.
14.	What supplements can be prescribed for a pregnant woman? (Page no; - 21-22) **Leading questions** 14A. What is the recommended dosage and frequency of the supplements for a pregnant woman? 14B. What is the recommended medication dosage and frequency for deworming a pregnant woman?		1. Tablet Folic Acid (500 microgram, one tablet once a day)- 1st trimester (once pregnancy confirmed) 2. Tablet Iron Folic Acid (IFA) (60 mg Iron and 0.5 mg Folic Acid, one tablet once a day)- In second and third trimester of pregnancy for 6 months (180 tablets) and continued for 6 months after delivery (180 tablets) 3. Tablet Calcium (500 mg calcium and 250 IU Vitamin D3, one tablet twice a day)- From second trimester (14 weeks) onwards throughout pregnancy for 6 months (360 tablets) and continued for 6 months after delivery (360 tablets) 4. Tablet Albendazole (Deworming) 400 mg One tablet once only- After 1st trimester (after 12 weeks)
15.	List the danger signs of a newborn baby as per IMNCI guidelines. (Page no; - 13) **Leading questions** 15A. What are the signs of severe dehydration of a newborn baby? 15B. What is low birth weight?		1. Low Birth Weight (<1800 gm) 2. Baby cold (Axillary temperature less than 35.5 Degree Celsius/hot to touch (Axillary temperature 37.5 Degree Celsius or above) 3. Inability/difficulty in feeding 4. Difficulty in breathing/fast breathing (60 breaths per minute or more) 5. Severe chest indrawing 6. Abnormal movements (Convulsions/Fits) 7. Severe dehydration* (less movement, sunken eyes, skin pinch goes back very slowly) 8. Appearance of jaundice within 24 hours of age/yellow staining of palms or soles 9. Malnutrition – Severe acute cases - with medical complication (Weight for length <-3SD/ Bilateral pitting oedema, inability to breastfeed) 10. Persistent diarrhoea (>14 days)
16.	Describe the RICER protocol for the management of fractures (Page no; - 12)		Follow the RICER protocol in cases of fractures: 1. Rest 2. Ice/Immobilization 3. Compression 4. Elevation 5. Referral During immobilization, CHO has to splint closed fractures.
17.	What is the CPR compression rate for adults? (Page no; - 8) **Leading questions** 17A. What is the compression depth for adults?		1. Compression depth for adults should be 2 inches (about 5 cm) 2. Rate should be at least 100/minute.

Sl.No.	Knowledge items	Score	Means of Verification[74]
18.	List the danger signs of malaria for referral (Page no; - 9) **Leading questions** 18A. Explain the red flag signs of malaria		Patients with severe malaria may present with different combination of red flag signs. 1. Fever of 3 days with acute onset seizures, or 2. Fever from 2–3 days and severe shock and respiratory distress, or 3. Patient with high grade fever and severe vomiting with splenomegaly
19.	What details of the patient do you enter in a referral slip? (Page no; - 62)		1. Name and details of the referring person and facility 2. Name and details of the patient 3. Provisional diagnosis 4. Summary of Management (Procedures, Critical Interventions, Drugs given for Management) 5. Investigations 6. Condition and vital parameters at the time of referral 7. Reason for referral 8. Details of information on Referral provided to the Institution Referred to; and if yes, then name of the person spoken to 9. Mode of Transport for Referral 10. Signature of Referring CHO (Name/Designation/Stamp)
20.	Describe the services included under PM-JAY (or any other state level schemes) for hospitalized care (Page no; - 50)		1. Provides a cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization 2. Provides cashless access to healthcare services for the beneficiary at the point of service 3. Covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines 4. No restriction on the family size, age or gender 5. All pre–existing conditions are covered from day one
21.	List the birth dose vaccines as per the national immunization schedule (Page no; - 74)		1. Bacillus Calmette Guerin (BCG) 2. Oral Polio Vaccine (OPV)-0 dose 3. Hepatitis B birth dose
22.	Explain the criteria for severe Adverse Events Following Immunization (AEFI) (Page no; - 14) **Leading questions** 22A.List the examples of AEFI?		1. Can be disabling, and rarely, life threatening 2. Must be reported to MO 3. Most do not lead long-term problems 4. Examples: Seizure, hypotonic hyporesponsive episodes (HHE), prolonged crying, thrombocytopenia.
23.	Explain the two channels of reporting AEFI in the government system (Page no; - 24)		1. Monthly routine reporting includes reporting of all serious and minor AEFI through monthly progress reports. 2. Immediate Serious AEFI Notification to the appropriate authority by the first person who identifies the event.
24.	Describe the number of antenatal checkups		1. 1st Visit Within 12 weeks- preferably as soon as pregnancy is suspected

Sl.No.	Knowledge items	Score	Means of Verification[74]
	and timings of visits as per the government guidelines. (Page no; - 15)		2. 2nd Visit- Between 14-26 weeks 3. 3rd Visit- Between 28-36 weeks 4. 4th Visit- Between 36 weeks and term (In addition, CHO shall explain the state level standing instructions)
25.	How do you classify pregnant women as per nutritional assessment? (Page no; - 21) **Leading questions** 25A.What are the factors to be considered at the time of nutritional assessment?		The pregnant women will be classified into three categories; 1. Not at Nutritional Risk 2. At-Nutritional Risk 3. At Severe Nutritional Risk and Medical Risk The classification is based on Age, height, BMI, gestational weight gain per month, Hb Level and present clinical signs at the time of examination.
26.	How do you advise a working mother regarding storage of Expressed Breast Milk? (Page no; -88) **Leading questions** 26A. How long can expressed breast milk be kept at room temperature?? 26B. What temperature is optimal for storing breast milk in a refrigerator?		1. Can be kept in a covered container at room temperature (< 25 Degree Celsius) for up to 6 hours. Need not require heating when stored at room temperature. 2. Milk not fed/if not used within 6 hours of expressing, should be discarded. 3. Can be stored in the main compartment of a regular refrigerator (2°C to 8°C) for 24 hours. 4. Refrigerated breastmilk can be used after thawing so that it is at room temperature.
27.	Describe the frequency of recording a child's weight and height in the growth chart (Page no; -67)		1. Recording of child's weight should be done once every month up to age of 3 years and at least once in 3 months thereafter. 2. Length is to be recorded once in three months from birth to 2 years of age and height once in 6 months (2 to 5 years of age).
28.	What is the recommended spacing between 2 children? (Page no; - 1)		Spacing for 3 years between two children result in bigger savings and improved health of mother and child
29.	How does the counseling play an important role in health promotion? (Page no; - 14)		Counselling is a means of assisting people to 1. understand, and cope, more effectively with their problems, 2. improve health seeking behaviour, 3. bring about life style modifications 4. share information related disease management, 5. enable treatment compliance, 6. educate individuals and families for primary and secondary prevention and support in necessary health promotion.
30.	How many hours		For up to two hours every day, for at least four or five days a week,

Sl.No.	Knowledge items	Score	Means of Verification[74]
	every day ASHA should visit the families living in her catchment area? (Page no; - 27)		the ASHA should visit the families living in her catchment area, with first priority being accorded to marginalized families.
31.	Explain the teleconsultation guidelines to be followed in your facility (Page no; - 16-23) **Leading questions** 31A. What are the 3 modes of telemedicine?		1. Identification of the registered medical practitioner for consultation and the patient is required. 2. Mode of telemedicine (3 modes: video, audio or text (chat, images, messaging, email, fax etc.) 3. Patient consent 4. Exchange of information for patient evaluation 5. Types of consultation: first/ follow-up consultation 6. Patient management: health education, counseling & medication
32.	Describe the infection control protocols in your facility (Page no; - 28) **Leading questions** 32A. How do you dispose Bio-Medical waste as per guidelines? 32B. Explain the guidelines for Airborne Infection Control		1. Hand washing facilities in all areas 2. Compliance with the correct method of hand hygiene by healthcare workers 3. Follow safe clinical practices as per standard protocols to prevent healthcare associated infections 4. Follow proper written hand over system between healthcare staff 5. Follow safe injection practices as per the prescribed protocol 6. Ensure safe disposal of Bio-Medical Waste as per rules 7. Follow the guidelines for Airborne Infection Control 8. Conduct regular training of healthcare workers in patient safety, infection control and bio-medical waste management
33.	How do you dispose various clinical materials after use as per biomedical waste management guidelines? (Page no; - 18) **Leading questions** 33A. How do you dispose the decontaminated and shredded biomedical waste as per guidelines? 33B. How do you dispose the general/municipal waste as per guidelines?		1. Ensure the availability of dedicated biomedical waste disposal facility/deep burial pit along with septic tank and soaking pit in HWC 2. Dispose the decontaminated and shredded biomedical waste in the deep burial pits 3. Dispose general/municipal waste (consists of all the waste other than bio-medical waste) in coordination with Panchayat/ULB 4. Dispose human anatomical waste, soiled waste and biotechnology waste is done within 48 hours 5. Dispose the treated liquid waste in drainage system 6. Dispose electronic equipment, used batteries, and radio-active wastes as per the provisions laid down under E-Waste (Management) Rules
34.	Identify the types of community mapping. (Page no; - 4) **Leading questions** 34A. What is GIS mapping?		1. It can be conducted using GIS mapping or consultative process. 2. GIS mapping can be done through remote sensing and spatial mapping 3. Or conduct the mapping exercise manually, by obtaining a current map from the administrative officials
35.	What methods do you		Supervises ASHA to

Sl.No.	Knowledge items	Score	Means of Verification[74]
	adopt to update your population data annually? (Page no; - 20) **Leading questions** 35A. What is Community Based Assessment Checklist (CBAC)? 35B. What is a village health record?		1. undertake annual household surveys for population enumeration 2. update population-based household lists 3. undertake registration of new individuals and families residing within the catchment area of a HWC in the Family Folder 4. transferring of data to the IT systems in place 5. fill the Community Based Assessment Checklist (CBAC) 6. maintains a village health records and provides information on about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centres/Primary Health Centre 7. review (by CHO) the completed CBAC filled by the ASHA and verified by MPWs/HW (F) in their coverage area to ensure that it is filled and correct.
36.	How do you identify the vulnerable sections of your village in which the problem is widespread? (Page no; - 60) **Leading questions** 36A. How do you conduct a situational analysis of the village? 36B. What is a social and resource map?		1. Conduct a situation analysis of the village using the information from population enumeration, village health register, CBAC, ASHA Diary, VHSNC record of minutes, RCH register etc 2. Prepare a 'social and resource map' of the village to identify locations or hamlets, vulnerable sections of the village 3. CHO has to list the vulnerable sections in the village using a social map
37.	How do you calculate the incidence and prevalence of diseases in your population? (Page no; - 21,22) **Leading questions** 37A. What is incidence? 37B. What is prevalence?		1. Incidence= Number of new cases of disease in a population/ the number of persons in the population at that time 2. Prevalence= Number of affected persons (both old and new cases) present in the population/ the number of persons in the population at that time
38.	Describe the types of determinants of health. (Page no; - 8) **Leading questions** 38A. What are social determinants of health? 38B. What are environmental determinants of health?		Determinants of health such as 1. nutrition 2. basic sanitation and hygienic practices 3. healthy living 4. life style modifications 5. working conditions 6. information on existing health services 7. and the need for timely use of health services. Address issues of social and environmental determinants of health with extension workers of other departments related to 8. gender-based violence 9. education 10. safe potable water

Sl.No.	Knowledge items	Score	Means of Verification[74]
			11. safe collection of refuse 12. proper disposal of waste water 13. indoor air pollution 14. and on specific environmental hazards such as fluorosis, silicosis, arsenic contamination, etc
39.	Explain the reporting format for syndromic surveillance. (Page no; -70) **Leading questions** 39A. What is IDSP-IHIP? 39B. How do you report an outbreak in your community?		1. IDSP-IHIP [75]is a digital based weekly reporting system 2. Supervise HW(F) to enter and submit the data in the IDSP-IHIP app 3. Even if there is no outbreak reported, HW(F) has to enter NIL in the portal and submit it. 4. During epidemics and monsoon season this is augmented by a daily telephonic reporting system to PHC-MO.
40.	Describe the benefits of practicing yoga. (Page no; -45,47) (Page no; -1)		Yoga helps to build up 1. psycho-physiological health, 2. emotional harmony, 3. and manage daily stress and its consequences.
41.	How do you develop a local action plan for your community? (Page no; -15)		1. Use HWC and population data to understand key causes of mortality, morbidity in the community 2. Conduct meeting with the team to develop local action plans with measurable targets, more focus on vulnerable groups
42.	List the Ayushman Ambassadors or the Health and Wellness Ambassadors in your community (Page no; -62)		CHO shall list the Ayushman Ambassadors or the Health and Wellness Ambassadors who are school teachers and are responsible for promotion of healthy behaviour and prevention of various diseases at the school level.
43.	What are the levels of prevention? (Page no; - 51,52)		1. Primordial Prevention: The actions that restrict development of risk factors in population 2. Primary prevention: The actions taken prior to the onset of disease 3. Secondary prevention: The actions that halt the progress of a disease 4. Tertiary prevention: It is used when the disease process has advanced beyond its early stages
44.	Explain the health promotion using the 'TALK' approach (Page no; - 52)		1. T – TELL About healthy life style 2. A – ADVISE how to reduce risk factors and adopt healthy lifestyles 3. L – LEAD Collective community action for reducing risk factors by working with community-based organizations, VHSNCs/Self-help groups 4. K – KNOW more about health promotion and healthy life style to reduce risk
45.	List the local bodies in your community (Page		CHO shall describe Zilla-Panchayat and Gram Panchayats/Urban Local Bodies in the community.

[75] Integrated Disease Surveillance Programme-Integrated Health Information Platform

Sl.No.	Knowledge items	Score	Means of Verification[74]
	no; - 34)		
46.	Identify the various approaches for community mobilization (Page no; - 8)		1. Conduct regular home visits to particularly those belonging to marginalized communities 2. Conduct health campaigns 3. Assist people to claim health entitlements 4. Mobilize the community through multi-sectoral convergence
47.	List the patient support groups in your community (Page no; - 56)		CHO shall list the patient support groups (PSGs) of various diseases in the community. Evaluator can check the records of previous minutes of meeting. (Record Review)
48.	Explain the expectations of Village Health Sanitation and Nutrition Committees (Page no; - 58,59)		1. Act as platform for building awareness of community for health programmes and improve the access to services 2. Serve as a platform for convergent community action on social determinants and public services 3. Act as platform for community to voice, needs, experiences and grievances on access to health services 4. Provide community level support to frontline workers of health and related services 5. Support in developing village health plans with specific focus to the local health needs
49.	Identify the members of the Village Health Sanitation and Nutrition Committee in your community (Page no; - 59)		CHO shall list the members of the Village Health Sanitation and Nutrition Committee in the community. Evaluator can check the records of previous minutes of meeting and other details. (Record Review)
50.	Describe the disaster management guidelines by the government (Page no; - 18-28) **Leading questions** 50A. What is a disaster management mock drill? 50B. How do you coordinate with State Disaster Response Steering Committee during a disaster?		1. Hazard, risk and vulnerability analysis 2. Capacity building measures 3. Conduct mock drills 4. Participate in disaster specific prevention and mitigation Plans by the health department 5. Coordinate with State Disaster Response Steering Committee 6. Listing of vulnerable /hazard prone blocks/communities/pregnant women/under five children 7. Field review and spot assessment for the situational analysis 8. Develop action plan for providing health services to affected people 9. Ensuring availability of drugs/consumables for delivering health services 10. Conduct Water Quality Monitoring/ Lab Surveillance (Subjected to change as per the state level guidelines)
51.	Explain the types of outreach activities as per the protocols specified for each of the twelve essential		Organize Village Health Sanitation and Nutrition Day (VHSND) to deliver outreach services for: 1. Routine immunization 2. Antenatal care 3. Counselling on family planning

Sl.No.	Knowledge items	Score	Means of Verification[74]
	service packages (Page no; - 66) **Leading questions** 51A. What are the outreach services will be organized under Village Health Sanitation and Nutrition Day (VHSND)? 51B. What are the outreach services will be conducted under home visits?		4. Treatment of patients with any minor illness 5. Follow-up visits for any chronic illness 6. Making blood slides/doing RD tests on any patient with fever 7. Growth monitoring and counselling on nutrition and breast feeding Undertake/supervise field/home visits for: 8. Prioritized visit to pregnant women who did not attend their regular ANCs 9. Midwifery services to pregnant women along with visits to postpartum mothers for home-based services 10. Identify children who missed their immunization sessions 11. Visit sick new born/low-birth weight babies and children who need referral 12. Patients having chronic illnesses, who have not reported for follow-up at the sub centre 13. Prioritized visits in areas where Fever Treatment Depots/ASHAs have not been deployed 14. Support ASHA to ensure home based care for new born 15. Distribution and utilization of LLIN bed nets 16. Surveillance for unusually high incidence of cases like dysentery, fever, etc 17. Ensuring regular testing of salt at household level 18. Undertake household survey with ASHAs 19. CHO helps in formation of patient support groups for different diseases. 20. Verbal autopsy/or at least preliminary inquiry into any maternal or child death 21. Identify, screen and refer all cases of visual impairment, blindness, loss of hearing, deafness, mental illness, epilepsy and disability
52.	Describe the quality assurance guidelines by the state government		1. Service Provision 2. Patient Rights 3. Inputs 4. Support Services 5. Clinical Services 6. Infection Control 7. Quality Management 8. Outcome
53.	List the various reporting formats for submission to higher levels of program management (Page no; - 66)		1. HMIS sub-centre reporting format- Monthly 2. Maternal death reporting format- Monthly 3. Child death reporting format- Monthly 4. S-form for outbreak reporting- Weekly 5. NPCDCS reporting format- Monthly 6. HWC-SHC reporting format- Monthly 7. Online reporting on HWC portal- Daily 8. VHSND reporting format- Monthly 9. National Program Reports (NVBDCP, NACP, NLEP, RNTCP, Blindness control, etc.)- Monthly

Sl.No.	Knowledge items	Score	Means of Verification[74]
			10. HMIS annual reporting format- Annually 11. VHSNC format- Monthly
54.	Describe the distribution pattern of incentives amount for each HWC-SHC team (Page no; - 82)		1. Rs. 15,000/MLHP/month 2. Rs. 3000/month for MPWs (Subject to a maximum of Rs. 1500/month/MPW) 3. Rs. 5000/month for ASHAs (Subject to a maximum of Rs. 1000/month/ASHA) (Subjected to change as per the state guidelines)
55.	How do you prepare performance assessment reports using service package indicators? (Page no; - 82)		Prepare the performance assessment reports based on the 15 indicators; 1. Number of OPD cases in the month 2. Proportion of estimated pregnancies registered 3. Proportion of pregnant women registered who received ANC 4. Proportion of children up to 2 years of age who received immunization 5. Proportion of newborns who received HBNC visits 6. Proportion of above 30 years individuals screened for hypertension 7. Proportion of above 30 years individuals screened for diabetes 8. Proportion of above 30 years individuals screened for oral cancers 9. Proportion of Patient of HTN on treatment 10. Proportion of Patient of DM on treatment 11. Proportion of cases referred for TB screening 12. Notified TB patients who received treatment as per protocols 13. VHND held against planned 14. Village meetings (VHSNCs)/MAS held 15. Monthly meetings held at SHC- HWCs
56.	What are the differences between records, registers and reporting formats? (Page no; - 65)		1. Registers maintain the details pregnant women, delivered women, children 0-5 years, eligible couples, population above 30 years of age and others in need of services. 2. Records are the registers and formats in which the data is collected with respect to service delivery in HWC. 3. Reporting formats/reports are made from the records and are submitted to higher levels of programme management.
57.	Explain the various recording formats maintained by the primary care team at SHC-HWC (Page no; - 65)		1. Reproductive and Child Health register 2. Births and Deaths register 3. Communicable diseases/Epidemic/Outbreak register 4. Passive surveillance registers for malaria cases 5. Register for records pertaining to Janani Suraksha Yojana 6. Register for maintenance of accounts including untied funds 7. Register for water quality and sanitation 8. NCD-Family folder and CBAC form 9. OPD register 10. Stock register (Drug, Equipment, Furniture and others) 11. Due list for pregnant women and children (immunization) 12. VHSND Supportive supervision format 13. NCD register

Sl.No.	Knowledge items	Score	Means of Verification[74]
			14. Monthly meeting register 15. Referral register
58.	Describe the reporting formats of family folders in HWC (Page no; - 89)		1. Household details 2. Individual health record a. Health history b. NCD Screening details c. Treatment details 3. Community Based Assessment Checklist form for above 30 years of age a. General information b. Risk assessment c. Early detection: Ask if patient has any of these symptoms d. Occupational exposure
59.	List the principles for effective communication strategies as per the WHO framework for action (Page no; - 3)		The WHO Framework is organized according to six principles: 1. accessible 2. actionable 3. credible and trusted 4. relevant 5. timely 6. understandable
60.	What are the IT applications/software in your state used for the transmission of information, recording of health services and enabling follow-up of service users? (Page no; - 67)		1. Health Management Information System (HMIS) 2. RCH (Reproductive and Child Health Portal) 3. ANM Online (ANMOL) 4. IDSP (Integrated Disease Surveillance Programme) 5. Health and Wellness Centre Portal 6. CPHC-IT Application a. ASHA Mobile App b. SHC – HWC team - MPW/CHO Tablet App c. PHC MO Web Portal d. CHC Portal Web portal e. Administrator's Web Portal f. Health Officials Dashboard (Subjected to change as per the state level information systems)
61.	What is the meaning of two-way referrals in HWC? (Page no; - 50)		1. Treatment for chronic conditions will be initiated by MO at PHC, in consultation with concerned specialist at secondary/tertiary care facilities like CHC/DH. 2. An IT system/teleconsultation can considerably facilitate this process. 3. The Medical Officer would share the treatment plan with CHO to enable follow up care for the positively diagnosed cases.
62.	Describe the principles of supportive supervision (Page no; - 75)		1. Carry out in a respectful and non-authoritarian way 2. Encourage open and two-way communication 3. Use problem solving skills 4. Use of a set of processes and tools such as checklists and protocols that will support in systematic performance assessment and provision of feedback.

Sl.No.	Knowledge items	Score	Means of Verification[74]
			5. During the home visits, CHO should first allow health workers to undertake counselling and advice, including demonstration as appropriate. 6. CHO shall add those points that the health workers may have missed or correct any errors in a gentle way. 7. Provide feedback only after the field visit.
63.	Do you organize a meeting of the primary care team at HWC? If yes, how often? If not, why? (Page no; - 77)		CHO must organize a monthly meeting of primary care team for: 1. Performance review 2. Review of key indicators to assess the functionality of HWC 3. Review of current month work plan 4. Updating work plan for the next month 5. Identifying common issues and problems 6. Identifying actions that need to be discussed 7. Take at least one technical session for capacity building of primary care team 8. Obtaining data from the ANM/MPW/ASHA/HW(F) to enable consolidation of reports at the sub centre level and 9. Updating HWC Team about new guidelines and other technical details about programmes 10. Maintain the minutes of the meeting including discussions, decisions taken and action plan for the next month.
64.	Describe the key performance indicators to assess the functionality of HWC (Page no; - 77) **Leading questions** 64A. What are the indicators for care during pregnancy and birth? 64B. What are the indicators for NCD management?		1. Indicators for Care during Pregnancy and Birth a. Proportion of estimated pregnancies registered b. Registered pregnant women who received full ANC (%) c. Pregnant women line listed for severe anaemia out of total registered for ANC (%) d. All Maternal deaths in age group of 15-49 years (%) 2. Indicators for Neonatal and Infant Health a. Infants exclusively breastfed for six months (%) b. Newborn having weight less than 2.5 kg (%) c. Sick newborns referred by ASHAs to higher facilities (%) 3. Indicators for Child health a. Full Immunization rate b. Children with diarrhoea treated with ORS and zinc (%) c. Children diagnosed with pneumonia 4. Indicators for Family Planning and Reproductive Health a. Number of intervals IUCDs inserted per trained provider* per month b. Utilization of condoms/OCPs/ECPs through ASHAs (%) 5. Indicators for Management of Communicable Diseases a. Provision of DOTS for tuberculosis patients (%) b. Provision of MDT for leprosy patients (%) 6. NCD application and SHC-HWC register in means of verification column for all 7 indicators a. Proportion of above 30 years individuals screened for Hypertension (%) b. Proportion of above 30 years individuals screened for Diabetes (%)

Sl.No.	Knowledge items	Score	Means of Verification[74]
			c. Proportion of Patient of HTN on treatment (%) d. Proportion of Patient of DM on treatment (%) e. Proportion of above 30 years individuals screened for Oral cancer (%) f. Proportion of above 30 years women screened for Breast cancer (%) g. Proportion of above 30 years women screened for Cervical cancer (%)
65.	Explain the common categories of grievances from a facility (Page no; - 9)		1. Non-availability of services 2. Denial to entitlements\benefit schemes 3. Inadequate infrastructure 4. Poor quality of services 5. Sub-standard clinical care 6. Administrative procedures 7. Corruption/bribe
66.	Describe the types of training to be conducted for your team members in your facility as per the state government guidelines (Page no; - 27)		1. Facilitation of additional trainings after identifying the gaps in knowledge and skills of health workers 2. Training in new service packages such as NCD, Oral, Eye, ENT, Elderly, Palliative care, Mental health, medical emergencies and trauma, Early childhood development, childhood disability, and others.
67.	List the convergent initiatives in your facility to address the spread of outbreaks of communicable diseases (Page no; - 62)		CHO shall list the convergence initiatives adopted by HWC to address spread of outbreaks of communicable diseases such as dengue, chikungunya, malaria with rural development or panchayats.
68.	Describe the basic principle of 'first expiry, first out' for drugs and vaccines (Page no; - 24)		1. FEFO, or First Expire First Out, is an inventory management technique that ensures that products with the shortest expiry dates are sold or used first. 2. This helps to reduce waste and costs associated with expired drugs, as well as ensure that customers receive quality drugs.
69.	List the principles to use the untied funds of HWC (Page no; - 1)		1. Caters to unanticipated minor requirements, based on decisions taken at the HWC level, in consultation with Jan Arogya Samiti (JAS). 2. Ensures basic amenities and services to the patients and citizens 3. Untied Funds should be used only for the common good and not for individual needs 4. For routine and regular requirements, such as for HWC maintenance / equipment / drugs and diagnostics 5. Untied funds could be used for health promotion activities
70.	Explain the negative		Negative List for Untied Fund;

Sl.No.	Knowledge items	Score	Means of Verification[74]
	list for untied funds– items/expenditures not to be purchased from untied funds (Page no; - 3)		1. Expenses related to regular maintenance services, for which a fund or budget is available 2. Purchase of drugs, and reagents and equipment related to diagnostics tests 3. The funds should not be spent on items or activities for which resources and provisions already exist in different programmes of the state/UT government 4. No cash payment beyond Rs. 500 can be made for any purchases, to any agency/vendor.

Sl.No.	Attitude items	Score	Means of Verification
1.	Do you feel that health assessment can play a vital role in overall patient care? (Page no; - 71)		Health assessment is a structured screening and assessment tool to analyse the needs and problems of the patient and to develop a plan of care.
2.	Do you feel that it is important to assist the ASHA/ANM to motivate the community to attend screening clinics? (Page no; - 15)		Yes. It is important. 1. To identify the people who are resistant to make behavioural and lifestyle changes. 2. To identify the high-risk cases at the earliest. 3. It helps to enhance the functionality status of HWC.
3.	Do you think it is necessary to follow up on the referred screened-positive cases to PHC? (Page no; - 6)		Follow up of the screened positive patient is essential to; 1. check for treatment adherence 2. side effects of treatment 3. conduct referral in case of any complication to higher centre
4.	Do you feel necessary to follow the standing instructions of the state government to provide symptomatic care? (Page no; - 3)		Yes. It is important. 1. CHOs do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs. 2. Standing instructions authorises CHOs to indent and issue the drugs prescribed by MO/state government.
5.	Do you feel that informed consenting including the patient's right to refuse is important for delivering laboratory services?		Yes, informed consent is important for conducting laboratory investigations.
6.	Do you feel that it is important to intend and dispense the medicines in your facility that are prescribed by MO and it also helps to enhance drug compliance?(Page no; - 21)		Yes. It is important. 1. Anti-diabetic medicines cannot be prescribed by the CHO. 2. However, once prescribed by the MO at referral centre (PHC/CHC), CHO can indent, stock and dispense the required medicines to individuals as advised by the MO. 3. It helps to attain good patient compliance for the treatment.
7.	Do you think that it is important to identify high-risk cases in your facility to prevent morbidity and mortality? (Page no; - 25)		Yes. It is important. For effective continuum of care, CHO can provide referral support and specialist consultation for the management of identified high-risk cases.

8.	Do you think it is necessary to control the haemorrhage of trauma cases as the first step before ABCDE? (Page no; - 6)		Yes. It is necessary. 1. If there is bleeding from any part of the body, the first step is to stop the bleeding. 2. Profuse or uncontrolled bleeding should be given maximum priority.
9.	Do you think it is necessary to inform the service providers at the referral center before referring the patient from your facility?(Page no; - 49.50)		Yes. It is necessary to inform them. 1. CHO should decide the referral site based on the case in consultation with MO. 2. CHO should use a clear referral format to provide information on reason for referral and care already being provided and other details as necessary (especially on insurance coverage). 3. The CHO will inform prior to an appropriate a centre where specialists are available and facilitate the referral appointment.
10.	Do you think it is important to provide follow-up care to PM-JAY (or any other state level schemes) discharged patients based on the information alerts shared by your PHC medical officer?(Page no; - 50)		Yes. It is important. Aims to provide Universal Health coverage, with special emphasis on the health protection of economically vulnerable families. (Page no; - 1)
11.	Do you feel it is necessary to have a refrigerator/cold chain maintenance in your facility for the storage of vaccines? (Page no; -24)		Yes, it is necessary to have a refrigerator/cold chain maintenance in the facility for the storage of vaccines.
12.	Do you think it is essential to identify and report all severe, serious and minor AEFI? (Page no; - 25)		Yes, it is essential. 1. CHO should be aware of the procedure adopted in the centre for AEFI reporting. 2. CHO must initiate the case management as a priority over AEFI reporting.
13.	Do you think that you can supervise normal vaginal delivery in your facility where MPW/HW (F) is trained as a Skill Birth Attendant? (Page no; - 38)		Yes, CHO can supervise normal vaginal delivery in the facility where MPW/HW (F) is trained as a Skill Birth Attendant.
14.	Do you feel that it is necessary to support early and exclusive breastfeeding for the first six months of a child's life? (Page no; -72)		Yes, it is necessary. Breast milk provides all nutrients and contains sufficient water to meet the requirements of the child up to six months of age.

15.	Do you feel that it is necessary to motivate families with whom ASHA is having difficulty in adopting family planning methods? (Page no; - 30)		Yes. It is necessary to motivate them. It helps to avoid unplanned pregnancies and promote small family norm.
16.	Would you like to conduct regular home visits for counseling individuals requiring palliative care? (Page no; - 13)		Individuals requiring palliative care need regular home visits for treatment adherence as well as for counselling.
17.	Do you feel that it is important to conduct home visits to marginalized families as a first priority? (Page no; - 27)		Yes, it is important. Home visits are intended for health promotion, preventive care and follow up services for ensuring treatment compliance.
18.	Would you like to use teleconsultation to ensure two-way referrals between various facilities? (Page no; - 50)		An IT system/teleconsultation can considerably facilitate the two-way referrals between various facility levels.
19.	Would you like to ensure compliance with the correct method of hand hygiene by healthcare workers? (Page no; - 28)		Compliance with the correct method of hand hygiene by healthcare workers should be ensured. It helps to follow Patient Safety and Infection Control practices (IPHS 2022) in the facility.
20.	Would you like to ensure appropriate collection, transportation, treatment, and disposal of bio-medical waste in your facility as per the latest Bio Medical Waste Management Rules? (Page no; - 18)		Every healthcare facility should ensure appropriate collection, transportation, treatment, and disposal of bio-medical waste as per the latest Bio Medical Waste Management Rules (BMWM) 2016.
21.	Would you like to update the community maps through physical verification?(Page no; - 3)		CHO shall update the map through physical verification. It can be done through discussions with key informants and field visits.
22.	Do you feel that it is necessary to estimate the number of beneficiaries who should avail of services at your HWC? (Page no; - 20)		Yes. It is important. Helps in improving coverage of population with essential services and improve access to healthcare for the marginalized and vulnerable groups.
23.	Would you like to ensure access to healthcare in rural/remote areas for marginalized and vulnerable families?(Page no; - 11)		CHO has been appointed at HWC with a vision to improve access to healthcare in rural/remote areas for the marginalized and vulnerable families.

24.	Would you like to map the disease burden of your community? (Page no; - 55)		As a CHO, the primary task will be to understand the population and map the disease burden. Once this is done, CHO may identify issues/diseases with high prevalence and make patient support group with the help of ASHA.
25.	Would you like to address social and environmental determinants of health to ensure the delivery of universal and equitable Comprehensive Primary Health Care for all?(Page no; - 8)		CHO shall mobilize the communities to address social and environmental determinants of health to ensure the delivery of universal and equitable Comprehensive Primary Health Care for all.
26.	Would you like to collect blood slides in case of a fever outbreak in malaria-prone areas? (Page no; -44)		CHO shall supervise ANM/HW(F) to collect blood slides in case of a fever outbreak in malaria-prone areas.
27.	Would you like to ensure wellness and health promotion through YOGA and mainstreaming of AYUSH in your facility?(Page no; - 45)		Yes. It is necessary to ensure the delivery of yoga services. Health promotion through YOGA at the community level is an integral part of the expanded range of services under Comprehensive Primary Health Care.
28.	Would you like to develop a local action plan for vulnerable communities in your facility? (Page no; -15)		CHO shall use HWC and population data to understand key causes of mortality, morbidity in the community and work with the team to develop a local action plan with measurable targets, including a particular focus on vulnerable communities.
29.	Would you like to extend your help in promoting better cooking practices for Mid-Day Meal programs and training of MDM cooks in the schools? (Page no; - 62)		CHO shall promote better cooking practices for Mid- Day Meal programmes, training of MDM cooks, for enabling mandatory School Nutrition Clubs and competitions around health awareness for High fat, sugar and salty foods.
30.	Do you like to use various approaches for health promotion such as campaigns, interpersonal communication (IPC), and community-level IEC activities? (Page no; - 52)		Yes, it is important to use various health promotion approaches. It will empower behaviour change and actions through increased knowledge of the population.
31.	Do you feel that it is necessary to conduct local body meetings monthly? (Page no; - 34)		Yes, it is necessary to ensure IEC for awareness about HWCs/CPHC, organizing health promotion campaigns, camps under various national health programmes.

32.	Do you think community mobilization will ensure the delivery of universal and equitable Comprehensive Primary Health Care for all? (Page no; - 8)		CHO shall mobilize the communities through multi-sectoral convergence to ensure the delivery of universal and equitable Comprehensive Primary Health Care for all.
33.	Do you think that patient support groups are open to all members of the community? (Page no; - 56)		Yes, patient support groups are open to all members of the community. It is the principle to be followed for conducting PSGs.
34.	Do you feel it is mandatory to have 50% women members in the Village Health Sanitation and Nutrition Committee to enable gender equity and promoting women's health issues? (Page no; - 59)		Yes, it is mandatory for every VHSNC to have 50% women members, and emphasis is on greater participation of women at community level, to enable gender equity and promoting women's health issues.
35.	Do you feel that it is necessary to participate in the disaster services by PHC? (Page no; - 16)		CHO's main role is to coordinate and lead local response to emergencies and disaster situations and support the medical team.
36.	Would you like to conduct outreach services to those who missed immunization? (Page no; - 28)		CHO shall conduct outreach services to those who missed immunization.
37.	Do you know that it is important to inform any major or untoward events to PHC-MO to ensure the continuity of services? (Page no; - 33)		CHO shall report the major or untoward events to PHC-MO to ensure the continuity of services.
38.	Do you think that you, as a team leader, would be accountable for submitting accurate and timely performance reports of the HWC-SHC team? (Page no; - 84)		Yes, it is important. CHO as team leader would be accountable for submitting performance reports of HWC-SHC team.

39.	Do you feel that it is necessary to verify the indicators for performance measurement of the primary care team from the existing information systems such as RCH Portal/Registers, NCD Application of the CPHC IT system, NIKSHAY, IDSP reports, and meeting records submitted to the PHC Medical Officer? (Page no; - 82)		CHO shall verify the indicators for performance measurement of the primary care team from the existing information systems such as RCH Portal/Registers, NCD Application of the CPHC IT system, NIKSHAY, IDSP reports, and meeting records submitted to the PHC Medical Officer.
40.	Do you believe that health record keeping is necessary for assessing the health situation in the SHC-HWC? (Page no; - 65)		Yes, health record keeping helps in decision making; in management of HWC by enabling planning, organising and reviewing healthcare services at the local level itself.
41.	Do you believe that effective communication with the team will strengthen interprofessional collaborative practice and working culture to achieve comprehensive primary healthcare?(Page no; - 29)		Yes, it is necessary. This enables health workers to decide on common goals and patient care plans, balance their individual and shared tasks, and negotiate shared resources available in the HWC.
42.	Do you think that the Reproductive and Child Health Portal ensures timely delivery of the full component of antenatal and postnatal & delivery services and tracking of children for completing the immunization services? (Page no; - 68)		Yes, that the Reproductive and Child Health Portal ensures timely delivery of the full component of antenatal and postnatal & delivery services and tracking of children for completing the immunization services.
43.	Do you believe that HMIS facilitates linking with specialists and undertaking two-way referrals between various facility levels? (Page no; - 50)		Health Management Information System facilitates linking with specialists and undertaking two-way referrals between various facility levels.
44.	Would you like to focus on inspection and fault finding of team member's performance or on problem-solving to improve their performance? (Page no; - 76)		CHO shall use supportive supervision that encourages open communication and builds team approaches for problem solving.

45.	Would you like to take minutes of the meeting including discussions, decisions taken and action plan for the next month at HWC? (Page no; - 77)		CHO shall maintain the minutes of the meeting and submit one copy to PHC-MO on monthly basis to avail performance linked incentives.
46.	Have you developed a monitoring system to assess the functionality of your facility? (Page no; - 78)		CHO shall develop a monitoring system to monitor the functionality as well as the outcomes of the primary care team.
47.	Would you like to initiate an immediate investigation of a complaint and do the follow-up till it is resolved?(Page no; - 10)		CHO shall initiate an immediate investigation of a complaint and do the follow-up till it is resolved. CHO shall submit the grievance redressal report to PHC-MO.
48.	Do you believe that the in-service training for your team will further build their capacity to ensure a continuum of care through HWCs and PM-JAY (any other schemes)? (Page no; - 50)		CHO shall conduct continuous in-service training for the primary care team that will further build their capacity to ensure a continuum of care through HWCs and PM-JAY.
49.	Would you like to ensure the Wellness and Health Promotion of the communities through the mainstreaming of AYUSH in HWC?(Page no; - 62)		CHO shall ensure the Wellness and Health Promotion of the communities through the mainstreaming of AYUSH in HWC.
50.	Do you believe that timely indenting helps to maintain adequate stocks in your facility? (Page no; - 17)		CHO shall conduct the timely indenting to maintain adequate stocks in HWC.

C.2. Direct Observation of Procedural Skills (DOPS)[76]

Assessment Methods

PO- Participant Observation

RR- Record Review

SI-Staff Interview

CD- Clinical demonstration

Observations

- ND- Not demonstrated
- D-Demonstrated
- RL- Resource limitation

Scoring

1. Didn't demonstrate skills at all or completely
2. Demonstrated skills less than 50%
3. Demonstrated skills between 50% and 80%
4. Demonstrated skills more than 80%

Domain Code	S. N.	Observation Points	Means of Verification	Observations	Assessment and Score
1	1.	Conduct health Assessment (Page no; - 10-15)	1. Collect the history of the patient using formats. 2. Document the findings. Physical examination: - 3. Wash hands and wear gloves. 4. Take anthropometric measurements- height and weight. 5. Check vital signs- Temperature, pulse, respiration and SpO2. 6. Provide privacy and explain the procedure to the patient. 7. Position the patient. 8. Conduct a head-to-toe examination. 9. Inform the findings to the patient. 10. Recording of findings.		
	2.	Provide treatment for simple illnesses like conjunctivitis (Page no; - 25-27)	1. Identify and diagnose conjunctivitis. 2. Ask patient to clean eyes with clean water. 3. Dispense antibiotic eye drops and ointment in consultation with PHC-MO.		

[76] State experts can identify 10 exercises based on 7 contextual factors of the state

			4. Health counseling on eye care at home. 5. Documentation of case. 6. Conduct the follow-up of the case.		
	3.	Conduct Haemoglobin estimation (Page no; - 62)	1. Arrange a digital hemoglobinometer with batteries or charger, micro cuvettes or strips, lancets, alcohol swab/spirit cotton, sterile gloves, tissue paper, biohazard container to dispose of the used lancets, micro cuvettes/strips. 2. Turn “ON” the hemoglobinometer. 3. Wash hands and wear loose gloves. 4. Explain the procedure to the patient and provide a comfortable position. 5. Choose the non-dominant hand finger and allow a full drop of blood to collect on the finger. 6. Wipe the first drop with cotton. 7. Discard the lancet in the white bin. 8. Discard the blood-stained cotton in yellow bin. 9. Use the second or third drop of blood for the estimation of hemoglobin. 10. Keep a cotton on the finger to stop bleeding. 11. Discard the cotton once the bleeding stops. 12. Interpret and record the findings. 13. Inform the findings to the patient.		
	4.	Demonstrate the steps for giving Zinc	1. Check the expiration date of Zinc tablets on the package.		

		supplementation to the 6-month-old child (Page no; - 91-92)	2. Provide the primary caregiver with 14 tablets for the 14 days. 3. Take a clean teaspoon and place one tablet in the spoon. 4. Pour potable clean drinking water and shake the spoon slowly till the tablet dissolves. 5. Tell the mother/caregiver to hold the child comfortably and ask her to feed the solution to the child. 6. Counsel the mother/caregiver to administer zinc once a day for 14 days, even if the diarrhea stops. 7. Documentation of case.		
	5.	Provide first aid for minor wounds (Page no; - 11)	1. Ensure the safety of the patient. 2. Comfortably position the patient. 3. Arrange a dressing tray with forceps, scissors, a bowl, cotton, gauze and cotton pads. 4. Arrange torch, sterile gloves, mackintosh sheet, dressing solutions and ointments. 5. Wash hands and wear gloves. 6. If the wound is dirty, wash the wound with soap and water. 7. Assess the wound and look for any foreign body materials. 8. Apply firm pressure and elevate the wound for around 5 minutes to stop bleeding. 9. If the bleeding is reduced, clean the area with an antiseptic solution and apply a sterile dressing. 10. Suture a deep-gaped wound with exposed fat.		

			11. Administer a dose of tetanus toxoid injection. 12. Give an antibiotic such as amoxicillin 500mg 8 hourly for 5 days. 13. Document the case. 14. Give health education to the patient. 15. Schedule an appointment for the next follow-up of the patient and send them home. 16. Refer the patient to PHC if required.		
	6.	Calculation of expected pregnancies per year in HWC (Page no; - 20)	CHO should be able to do the calculation in the following way; 1. Suppose HWC population coverage is 5000. 2. District birth rate is 20 per 1000 population. 3. The expected HWC birth rate is 20/1000*5000= 100 4. Correction factor= 10% of live births=10/100*100=10 5. Total number of expected Pregnant women in a year in the HWC= 100+10=110 pregnancies per year. 6. Identify the pregnant women with the support of ASHA/ANM 7. Do the MCH registration of pregnant women		
	7.	Plotting of growth charts (Page no; -68-69)	1. Measure the child's weight using the weighing machine. 2. Map it against the age in the growth chart. 3. Measure the child's height using a stadiometer. 4. Map it against the age in the growth chart. 5. Map the child's weight against the height. • The point is in the green zone (above the second curve), and the child is normal. ○ The child is growing well and is healthy. • The point is in the yellow zone (between the second		

			and third curve), and the child is moderately malnourished. • The point is in the orange zone (below the third curve), and the child is severely malnourished. Actions for a child who is in either the yellow or orange zone are; 6. The child needs the attention of the caregiver. 7. Refer the child to a nearby pediatrician in consultation with MO. 8. Follow-up of a child for development delays in District Early Intervention Centres (DEIC).		
	8.	Provide family planning services (Page no; - 21,22)	1. Update the eligible couple survey register 2. Counsel the women and their partners on the importance of healthy timing and spacing of birth and encourage them to adopt postpartum contraception during ANC, early labor and the PNC period. 3. Provide short-acting methods- condoms, and oral contraceptive pills (Mala-N, Chhaya). 4. Keep condom boxes at the health facility to promote condom uptake 5. Provide long-acting reversible contraceptive methods- Injectable Contraceptives and interval IUCD. a. Identify the beneficiary b. Insert IUCD c. Monitor for side effects 6. Provide emergency contraceptive pills (Ezy pill), if required 7. Provide IUCD removal services 8. Provide counseling for the adoption of post-abortion contraception.		

			9. Conduct counseling and referral for adoption of limiting methods to couples whose family size is complete. 10. Maintain proper records of services provided at the HWC-SHC and referrals		
	9.	Provide counselling services (Page no; -18-20)	1. Provide the client with time. 2. Accept the client's background and situation. 3. The CHO can be easily accessible to client at any time. 4. Information provided through counseling is consistent and accurate. 5. Counseling activities are governed by the needs of the client. 6. Maintain the confidentiality of the information. 7. Should help clarify and address problems. 8. Should provide information on available resources. 9. Should help the client to adopt a realistic approach to changing lifestyle. 10. Should motivate and facilitate decision-making. 11. Document the counseling		
	10	Provide teleconsultation services (Page no; - 14-15)	1. Utilize teleconsultation to confirm the continuation of treatment and to seek clarifications regarding the provision of care when the condition is not serious or seek advice to start pre-referral stabilization/first aid where timely interventions are necessary for the prevention of adverse outcomes. 2. Able to connect with MO easily 3. Explain the condition of the patient to MO. 4. Listen carefully and follow the instructions of MO. 5. Record the instructions.		

			6. Provide feedback to MO.		
	11	Implement infection prevention and control guidelines (Page no; - 75-79)	1. Are hand washing facilities installed in all areas? 2. Whether the HWC have any written/documented and displayed infection control policies? 3. Is CHO following cleaning protocols at HWC? 4. What is the frequency and method of cleaning of HWC? 5. Are the cleaning services recorded? 6. Are color-coded waste bins available in all areas including patient waiting areas?		
	12	Follow biomedical waste management guidelines (Page no; - 18,19)	1. A designated central waste collection room is available within its premises for storage of bio-medical waste till the waste is picked. 2. A dedicated biomedical waste disposal facility/deep burial pit along with a septic tank and soaking pit is available in the facility. 3. CHO ensures that the disposal of human anatomical waste, soiled waste and biotechnology waste is done within 48 hours. 4. CHO monitors and documents the collection, segregation, closed transportation, treatment, and disposal of bio-medical wastes in the facility.		
2	13	Develop geographical mapping (Page no; - 7-9)	CHO will show the map of the villages and verify the following elements; 1. Check for the documented details of the date and time of village mapping conducted and recent updates on the map. 2. Check for the scale of the villages, with the exact locations of slums, vulnerable areas, streets, buildings, vegetation, and all major infrastructure in the city.		

			3. Check for health facilities of all types 4. Check for Anganwadi centres 5. Check for administrative boundaries (administrative divisions such as zones, municipal ward boundaries, Government land, private land, etc.) 6. Check for environmental features (agricultural land, water bodies, natural drains, landfill sites, low-lying areas) 7. Check for physical infrastructure (major road networks, major landmarks, factories) 8. Check for community infrastructure developed under various programs 9. Check for educational institutions (public and private) 10. Check for other services (orphanages, old age homes, night shelters, de-addiction centres, etc.). 11. Check for indications of distances of vulnerable areas from health facilities and the approximate populations living in these habitations.		
	14	Conduct population enumeration (Page no; - 20-23,32)	Verify the following population enumeration data in the village health records; 1. Total population coverage of HWC (recent survey) 2. Estimated number of pregnant women in the HWC area 3. Estimated newborns in the HWC area 4. Estimated number of pregnant mothers with complications 5. Estimated number of eligible couples 6. Estimated number of sick newborns		

			7. Estimation of beneficiaries for common non-communicable diseases 8. Check the population-based household lists 9. Check the undertaking registration of all individuals and families in the Family Folders residing within the catchment areas of HWC 10. Check population empanelment in the IT system 11. Check the Community-Based Assessment Checklists- adults above 30 years of age for screening of NCDs 12. Check a name-based list of children who require immunization 13. Check line listing of pregnant women 14. Check the other available lists of beneficiaries based on disease conditions (e.g., DM, HTN, etc.) 15. Check the other available lists of beneficiaries based on the delivery of services (e.g., family planning)		
	15	Conduct vulnerability assessment (Page no; - 20-23,32)	Verify the following in the village health records; 1. Total vulnerable population coverage of HWC (recent survey) 2. Total vulnerable sections of the village in which the problem is widespread Check the separate entry of beneficiaries from the vulnerable sections of the village 3. Estimated number of pregnant women in vulnerable families 4. Estimated newborns in vulnerable families 5. Estimated number of pregnant mothers with complications in vulnerable families		

			6. Estimated number of eligible couples in vulnerable families 7. Estimated number of sick newborns in vulnerable families 8. Estimation of beneficiaries for common non-communicable diseases in vulnerable families 9. Check the undertaking registration of all individuals and families in the Family Folders residing within the vulnerable catchment areas of HWC 10. Check population empanelment of vulnerable individuals and families in the IT system 11. Check the Community-Based Assessment Checklists- adults above 30 years of age in vulnerable families for screening of NCDs 12. Check a name-based list of children in vulnerable families who require immunization 13. Check line listing of pregnant women in vulnerable families 14. Check the other available lists of beneficiaries in vulnerable families based on disease conditions (e.g., DM, HTN, etc.) 15. Check the other available lists of beneficiaries in vulnerable families based on the delivery of services (e.g., family planning)		
	16.	Identify the burden of diseases in the community (Page no; -21-22, 55,85-88)	Check the records for the following data; 1. List the diseases with high prevalence in the community 2. List the disease/health conditions that caused deaths in the community 3. The prevalence of oral health, eye, and ENT problems 4. The prevalence of mental morbidity among adults 18+ years		

			5. The incidence of tuberculosis and leprosy cases 6. The incidence of various vector-borne diseases 7. The incidence of various non-communicable diseases 8. Percentage of malnourished children		
	17.	Identify the determinants of disease (Page no; -8,15,18.26,58)	Check the records for the following data; 1. Conducts in-depth and group discussions to identify the determinants of health in the community. 2. Lists social and environmental determinants of health in the community. 3. Mobilizes the community through multi-sectoral convergence to address social and environmental determinants of health 4. Coordinates with VHSNCs and work closely with PRI/ULB, to address social determinants of health 5. Addresses issues of social and environmental determinants of health with extension workers of other departments related to gender-based violence, education, sanitation, air pollution, etc. 6. Creates awareness and provides information to the community on determinants of health.		
	18.	Implement a local action plan in the community (Page no; -15) (Page no; - 4-10)	1. Understands key causes of mortality and morbidity in the community 2. Conduct discussions with health team/community representatives 3. Identify (who is at risk) and address (what to do) vulnerability 4. Develop a local action plan with measurable targets (for example, planning 4Ds		

			screening activities with RBSK teams) 5. Implement actions to reach the target (for example, conducting screening of children at school) 6. Evaluate the actions in achieving targets. 7. Document the actions and their outcomes.		
	19	Organize health promotion activities (Page no; -15, 16)	1. List the target population. 2. Identifying and mobilizing individuals with health risks. 3. Guide and be actively engaged in community-level health promotion activities including behavior change communication being undertaken by ASHAs/MPWs/HWs. 4. Identify and mobilize the marginalized to attend these events and services at HWC. 5. Plan and undertake monthly health promotion activities/campaigns to improve community awareness and uptake of various health services. 6. Organize at least 30 health promotion campaigns in a year on different themes.		
3	20	Provide healthcare reporting services (Page no; - 31)	1. Inform immediately to PHC-MO about AEFI, referrals and any major events and take further action on advice. 2. Submit detailed reports on AEFI, referrals, and any major events weekly to the PHC-MO 3. Prepare and submit quality assurance reports to PHC MO monthly 4. Attend monthly PHC-HWC meetings with the medical officer.		
	21	Maintain sub-center level reporting formats (Page no; -15, 17,32,66,84)	1. Ensure the proper collection, collation, and data analysis for reporting. 2. Use the information available in the various reporting formats to assess service		

			delivery improvements, identify key gaps, assess reasons for the gaps, and support ASHAs and MPWs/ HWs in improving performance. 3. Making and timely submission of reports for various programs i.e., RCH Portal, NCD, HMIS, IDSP, NIKSHAY 4. Collect the monthly reports from their team members and send them to the PHC-MO for review. 5. Validate the reporting data for accuracy		
	22	Conduct individual performance assessments of the primary care team (Page no; - 77, 82,98-101)	1. Prepare a checklist of a set of 15 indicators to assess the monthly performance of team members. 2. Validate the assessment indicators with the source of verification. 3. Submit a copy to PHC-MO on a monthly basis to avail of performance-linked incentives and keep a copy at HWC. 4. Estimate the incentive due every month for the team members.		
	23	Maintain registers and records (Page no; - 66,67)	1. Maintain records on delivery of services at HWCs- OPD/investigations conducted/services provided/minutes of meetings. 2. Support the team members in maintaining updated information monthly in the registers, detailed records, and family folders.		
	24	Demonstrate interprofessional communication with the primary care team (Page no; - 26)	1. Express one's opinions competently to colleagues 2. Listen to team members reflecting critically on one's own relationship within a team 3. Transfer interprofessional learning to the work setting		

			4. Develop a positive work culture in the HWC.		
	25	Handle Health Management Information System (HMIS) (Page no; - 66-69)	1. Maintain patient records, family health folders, health risk assessment data, and treatment details for enrolled patients of HWC in a computerized database. 2. Ensure accurate and timely completion or update of various health information systems such as HMIS, RCH Portal, CPHC NCD Application, NIKSHAY, etc. 3. CHO will fill the data in monthly HMIS sub-center format and submit it to the PHC-MO on a monthly basis.		
	26	Monitor the functionality status of HWC (Page no; - 78-81)	1. Conduct monthly supervisory meetings in HWC 2. Supervise household visits 3. Monitor indicators for care during pregnancy and birth 4. Monitor indicators for neonatal and infant health 5. Monitor indicators for child health 6. Monitor indicators for family planning and reproductive health 7. Monitor indicators for the management of communicable diseases 8. Monitor indicators for NCD screening		
	27	Provide grievance redressal services (Page no; - 10)	1. Provide a positive approach demonstrating sincerity and concern 2. Provide a simple and user-friendly system to register the grievance 3. Establish a system to track, investigate, resolve, and document the complaint 4. Conduct follow-up and reporting mechanism 5. Ensure time-bound redressal of grievances 6. Ensure a mechanism to give feedback to the complainant		

			7. Ensure confidentiality of complainants' details 8. Ensure one-time registration for a grievance i.e. one grievance, one registration to prevent duplicity		
	28	Facilitate multi-sectoral convergent initiatives (Page no; - 59,61,62)	1. Identify and list the allied departments in your facility. 2. Promote convergence initiatives to address school health, occupational health, and outbreaks in the community. 3. Build systems to support and monitor the delivery of public health services by ASHA/MPWs/HWs. 4. Record the multisectoral convergent initiatives and related activities.		
	29	Conduct inventory management (Page no; - 30,63) (Page no; - 17)	1. Assess the availability of medicines, reagents, and consumables at HWC 2. Display the list of essential medicines and diagnostic services that will be available at HWC will be provided by the state NHM 3. Ensure proper upkeep and maintenance of equipment, furniture, and fixtures at HWC 4. Support inventory management and supply of medicines, vaccines, and consumables linked with HWC 5. Support biomedical equipment maintenance of all the equipment by maintaining a database of all the equipment used in HWC 6. Keep all articles well-arranged and in working condition 7. Maintain the inventory registers		
	30	Manage untied funds of HWC (Page no; - 1-3) (Page no; - 18)	1. Keep records and account of expenses incurred from untied/other funds for the past year (Rs.50,000 per year) 2. Explain the account of expenses in simple language		

			3. Present matching bills and vouchers for the expenses 4. No account be submitted without bills Maintain account book for; 5. internal Controls 6. payments and expenditure 7. Statement of Expenditure (SoE) 8. Utilization Certificate (UC) for annual submission to PHC MO 9. VHSNC untied funds (Rs.10000 per year from NHM)		

C.3. Mini Clinical Evaluation of Selected Conditions (Skills) (Mini-CEX)[77]

Assessment Methods

CD- Clinical demonstration

RR- Record Review

SI-Staff Interview

PO- Participant Observation

Observations

- ND- Not demonstrated
- D-Demonstrated
- RL- Resource limitation

Scoring

1. Didn't demonstrate skill at all or completely
2. Demonstrated skill less than 50%
3. Demonstrated skill between 50% and 80%
4. Demonstrated skill more than 80%

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
1	1.	Antenatal assessment (Page no; - 135-136)	1. Check for ANC record for any pregnancy confirmation test 2. Check how CHO confirms EDD & LMP, (EDD = Date of LMP + 9 Months + 7 Days) 3. Collect the comprehensive obstetric history 4. Check pulse, respiratory rate, pallor, edema, height, weight & BP 5. Check ANC records/MCP Card about antenatal assessment details of the last three visits 6. Check for inverted nipples		

[77] State experts can identify 9 exercises based on 7 contextual factors of the state

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
			7. Check the abdominal examination (measuring fundal height (with gestational age), auscultation for fetal heart sound, palpation for fetal lie and presentation 8. Inform the findings of the patient and the next visit for examination 9. Recording of findings in MCP card/ANC record		
	2.	Screening of patients with CBAC score >4 (Page no; - 5-6)	1. Conduct the screening of positive patients and refer the patients with CBAC score >4 by ANM/ASHAs 2. Referral of screened positive cases to PHC for investigation and treatment 3. Plan for health promotion activities and annual screening of screened negative patients		
	3.	Oral Visual Examination (OVE) (Page no; - 37-39)	1. Wash hands and wear gloves 2. Arrange instruments and materials: -wooden spatula/mouth mirror and torch 3. Examine the face, lips, mouth, cheek, tongue, the floor of the mouth, palate and tempo-mandibular joint 4. Conduct palpation of the oral cavity 5. Inform the findings of the patient 6. Discard the used materials in the appropriate waste bins 7. Recording of findings 8. OVE Negative cases- Health counseling and rescreening after 5 years 9. OVE Positive cases- Refer to higher health facilities for investigation as per the guidance of PHC-MO		
	4.	Visual Inspection with Acetic acid (VIA)	1. Wash hands and personal protective equipment (PPE) 2. Arrange instruments and materials (Examining table/Light		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
		(Page no; - 21-24)	source/Bivalve speculum (Cusco)/Instrument tray or container/Bottles with normal saline/Cotton-tipped - swab sticks/Disposable gloves/0.5% chlorine solution for decontaminating/Forms and registers for recording the findings) 3. Preparation of 5% acetic acid 4. Explain the screening in detail to the woman and provide privacy 5. Written informed consent 6. Positioning the patient- lithotomy 7. Perform the VIA examination 8. Check for acetowhite lesions and do interpretation on intensity/borders/ uniformity/location/size of lesions 9. Discard the used materials in the appropriate waste bins 10. Clean the articles and replace them 11. Inform the findings of the patient 12. Recording of findings 13. VIA Negative cases- Health education and re-screen after 5 years 14. VIA Positive cases- Refer to higher health facilities for investigation as per the guidance of PHC-MO		
	5.	Clinical Breast Examination (CBE) (Page no; - 29-34)	1. Wash hands and wear gloves 2. Explain the examination in detail to the woman and provide privacy and comfort 3. Position the patient (sitting/lying down) 4. Conduct inspection to identify physical signs of breast cancer 5. Conduct palpation on the breast and axilla to identify lumps 6. Check for nipple discharge 7. Inform the findings of the patient		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
			8. Discard the used materials in the appropriate waste bins 9. Recording of findings 10. CBE Negative cases- Health education and rescreening after 5 years 11. CBE Positive cases- Refer to higher health facilities for investigation as per the guidance of PHC-MO		
	6.	Immunization services to a 6 weeks old infant (Page no; -74-76)	1. Check MCP card/ANC record for birth doses. 2. Check weight, length, and vital signs. 3. Check the status of exclusive breastfeeding, keeping the baby warm, and providing skin, umbilicus, and eye care. 4. Screen the infant for danger signs. 5. Educate the mother on nurturing care. 6. Explain the vaccination to the mother. 7. Position the mother and child. 8. Arrange a vaccination tray with vaccines and syringes. 9. Administer OPV (2 drops) orally. Wipe the mouth of the baby with cotton. 10. Give a comfortable time for the mother and child for the next vaccination. Watch the child for any adverse signs after immunization. 11. Record the immunization and after events. 12. Administer Rotavirus (5 drops) orally. Wipe the mouth of the baby with cotton. 13. Give a comfortable time for the mother and child for the next vaccination. Watch the child for		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
			any adverse signs after immunization. 14. Record the immunization and after events. 15. Administer Pentavalent vaccine (0.5 ml, IM) in the Antero-lateral side of midthigh. Keep cotton on the injected site for a minute. 16. Give a comfortable time for the mother and child for the next vaccination. Watch the child for any adverse signs after immunization. 17. Record the immunization and after events. 18. Administer Pneumococcal Conjugate vaccine (0.5 ml, IM) in the Antero-lateral side of the midthigh of the other leg. Keep cotton on the injected site for a minute. 19. Give a comfortable time for the mother and child for the next vaccination. Watch the child for any adverse signs after immunization. 20. Record the immunization and after events. 21. Administer Inactivated Polio Vaccine (0.1 ml, ID) in the right upper arm. Keep cotton on the injected site for a minute. 22. Watch the child for any adverse signs after immunization before sending them home. 23. Record the immunization and after events. 24. Dispense paracetamol syrup and instruct the mother to give medicine if the fever develops. 25. Educate the mother about home care after immunization and		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
			danger signs for medical care attention. 26. Ensure the complete recording of vaccination in the MCP card/ANC record. 27. Schedule an appointment for vaccination at 14 weeks.		
	7.	Conduct home visits (Page no; -76)	1. Prioritize home visits to those households where MPWs/ASHAs/HWs need additional support in providing home-based delivery of care. 2. CHO should first allow MPW/ASHA/HW to undertake counseling and advice, including demonstration as appropriate. 3. CHO adds those points that the MPW/ASHA/HW may have missed or corrects any errors, in a manner that does not embarrass or humiliate them. 4. Provide feedback only after the visit. 5. Record the home visits.		
2	8.	Organize yoga services on Saturday (Page no; -39, 45)	1. Arrange a wellness room for yoga sessions 2. Yoga mats are available for the participants 3. Identifies yoga instructor for weekly yoga sessions (Saturday) 4. Maintain registers for yoga sessions and attendance of instructors and participants. 5. Maintain registers for disbursing incentives for yoga instructors.		
	9.	Provide school health services on Friday (Page no; -62) (Page no; -	1. List the names of health ambassadors in the HWC. 2. Plan IEC Activities for prevention and early detection of hearing impairment/deafness, and visual impairments in the schools.		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
		15)	3. Conduct oral/eye care health education in the school. 4. Conduct Biannual Screening in the school. 5. Conduct screening of children under Rashtriya Bal Swasthya Karyakram in the school. 6. Maintain School Health Records. 7. Facilitate Adolescent Friendly Club meetings (AFC) in the school. 8. Celebrates Adolescent Health Day in the school. 9. Promote involvement of children as agents of change in the school (for example conducting rallies on national health days)		
	10.	Organize local body meetings monthly (Page no; -34)	1. Meet the Panchayat representatives in the village. 2. Conduct meetings of the HWC team with stakeholders such as panchayat representatives, local decision-makers, religious leaders, traditional healers, ICDS functionaries, etc. to finalize the tentative plan of action. 3. Empower panchayats to understand and act on issues of health, and undertake collective action. 4. Coordinate with Zilla-Panchayat and Gram Panchayats/Urban Local Bodies in ensuring IEC activities.		
	11.	Organize patient support groups (Page no; -56,57)	1. Identify disease conditions and members and create patient support groups. 2. Plan a venue and time for the meeting which is convenient for members to attend, specifically those from marginalized communities.		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
			3. Encourage discussion by each participant and work together to solve problems under the guidance of ASHA. 4. Summarize the learning from the meeting in the end. 5. Confirm the date, time, and meeting place for the next meeting. 6. Prepare and document the minutes of the meeting.		
	12.	Organize Village Health Sanitation and Nutrition Committee activities (Page no; - 59) (Page no; - 16,17)	1. Do a status update on VHSNCs under their area; • their constitution • status of bank accounts • involvement of the Chairperson and Member Secretary • regularity of monthly meetings • quality of discussions • records of meetings and the decisions taken 2. Attend at least two VHSNC monthly meetings under his/her area; • Complete the Village Health, Sanitation, and Nutrition Day Monitoring Format • Decisions of the meeting, are recorded clearly & completely and countersigned by the Chairperson of VHSNC and ASHA 3. Maintain the records and account of expenses incurred from untied/other funds 4. Organize Village Health Sanitation and Nutrition Day once every month		
	13.	Provide outreach services on Friday (Page no; -	1. Plan outreach sites with a particular focus on vulnerable communities. 2. Plan OPD/Footfalls (for NCD screening, ANC/PNC services,		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
		29,72,79-81)	Immunization, counseling and management of illnesses) during outreach. 3. Motivate the families to utilize outreach services. 4. Deliver outreach services for routine services. 5. Evaluate the outcomes of outreach services using assessment indicators.		
3	14	Conduct monthly HWC meetings (Page no; -77)	1. Plan a date and time for the HWC meeting. 2. Inform the primary care team about the meeting in advance 3. Prepare the agenda to be discussed in the meeting. 4. Conduct a performance review of the team members 5. Review of key performance Indicators to assess the functionality of HWC. 6. Review of the current month's work plan 7. Update the work plan for the next month 8. Identify common issues and problems 9. Identify actions that need to be discussed at the monthly PHC review meeting 10. Obtain data from the MPW/ASHA/HW to enable consolidation of reports at the sub-center level 11. Update HWC Team about new guidelines and other technical details about programs 12. Take at least one technical session for capacity building of primary care team 13. Maintain the minutes of the meeting including discussions,		

Dom Code	S.N.	Evaluation Points	Means of Verification	Observations	Assessment and Score
			decisions taken, and action plan for the next month. 14. Sign the minutes of the meeting by CHO, MPW, ASHA and HW. 15. Keep a copy of the minutes of the meeting in HWC. 16. Submit a copy of the minutes of the meeting to PHC-MO on a monthly basis to avail of CHO's performance-linked incentive.		
	15	Conduct health worker training services (Page no; - 7,18,27)	1. Identify and address gaps in the performance of health workers 2. Plan in-service training for the health workers to capacitate them 3. Implement in-service training for health workers 4. Evaluate the outcomes of training		

C.4. Simulation Exercise (SimEx)[78]

Assessment Method

TTX- Table Top Exercise

Scoring

1. Provide a few responses but not relevant/ didn't provide any responses
2. Provided correct responses less than 50%
3. Provided correct responses between 50% and 80%
4. Provided correct responses more than 80%

Sl.No.	Case	Score	Means of Verification
1	**Able to plan and implement mass screening based on the identified problems** ➢ Assume that a preschool teacher came to you with a child who is having severe tooth pain. On examination, you informed the teacher that the child was having tooth decay and showed the		1. Provide a warm saline rinse. 2. Apply clove oil for pain relief. 3. Place a cotton soaked in clove oil inside the tooth cavity. 4. Give Paracetamol/Ibuprofen for pain control. 5. Refer the child to a nearby dentist in consultation with PHC-MO. 6. And conduct the follow-up after 2 weeks (Page no; - 9)

[78] State experts can finalize 6 exercises based on 7 contextual factors of the state

Assessment Method

TTX- Table Top Exercise

Scoring

1. Provide a few responses but not relevant/ didn't provide any responses
2. Provided correct responses less than 50%
3. Provided correct responses between 50% and 80%
4. Provided correct responses more than 80%

Sl.No.	Case	Score	Means of Verification
	decayed teeth. What will you do for the child? The leading questions are; ➢ The teacher also complained that the majority of the children have similar types of signs and symptoms in the school. So, what will you plan for the preschool children?		7. Plan and arrange a dental screening for all school children with the help of MPW/ASHAs/HWs. 8. Provide symptomatic care and health education for needy children. 9. Dispense medications for minor teeth ailments in consultation with PHC-MO. 10. Refer the children to PHC who need medical attention. 11. Conduct follow-up of referred children. 12. Plan a health promotion campaign with school health ambassadors. 13. Record the mass screening details/referred cases/follow-up cases and health promotion activities. (Page no; - 6,32,40)
2	**Able to identify high-risk cases and initiate further action** ➢ Assume that a pregnant mother, who is 30 years old Gravida 3 Para 2 at 27 weeks of gestation came to you with complaints of dizziness, general body weakness, and swollen limbs. She looks pale and tired. You performed a Hb test and the result is 7 gm/dl. What will be your first level of treatment? The leading questions are;		1. Two tablets of Iron and Folic Acid tablets (60 mg elemental Iron and 500 mcg Folic Acid) daily, orally given. 2. Dietary counseling. 3. Plan for next month's follow-up. 4. Conduct Hb estimation. 5. If the Hb level comes above 10.9 gm/dl, discontinue the

Assessment Method

TTX- Table Top Exercise

Scoring

1. Provide a few responses but not relevant/ didn't provide any responses
2. Provided correct responses less than 50%
3. Provided correct responses between 50% and 80%
4. Provided correct responses more than 80%

Sl.No.	Case	Score	Means of Verification
	➢ In the next month's follow-up, what will be your plan of action? ➢ If Hb is less than 10 gm/dl in the follow-up, what will be your plan of action?		treatment and continue with the prophylactic IFA dose. 6. Refer the patient ***directly*** to the First Referral Unit/District Hospital in consultation with PHC-MO. (Page no; - 35)
3	**Able to provide per-referral stabilization and refer emergency cases** ➢ Assume that you received a phone call that there is a car accident in a junction near to the centre. You got information that four members were injured. What will be your plan of action? The leading questions are; ➢ How will you do triage? ➢ What are the possible pre-stabilization modes to be used for victims? ➢ What will be your plan of action for referral and follow-up of victims?		1. Arrive at the scene with ASHA/ANM with a first aid kit. 2. Inform the nearby police station. 3. Ensure the scene is safety.(Page no; - 10) 4. Conduct the triaging of the victims. (Page no; - 52) • Red color- needs immediate attention • Yellow color- stable for the moment and, they are not in immediate danger of death • Green color- need medical care at some point • Black color- for the deceased. 5. Provide CPR for unresponsive patients. 6. Provide pre-referral stabilization using two modes: immobilization of fractures and control of bleeding of wounds. (Page no; - 10) 7. Intimate the service providers at referral centers and refer the victims with red and yellow color codes to nearby hospitals with referral slips. (Page no; - 62)

Assessment Method

TTX- Table Top Exercise

Scoring

1. Provide a few responses but not relevant/ didn't provide any responses
2. Provided correct responses less than 50%
3. Provided correct responses between 50% and 80%
4. Provided correct responses more than 80%

Sl.No.	Case	Score	Means of Verification
			8. Refer the deceased cases to PHC for death confirmation in consultation with MO. 9. Assist green color-coded victims to your facility and provide symptomatic care. 10. Documentation of cases. 11. Make a plan of follow-up of referred cases. 12. Obtain counter referral slip after discharge of patients (under PM-JAY (or any other schemes)), provide follow-up care, and enter the details in records. (Page no; - 64)
4	**Able to identify AEFI and initiate the management of anaphylaxis** Assume that parents brought a 9-month-old baby with swelling of the tongue, lip, and throat, difficulty in breathing, and decreased level of consciousness. The child received immunization 2 hours ago. Leading questions; How will you assess the case? How will you initiate anaphylaxis management? How will you refer to the case?		1. Assess the case as severe AEFI. 2. Reassure the child and parents. 3. Connect the child to oxygen (6 L/min). 4. Arrange injection tray with Adrenaline ampoule (1ml), tuberculin syringe, and needle 24G. 5. Administer Inj. Adrenaline (0.05 ml) intramuscular in the middle 1/3rd of the anterolateral aspect of the thigh. 6. Mark the area with data, time, and name of injection (to avoid further injection in the same site at the referral center). 7. Do not leave the child alone. 8. Arrange an ambulance/vehicle. 9. Fill referral slip. 10. Inform the referral center.

Assessment Method

TTX- Table Top Exercise

Scoring

1. Provide a few responses but not relevant/ didn't provide any responses
2. Provided correct responses less than 50%
3. Provided correct responses between 50% and 80%
4. Provided correct responses more than 80%

Sl.No.	Case	Score	Means of Verification
	How will you document the case?		11. Pack suspected vials (given to the child) to a referral center 12. Escort the child with oxygen support to the referral center. 13. Hand over referral slip and suspected vials with documentation (this is for AEFI investigation). 14. Document suspected anaphylaxis on immunization cards in block letters against the vaccine administered. 15. Enter the suspected case in the AEFI register. (Page no; - 20-26)
5	**Able to investigate an outbreak in the community** Assume that you see 50 cases of respiratory infection in 2 weeks among under-five children in your village in the rainy season. Last year, you saw 18 cases per month in the same village. Leading questions; How will you investigate an outbreak of respiratory infection? (Page no; - 16,17,44)		1. Ascertain the diagnosis of the condition. 2. Verify the existence of an "epidemic/Outbreak" by comparing the count of the cases reported currently with what is usually seen in the area at the same period. 3. Inform the PHC medical officer and other authorities if the number of cases is higher than expected. 4. Search for hidden cases in the community and list them. 5. List the cases with some basic information including age, sex, onset of disease, key symptoms, any treatment taken, when the disease stopped (if it stopped), and outcome.

Assessment Method

TTX- Table Top Exercise

Scoring

1. Provide a few responses but not relevant/ didn't provide any responses
2. Provided correct responses less than 50%
3. Provided correct responses between 50% and 80%
4. Provided correct responses more than 80%

Sl.No.	Case	Score	Means of Verification
			6. In case of any outbreak, report in S form on a weekly basis. 7. Participate in the control activity which is initiated by the PHC/other health staff. 8. Document the outbreaks and control activities in the outbreak register.
6	**Able to provide disaster services** Assume that you have received an alert of cyclones through the media. Leading questions; What will be your plan of action? (Page no; - 16-17) (Page no; - 26-28)		1. Conduct a strategic health emergency risk assessment to identify and analyze the vulnerable communities and areas. 2. Assess the current capacities for managing health risks associated with emergencies. 3. Set up relief camps and medical camps in consultation with PHC-MO. 4. Coordinate and lead local responses to emergencies. 5. Support the PHC medical team for rescue and relief activities

ANNEXURE 3
STATE LEVEL CUSTOMIZATION OF CHO-CAT

CHO-CAT[79] is a toolkit is developed using 50 role-based competencies of CHOs. It consists of 70 knowledge items, 50 attitude items, and 51 skills exercises (30 DOPS[80], 15 Mini-CEX[81] and 6 SimEx[82]) for competency assessment of CHOs. The state level experts can customize the CAT toolkit to their context by considering the following factors;

1. Roles and responsibilities of CHOs in Odisha
2. Disease patterns in the communities
3. Recalling your population and vulnerable communities
4. Organization of services at family/community/HWC/first referral level
5. Approaches and resources for health promotion
6. Management of primary healthcare team and work coordination
7. Management of HWC.

The state experts can choose the most appropriate 40 knowledge items, 10 attitude items and 25 skill exercises from clinical care, public healthcare and manager domains for assessing the competencies of CHOs. The competency assessment items will vary each year depends upon the needs and demands to be addressed by CHOs of the state.

Duration of evaluation- 4 hours 30 minutes

Evaluators- Post graduate nurses who are trained on CAT administration

Customization of knowledge guides *(refer CHO-CAT customization tracker)*

Domains	Clinical care provider	Public healthcare provider	Manager
Number	20	10	10
Score range (min-max)	20-60	10-30	10-30
Total score range	40-120		
Estimated duration	1 hour		

Customization of attitude guides *(refer CHO-CAT customization tracker)*

Domains	Clinical care provider	Public healthcare provider	Manager
Number	6	2	2
Score range (min-max)	6-18	2-6	2-6

[79] Community Health Officers- Competency Assessment Tool
[80] Direct Observation of Procedural Skill
[81] Mini Clinical Evaluation of Exercises
[82] Simulation Exercises

Total score range	10- 30
Estimated duration	10 minutes

Customization of skill (DOPS) *(refer CHO-CAT customization tracker)*

Domains	Clinical care provider	Public healthcare provider	Manager
Number	6	1	3
Score range (min-max)	6-24	1-4	1-12
Total score range	10-40		
Estimated duration	1 hour 30 minutes		

Customization of skill (Mini-CEX) *(refer CHO-CAT customization tracker)*

Domains	Clinical care provider	Public healthcare provider	Manager
Number	5	2	2
Score range (min-max)	5-20	2-8	2-8
Total score range	9-36		
Estimated duration	1 hour 30 minutes		

Customization of skill (SimEx) *(refer CHO-CAT customization tracker)*

Domains	Clinical care provider	Public healthcare provider
Number	4	2
Score range (min-max)	4-16	2-8
Total score range	6-24	
Estimated duration	20 minutes	

Score distribution of CHO-CAT

Domains	Clinical care provider	Public healthcare provider	Manager
Score distribution and percentage	140 (56%)	55 (22%)	55 (22%)
Total score range	75-250		

Scoring:

Need to improve competency- <=60%

Moderately competent- 61%-79%

Competent- >=80%

CHO CAT State-level Customization Tracker								
Sl.No.	Competencies	Sl. No	Behaviours	Knowledge	Attitude	Skill		
						Direct Observation of Procedures	Mini Clinical Evaluation Exercise	Simulation Exercise
1.	Health assessment	1.	History collection	C1.1	C1.2	C2.1	C3.1	
		2.	Physical examination	C1.3		C2.1	C3.1	
		3.	Recording of findings	C1.4, C1.5		C2.1	C3.1	
2.	Population-based screening	4.	Conduct screening of population		C1.10		C3.2, C3.3, C3.4 & C3.5	
		5.	Identify the cases through screening tests	C1.6, C1.7	C1.11			
		6.	Conduct mass screening	C1.8				C4.1
		7.	Conduct high-risk screening	C1.9				C4.1
3.	Symptomatic management	8.	Identify the signs and symptoms	C1.12		C2.2		
		9.	Identify the disease condition	C1.12		C2.2		
		10.	Identify the first line of treatment	C1.13		C2.2		
		11.	Implement the first line of treatment		C1.14	C2.2		
4.	Laboratory services	12.	Identify the laboratory tests	C1.15		C2.3		
		13.	Conduct laboratory tests		C1.16	C2.3		
		14.	Interpret the lab findings	C1.17		C2.3		
5.	Medication administration	15.	Identify the drugs for symptomatic care	C1.18		C2.2		
		16.	Dispense the drugs		C1.19	C2.2		
		17.	Provide supplements	C1.20		C2.4		
6.	High-risk management	18.	Identify the danger signs	C1.21				C4.2
		19.	Identify high-risk cases		C1.22			C4.2
7.	First-aid	20.	Identify the need of first-aid services	C1.23		C2.5		
		21.	Provide first-aid services	C1.24	C1.25	C2.5		
8.	Referral	22.	Refer general OPD	C1.26				C4.1

		23.	Refer the positive cases after screening					C4.1
		24.	Enter patient case records in referral slip	C1.27				C4.3
		25.	Intimate the service providers at referral centres		C1.28			C4.3
		26.	Provide pre-referral stabilization					C4.3
		27.	Refer high-risk cases	C1.26				C4.3
		28.	Enable Continuum of Care under PM-JAY	C1.29				C4.3
9.	Follow-up	29.	Conduct the follow-up		C1.30			C4.2
10.	Immunization	30.	Provide immunization	C1.31	C1.32		C3.6	
11.	Adverse Events Following Immunization (AEFI) management	31.	Monitor for AEFI	C1.33	C1.35		C3.6	C4.4
		32.	Manage AEFI	C1.34				C4.4
12.	Maternal health	33.	Conduct MCH registration	C1.36		C2.6		
		34.	Conduct antenatal check ups	C1.37			C3.1	
		35.	Supervise normal vaginal delivery in specified delivery sites		C1.38			
13.	Neonatal and infant health	36.	Support for breast feeding		C1.39		C3.6	
		37.	Support nurturing care	C1.40			C3.6	
14.	Under-five child health	38.	Monitor the growth chart	C1.41		C2.7		
15.	Family planning	39.	Identify the families in need of family planning	C1.43		C2.8		
		40.	Motivate the families to adopt family planning		C1.42	C2.8		
16.	Counselling	41.	Provide counselling	C1.44	C1.45	C2.9		
17.	Home-based delivery of care	42.	Supervise home visits	C1.46	C1.47		C3.7	
18.	Teleconsultation	43.	Use teleconsultation services	C1.48	C1.49	C2.10		

19.	Infection control practices	44.	Implement the infection control guidelines	C1.50	C1.51	C2.11		
20.	Bio-medical waste management	45.	Follow biomedical waste management guidelines	C1.52	C1.53	C2.12		
21.	Community mapping	46.	Develop geographical mapping	C1.54	C1.55	C2.13		
22.	Population Enumeration	47.	Identify your population			C2.14		
		48.	Ensure collection of population-based data	C1.56		C2.14		
		49.	Assist the health workers to conduct population enumeration and empanelment of families		C1.57	C2.14		
23.	Vulnerability Assessment	50.	Identify your vulnerable population	C1.58		C2.15		
		51.	Improve access to healthcare		C1.59	C2.15		
24.	Identification of burden of disease	52.	Collate and analyse data of diseases	C1.60	C1.61	C2.16		
25.	Identification of determinants of disease	53.	Identify social determinants of diseases	C1.62	C1.63	C2.17		
		54.	Identify environmental determinants	C1.62	C1.63	C2.17		
26.	Disease Surveillance	55.	Investigate and confirm the diagnosis		C1.65			C4.5
		56.	Participate in the outbreak control activities by PHC					C4.5
		57.	Complete S forms for outbreak reporting and maintain community outbreak registers	C1.64				C4.5
		58.	Identify and list hidden cases					C4.5
27.	Yoga services	59.	Identify yoga instructors				C3.8	
		60.	Organize yoga sessions	C1.66	C1.67		C3.8	
28.	Local action plan	61.	Develop a local action plan			C2.18		
		62.	Identify the measurable targets	C1.68		C2.18		
		63.	Implement the local action plan		C1.69	C2.18		
29.	School health	64.	Identify the school teachers as health ambassadors	C1.70			C3.9	

		65.	Organise health promotion activities		C1.71		C3.9	
30.	Health promotion campaigns	66.	Plan monthly health promotion campaigns	C1.72		C2.19		
		67.	Carry out the steps of organizing health campaigns	C1.74	C1.73	C2.19		
31.	Local body meeting	68.	Plan monthly local body meetings	C1.75	C1.76		C3.10	
		69.	Organize monthly local body meetings				C3.10	
32.	Community Mobilization	70.	Supervise ASHA/MPW to mobilize communities	C1.77	C1.78	C2.17, C2.19		
33.	Patient Support groups	71.	Form patient support groups	C1.79	C1.80		C3.11	
		72.	Assist ASHAs for conducting PSGs				C3.11	
34.	Village Health Sanitation and Nutrition Committee	73.	Plan VHSNC activities	C1.81			C3.12	
		74.	Engage in VHSNC activities	C1.82			C3.12	
		75.	Assist VHSNC monthly meeting				C3.12	
		76.	Monitor VHSNC activities		C1.83		C3.12	
35.	Disaster services	77.	Identify and train the teams for disaster services	C1.84				C4.6
		78.	Participate in the disaster services by PHC		C1.85			C4.6
36.	Outreach services	79.	Plan outreach activities	C1.86	C1.87		C3. 13	
		80.	Monitor outreach services				C3. 13	
37.	Healthcare reporting	81.	Report on AEFI, referrals and any major events	C1.88		C2.20		
		82.	Prepare and submit quality assurance report to PHC MO		C1.89	C2.20		
38.	Sub centre level reporting formats	83.	Understand sub centre level reporting formats	C1.90		C2.21		
		84.	Support MPWs in maintaining updated information		C1.91	C2.21		
39.	Individual performance assessment	85.	Submit the performance assessment reports for incentives	C1.92		C2.22		
		86.	Prepare performance assessment	C1.93	C1.94	C2.22		

			reports using service package indicators					
40.	Registers and records	87.	Supervise the health workers to maintain registers	C1.95	C1.97	C2.23		
		88.	Maintain records on various delivery of services	C1.96		C2.23		
		89.	Maintain family folders	C1.98		C2.23		
41.	Interprofessional communication	90.	Demonstrate interprofessional communication skills	C1.99	C1.100	C2.24		
42.	Health Management Information System	91.	Fill the data in health information system	C1.101	C1.102	C2.25		
		92.	Link with specialists and undertaking two-way referral information system	C1.103	C1.104	C2.25		
43.	Supportive supervision	93.	Provide supportive supervision services	C1.105	C1.106		C3.7	
44.	Monthly meeting	94.	Evaluate monthly HWC meetings	C1.107	C1.108		C3.14	
45.	Functionality status	95.	Monitor key indicators of different service packages	C1.109	C1.110	C2.26		
46.	Grievance redressal	96.	Follow grievance handling procedures	C1.111	C1.112	C2.27		
47.	Health worker training	97.	Organize additional training programs for ASHAs and MPWs	C1.113	C1.114		C3.15	
48.	Multi-sectoral convergence for action	98.	Facilitate convergence initiatives by ASHA/MPWs	C1.115	C1.116	C2.28		
49.	Inventory management	99.	Maintain the inventory management	C1.117	C1.118	C2.29		
50.	Financial management	100.	Utilize HWC-untied and program funds	C1.119	C1.120	C2.30		

ANNEXURE 4
GLIMPSES OF PROJECT MILESTONES

Signing of MoU

A Memorandum of Understanding (MoU) was signed between HSTP and Sathyabama Institute of Science and Technology to collaborate on health policy projects at the state and national levels.

Policy engagement

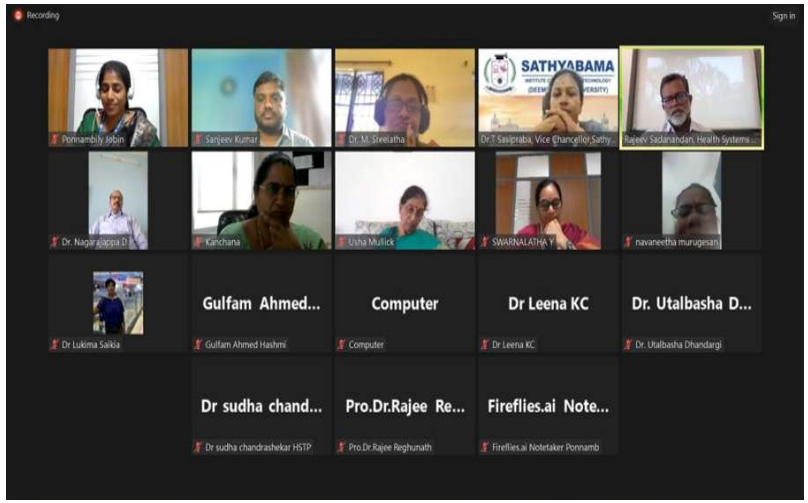
The CHO-CCT team consulted with the Directorate of Nursing, Department of Health and Family Welfare, Government of Odisha, to discuss strategies for assessing competencies for CHOs in Odisha.

SME identification

The CHO-CCT team identified 15 subject matter experts from 11 states through a literature review.

Individual and group expert consultation

The CHO-CCT team conducted four levels of individual and group expert consultations to validate the following: 1) the list of competencies, 2) the Competency Assessment Tool, 3) the list of practice activities and CBS, and 4) the in-service CHO-CBT manual.



State-level expert consultation

A state-level expert consultation was held to tailor the list of competencies and the Competency Assessment Tool to the specific context of the state. This consultation involved subject matter experts from community health nursing, clinical nursing, academic nursing, nursing research, and public health, as well as policymakers, stakeholders, and in-service Community Health Officers (CHOs).

State-level ethical clearance

The team attended the REC meeting, chaired by Ms. Shalini Pandit, IAS, Commissioner and Health Secretary, Government of Odisha on 13.03.2024, and received approval to conduct the competency assessment of in-service CHOs.

Tool pre-testing

The pretesting of the Competency Assessment Tool (CAT) was conducted to evaluate the competencies of Community Health Officers (CHOs) in Odisha.

Field data collection

Four districts were randomly selected to represent all geographical areas of the state, in consultation with the Nursing Directorate. A total sample size of 120 CHOs was established, with 30 CHOs selected from each district. Data was collected from CHOs in HWCs within the sampled districts. The competency of the CHOs was assessed using structured questionnaires to evaluate knowledge and attitude, direct observation of procedures, mini clinical evaluation exercises, and simulation exercises to assess skills.

External technical review

The CHO-CCT team held an external technical review meeting to evaluate 1) the list of competencies, 2) the Competency Assessment Tool, and 3) the list of practice activities. This consultation involved nursing administrators, public health experts, policy makers and subject matter experts at the national level.

Sharing the research findings with the Department of Health and Family Welfare, Government of Odisha

The project team, along with the Directorate of Nursing, met with Ms. Aswathy S., IAS, Commissioner-Cum-Secretary, Department of Health and Family Welfare, Government of Odisha. During the meeting, the team presented the Community Health Officer (CHO) Competency Assessment Report, the CHO Competency-Based Training (CBT) Manual, and the CHO-CBT Workplace Training Model. The discussions revolved around the challenges faced by CHOs in the workplace and the strategies for implementing the CHO-CBT workplace training program.

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