

1. Overview and Purpose of PHC Operations

Primary Health Care Resources:-

Infrastructure:-

The health care infrastructure in rural areas in India has been developed as a three tier system and is based on the population norms as shown below.

Centre	Population Norms	
	Plain Area	Hilly/Tribal/Difficult Area
Sub-Centre	5000	3000
Primary Health Centre	30000	20000
Community Health Centre	120000	80000

Primary Health Structures and their Population Norms

Primary Health Centres (PHCs):-

PHC remain the first contact between village community and Medical Officer. They are manned by a Medical Officer supported by 14 paramedical and other staff. It acts as a referral unit for 6 sub-centres. It has 4-6 beds for patients. There are 675 PHCs, 4863, sub centers 114, CHCs, 87 UHCs functioning in Telangana.

NRHM aims at strengthening of PHCs for quality preventive, promotive, curative, supervisory and outreach services, through:

1. Adequate and regular supply of essential quality drugs and equipment to PHCs.
2. Provision of 24 hour service in at least 50% PHCs by addressing shortage of doctors, especially in high focus states, through mainstreaming AYUSH manpower.
3. Observance of standard treatment guidelines and protocols.
4. Intensification of on-going communicable disease control programmes, new programmes for control of non-communicable diseases, up gradation of 100% PHCs for 24 hour referral service, and provision of second doctor at PHC level (1 male, 1 female) to be undertaken on the basis of felt need.

MANPOWER:

- The existing manpower is an important prerequisite for the efficient functioning of the Rural Health Infrastructure. Despite significant progress made in terms of creating manpower over the years, there remains a huge gap in terms of human resources at primary care level, which is realized by the government of Telangana. Hence the concept of “Aarogyamithra” is evolved. Aarogyamithra means

the “ Friends for Health” or “Health Facilitator”. In fact they form the face of “Aarogyasri scheme” for each PHC one PAM is appointed.

- The Aarogyasri Health Care Trust, through PAMs aims to effectively utilize the manpower by developing multiskilling and multitasking capacities. Hence the training module is prepared as a part of reorientation programmes to the PAMs.

2. PHC Aarogyamithra Qualifications

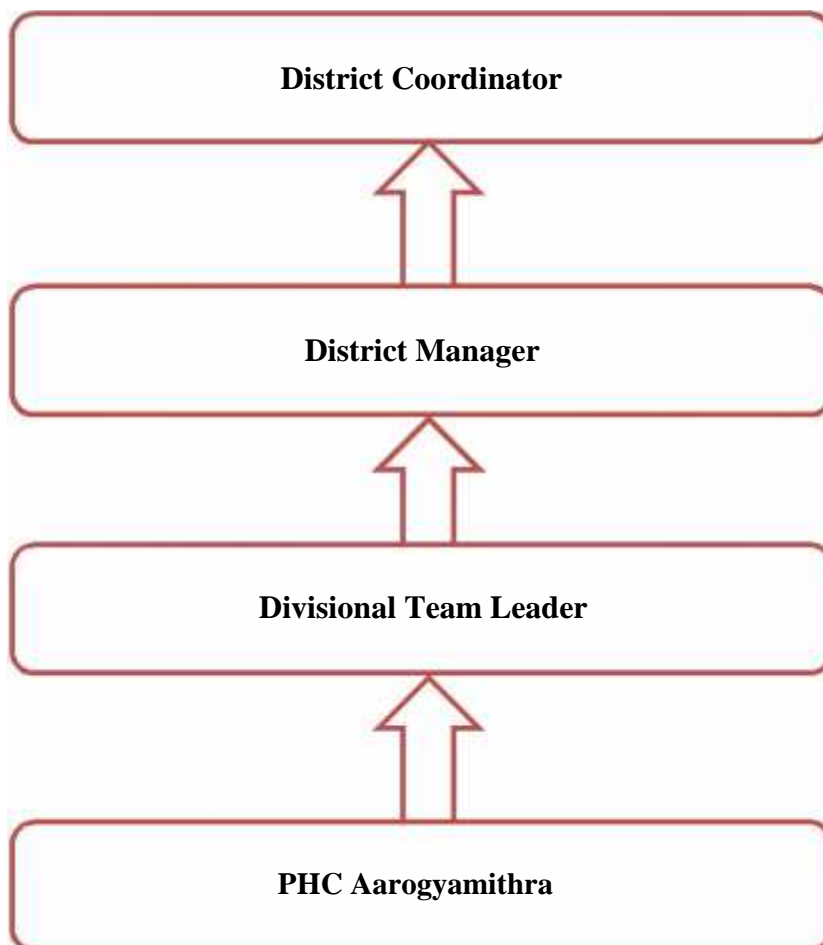
The following qualifications are prescribed for a person to be selected as PHC Mithras.

- Graduate
- Native & Resident of the same PHC area
- Good communication skills
- Prefers to move around the villages.
- Functional knowledge of computers.
- The PHC Aarogyamithra is appointed by the District level outsourcing agencies.

Training for Aarogya Mithras:

Orientation programme and workshops will be conducted from time to time to train them and update them to enable them to render proper services to the Patients.

3. PHC MITHRA HIERARCHY



4. Functions of PHC Aarogyamithra

The functions of a PHC Aarogyamithra (PAM) may be divided as follows

- Inside the PHC
- Outside the PHC
- Health Camps activity
- Awareness activity
- Any other work assigned by the Trust

1. INSIDE THE PHC (From 09:00 am to 01:00 pm):

1.1. Dress Code: Every PAM has to wear Apron supplied by the Trust to identify himself as a representative of Trust.

The PHC Aarogyamithra shall be available in PHC from 9.00 a.m. to 1.00 p.m. During the OP hours the PHC Aarogyamithra shall maintain Help Desk Register and PHC RTR (Registration, treatment and Referral Register).

1.2. RECEIVING THE PATIENTS:

The Aarogyamithra shall receive the patients patiently and politely at the reception. The PAM counsels the patients and explain them about the entitlements under Aarogyasri Scheme.

In respect of patients who are falling above poverty line (APL) the mithra has to counsel the patient to approach CMCO for getting further treatments.

1.3. REGISTRATION OF PATIENTS:

After counselling the patients, the PHC Aarogyamithra will register the details of the patients in the Help Desk Register, by seeing their eligibility cards(BPL/Aarogyasri Cards etc...)

1.4. SENDING THE PATIENTS TO MEDICAL OFFICERS FOR SCREENING:

- The patient is sent to the Medical Officer for provisional diagnosis.
- After screening by the Medical Officer, the details of the patients are entered by the PHC Aarogyamithra in the RTR Form under “Referred” and “Non-Referred” categories.
- In respect of Non-Referred categories the details of the patient are entered in Part-VII of the RTR Form and the patient is sent as OP with medicines provided by the PHC.

- In respect of Referred categories the details of the patients are entered in Part-VIII of the form where the information is filled with the following

- 1) Name of the Network hospital,
- 2) Network Aarogyamithra name
- 3) NAM Mobile no.
- 4) Hospital phone number
- 5) Reporting date to the network hospital.

1.5. ISSUING REFERRAL CARDS OF RTR TO THE PATIENTS:

The referral card is given to the patients with necessary counselling and the patient is facilitated either to a Government Hospital for further tests or to a network hospital depending upon the advice of the doctor.

The PHC Aarogyamithra has to pass the information regarding the referred patients to the Network Hospital Aarogyamithra.

1.6 AWARENESS ABOUT THE SCHEME:

The PHC Aarogyamithra shall create awareness among the patients visiting the PHC about the benefits of Aarogyasri Scheme, especially on the reserved procedures (133).

The PHC Aarogyamithra shall distribute pamphlets and brochures which contains the guidelines and benefits of the scheme to the patients.

2. OUTSIDE THE PHC (From 2 p.m. to 5.00 p.m.):

Outside the PHC the PHC Aarogyamithra shall perform the following activities:

2.1. FOLLOW UP OF POST SURGERY PATIENTS:

After the completion of internal work in PHC, PAM shall perform the duties according to the list given by the DTL, which contains the details of beneficiaries who already got operated under Aarogyasri in NWH. PAM will collect the feed-back on the following issues.

- Cashless treatment provided by NWH.
- Food provided by the NWH during treatment.
- Travelling charges and medicines provides by the Network Hospital.
- Patient View on overall treatment provided by the Network Hospital.
- Behaviour of the NWH mithra.
- Present condition of the patient (good / bad.)
- If PAM found any post-operative complication they have to send the patient to the respective NWH for their further treatment.
- Reporting of Death cases to the hierarchy.

3. HEALTH CAMP ACTIVITY:

The Free Health Camps are conducted by the Aarogyasri Health Care Trust at PHC level to screen the patients suffering from common ailments and to provide Drugs at free of cost. Effective conduct of Health Camp is the key to success of Aarogyasri Scheme.

The PHC Aarogyamithra shall follow the guidelines (Copy of the guidelines is enclosed) supplied by the Aarogyasri Health Care Trust to meet the objective.

The following are the important activities performed by the PHC Aarogyamithra.

3.1. IEC activities:

This activity i.e. Information, Education and Communication starts before 5 days before the actual conduction of the camp.

- This activity is held in co-ordination with PHC Staff, Asha workers, ICDS Angan wadi workers), DTL and Medical Officer.
- The following are the IEC activities to be performed in these 5 days.
 - Pamphlet distribution
 - Mike announcement
 - Dandora
 - Playing audio-visuals in electronic media
 - Scrolling in local cable network.
 - Posters and banners
 - SHG meetings..
 - Intimation to local public representatives
- The PHC Aarogyamithra has to collect acknowledgement on the Camp scheduled copy supplied to the Mandal Level Officers/local representatives.

3.2. CONDUCTION OF HEALTH CAMP:

The PHC Aarogyamithra has to play an important role on the Health Camp day and ensure the following are provided to the patients coming to the Health Camp.

Facilities to be provided in the Camp:

- Shades and Shamianas and chairs to the patients.
- Drinking water and snacks
- Screening Enclosures for patients Screening
- Free medicines for common ailments.

3.3. FILLING UP OF RTR:

The PAM has to fill up the RTR form for enter referred patient which is in the same format as maintained in the PHC.

The PAM has to fill up the following details in Referral cards.

Network Hospital Name

NAM Name

Mobile No

NWH Phone No

Reporting date of the patient to the NWH.

3.4. DAILY REPORT OF THE HEALTH CAMP:

The PHC Aarogyamithra has to communicate information on the Health Camp activity to the Hierarchy and to the Trust with the following details:

The attendance details of PAMs, D TLs, M.O and visitors.

The Count of the screened patients

The count of the referred under 133 procedures, along with details in the prescribed format.

4. AWARENESS ACTIVITY:

The PHC Aarogyamithra has to create awareness on the Aarogyasri Scheme in his/her jurisdiction by moving around the villages by canvassing on the benefits of the scheme by way of distributing pamphlets and other materials.

Attending Village level Meetings for creating awareness on the Aarogyasri Scheme.

In case if any patients ask about the AS Scheme details, PAM explains them (or) call to Hierarchy (or) Call Centre by obtaining details & informs the patients.

5. ANY OTHER WORK ASSIGNED BY THE TRUST:

The Aarogyamithra has to attend to the work which is assigned to her/him by the Trust from time to time.

Formats/Reports



This image shows a form titled "PHC Registration / Health Camp Register A-4". The form is headed with the Government of Karnataka logo and the text "PHC Registration / Health Camp Register A-4". It includes fields for "Name of the Administrative Officer / Sub", "Signature / Seal", and "Date". Below the header is a large grid with multiple columns and rows, intended for recording data. The grid is currently empty.

PH C & HC Register



This image shows a form titled "PHC & HC RTR". The form is headed with the Government of Karnataka logo and the text "PHC & HC RTR". It includes fields for "Name of the Administrative Officer / Sub", "Signature / Seal", and "Date". Below the header is a large grid with multiple columns and rows, intended for recording data. The grid is currently empty.

PH C & HC RTR

PAM Field Activity Sheet - 1														
PHC Daily Report														
S.no	Date	District	Mandal	PHC CODE	PHC NAME	No.of Patient screened	Aarogyasri Op	No of Patients Referred	No of Patients Referred to GH for 133 procedures	No of patients reported to Govt.Hospitals	FMP mobilization	No.of Discharge Patients interacted	No.of Referred Patients interacted	Remarks

PAM Field Activity Sheet - 2																								
Follow-up Mobilization Report																								
S.NO	Case No.	Patient Name	Gender	Age	Address	Village	Mandal Name	District Name	Block Name	POW Location	Home No.	DOA	Category Code	Category Name	Surgeon Code	Surgeon	Visit Date	Status Name	Divisional Team Leader	PAM Field staff Approached To The Patient (Yes/No)	Patient Available (Yes/No)	Remarks (Migrated, Death, etc. to not code)	Patient Reported To Study (Yes/No)	Remarks/Not Interacted (If Not to visit Date ---)

5 Divisional Team Leader Duties in PHC

- Ensure proper maintenance of Help Desk at PHC.
- Ensure mithra and Medical Officer availability at the PHC during OP timings.
- Ensure that sufficient quantity of stationery (Registers, Pamphlets & Posters) is maintained at every P HC.
- Ensure workflow is followed by mithras during the registration process for all the patients visiting the PHC.
- Participate in the Health camps scheduled in his /her region
- Spread the awareness about the Aarogyasri scheme to the public in and around the village under his /her jurisdiction.
- Visit the PHCs and health camps as per the Advanced Tour Dairy.
- Coordinate with the P AMs & M. O's to start the IEC activity 5 days before of the scheduled camp.
- Should c ordinate with the stake holders and create awareness about the scheduled health camp date.
- Ensure mithra is always wearing apron on duty.
- Ensure mithras CUG is available at any point of time.
- Escalate any issues relating to salary of mithra to DM/DC .
- Should report about the specialties, which is to be screened & expected no of patients at the camp.

- Should visit the patients post-surgery & photographic evidences should be forwarded (At random).
- Should do pre camp visit and monitor the IEC activities done by the PAMs.
- Ensure Mithras is providing PHC referral card (RTR Slip) to patients whenever he is referred to higher centre for treatment.
- Coordinate with the PHC medical officer to attend the scheduled camp in their PHC limits.
- Ensure Mithras are meeting patients across the village and spreading awareness about aarogyasri scheme and guiding the beneficiaries who are in need.
- Ensure mithras update the data of all the patients (Screened & Referred) in the Health Camp register without fail.
- Ensure mithras update the HC Department about all the screened & referred cases.
- Ensure mithras are meeting post surgeries/discharges patients in the village & update the hierarchy about mortality & morbidity.
- Attend the Mandal samakhya, Self-help groups meetings which will be conducted across the PHC jurisdiction.
- Co-ordinate with DM/DC and collect all the Follow-up data & update the PHC mithras so that they can motivate & mobilize the follow up eligible beneficiaries.
- Conduct review meetings with all the PHC mithras in Division head quarter every fort night.
- Ensure all the activities given by the Trust are completed within TAT.

6 District Manager Duties in PHC

- Should visit PHC's and Health Camps as per the ATP.
- All the registered grievances should be sent to the respective DTL & resolved within TAT.
- All the Registers which are maintained at the PHCs should be cross verified during his visits.
- Supervise, coordinate, monitor, and review assigned duties of subordinate staff to ensure work plan goals are met and tasks are completed accurately.
- Should resolve all the complaints escalated by the DTL
- District Manager should coordinate with the District coordinators and other stake holders in the district administration for effective implementation of programme.
- District Manager should also ensure proper reports are sent to trust on day-to-day basis about the progress of the scheme in the district as required.
- In case of any adverse news article DM should send the rejoinder to the grievance dept / trust within 11.00 AM on the same day.

7 District Coordinator Duties in PHC

- To conduct monthly reviews with field staff on Aarogyasri activities
- Should make strategies for the development and implementation of policies and procedures related to the scheme
- Reports directly to the GM-Field Operations on the district level issues
- Shall coordinate with the district administration for the purpose of Health Camp conduction and ensure smooth execution of the Aarogyasri scheme in designated district under him.
- Coordinates with the FOSS dept. for recruitment of employees across all designation (In case of resigned, absconding, terminated employees).
- Follows the instructions and submit the report from time to time as required by the Trust Eg: feedback letters, mobilization of follow up eligible beneficiaries.
- Ensures that the rejoinders are sent in time in case of any negative news article.
- Ensure the team is visiting all the PHCs and HCs according to the specified norms.
- To attend the monthly / Divisional meeting of Medical officers / Para Medical staff and inform them the importance of 133 procedures which are reserved to the Government Hospitals.
- To see that the Aarogyasri Scheme to be included in the monthly meeting agenda of Medical Officers and the importance of the scheme and camps to be stressed by the DM & HO to the Medical officers.
- Arrange the Monthly meeting along with DCHS (District coordinator of Health Services) / Superintendent of District / Area / Teaching Hospitals to perform the Surgeries / Therapies for the cases referred from the Health camp / PHC or other referral routes.