



ABSTRACT

Primary Health Centres - Role of Medical Officers of Primary Health Centres - Orders issued.

Health, Indian Medicine & Homoeopathy and Family Welfare Department

G.O.Ms. No.169

Dated : 20th January, 1989

Thai 8, Vibhava,
Thiruvalluvar Aandu, 2020

Read:

1. Circular R.No.15696/PHCs/II/86-8/S.11 dated 11.6.1986 from the Director of Primary Health Centres (in-charge), Madras.
2. From the Director of Family Welfare D.O.Ref. No.TC No.97/88 dt.3.11.88
3. From the Director of Public Health and Preventive Medicine, D.O.R.No.169610/88/P.II/JA dated 2.11.88
4. From the Director of Primary Health Centres D.O.No.35564/PHCs.II/86 S3 dt.2.11.88
5. From the Deputy Director of Medical Services and Family Welfare D.O.K.Dis.110551/E1/I/88A dt.25.11.88
6. From the Director of Public Health Training and Continuing Education, Lr.No.10014/Trg/II/88-S1 dt.1.12.88
7. From the Project Director, DANIDA Health Care Project, D.O.Lr.No.3477/88 C1/88 dt.5.1.89
8. From the Deputy Project Director, DANIDA D.O.Lr.No.3477/C1/88 dt.18.1.89.

ORDER:

The Alma Ata Declaration (1978), to which India is a signatory, visualises a Primary Health Care approach as a means towards the achievement of the goal of health for all by 2000 A.D. In the actuation of this aim and desire, Primary Health Centres are being established in a phased manner in rural areas at the 30,000 population level, and Health Sub-Centres at the 5,000 population level. It is proposed to complete the establishment of one Primary Health Centre for every 20,000 population before 1990 with 6 attached Health Sub-Centres to each Primary Health Centre.

2. This pattern envisages 2 posts of Medical Officers in each Primary Health Centre. The Ministry of Health and Family Welfare, Government of India during January 1986 has outlined the role of Medical Officers in Primary Health Centres.



In the reference first read above, the Director of Primary Health Centres has issued a circular regarding the division of the job responsibilities among the three Medical Officers of Primary Health Centres at Block level.

3. During the workshop on Expanded Primary Health Care held at Madras on 26,27 and 28.9.88 which was attended by the Directors of the concerned departments, other State level, Regional level, District level officials of Health and Family Welfare Departments including selected Medical Officers of Primary Health Centres, the role of the two Medical Officers of Primary Health Centres at 30,000 population was finalised jointly by all participants. The views of all Heads of Departments have also been obtained and taken into consideration.

4. In supersession of all earlier instructions issued in this regard, the role of the 2 Medical Officers of Primary Health Centres at the 30,000 population level is enclosed as an Annexure to this order. This order will come into effect immediately.

5. The Government desire that Medical Officers in the Primary Health Centre, as highly competent and properly motivated professionals will be in the forefront as leaders of para medical and health workers in the battle against disease and the promotion of health. It is a challenging task and the annexure to this order only sets out the broad outlines and it is in fact in the personal involvement and the commitment that Medical Officers in Primary Health Centres bring to their task that success ahead lies.

(BY ORDER OF THE GOVERNOR)

N. NARAYANAN,

Commissioner & Secretary to Government.

To

The Director of Primary Health Centres, Madras - 600 006

The Director of Public Health and Preventive Medicine, Madras - 600 006

The Director of Public Health Training and Continuing Education, Madras - 600 006

The Director of Medical Services and Family Welfare, Madras - 600 006

The Director of Family Welfare, Madras - 600 008

The Director of Medical Education, Madras - 600 005

The project Director, Danida Health Care Project, Kuralagam, Madras.

The Director of Indian Medicine and Homoeopathy, Madras - 106

The District Health Officers of all Districts.

All District Medical Officers of Primary Health Centres

All Regional Deputy Directors of Public Health and Preventive Medicine

Forwarded : By Order

Sd/-
Section officer.



ANNEXURE

JOB DESCRIPTION OF MEDICAL OFFICERS OF PRIMARY HEALTH CENTRES

The 2 Medical Officers of the PHC will divide the area amongst themselves on a geographical basis and will be responsible for all the activities under Medical, Health and Family Welfare Programmes in their respective areas. Of the 2 Medical Officers, the senior, will be designated as Medical Officer in-charge, who will be the administrative head of the PHC.

The Medical Officer in-charge of the PHC is responsible for implementing all activities grouped under Health and Family Welfare in the PHC area. He is responsible in his individual capacity, as well as for the overall charge of the PHC. It is not possible to enumerate all his tasks, however he shall be fully responsible for the proper overall functioning of the PHC. He may assign any job to any functionary of the PHC (Officer/Staff) team, which is deemed essential by him (Medical Officer) towards the functions of the PHC and field activities. He shall also undertake any other task and implement any other scheme/programme which the higher level of supervisory officials assign to him from time to time.

The FTP for the Medical Officers are as follows:

1. One Medical Officer will be in the PHC and the other Medical Officer will be on field visit on alternate days, every day as per the programme appended.
2. On review days (Tuesdays) both the Medical Officers will be at the PHC.
3. On Immunisation days (Wednesdays) both the Medical Officers will go out for supervision on alternative Wednesdays so that each session is visited once in a fortnight.
4. Each HSC will be visited once a fortnight on a fixed day as I and III Mondays, I and III Thursdays etc., in addition to the visits made during Immunisation day sessions on alternate weeks.
5. The Medical Officer shall visit centres enroute while proceeding to the scheduled sub-centre as a cursory visit and spend about half an hour taking up short inspection.

During the fortnightly visits to the HSC, the Medical Officer will render following services and carryout activities:

1. Health Check up of CMNMP Beneficiaries;
2. Health Check up of school children;
3. Conduct Clinic at health sub-centre for AN, PN cases and infants and children and emergencies;



4. Sample verification and cross verification of performance and records and registers of Health Workers;
5. Verification of EC and Motivation of ECs;
6. Verify and guide the HW on the follow-up services to the Acceptors;
7. Render on the spot guidance to the Health Workers and Health Supervisors;
8. Check the stocks, equipments and their utilisation;
9. Contact local organisation/leaders/women group for coordination;
10. Participate in Community based educational sessions;
11. Investigate the Infant Deaths and Maternal Deaths;
12. Verification of Births and Deaths;
13. Other activities as warranted under circumstances (vaccine preventable diseases, Epidemic Control activities, Investigations etc.) and
14. Other activities as stipulated in job description.

I. CURATIVE WORK:

1. Each Medical officer will organise the dispensary, out-patient services/in-patient services including labour cases and minor operations and will allot duties to the auxiliary staff to ensure smooth running of the PHC.
2. He will make suitable arrangements for the distribution of work in the treatment of emergency cases which come outside the normal OPD hours.
3. He will organise laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of cases.
4. He will make arrangements for rendering services for the treatment of minor ailments at the Community level and the sub centre through the existing functionaries such as Village Health Nurses, Child Welfare Organisers, Community Nutrition Workers, Anganwadi Workers, Dais and Others.
5. He will attend to cases referred to him by Sector Health Nurse, Multipurpose Health Supervisor, Village Health Nurses, Multipurpose Health Assistants, Dais or by the School Teachers (Health and other Field functionaries).



6. He will screen cases needing specialised medical attention including dental care, STD, Mental Health and Nursing care and refer them to referral institutions.
7. He will provide guidance to the Sector Health Nurses, Multipurpose Health Supervisor, Village Health Nurse, Multipurpose Health Assistants, Dais, School Teachers and others in the treatment of minor ailments.
8. He will cooperate and coordinate with other institutions providing medical care services in his area.
9. He will make periodical visits to each sub-centre in his area not only to check the work of the staff but also to provide preventive, promotive and curative services and organise clinics for this purpose.
10. He will maintain the morbidity Data of all new cases treated at PHC and Health Sub-Centre as per the International Classification of Diseases prescribed by World Health Organisation and submit the return in the prescribed format to the district health authority.

The daily time schedule for centre based services and activities is as follows:

8.00 A.M.	-	11.00 A.M.	OPD
11.00 A.M.	-	1.00 P.M.	Special Clinics/Surgery
2.00 P.M.	-	4.00 P.M.	Administrative work
4.00 P.M.	-	5.00 P.M.	Evening OP

After 5.00 P.M. duty at call.

Note: One of the Medical Officers will attend the afternoon OPD on alternate days from

4 PM- 5 PM

Emergencies should be attended all 24 hours in rotation by Medical Officers of the PHC.

The time schedule for field services and activities is also from 8.00 A.M. to 5.00 P.M. These should be displayed in the PHC a black board with name, contact place and time to enable other officers to note.



II. PREVENTIVE, PROMOTIVE AND REHABILITATIVE HEALTH WORK

The Medical Officer should keep himself conversant with the geography, demography, health needs and public health problems in his area. He should be fully conversant with the usual seasons for epidemics and take preparatory preventive action.

He will ensure that he and all the staff of the PHC are fully conversant with the various health and family welfare programmes implemented in the jurisdiction of each health functionary.

He will further supervise their work periodically both in the clinic and in the community setting to give them the necessary guidance and directions.

He will prepare operational plans and ensure effective implementation of the same to achieve the laid down targets under various health and family welfare programmes.

He will keep close liaison with the Block Development Officer and his staff, other development department staff, community leaders and local body Presidents, voluntary agencies in his area and involve them to the best advantage in the promotion of health and family welfare programmes in the area.

Wherever possible, he will conduct field investigations in respect of local health problems (a) to plan; (b) to organise; (c) to implement the required health and family welfare services.

1. FAMILY WELFARE:

- 1.1. He will provide leadership to the staff in the implementation of the family welfare programmes in the Primary Health Centre area and the PHC should function as a centre for the Family Welfare movement.
- 1.2. He will be responsible for the proper and successful implementation of family welfare programme in the Primary Health Centre area, including information, education, communication activities, motivation, delivery of services and after care.
- 1.3. He will be responsible for giving immediate and sustained attention to any complications the acceptor develops due to acceptance of family welfare methods in his area. He should also seek for information of such cases and personally check, if it is of serious nature. He should carefully watch the morbidity and mortality of acceptors for immediate action.
- 1.4. He will extend motivational advice and contraceptive services (temporary and permanent) to all eligible couples he sees in the clinics conducted by him at Primary Health Centre/Health Sub-Centre.



- 1.5.1. He/she will get trained in sterilisation operations, MTP and IUD.
- 1.5.2. He will maintain the record of training status of PHC staff on Health and Family Welfare.
- 1.6. He will organise and conduct camps for Sterilisation, IUD/MTP services.
- 1.7. He will avail the help of other agencies such as District Bureau, Mobile Van and other associations/Voluntary Organisations for sterilisation/IUD camps and MTP Services.
- 1.8. He will ensure adequate supplies of equipment, drugs, educational material and contraceptives required for the services/programmes.
- 1.9. He will organise regular staff meetings to review the progress made and to discuss the problems and future plans.
- 1.10. He will develop and maintain a cooperative work relationship with other agencies and opinion leaders in the PHC area in order to generate and sustain the Family Welfare movement.
- 1.11. He should encourage and give all help and assistance to private medical practitioners and practitioners of ISM in the implementation of Family Welfare Programme especially in the follow up of adopters.
- 1.12. He will ensure proper and up-to-date maintenance of Eligible Couple Registers through spot checking.
- 1.13. He will ensure that the village level committees and other committees in the PHC area are properly constituted and made operational.

2. MOTHER AND CHILD HEALTH CARE

- 2.1. He will provide MCH services such as antenatal, intranatal and postnatal care of mothers and infants and child care through the PHC, HSC and dais.
- 2.2. He will screen the high risk cases in pregnancy, and provide special attention and refer wherever necessary to the higher treatment facilities centre and maintain a record of such cases. Early registration of pregnancy also facilitates early MTP (8 weeks) if warranted.
- 2.3. He will actively involve the PHC staff in the effective implementation of the Nutrition Programmes and administration of Vitamin A and Iron and Folic Acid tablets.



- 2.4.1. He shall visit all the Chief Minister's Noon Meal Programme Centres/Community Nutrition Centres/Anganwadi Centres in the PHC area regularly as specified and render health and medical care services including referral as per programme instructions.
- 2.4.2. He will periodically monitor the growth of the children and ensure the maintenance of related records.
- 2.5. He will investigate and report all cases of maternal and infant deaths.
- 2.6. He will ensure and educate the concerned functionaries on the hygiene and sanitation of the Chief Minister's Noon Meal Programme Centres/Community Nutrition Centres and Anganwadi Centres.
- 2.7. It shall be sincere and sustained effort of both doctors to bring down the infant mortality and maternal mortality rate to the lowest level.

3. PROGRAMME ON IMMUNISATION

- 3.1. He will plan and implement the immunisation programme in line with the latest policy and ensure universal coverage of the target population in the Primary Health Centre area.
- 3.2. He will ensure adequate supplies of vaccines and miscellaneous items required from time to time for the effective implementation of the Immunisation Programme.
- 3.3. He will ensure proper storage of vaccines under prescribed temperature and the maintenance of cold chain equipment and continuous cold chain during transport of vaccines.
- 3.4. He will investigate and report all complications arising out of immunisation.
- 3.5. He will ensure regular surveillance of all the vaccine preventable diseases in the PHC area with special reference to POLIOMYELITIS and investigate and report all such cases and deaths with his specific findings.
- 3.6. He will carry out surveys and studies in consultation with the District Health Organisation and arrange to refer cases needing Rehabilitation in respect of polio and also other diseases.



NATIONAL MALARIA ERADICATION PROGRAMME :

- 4.1. He will be responsible for all NMEP operations in his PHC area and will be responsible for all administration and technical matters.
- 4.2.1. He will ensure Active Case Detection and Passive Case Detection in the PHC area as per the programme norms.
- 4.2.2. He should be completely acquainted with all problems and difficulties regarding surveillance and spray operations in his PHC area and be responsible for immediate action whenever the necessity arises.
- 4.3. The Medical Officer will guide the Village Health Nurse / Multipurpose Health Assistant and Sector Health Nurse / Multipurpose Health Supervisor on all treatment schedules, especially radical treatment with primaquine. As far as possible he should investigate all malaria cases in the area with less than API 2 regarding their nature and origin, and institute necessary measures in this connection. He should ensure that prompt remedial measures are carried out by the Health Supervisors/Sector Health Nurse/Multipurpose Health Supervisors on positive cases detected in areas with API less than two. He should give specific instructions to them in this respect, while sending the result of blood slides found positive.
- 4.4. He will check the microscopic work of the Laboratory Technician / Assistant and despatch prescribed percentage of such slides to the Regional Office for Health and Family Welfare (Government of India) and State Headquarters (CML) for cross checking as laid down from time to time.
- 4.5. He should, during his monthly meetings, ensure proper accounts of slides and anti-malarial drugs issued to the Multi purpose Health Assistant, Village Health Nurses and Multipurpose Health Supervisors / Sector Health Nurses.
- 4.6. The publicity material and mass media equipment received from time to time will be properly distributed and utilised as per the instructions from the district organisation.
- 4.7. He should consult the booklet on 'Management and Treatment of Cerebral Malaria' and treat cerebral malaria cases as and when required.
- 4.8. He should ensure that all categories of staff in the periphery administering radical treatment to the positive cases observe the instructions laid down under NMEP on the subject and if toxic effects are observed in a patient receiving primaquine, aware that the drug is stopped by the peripheral worker and such cases brought to his notice for follow up action / advice.



5. CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES

- 5.1. He will ensure that all the steps are being taken for the prevention and control of communicable and non-communicable diseases.
- 5.2. He will take preventive and control measures in cases of any outbreak of infectious disease/epidemic/natural calamities/emergencies in his area.
- 5.3. He will notify immediately the occurrence of the communicable diseases in the PHC area to the District Health Authorities.
- 5.4. He will organise and carry out Education of the people in regard to detection and notification of cases of communicable diseases.
- 5.5. He will ensure regular and effective surveillance and vigilance by all the field Public Health staff in the community to detect promptly the occurrence of any communicable disease through proper guidance, supervision and education.

6. LEPROSY

- 6.1. He will provide facilities for early detection of cases of Leprosy and confirmation of their diagnosis and referral to the nearest GLC Unit / Leprosy Organisation.
- 6.2. He will ensure that all cases of Leprosy take regular and complete treatment.
- 6.3. He will render all assistance and cooperation to the District Leprosy Organisation to implement NLEP activities.

7. TUBERCULOSIS

- 7.1. He will provide facilities for early detection of cases of Tuberculosis, confirmation of their diagnosis and treatment.
- 7.2. He shall arrange to collect sputum smears from all chest symptomatics as per programme norms.
- 7.3. He will ensure that all cases of Tuberculosis take regular and complete treatment including defaulter action.
- 7.4. He will review and maintain the Registers and records as per National Tuberculosis Control Programme and provide necessary cooperation and assistance to the District Organisation.



8. SEXUALLY TRANSMITTED DISEASES

- 8.1. He will ensure that all cases of STD are diagnosed and properly treated and their contacts are traced for early detection.
- 8.2. He will provide facilities for VDRL test for all pregnant women at the PHC.
- 8.3. He will ensure that contact tracing, case holding and educational programmes are organised and implemented.

9. SCHOOL HEALTH

- 9.1. He will visit schools in the PHC area at regular intervals and arrange for medical/health check-ups including psychological or mental problems like bed wetting, behaviour problems, low performance in studies, immunisation and treatment with proper follow up of those students found to have defects as per programme instructions.
- 9.2. He will organise regular school health education programmes in consultation with school authorities, teachers, parents and students.

10. NATIONAL PROGRAMME FOR PREVENTION OF VISUAL IMPAIRMENT AND CONTROL OF BLINDNESS

- 10.1. He will make arrangements for rendering (a) treatment for minor eye ailments; and (b) testing of vision.
- 10.2. He will refer cases to the appropriate institute for specialised treatment.
- 10.3. He will extend support to mobile eye-care units by referral of cases from the field staff. He will supervise the work of the Ophthalmic assistant.

11. DIARRHOEAL DISEASES CONTROL PROGRAMME

- 11.1. He will ensure early detection of diarrhoea and dehydration through the PHC / HSC / Community nutrition worker and village volunteers.
- 11.2. He will arrange for correction of mild and moderate dehydration through appropriate Home Available Fluid administration, oral rehydration therapy through PHC / HSC / Community and correction of severe dehydration through parenteral fluid therapy at P.H.C.



- 11.3. He will take, effective steps and adequate measures for epidemiological investigations, institution of containment measures and popularisation of ORT to prevent deaths due to dehydration among the people, by involving Voluntary agencies and through intense educational campaigns.

12. VITAL STATISTICS

- 12.1. He will ensure that vital events such as births and deaths occurring in the PHC area are reported/notified to the Registrar concerned by the informants; by education of people and through the efforts of field staff.
- 12.2. Apart from the above, he will ensure that Village Health Nurse will maintain Births and Deaths Registers for all the Births and Deaths that occur (both within the area and outside the area) to the usual Residents of the area.
- 12.3. He will review the performance of the field staff in regard to the field visits to improve the quality and quantity in respect of registration of vital events.

13. STATUTORY FUNCTIONS :

13.1. P.F.A. Act:

If the Medical Officer is the local Health authority under the P.F.A. Act, he shall discharge the functions in regard to the exercise of the provisions of the Act.

13.2. Public Health Act

If the Medical Officer is the local Health authority under the Public Health Act, he shall discharge the functions in regard to the exercise of the provisions of the Act.

14. ENVIRONMENTAL SANITATION

- 14.1. He will ensure that all efforts are taken by the authorities concerned for the provision of safe, potable drinking water to the community.
- 14.2. He will ensure and supervise the chlorination of water sources in his area at regular intervals.
- 14.3. He will educate the community through the field staff on
- (a) the method of disposal of liquid wastes



- (b) the method of disposal of solid wastes
 - (c) home sanitation
 - (d) advantage and use of RCAP sanitary latrines
 - (e) construction and use of smokeless chulas and solar energy devices.
 - (f) prevention of pollution of water sources.
- 14.4. He will ensure that Form I report in the prescribed format depicting all the public health measures and sanitary arrangements in respect of all the Fairs and Festivals are obtained from the concerned local body in his area (Non Municipal), scrutinised and submitted to the DPH & PM through the DHO, at least 90 days well in advance for approval.
- 14.5. He will ensure effective implementation of all the Public Health and Preventive Measures and sanitary arrangements for fairs and festivals, by the concerned agency / local body with a view to control and prevent occurrence or outbreaks of infectious diseases and for the upkeep and maintenance of the sanitation and Hygiene of the area.
- 14.6. He will provide through the field staff the required supervision and medical care during such fairs and festivals and organise and provide all the needed Public Health measures and services during such occasions in consultation with and as per the guidance of District Health authorities.
- 14.7. He will ensure and arrange for inspection of all the Eating Establishments, and ensure promotion and provision of hygienic conditions of food preparation, storage and sale and food handlers, with a view to prevent food poisoning and foodborne infections.
- 14.8. He will ensure investigation into occurrences of Food poisoning in the area and take steps to prevent such recurrences.

15. COMMUNITY INVOLVEMENT AND HEALTH EDUCATION

- 15.1. He will participate in the Village Health Committee/Madhar Sangams and Working Women Groups, DWCRA groups, Village Panchayat Meetings whenever possible to assess the health needs of the Community, to discuss the health and family welfare programmes with the community and to enlist their cooperation in these programmes.
- 15.2. He will maintain a close liaison with the Block Development Officer and his staff and with other development departmental workers such as those under the National Adult Education Programmes, the Nutrition Programmes and the Programmes for Safe Water Supply and Environmental Sanitation and also coordinate with other departments such as agriculture, animal husbandry, education, social welfare and cooperation.



- 15.3 He will work closely with the community leaders, dais and community organisations such as Mahalir Mandrams, Nehru Yuvak Kendra and other Voluntary Organisations etc., and involve them to the best advantage in the promotion of health programmes in the area.
- 15.4 He will organise campaigns, meetings, health education talks, demonstrations, display of posters, exhibitions and films during fairs and festivals, folklore etc., and involve the BEE, Sector Health Nurse, Multipurpose Health Supervisor, Village Health Nurse, Multipurpose Health Assistant etc., in all these activities.

III. TRAINING

1. He will organise short in-service/orientation training programmes including continuing education with the assistance and guidance of the district health authorities and health and family welfare Training Centres and other Training institutes/teams for all categories of staff.
2. He will educate the Community as to the selection of health guides and will take the necessary steps to train the health guides from his area in regard to Health matters.
3. He will also make arrangements / provide assistance to the Sector Health Nurse and Village Health Nurse in organising training programmes for Dais practising in the area.

IV. ADMINISTRATIVE WORK

1. He will supervise the work of staff working under him by adopting Fixed Tour Programme.
2. He will ensure general cleanliness inside and outside the premises of the PHC and also proper maintenance of all the equipments under his charge.
3. He will ensure maintenance of up-to-date inventory and stock register of all the stores and equipments supplied to him and will be responsible for its correct accounting.
- 4.1. He will get indents prepared sufficiently in advance for drugs, instruments, linen, vaccines, ORS and contraceptives etc., will submit them to the appropriate health authorities and ensure their receipt, distribution and utilisation.
- 4.2. Based on the needs and consumption / Utilisation pattern, the Medical Officer will take steps to redistribute / reallocate the above items within the Health Sub Centres and PHC .
5. He will ensure the proper maintenance of the transport given in his charge.



15

6. He will scrutinise the programme of his staff and suggest changes if necessary to suit the priorities of work.
7. He will make arrangements to display charts, geographical area with location of Health Sub Centres and other health care delivery clinics (Government and Non-government) and also important land marks, charts, on Morbidity and Mortality, Health and Family Welfare Statistics and other general information about his area as per the instructions of Health and Family Welfare Departments.
8. He will hold periodical staff meetings with his own staff with a view to evaluating the progress of work and suggesting steps to be taken for further improvement.
9. He will ensure the regular payment of reporting fees to Dais.
10. He will ensure the maintenance of the prescribed records at PHC level.
11. He will receive reports from the periphery, get them analysed, compiled and submit them regularly to the district health authorities.
12. He will submit his fixed tour programme to the district health authorities.
13. He will keep a diary of his visits to the area and submit every month his tour report to the district health authorities.
14. He will discharge all the financial duties entrusted to him as per rules in force.
15. He will discharge the day-to-day administrative functions pertaining to the personnel of the Primary Health Centres.
16. He will carry out the instructions relating to programmes, administration and other duties issued by higher authorities from time to time.
17. He is responsible for the overall discipline of staff of the Primary Health Centres.

N. NARAYANAN

Commissioner and Secretary to Government

/true copy/

Sd/-

UNDER SECRETARY TO GOVERNMENT

APPENDIX

Fixed Programme for Two Medical Officers of the Primary Health Centre of 30,000 population 8.00 A.M. To 5.00 P.M.

DAY	MEDICAL OFFICER I				MEDICAL OFFICER II			
	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Monday	Primary Health Centre Duty				HSC D	HSC E	HSC D	HSC E
Tuesday	Review Day				Review Day			
Wednesday	Immunisation Day Supervision & organisation	PHC DUTY	Immunisation Day Supervision	PHC Duty	PHC Duty	Immunisation Day Supervision	PHC Duty	Immunisation Day Supervision
Thursday	HSC A	HSC B	HSC A	HSC B	Primary Health Centre Duty			
Friday	Primary Health Centre Duty				HSC F	Surprise visit	HSC F	Surprise visit
Saturday	HSC C	Surprise visit	HSC C	Surprise visit	Primary Health Centre Duty			

During Epidemic out breaks, emergencies and natural calamities and survey studies, the services of both the Doctors are made available at all times.

