



Department of Health & Family
Welfare
Himachal Pradesh



NOTIFICATION

The job and responsibilities of the members of the subcentre Health team - **ASHA Workers, Multi-Purpose Workers (Female and Male) and Community Health Officers** are hereby notified as under:-

ASHA WORKERS

1. She is a health activist in the community engaged to create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization of health services.
2. She is a healthcare facilitator, a service provider, a health activist and an important link between community and health care services.
3. Her functions involve providing preventive, promotive and basic curative care in a role complementary to other health functionaries.
4. Educating and mobilizing communities particularly those belonging to the marginalized community.
5. She has to take steps to create awareness and provide information to the community on:
 - proper diet and nutrition,
 - basic sanitation and hygienic practices,
 - health living and working conditions
 - information on existing health services and
 - timely utilization of health services at the doorsteps, village level, Health Sub Centre and other public health facilities.
6. She has to conduct home visits for care of pregnant women/mothers/newborns under HBPNC:
 - At least one home visit in a month where there is a pregnant mother, child below 2 years of age and a malnourished child.
 - 6 visits to a home where there is a newborn child.
 - Counsel pregnant woman on birth preparedness
 - a) Importance of safe delivery
 - b) Breast feeding and complementary feeding
 - c) Immunization

- d) Contraception
- e) Prevention of common infections including RTI/STI
- f) Care of young child

7. She has to work with the Village Health Sanitation Nutrition Committee [VHSNC] of the gram panchayat to facilitate a comprehensive village health plan with ANM, AWW and PRI members.
8. She will mobilize targeted community once in a month for the celebration of Village Health Nutrition Day [VHND].
9. ASHA worker has to accompany pregnant women and children requiring treatment/admission to the nearest pre identified health facility.
10. ASHA worker helps the MPW in preparing the due list for immunization.
11. ASHA worker informs about the births and deaths in her village.
12. She has to provide primary medical care for minor ailments such as diarrhea, fever and first aid for minor injuries.
13. ASHA worker also acts as DOT provider of DOTS under RNTCP.
14. ASHA worker acts as a Depot Holder for essential items like ORS, IFA, sanitary napkins & contraceptives.
15. ASHA worker informs about any unusual health problem/disease outbreak in the community to the Health Sub Centre /Primary Health Centre.
16. She assists the MPW in updating the list of eligible couples and also the children less than one year of age.
17. With the guidance of AWW/ANM organizes health days once/twice a month and mobilizes women, adolescent girls and children for orientation on health related issues.
18. Any other job assigned by MO/BMO.

MULTI-PURPOSE WORKER (FEMALE)

I. REPRODUCTIVE AND CHILD HEALTH PROGRAMME + ADOLESCENT (RMNCH+A)

1. She ensures family and household survey in her area with coordination of MPW (Male) and ASHAs in the beginning of the year i.e. April.
2. She ensures the preparation and submission of annual action plan as per Community Needs Assessment Approach (CNAA) in collaboration with MPW (Male) and PRI/ ASHA/ AWW.
3. She ensures that the RCH/ eligible couple register is updated in the beginning of the year. Utilize the information from the eligible couple and RCH register for the family welfare programmes.
4. She is responsible to ensure complete immunization as per schedule to pregnant women & children in her area in coordination with MPW (Male).
5. She would ensure Antenatal Care as given in the guidelines "Antenatal Care and Skill Attendance at Birth" as issued by GoI.
6. Ensures cent per cent registration of pregnant women in first trimester and their immunization against tetanus (Td) by providing two doses of Td to them. Also ensure four Ante Natal checkups during the entire period of pregnancy.
7. She is responsible to guide ante natal patients to attend PMSMA clinics in the second trimester.
8. Ensures 100% institutional deliveries.
9. Makes at least four post-natal visits for each home delivery conducted in her area and at least three post-natal visits for each institutional delivery in her area and renders advice regarding care of mother and care and feeding of the newborn.
10. Examines new born for any birth defect in the household in community.
11. Assesses the growth and development of the infant and take necessary action required to refer the child in coordination with ASHA and AWW.
12. Educate mothers individually and in groups in better family health including maternal and child health, family planning, nutrition, immunization, control of communicable and non -communicable diseases, personal and environmental hygiene.
13. Spread the message of family planning to the couples by counseling them to make informed choice from the basket of services available under the programme.

14. Distribute conventional contraceptives and oral contraceptives to the couples, provide facilities and to help prospective acceptors in getting family planning services, if necessary, by accompanying them or arranging for the ASHA to accompany them to hospital.
15. Build rapport with acceptors, village leaders, ASHA and others to utilize them for promoting family welfare programmes.
16. Identify women leaders and help the Health Supervisor/ Health Educator to train them.
17. Participate in Mahila Mandal, NGOs, VHND& VHSNC meetings and utilize such gatherings for educating women in National Health Programmes.
18. Educate the community about the provision of the PC&PNDT act and educate them about the declining female sex ratio and intimate if someone is being forced to undergo medical termination of pregnancy following the sex determination by some unscrupulous ultrasound clinic.
19. Educate the community about the consequences of septic abortion and inform them about the availability of services for medical termination of pregnancy.
20. She will distribute Folic Acid/Iron/ Calcium/Albendazole to pregnant women in her area as per guidelines.
21. Ensures 6 PNC visits for new born care by ASHA.
22. Ensures action as per guidelines for SNCU discharged children.
23. Reports child and maternal deaths and facilitates CBCDR& CBMDR.
24. She is responsible for holding IDCF.
25. She ensures timely supply of Albendazole and IEC activities for National Deworming Day.
26. Educate the community about the availability of Services under Ayushman Bharat Comprehensive Primary Health Care and encourage them to utilize the available facilities at HWCs.

IMMUNIZATION

27. She carries out head count survey twice in a year with monthly updation by ASHA.
28. She prepares routine immunization micro plan and due list for RI sessions.
29. She is responsible for conducting immunization sessions in her area.

30. She maintains tracking bags to ensure complete immunization.

31. She issues immunization certificates for school admissions.

32. She is responsible for AEFI recording and reporting and AFP, measles and VPD surveillance.

RBSK

33. Coordinates with MHTs and inform AWCs & schools of the area for MHT visits.

RKSK

34. She is peer educator trainers in her area.

35. She is responsible for counseling of adolescents.

36. She participates in adolescent health days in her area.

37. The health worker submits her advance tour programme to the MOIC/BMO every month and at monthly meeting submits her tour diary to the MOIC/BMO.

II. NUTRITION

1. She would convey the list of all SAM children from her area and convey them to CHO. She may liaison with AWW , RBSK teams etc to collect line list of SAM children.
2. Distribute Iron and Folic Acid tablets as prescribed to pregnant and nursing mothers, infants and young children (0-5 years) and family planning acceptors as per programme guidelines.
3. Administer Vitamin 'A' solution as prescribed to children from 1-5 years.
4. Educate the community about nutritious diet for mothers and children.

III. ASHA TRAINING

1. Work as ASHA facilitator.
2. Help the health supervisor / Health Educator in the training programme of ASHAs.

IV. COMMUNICABLE DISEASES

1. Notify to the CHO and MO PHC immediately about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, and fever with rash, fever with jaundice or fever with unconsciousness, AFP and Measles, Diphtheria, Pertussis, Tetanus cases which she comes across during her home visits, take the necessary measures to prevent their spread.
2. If she comes across a case of fever during her home visit she will take blood smears, and inform MPW (Male) for further action.

3. Identify cases of skin patches especially if accompanied by loss of sensation, which she comes across during her visit and bring them to the notice of the CHO and MPW (Male) for further action.
4. Assist the MPW (Male) in maintaining a record of cases in her area, who are under treatment for Tuberculosis and Leprosy and check whether they are taking regular treatment, motivate defaulters to take regular treatment and bring those cases to the notice of the CHO and MPW (Male) or Health Supervisor.
5. Give Oral Dehydration solution to all cases of diarrhoea/ dysentery/ vomiting.
6. Act as DOTS provider under NTEP and sends suspected cases to DMC/ CHO/MO-PHC and maintain line listing of TB patients.
7. Undertake Active Case Finding of Tuberculosis in the community as per instructions issued from time to time.

V. VITAL EVENTS

1. She would record and report births, deaths and marriages occurring in her area to the MPW (Male) and CHO.

VI. CONTROL OF BLINDNESS (NBCP)

1. All cases of blindness particularly bi-lateral cataract blind cases are identified and referred to the CHO.

VII. DEAFNESS REGISTERS TO BE MAINTAINED (NPPCD)

1. Cases of impaired hearing are referred to CHO early.

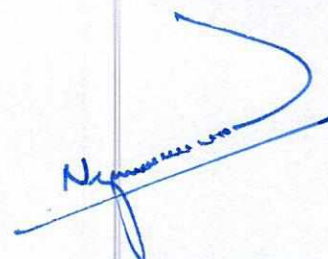
VIII. RECORD KEEPING

1. Maintain the RCH register- update/upload once a month.
2. Register (a) pregnant women from early pregnancy i.e. in the first three months, (b) infants 0-1 year of age and (c) women aged 15-44 years, (d) women above 30 years in the district where the cancer programme is launched (e) 0-6 year population.
3. She will maintain and update the RCH/ eligible couple register in the beginning of the year in collaboration with MPW (Male).
4. Maintain the prenatal and maternity records and child care records with updation of services in the RCH portal and register. She would be responsible for updating records of all beneficiaries of her area on the RCH Portal

IX. TEAM ACTIVITIES



1. Attend and participate in staff meetings at PHC/ Block or both.
2. Coordinate her activities with the MPW (Male) and other health workers including ASHAs, CHOs and workers of others departments and agencies.
3. Meet the Female Health Supervisor each week and seek her advice and guidance whenever necessary.
4. Participate as a member of the team in camps and campaigns.
5. She would provide supportive supervision for conduction of NCD screening by ASHAs.
6. Any other job assigned by the MO/BMO.



MULTI-PURPOSE WORKER (MALE)

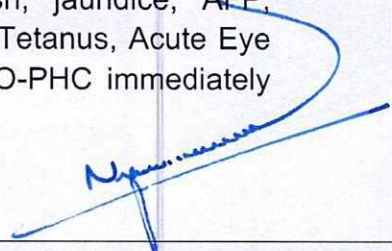
The Health Worker makes a visit to each family once in a fortnight. He keeps record of his visits. Job responsibilities of a Male Health Worker are:-

I. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

1. During his visits, he enquiries from each family about:
 - Presence of any fever cases.
 - Whether there was a fever case in the family between last visit and now.
 - Whether any guest had come to the family and had fever.
 - Whether any member of the family who had fever in between his fortnightly visits had left the village.
2. He collects thick and thin blood smears on the glass slide from person having fever or giving history of fever and enter details in MF-2.
3. He contacts the ASHA during his fortnightly visit to the village and (i) collects blood smears already taken by the ASHA (ii) also collects details of each case in MF-2 (iii) replenishes both drugs and glass slides and looks into the account of consumption of drugs and consumables.
4. He ensures that the blood smears are dispatched in the requisite Performa to the nearest testing centre.
5. He also collects the blood slides (passive surveillance) from the Ayurveda Dispensary if any in his area.
6. He ensures continuity of radical treatment by the Health Supervisor and takes laid down action if toxic manifestations are observed in a patient receiving radical treatment with primaquine.
7. During Dengue/ Chickengunya /JE outbreaks active surveillance is enhanced and daily reporting is done.
8. He informs the villagers of the spray activities and other mosquito control measures and personal protection methods.
9. The Health Worker Male submits his advance tour programme to the MOIC/BMO every month and at monthly meeting submits his tour diary to the MOIC/BMO.

II. COMMUNICABLE DISEASES

1. Identify cases of diarrhoea/dysentery, fever with rash, jaundice, AEP, Measles, Encephalitis, Diphtheria, Whooping Cough and Tetanus, Acute Eye Infections and notify the CHO, health supervisor and MO-PHC immediately about these cases.



2. Carry out control measures until the arrival of Higher Officers/ Officials/ Teams and assist them in carrying out these measures.
3. Give Oral Rehydration Solution and zinc sulphate to all cases of diarrhoea/dysentery/ vomiting.
4. Educate the community about the importance of control and preventive measures against communicable diseases and about the importance of taking regular and complete treatment.
5. Identify and refer cases of genital sore, urethral discharge, non-itchy rash over the body to CHO/Medical Officer.

III. LEPROSY

1. Identify cases of skin patches, especially if accompanied by loss of sensation and take skin smears from these cases. Refer these cases to CHO/MO PHC for further investigations.
2. Check whether all cases under treatment for Leprosy are taking regular treatment. Counsel defaulters to take regular treatment and bring them to the notice of the CHO/Health Supervisor.

IV. TUBERCULOSIS

1. Educate the community on various health education aspects of Tuberculosis programme.
2. Refer the suspected cases of Tuberculosis to the DMC/ CHO/Medical Officer of PHC.
3. Ensure that DOTs programme is observed meticulously and counsel the defaulter to take treatment regularly and timely till he is completely cured.
4. Undertake Active Case Finding of Tuberculosis in the community as per instructions issued from time to time.

V. ENVIRONMENTAL SANITATION

1. Chlorinate public water sources including wells at regular intervals with the help of IPH Department and PRIs.
2. Ensures Chlorine tablets distribution as and when required.
3. Educate the community on (a) the method of disposal of liquid waste, (b) the method of disposal of solid waste, (c) home sanitation and spread the message of Swach Bharat Abhiyan, importance and technique of hand washing.

VI. REPRODUCTIVE AND CHILD HEALTH PROGRAMME

1. Ensure Ante-Natal checkups of all pregnant women in his area through MPW(F).
2. He ensures family survey in his area with coordination of MPW (F) in the beginning of the year.
3. He ensures the preparation and submission of annual action plan in collaboration with MPW (F) and PRI.
4. Ensure that the eligible couple register is updated in the beginning of the year. Utilizes the information from the eligible couple and RCH register for the family welfare programme.
5. Administer all vaccines as per schedule to all infants and children in his area in coordination with MPW
6. Assist the Health Worker Female in hundred percent registrations in first trimester of pregnant women in his area and administering vaccine to all pregnant women as per guidelines.
7. Assist the Health Supervisor in the School immunization programme.
8. Educate the people in the community about the importance of immunization against the various communicable diseases.
9. Spread the message of family planning to the couples and counsel them for family planning individually and in groups.
10. Coordinate with the RBSK teams, schools principals and Anganwari workers for 100% coverage /examination of children of 0 to 18 years age.
11. Ensure that conventional contraceptives are easily accessible to the beneficiaries.
12. Provide facilities and help to the prospective acceptors by providing them information about the range of services available and help them to make the informed choice and consent. If he/ she is interested for sterilization, the beneficiaries is referred to or accompanied to the PHCs or the RCH camp as and when it is organized in his area.
13. Build rapport with satisfied acceptors, village leaders, teachers and others and utilize them for promoting family welfare programmes.
14. Identify the community leader in each village of his area and educate them on the benefit of family welfare programme with the assistance of the health supervisors.
15. Educate the community on the availability of services for medical termination for pregnancy.

16. Educate the community about the provisions of the PC&PNDT act and educate them about the declining female sex ratio and intimate if someone is being forced to undergo medical termination of pregnancy following the sex determination by some unscrupulous ultrasound clinic.
17. Educate the community about the availability of Services under Ayushman Bharat Comprehensive Primary Health Care and encourage them to utilize the available facilities at HWCs.
18. Co-ordinate his activities with the Community Health Officers and other health workers, including other departments and agencies.
19. Meet the Health Supervisor each week and seek his/her advice and guidance whenever necessary.
20. Ensure active participation of the community in the family health awareness campaign as and when they are organized in his area.
21. Organize the IPC meetings, adolescent health education in coordination with the health supervisors, CHO and medical officer of the PHC.

VII. **NUTRITION**

1. Identify cases of malnutrition among infants and young children (zero to five years) in his area and refer them to the CHO.
2. Distribute Iron and Folic Acid as prescribed to children from zero to five years, pregnant and nursing mothers and family planning acceptors.
3. Administer Vitamin A solution as prescribed to children from one year to five years.
4. Educate the community about nutritious diet for mothers and children from locally available foods.


VIII. **VITAL EVENTS**

1. Enquire about births, deaths and marriages occurring in his area, record them in the birth, death and marriage register and report them to the Health Supervisor and CHO.
2. Educate the community on the importance of registration of births and deaths.

IX. **CONTROL OF BLINDNESS(NBCP)**

1. All cases of blindness particularly bi-lateral cataract blind cases are identified and referred to the CHO.

X. **DEAFNESS REGISTERS TO BE MAINTAINED(NPPCD)**



1. Cases of impaired hearing are referred to CHO early.

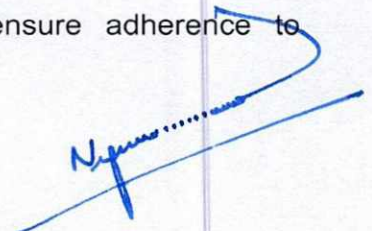
XI. RECORD KEEPING

1. Survey all the families in his area and collect general information about each village/ locality in his area in the beginning of every year.
2. Prepare the family health cards in collaboration with MPW(F).
3. With the assistance of the MPW (F) prepare the eligible couple register from the family records and maintain it up-to-date.
4. Prepare and submit periodical reports in time to the CHO and Health Supervisor.
5. Prepare and maintain maps and charts for his area and utilize them for planning his work including IPPI.
6. Attend and participate in the staff meetings at PHC and keep its proper record.
7. Any other job assigned by MO/BMO.

COMMUNITY HEALTH OFFICERS (CHOS)

1. She/he is responsible for recording height and weight, Haemoglobin estimation, routine urine examination and HIV and VDRL examination of all pregnant women.
2. Ensures complete Ante Natal check-up of all pregnant women with identification of high risk pregnancies and their line listing.
3. Refer cases of high risk pregnancy and cases with Medical and Gynaecological problems to appropriate higher centres and their follow up.
4. Prepares birth preparedness plan for all pregnant mothers.
5. Educate mothers individually and in groups in better family health including maternal and child health, family planning, nutrition, immunization, control of communicable and non-communicable diseases, personal and environmental hygiene.
6. Examine new born for any birth defect in the sub centre during any visit of the beneficiary.
7. Assess the growth and development of the infant and take necessary action required to refer the child during the visit of child to sub-centre.
8. Spread the message of family planning to the couples by counseling them to make informed choice from the basket of services available under the programme.
9. Distribute conventional contraceptives and oral contraceptives to the couples, provide facilities and to help prospective acceptors in getting family planning services.
10. Provide follow up services to family planning acceptors, identify side effects give treatment on the spot for side effect and minor complaints and refer those cases that need attention by the physician to the PHC/Hospital.
11. Establish ASHA depot, help the health supervisor female in training them, and provide a continuous supply of conventional contraceptive to the ASHA.
12. Build rapport with acceptors, village leaders, ASHA and others to utilize them for promoting family welfare programmes.
13. Identify the women requiring help for termination of pregnancy, refer to the nearest approved institution.
14. She adheres to the guidelines issued in cases of premature labour and for children with pneumonia.
15. Treatment of children for common diseases according to IMNCI guidelines.

16. Provides medicines to children who are advised treatment by the MHTs under RBSK for common conditions.
17. She ensures availability of sanitary napkins under menstrual hygiene programme and maintains the stock and indent register for the same.
18. Collect list of SAM children from MPW, RBSK Teams etc. and refer them to appropriate facility.
19. Identify cases of malnutrition among infants and young children (0-5 years), give the necessary treatment and advice and refer serious cases to the PHC.
20. Distribute Iron and Folic Acid tablets as prescribed to pregnant and nursing mothers, infants and young children (0-5 years) and family planning acceptors as per programme guidelines.
21. Educate the community about nutritious diet for mothers and children.
22. Weekly reporting of IDSP.
23. Identify and refer all cases of blindness including suspected cases of cataract to MO PHC.
24. Would be responsible to maintain Deafness register.
25. Maintain the records as regards contraceptive distribution, Sanitary Napkin distribution, IUD insertion, permanent method acceptors, clinics held at the Health Sub Centre and supplies received and issued.
26. Prepare and submit the prescribed monthly reports in collaboration with multipurpose MPW (F) to the block.
27. She maintains the maternal death register and child death register.
28. Provide treatment for minor ailments, provide first aid for accidents and emergencies and refer cases beyond her competence to any PHC or nearest Hospital. Identify and refer cases of genital sore, urethral discharge, non-itchy rash over the body to Medical Officer, PHC.
29. Identify cases of skin patches, especially if accompanied by loss of sensation and refer these cases to MO PHC for further investigations.
30. Attend and participate in staff meetings at PHC/ Block or both.
31. Coordinate her activities with the health worker male/female and other health workers including ASHAs and workers of others departments and agencies.
32. Maintain the cleanliness of the sub centre and ensure adherence to biomedical waste management rules.



33. Screening for all above 18 years for BP, Blood Sugar, Cervical, Breast and oral cancers.
34. Prepares electronic health cards through software.
35. Referring patients detected during screening to higher facilities.
36. Online entry in NCD portal with updation every year.
37. Participate as a member of the team in camps and campaigns.
38. Any other job assigned by the MO/BMO.

Note-1:- In case particular team member(s) out of MPW (Male), MPW(Female) or CHO is not posted in the HWCs their responsibilities would be performed by other team members of the HSC.

Note-2:- The CHO is supposed to perform all the responsibilities / duties mentioned elsewhere in the induction module over and above the ones mentioned above.

Note-3:- The controlling authorities in respect of members of Subcentre Health team may assign any other duties to any member and the concerned member(s) shall comply



By order
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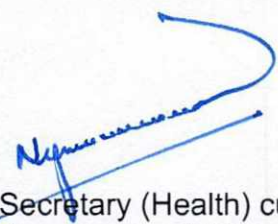
Additional Chief Secretary (Health) to the
Government of Himachal Pradesh

Endst. No. As above Dated Shimla-9, the

Copy to:

1. The Additional Secretary-cum- Mission Director, National Health Mission, Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi-110011 for information please
2. Director Health Services, Himachal Pradesh for information for information please.
3. The Director, Women and Child Development, Himachal Pradesh for information please.
4. All the Deputy Commissioners, Himachal Pradesh for information please.
5. All the Chief Medical Officers, Himachal Pradesh for information and necessary action please.
6. All the Block Medical Officers, Himachal Pradesh for information and necessary action please.

7. All the District Nodal Officers (HWC), Himachal Pradesh for information and necessary action please.
8. The Joint Controller Finance (NHM) for information and necessary action please.
9. All the State Programme Officers (NHM) for information please
10. The Consultant (MIS) for information and with the request to upload the notification on the website of NHM.
11. Guard file.



Special Secretary (Health) cum
Mission Director, NHM
Himachal Pradesh, Shimla – 9