CHO Induction training Programee 2021-2022

CPHC-UHC,

National Health Mission



KARNATAKA

STATE AT A GLANCE
On Health Perspective





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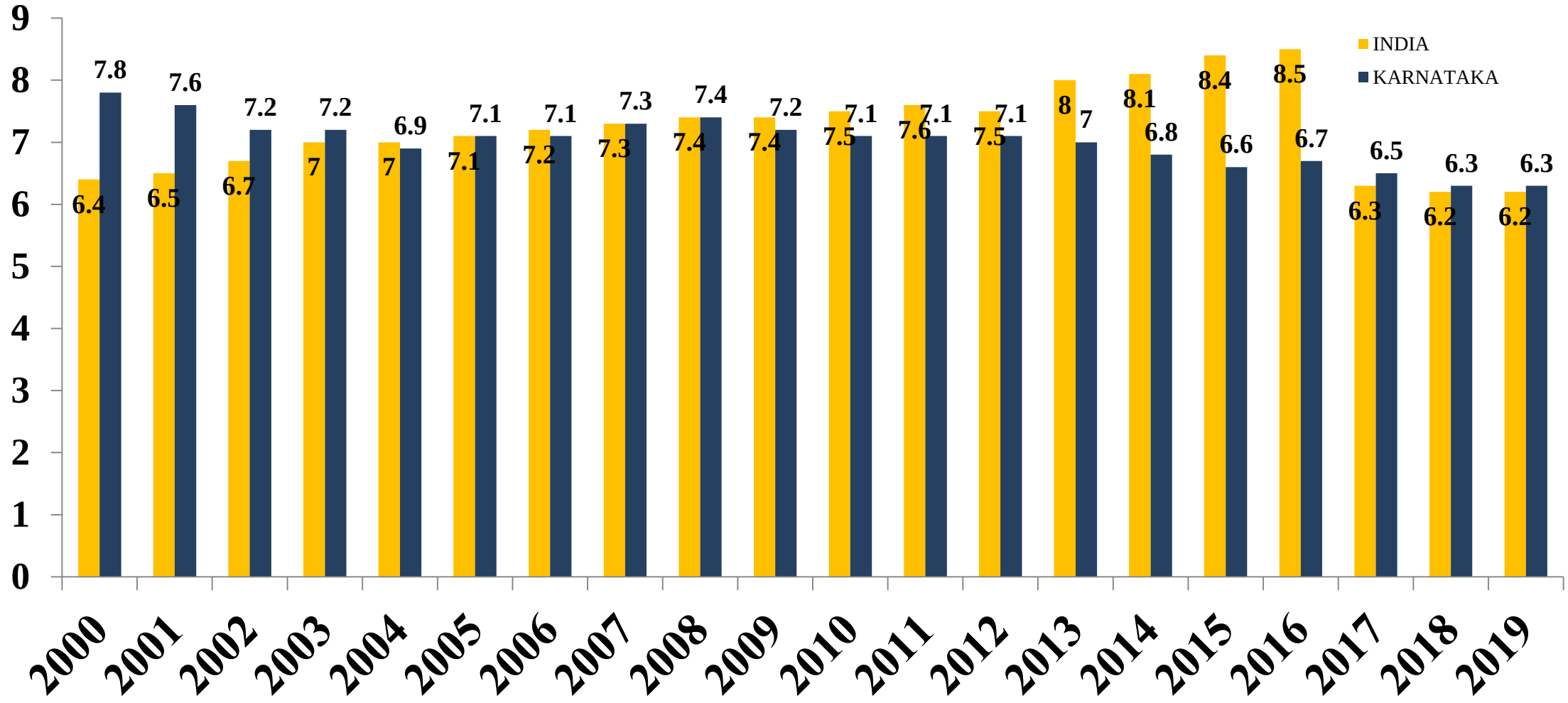
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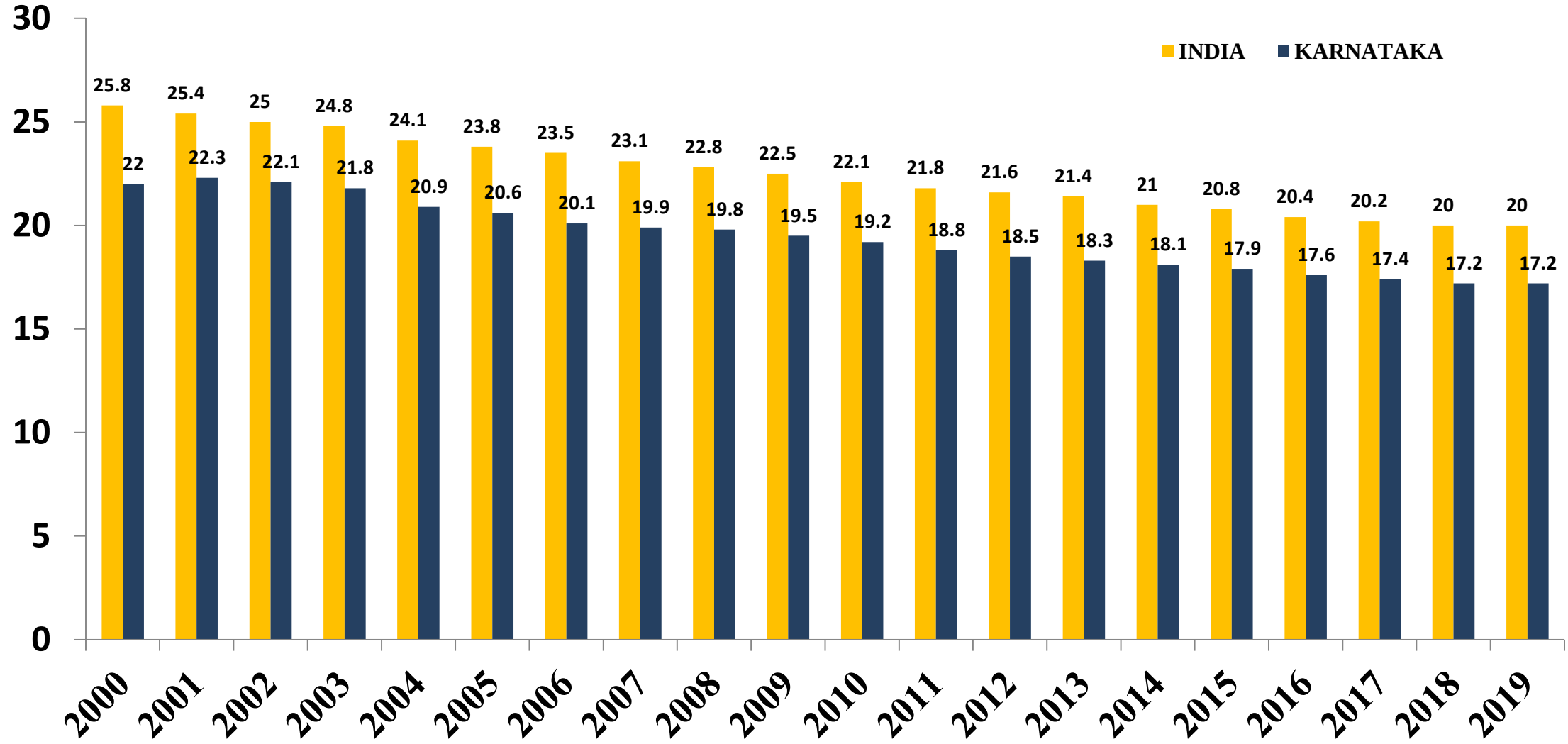
GENERAL PARTICULARS	
NO OF DISTRICTS	30
NO OF TALUKS	226
NO OF VILLAGES	29340
NO OF INHABITED VILLAGES	27397
NO OF UNINHABITED VILLAGES	1943
NO OF TOWNS/URBAN AGGLOMERATIONS	347
AREA (SQ. KMS)	191791

Source : Census of India 2011 data

Trends of Death Rate (%) since 2000 to 2019



Trends of Birth Rate (%) since 2000 to 2019



Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)

	NFHS-1	NFHS-2	NFHS-3	NFHS-4	NFHS-5
India	NA	49.7	57.9	50.4	NA
Karnataka	NA	48.6	59.5	45.7	45.4

Trends in Antenatal care Visit (4 ANC) in Karnataka and India

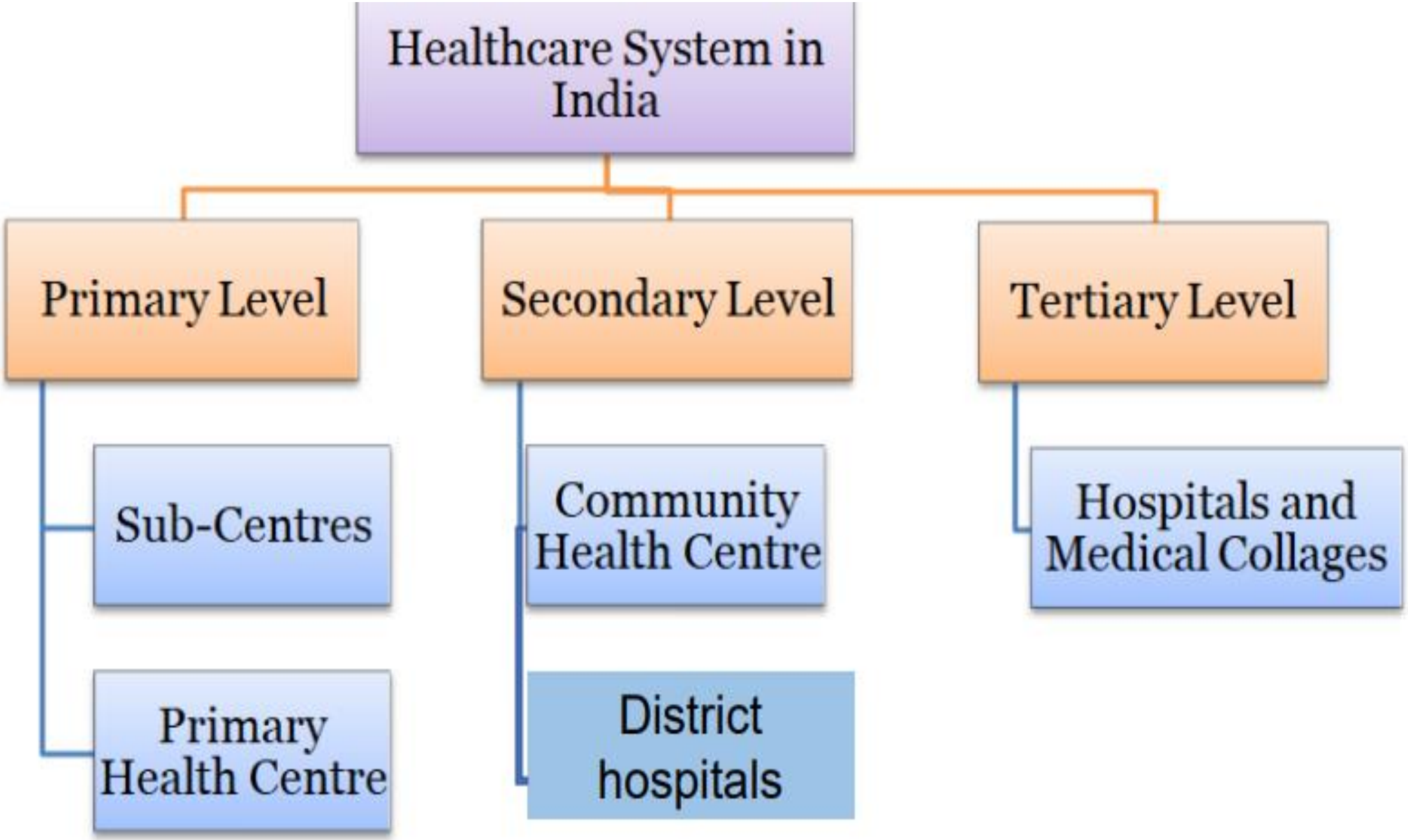
	NFHS-1	NFHS-2	NFHS-3	NFHS-4	NFHS-5
India	**43.9**	**44.2**	**50.7**	**51**	**NA**
Karnataka	**73.5**	**72.4**	**79.3**	**70.1**	**70.9**

Trends of Total fertility Rate (children per woman)

	NFHS-1	NFHS-2	NFHS-3	NFHS-4	NFHS-5
Karnataka	**2.9**	**2.13**	**2.1**	**1.7**	**1.8**
India	**3.36**	**2.85**	**2.7**	**2.2**	**NA**

HEALTH CARE SERVICES - Requirement

- Health services should be organized to meet the need of entire population and not merely selected groups
- The best way to provide health care to underserved rural and urban poor is to develop effective Primary Health Care services supported by an appropriate referral system.
- 2006 World Health Report – indicated that critical requirement of Health professional per 10000 population shall be >28 (includes Doctors and paramedics)
  - Must required to attain RCH goals
  - We had < than 50% at that time


Healthcare System in India
Primary Level
Secondary Level
Tertiary Level
Sub-Centres
Primary Health Centre
Community Health Centre
District hospitals
Hospitals and Medical Collages

AB-ArK – HWCs -Introduction

- First AB-Health and Wellness Centre (HWC) was launched in April 2018. AB-HWCs aim to provide free and accessible comprehensive healthcare focusing on preventive, promotive, and curative care.

- Reduce the out of pocket expenditure for medical ailment

- The State intends to upgrade 8871 existing sub-centres into health and wellness centres by March-2022.

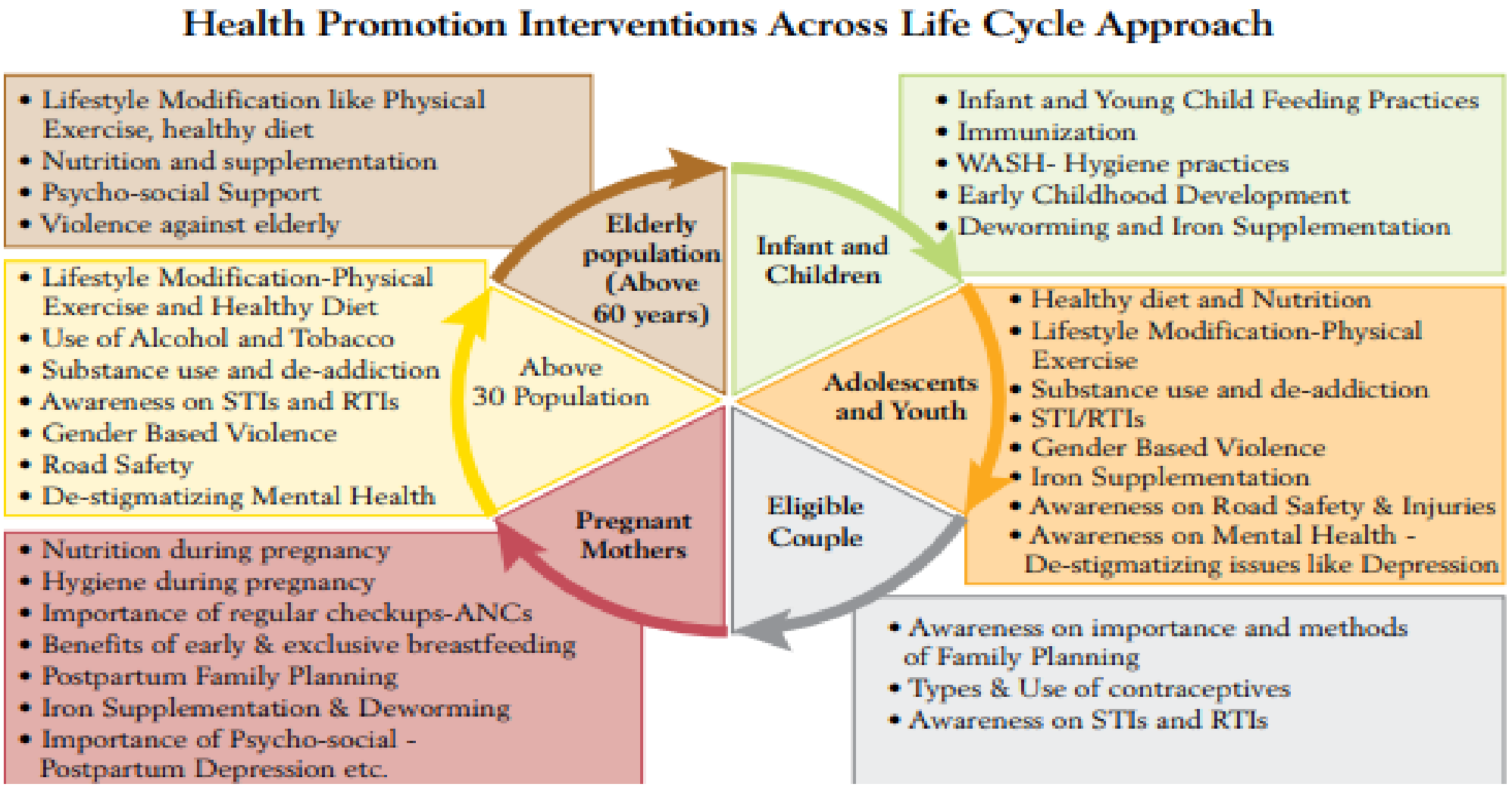
Aims of the program

- To reduce out of pocket expenditure
- To strengthen two way referral system and follow-up care
- To screen population for NCDs thereby identify ,treat and reduce morbidity and mortality
- Thus help country in reaching goal three of sustainable development Goal (SDG) which aims to remove poverty

- In order to ensure delivery of Comprehensive Primary Health Care (CPHC), all the existing Sub Health Centres and Primary Health Centres (both Rural and Urban) are being upgraded to Health Wellness Centres (HWCs).
- The Medical Officer of the PHC ensures that CPHC services will be provided to population falling under the service area of both PHC and the linked SHCs.
- Thus, enabling a network of HWCs to deliver CPHC services.

FIGURE 8

Health Promotion Interventions across Life Course



Rationale and need for a Community Health Officer (CHO)

- Health services are human resource intensive, and India has plenty of potentially trainable human resources available at a low cost.
- The successful engagement of nearly 1 million Accredited Social Health Activists (ASHA) under National Health Mission (NHM) in India is a proof of the potential and effectiveness HR engagement
- More of appropriately skilled workforce such as **Community Health Officer (CHO)** as part of HWCs are been adopted for affordable, efficient and effective health service delivery.
- Addressing the community needs during the life course of each individual to improve the health status by improving the access.

FIGURE 9

Approaches to health promotion in different population sub-groups

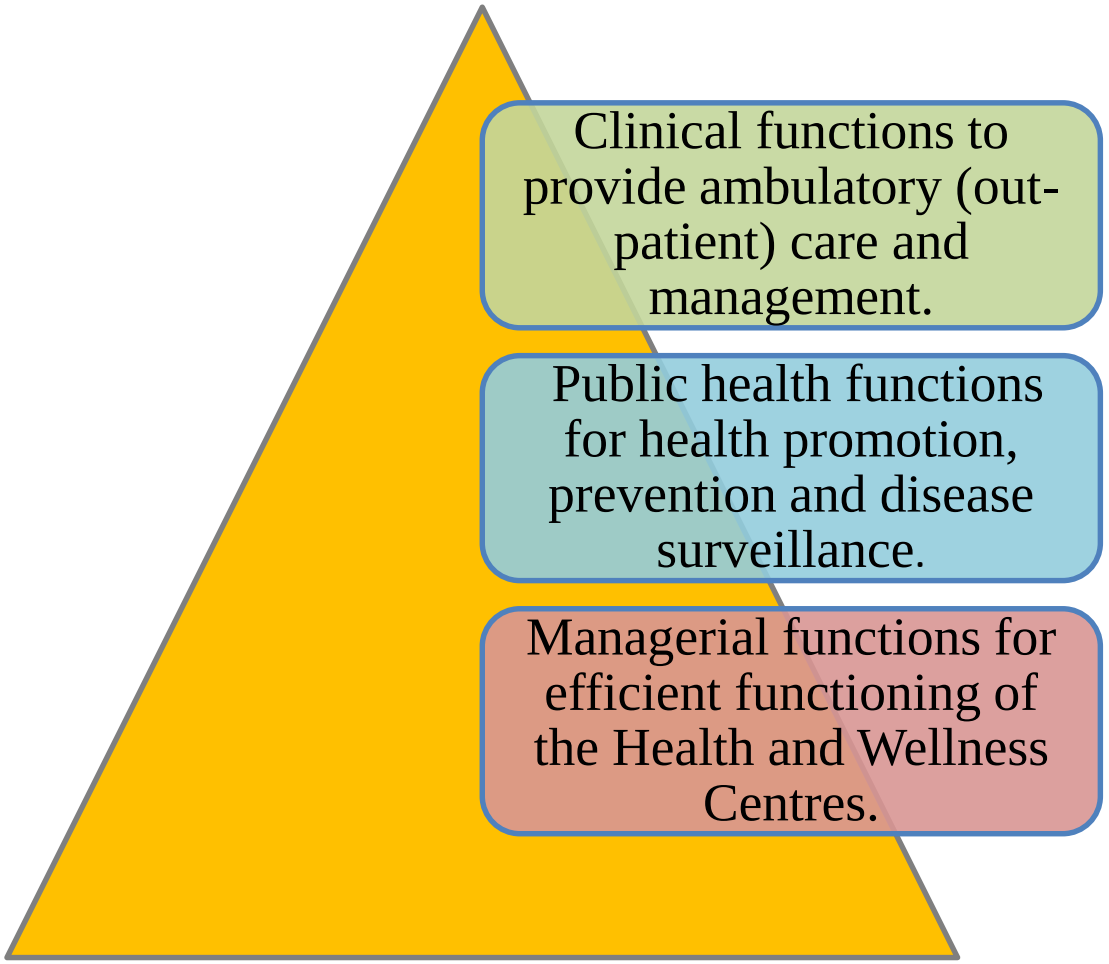
Conceptual approaches and strategies for health promotion in a population

Healthy population	Population with risk factors	Population with symptoms	Population with known disorder
• Promote healthy lifestyle • Prevent risk factors (Primordial prevention) • Prevention of disorder and health problems	• Health promotion and screening • Action on risk factors • Build resilience • Maintain healthy lifestyle	• Early detection • Treatment & care • Maintain healthy lifestyle • Disability limitation & rehabilitation	• Treatment & care • Maintain healthy lifestyle • Disability limitation & rehabilitation

CHOs are been appointed at HWCs with the vision to

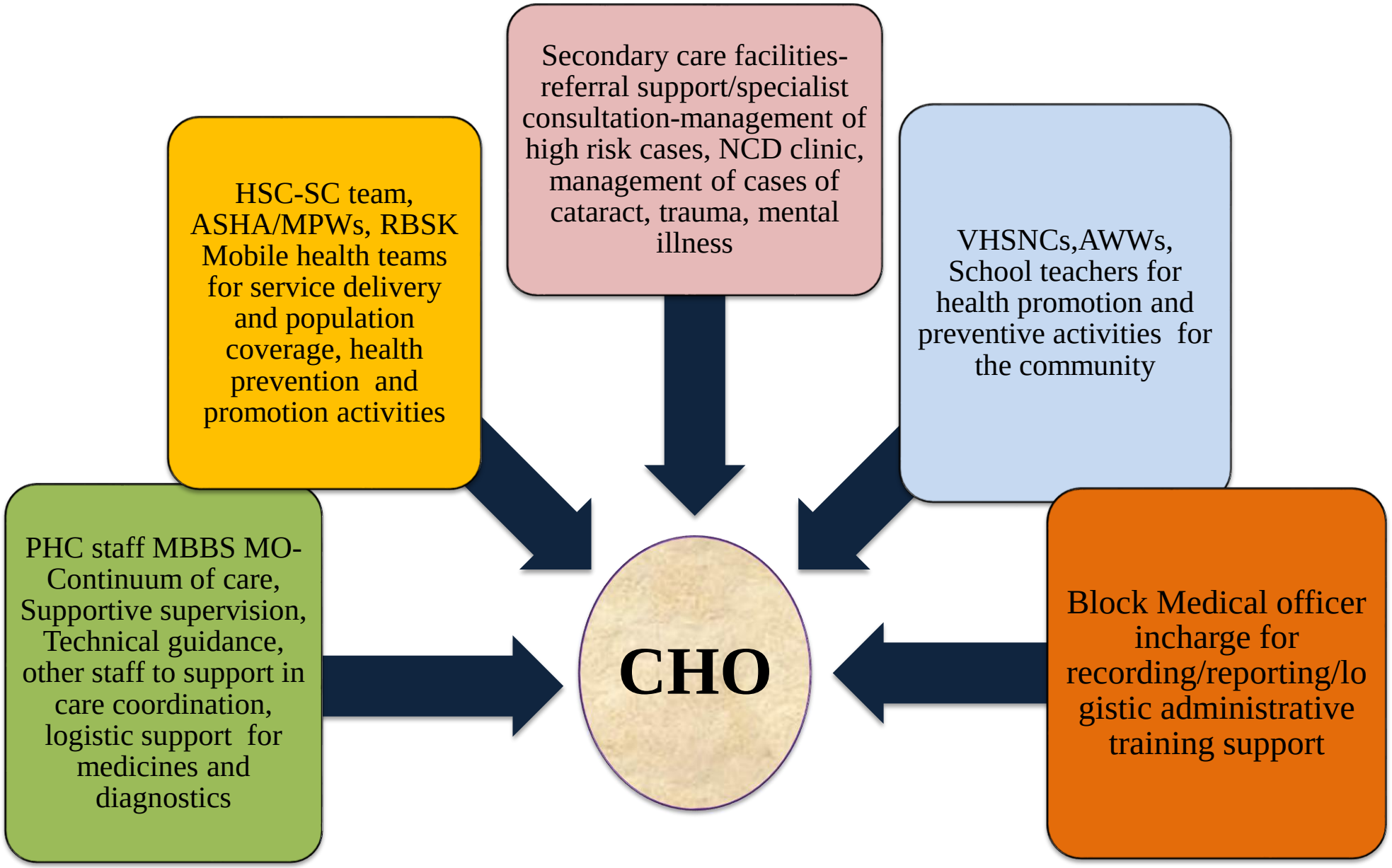
- Improve access to healthcare in rural/remote areas for the marginalized and vulnerable families.
- Reduce OOPE being incurred by families on healthcare.
- Increase the utilization of public health services at primary care level.
- Reduce work load of secondary and tertiary care facilities.
- Reduce fragmentation of care and have routine follow-up

CHOs Expected To Perform The Following Three Functions



Managerial Functions for efficient functioning of HWCs	Public health functions for health promotion, prevention and disease surveillance	Clinical functions for ambulatory care and management
Recording, reporting and monitoring of service delivery	Ensure collection of population-based data and planning for organizing services at HWCs	Early detection, screening and first level management including treatment for minor ailments
Undertake functions of HWCs	Community level action for health promotion, prevention	Undertake referral to enable continuum of care
Supportive Supervision of HWC Team	Disease surveillance	Provide follow up care
Creation of Enabling environment to address the Life style induced illnesses	Awareness creation among community as per health calendar - activities	Provide counseling support
Improving community participation to adopt Healthy life style		Facilitate Tele-consultation

Work coordination of CHO



As a CHO, need to work in close coordination with

- Team of ASHAs and MPWs at your HWCs.
- Service providers of your linked PHC.
- Block Medical Officer In-charge.
- Service providers at secondary care facilities for referral support, RBSK Teams, VHSNCs, AWWs, School teachers for the delivery of CPHC.

Organization of Comprehensive Primary Health Care



Comprehensive Primary Health Care : Preventive, Promotive, Curative, Palliative, and Rehabilitative and delivered close to where people live.

Sub centres/PHC/UPHC strengthened as HWC

General medical Consultation (at PHC/UPHC); Specialist consultation and First level of hospitalization at CHC/SDH/DH

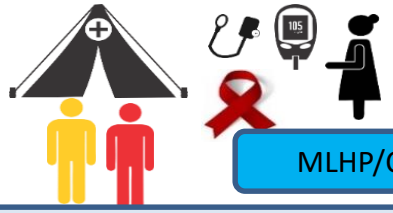
Community – Facility: Maintaining Continuum of Care

Village/Urban Ward



ASHA/MPW

- Population Enumeration
- Outreach Services
- Community Based Screening
- Risk Assessment
- Awareness Generation
- Follow up of confirmed cases
- Counselling: Lifestyle changes; treatment compliance

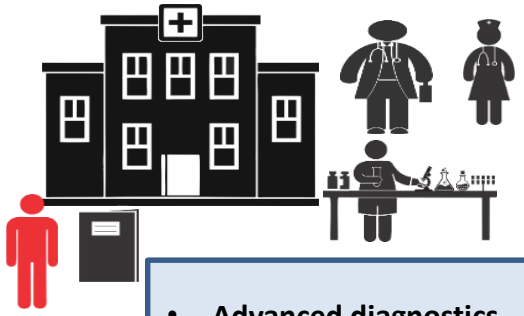


MLHP/CHO

SHC

- First Level Care
- *Screening*
- *Use of Diagnostics*
- Drug Dispensation
- Record keeping
- Telehealth
- Referral to MO at PHC for confirmation/complications

CHC/SDH/DH



- Advanced diagnostics
- Complication assessment
- Telehealth
- Tertiary linkage/PMRSSM

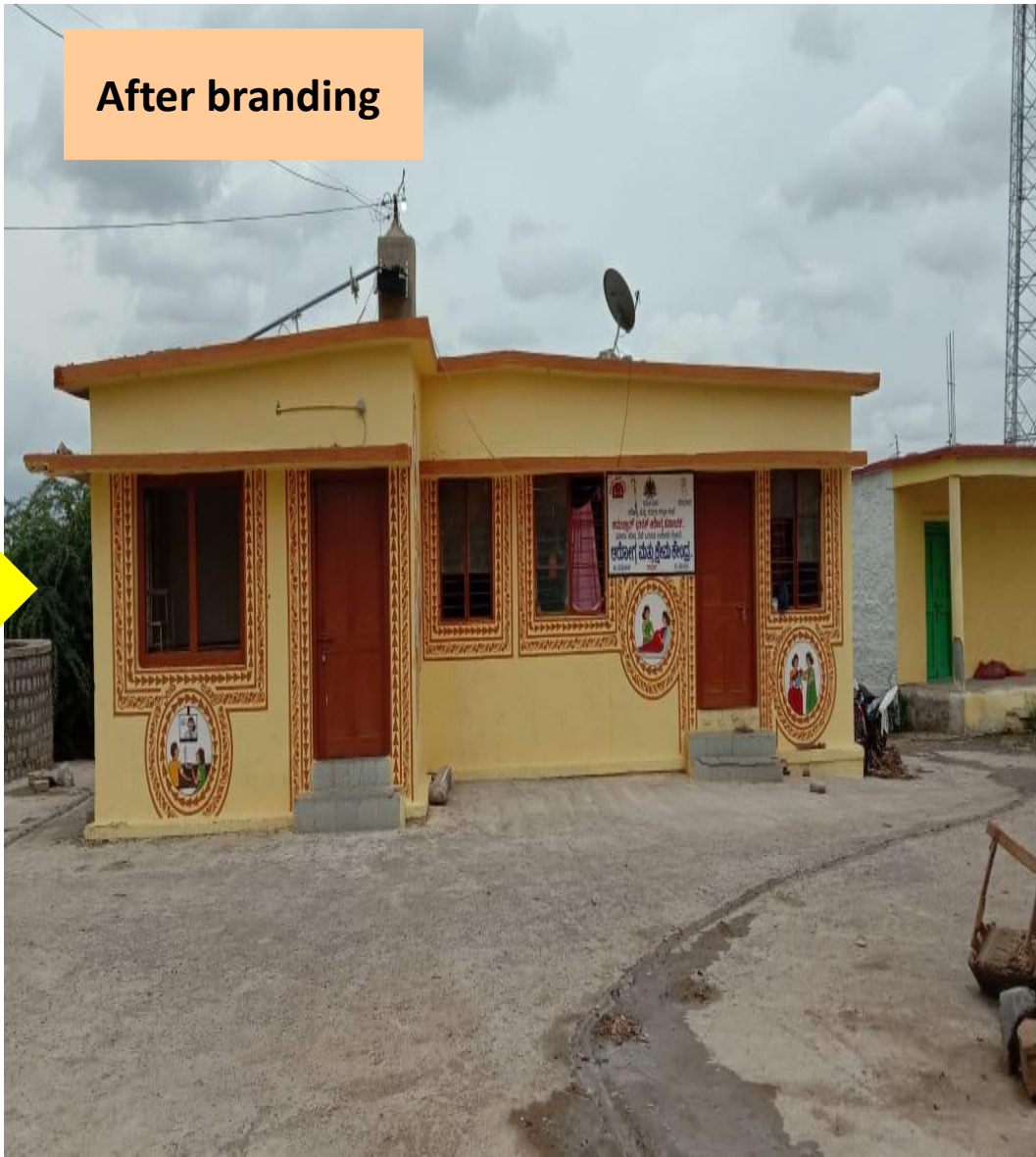


- Diagnosis /
- Prescription and Treatment Plan
- Referral of complicated cases
- Telehealth
- Real time monitoring

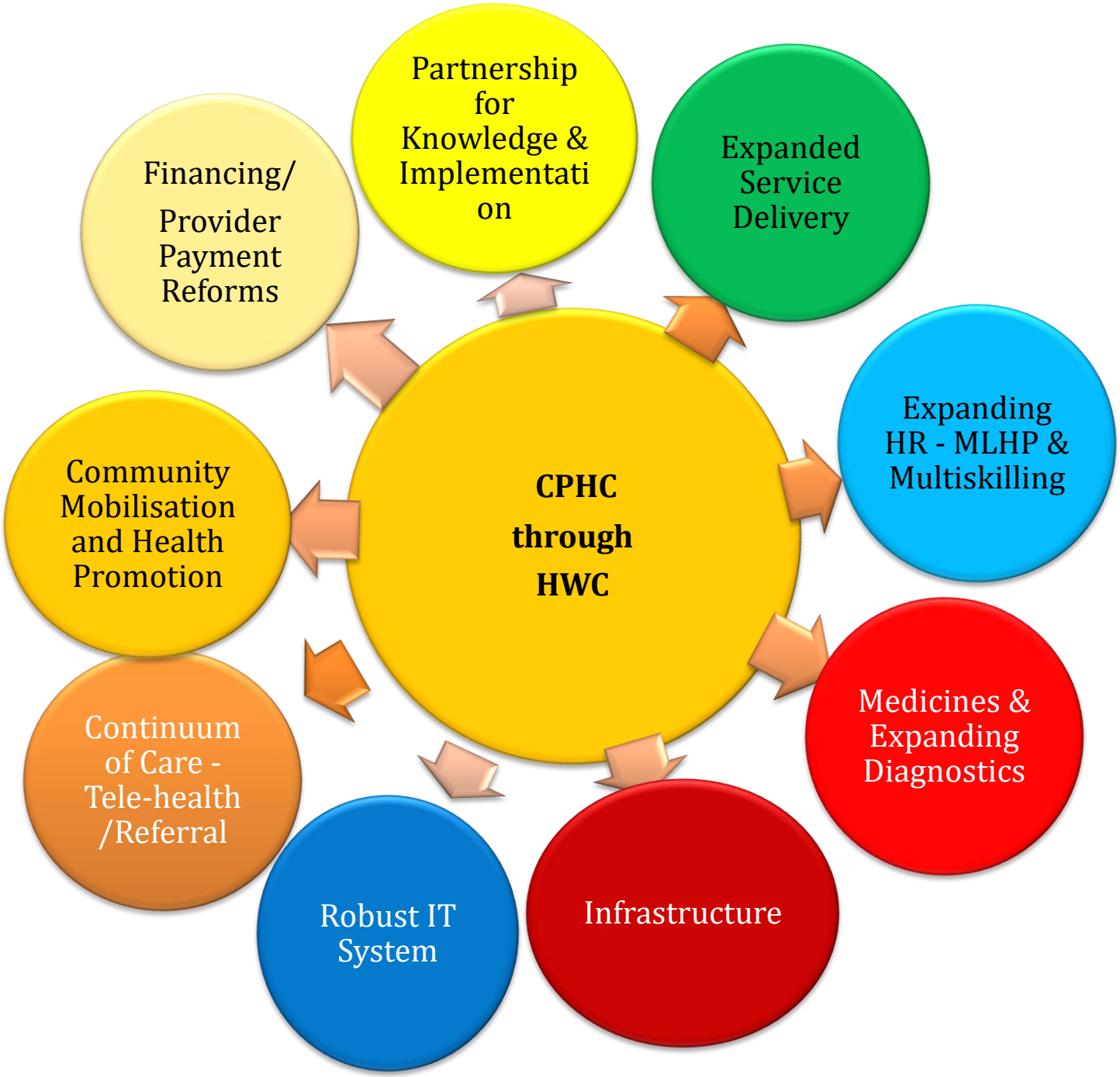
PHC/UPHC

Conversion of SC,PHC,UPHC into HWCs





Key Elements to Roll out CPHC



	INFANT MORTALITY TREND SINCE 2005 TO 2018													
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
India	58	57	55	53	50	47	44	42	40	39	37	34	33	32
Karnataka	50	48	47	45	41	38	35	32	31	29	28	24	25	23

Packages of services under CPHC-UHC – Basic functions

1.Care in pregnancy and child-birth.

2. Neonatal and infant health care services.

3. Childhood and adolescent health care services.

4. Family planning, Contraceptive services and other Reproductive Health Care services.

5. Management of Communicable diseases including National Health Programmes

6. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments.

Extended packages from 2021-22 -

7. Screening, Prevention, Control and Management of Non-Communicable diseases.
8. Care for Common Ophthalmic and ENT problems.
9. Basic Oral health care.
10. Elderly and Palliative health care services.
11. Emergency Medical Services.
12. Screening and Basic management of Mental health ailments Additionally CHOs need to implement in their areas,

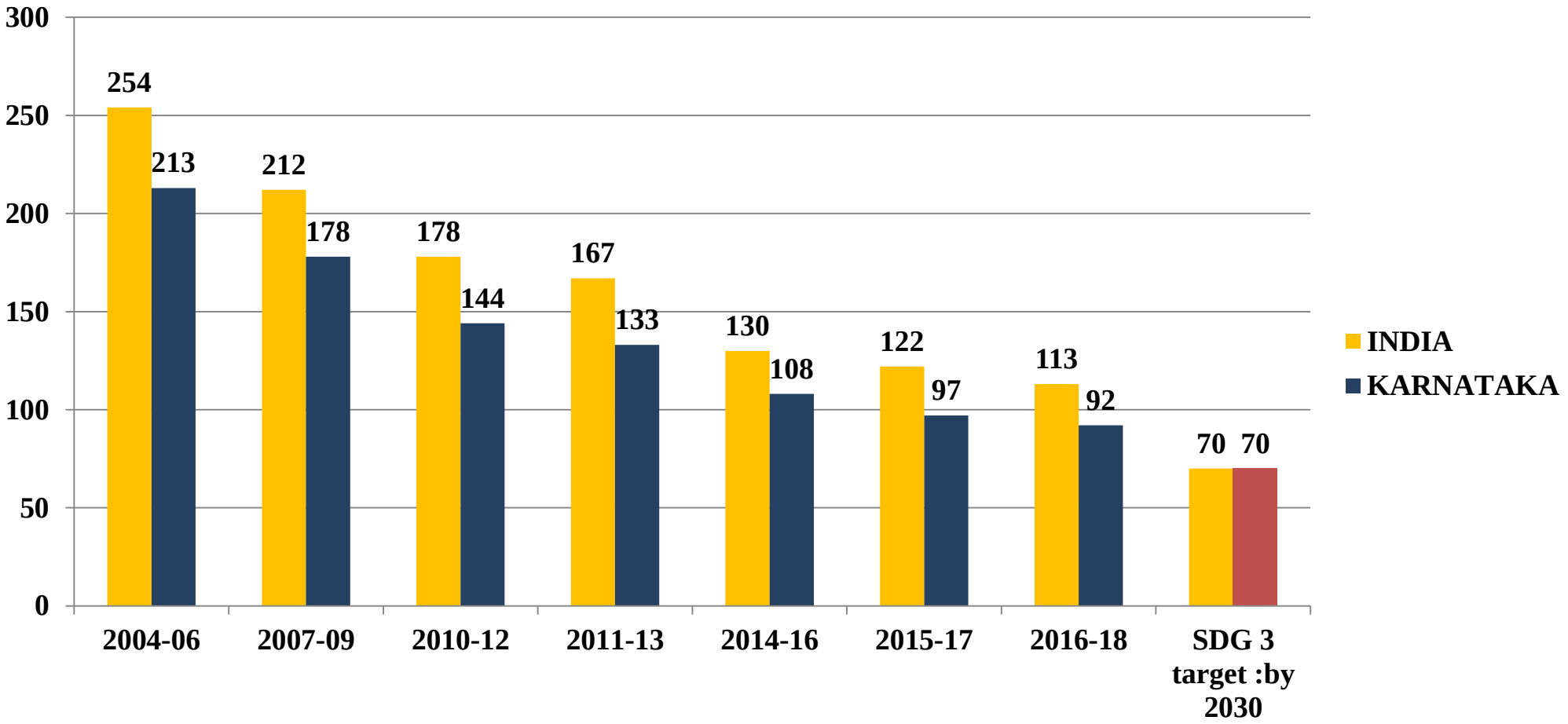
- Eat Right Movement
- Fit India movement
- Implementation of Yoga and other health events as per health calender

CHO - ROLES AND RESPONSIBILITIES

1. CARE IN PREGNANCY AND CHILD BIRTH

1. Early registration of pregnancy and issuing of ID number, Mother and Child protection card.
2. Ensure antenatal mothers receive antenatal checkup as per guidelines.
3. Antenatal check-up including screening of Hypertension, Diabetes, Anaemia, Immunization for pregnant woman-TT, IFA and Calcium supplementation.
4. Screening, referral and follow up care for high risk pregnancies cases like Gestational Diabetes, and Syphillis during pregnancy.
5. Normal vaginal delivery in specified delivery sites as per state context-where Mid level provider or MPW(F) is trained as Skill Birth Attendant (Type B SHC).
6. Provide first line treatment and referral for obstetric emergencies, eg: eclampsia, PPH, Sepsis and prompt referral (Type B SHC).

Maternal Mortality Ratio (MMR) (Per 100000 Live Births) As per (SRS)



SDG Health related Targets

3.1

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

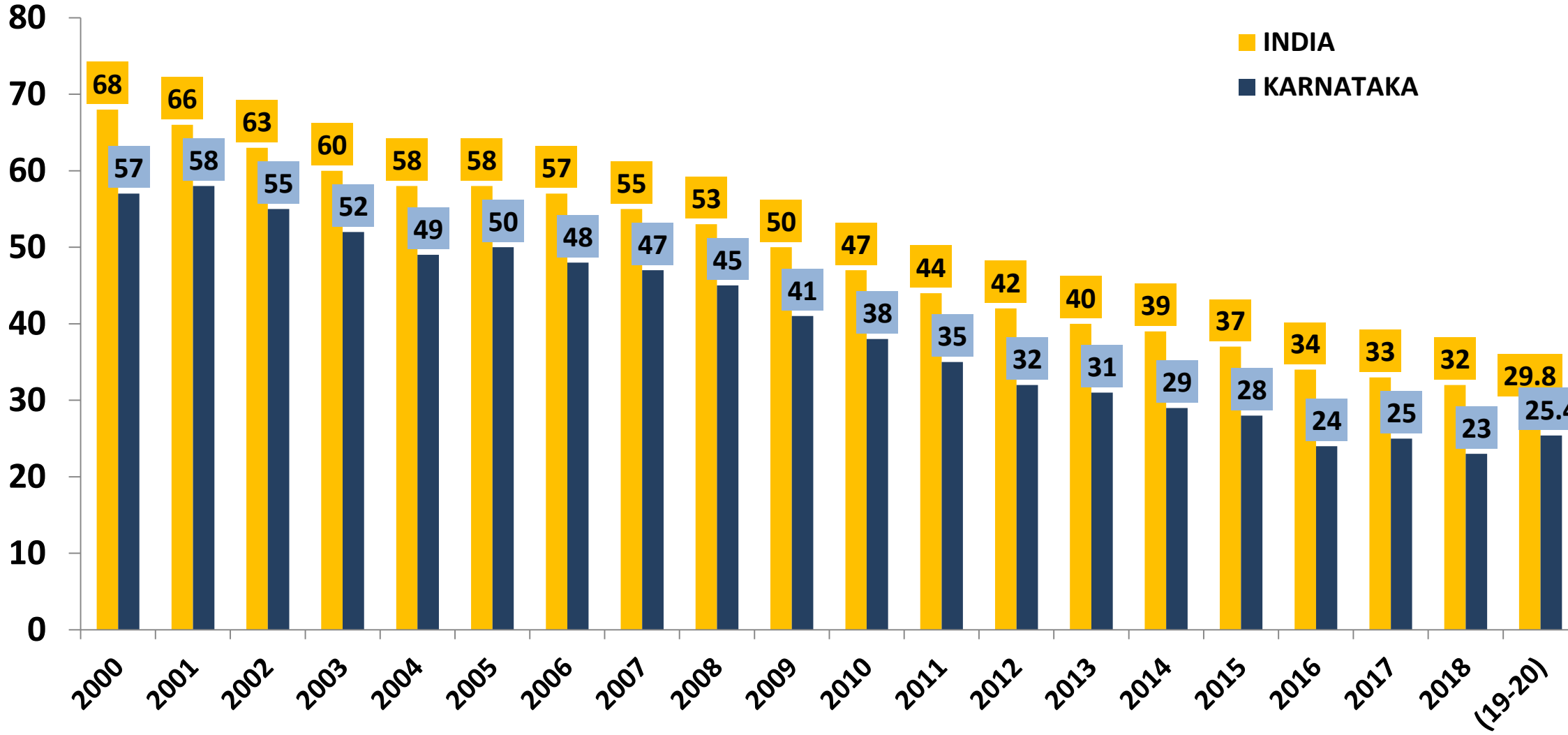
KARNATAKA MATERNITY CARE - KEY INDICATORS GOAL FOR COMING YEAR					
		NFHS-5 (2019-2020)			
S.NO	Maternity Care (for last birth in the 5 years before the survey	**URBAN**	**RURAL**	**TOTAL**	
1	Mothers who had an Antenatal check-up in the first trimester (%)	73.7	69.3	71	
2	Mothers who had at least 4 Antenatal care visits (%)	71.2	70.6	70.9	
3	Mothers who consumed Iron folic acid for 100 days or more when they were pregnant (%)	50.7	40.9	44.7	
4	Mothers who consumed Iron folic acid for 180 days or more when they were pregnant (%)	31.5	23.7	26.7	
5	Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.4	87.4	87.4	

KARNATAKA MATERNITY CARE KEY INDICATORS					
S.NO	Maternity Care (for last birth in the 5 years before the survey	NFHS-5 (2019-2020)			NFHS-4(2015-16)
		URBAN	RURAL	TOTAL	TOTAL
6	Institutional births (%	98.3	96.2	97	94
7	Births delivered by caesarean section (%)	35.2	29.4	31.5	23.6
8	Births in a private health facility that were delivered by caesarean section (%)	52.3	52.8	52.5	40.3
9	Births in a public health facility that were delivered by caesarean section (%)	23.3	22.2	22.6	16.9

2. NEONATAL AND INFANT HEALTH

1. Identification and immediate management with timely rederral of high risk newborn-low birth weight/preterm/sick newborn and sepsis (with referral as required)
2. Management of birth asphyxia (Type B SHC).
3. Early Identification of congenital anomalies (eg: cleft lip, palate, neural etc) appropriate referral and follow up of congenital anomalies.
4. Early management of ARI/Diarrhea/ nutritional and other common illness and referral of severe cases.
5. Screening, referral and follow up for disabilities and developmental delays.
6. Immunization as per UIP
7. Vitamin A supplementation
8. Identification and follow up referral.
9. Reporting of adverse events following immunization (AEFI) with treatment measures

Trends of Infant Mortality Rate (IMR) (Per 1000 Live Births) since 2001 to (2019-2020)



Source: SRS (2000-2018)
NFHS-5 (2019-2020)

Trends of Under Five Mortality rate (U5MR)

	NFHS-1	NFHS-2	NFHS-3	NFHS-4	NFHS-5	SDG (3.2)
India	**109.3**	**94.9**	**74.3**	**50**	**NA**	**By 2030 reduce to as low as 25 per 1,000 live births**
Karnataka	**87.3**	**69.8**	**54.7**	**29.4**	**31.5**	

SDG 3 Targets

3.2

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

Nutrition Status of Karnataka			
S.NO	**Key indicators**	**NFHS-5 (2019-2020)**	
1	Children under age 3 years breastfed within one hour of birth(%)	**49.1**	
2	Children age 6-8 months receiving solid or semi-solid food and breastmilk(%)	**45.8**	
3	Children under 5 years who are stunted (height-for-age)(%)	**35.4**	
4	Children under 5 years who are wasted (weight-for-height(%)	**19.5**	
5	Children under 5 years who are severely wasted (weight-for-height)(%)	**8.4**	
6	Children under 5 years who are underweight (weight-for-age)(%)	**32.9**	
7	Children age 6-59 months who are anemic(%)	**65.5**	
8	All women age 15-49 years who are anemic(%)	**47.8**	

3. CHILDHOOD AND ADOLESCENT HEALTH CARE SERVICES INCLUDING IMMUNIZATION

1. Screening and treatment of Anemia and other nutritional deficiencies in children and adolescents.
2. Identification and management of vaccine preventable diseases in children such as Diphtheria, pertussis and Measles and followup of missed doses.
3. Early detection of growth abnormalities, delays in development and disability and referral.
4. Prompt management of ARI, acute diarrhea and fever with referral as needed.

6. Management (with timely referral as needed) of ear, eye and throat problems, skin infections, worm infestations, febrile seizure, poisoning, injuries/accidents, insect and animal bites.

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Adolescent Health

1. Detection of SAM, referral and follow up care for SAM.
2. Adolescent health-counselling
3. Detection for cases of substance abuse, referral and follow up.
4. Detection and treatment of Anaemia and other deficiencies in adolescents.
5. Detection and referral for growth abnormality and disabilities, with referral as required

4. FAMILY PLANNING, CONTRACEPTIVE SERVICES AND OTHER REPRODUCTIVE CARE SERVICES

ROLES AND RESPONSIBILITIES

1. Insertion and removal of IUCD.
2. Provision of condoms, oral contraceptive pills and emergency contraceptive pills.
3. Provision of injectable contraceptives in MPV districts.
4. Counselling and facilitation for safe abortion services.
5. Medical methods of abortion (upto 7 weeks of pregnancy) on fix days at the HWC by PHC MO
6. Post abortion contraceptive counselling.

7. Follow up for any complication after abortion and appropriate referral if needed.
8. First aid for GBV related injuries link to referral centre and legal support centre.
9. Identification and management of RTIs/STIs.
10. Identification, management (with referral as needed) in cases of dysmenorrhoea, vaginal discharge, mastitis, breast lump, pelvic pain, prolapse uterus, pelvic (DUP)

5.MANAGEMENT OF COMMUNICABLE DISEASES AND GENERAL OUTPATIENT CARE OR ACUTE SIMPLE ILLNESS AND MINOR AILMENTS

ROLES AND RESPONSIBILITIES

1. Identification and management of common fevers, Infestations, ARIs, diarrhea and skin infections. (scabies and abscess).
2. Identification and management (with referral as needed) in case of cholera, dysentry, Diarrheal diseases typhoid, hepatitis and helminthiasis.
3. Management of common aches, joint pains, and common skin conditions. (rash/utricaria).

6.MANAGEMENT OF COMMUNICABLE DISEASES: NATIONAL HEALTH PROGRAMS (TUBERCULOSIS, LEPROSY, HEPATITIS, HIV-AIDS, MALARIA,KALA-AZAR, FILARIASIS AND OTHER VECTOR BORNE DISEASES

ROLES AND RESPONSIBILITIES

1. Identification, (suspected sample collection) treatment (as appropriate for that level of care) and follow up care for vector borne diseases- Malaria, Dengue, Chikungunya, Filaria, Kalazar, Japanese Encephalitis, TB and Leprosy.
2. Provision of DOTS for TB and MDT for leprosy.
3. HIV (in type B SHC), appropriate referral, counselling and support for HIV treatment.
4. Referral of complicated cases.

Non-communicable diaeases and their risk factors

NON-COMMUNICABLE DISEASES

To Prevent **NON-COMMUNICABLE DISEASES** (NCDs),

Follow a Healthy Lifestyle



7. PREVENTION, SCREENING AND MANAGEMENT OF NON-COMMUNICABLE DISEASES

ROLES AND RESPONSIBILITIES

1. Screening for early identification and treatment compliance for Hypertension and Diabetes, with appropriate referral if needed.
2. Followup of diagnosed cases as per MO, dispensing medication.
3. Screening and follow up care for occupational diseases (Pneumoconiosis, dermatitis, lead poisoning), fluorosis, respiratory disorders (COPD and asthma) and epilepsy.
4. Cancer- screening for oral, breast and cervical cancer and referral for suspected cases of other cancers.
5. Treatment compliance with follow up medication, counselling and referral with respect to life style modification (wellness activities) for deaddiction-tobacco/alcohol/substance abuse.

5. Treatment compliance and follow up for all diagnosed cases.

6.Appropriate referral Linkages with specialists and undertaking two-way referral for complication.

BLOOD SUGAR LEVEL AMONG ADULTS (AGE 15 YEARS AND ABOVE)		NFHS-5 (2019-2020)				
S.NO	**INDICATOR**	**URBAN**	**RURAL**	**TOTAL**		
	Women (Random blood sugar measurement)					
1	Blood sugar level-high (141-160 mg/dl) %	6.4	5.3	5.7		
2	Blood sugar level-very high (>160 mg/dl) %	8	6.1	6.8		
3	Blood sugar level-high or very high (> 140 mg/dl) or taking medicine to control blood sugar level %	16.2	12.6	14		
	Men (Random blood sugar measurement)					
1	Blood sugar level-high (141-160 mg/dl) %	7.7	6	6.6		
2	Blood sugar level-very high (>160 mg/dl) %	8.6	7	7.6		
3	Blood sugar level-high or very high (> 140 mg/dl) or taking medicine to control blood sugar level %	18	14.1	15.6		

8. SCREENING AND BASIC MANAGEMENT OF MENTAL HEALTH AILMENTS

ROLES AND RESPONSIBILITIES

1. Detection and referral of patients with mental disorders.
2. Identification and referral of substance abuse cases to deaddiction centres.
3. Dispense follow up medication as prescribed by the Medical officer at PHC/CHC or by the Psychiatrist at DH.
4. Counselling and follow up of patients with Mental health disorders.
5. Management of violence related concerns.

9. CARE FOR COMMON OPHTHALMIC AND ENT PROBLEMS

ROLES AND RESPONSIBILITIES

1. screening for blindness and refractive errors.
2. Identification and treatment of common eye problems- conjuctivitis, acute red eye, trachoma, spring catarrh, xeropthalmia as per the STG.
3. Screening for visual acuity, cataract and for refractive errors.
4. Management of common colds, Acute suppurative otitis Media, injuries, pharyngitis, laryngitis, rhinitis, URI, sinusitis, epistaxis.
5. Early detection of hearing impairment and deafness with appropriate referral linkages.

10. BASIC ORAL HEALTH CARE

ROLES AND RESPONSIBILITIES

1. Coordinating with NCD and equip with supportive devices from higher centres for Screening of gingivitis, periodontitis, malocclusion, dental caries, dental fluorosis and oral cancers with referral.
2. Oral health education about dental caries, periodontal diseases (gums bleeding, bad breath etc), malocclusion and oral cancers.
3. Management of conditions like apthous ulcers, candidiasis and glossitis, with referral for underlying disease.
4. Symptomatic care for tooth ache and first aid for tooth trauma, with referral.
5. Counselling for tobacco cessation and referral to Tobacco Cessation Centres.

11. ELDERLY AND PALLIATIVE HEALTH CARE SERVICES

ROLES AND RESPONSIBILITIES

1. Arrange for suitable supportive devices from higher centres to the elderly/disabled persons to make them ambulatory.
2. Referral for diseases needing further investigation and treatment, to PHC/CHC/DH.
3. Management of common geriatric ailments, counselling, supportive treatment.
4. Pain Management and provision of palliative care with support of ASHA. – Home based Palliative care at Household level.

12. EMERGENCY MEDICAL SERVICES, INCLUDING FOR TRAUMA AND BURNS

ROLES AND RESPONSIBILITIES

1. Stabilization care and first aid before referral in cases of –poisoning, trauma, minor injury, burns, respiratory arrest and cardiac arrest, fractures, shock, chocking, fits, drowning, animal bites and haemorrhage, infections (abscess and cellulitis), acute gastro intestinal conditions and acute genito urinary condition.
2. Management of incidental health issues at workplace, agricultural related etc

2. Identify and refer cases for surgical correction- lumps and bumps (cysts/lipoma/haemangioma/ganglion); anorectal problems, haemorrhoids, rectal prolapse, hernia, hydrocele, varicoele, epidymo-orchitis, lymphedema, varicose veins, genital ulcers, bed ulcers, lower urinary tract symptoms (Phimosis, parahimosis), and atrophic vaginitis.

SKILLS TO BE PRACTICED AT SC-HWC

1. Public Health Skills.
2. Labor and immunization skills
3. Casualty management skills
4. Leadership quality development and co-ordination skills
5. General skills of Bio Medical waste management (segregation and dispensing of biomedical waste) including liquid waste Mx at HWCs
6. General skills:- medicine dispensation as per MO, medicine indent and injections practice, Logistic management, counseling, suturing of superficial wounds, glasgow coma scale assessment score, Apgar scoring, growth charts evaluation.
7. Laboratory skills:

14 Diagnostic tests at SC-HWC should be conducted.

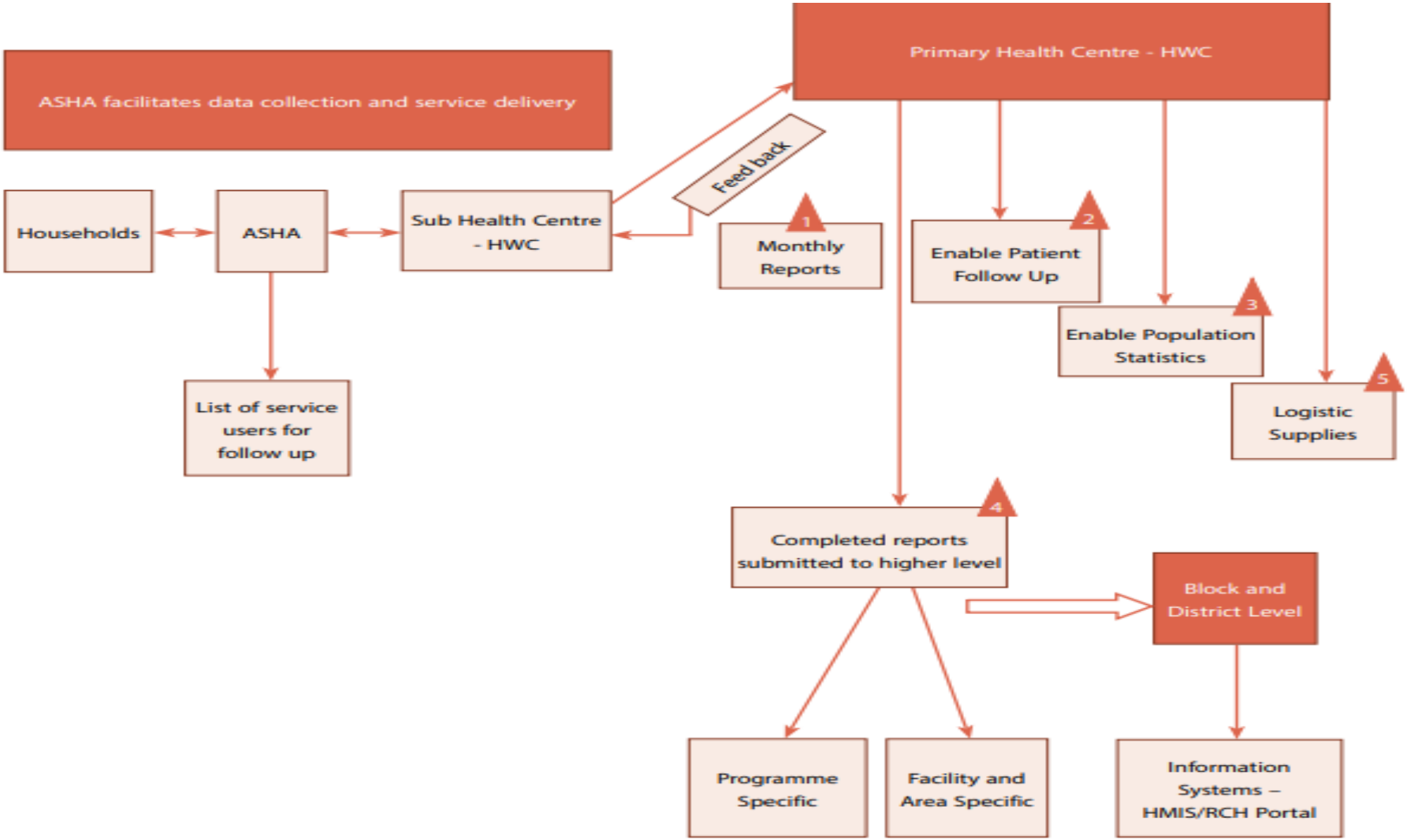
List of tests are as followed

S.NO	DIAGNOSTIC TEST	PRODUCT EQUIPMENT REQUIRED FOR TESTING
1	Hemoglobin	Digital Hemoglobin meter
2	Human Chorionic gonadotropin (HCG) (Urine test for Pregnancy)	Rapid card test (Dipstick)
3	Urine test for Ph, specific gravity, Leucocyte esterase glucose, bilirubin, urobilinogen, ketone, hemoglobin, protein, nitrite.	Multiparameter urine strip (dipstick)
4	Blood Sugar	Glucometer
5	Malaria test	Rapid card test
6	HIV (Antibodies to HIV 1&2)	Rapid card test
7	Dengue	Rapid card test for NSI antigen and IgM and IgG antibodies.
8	Visual Inspection-Acetic acid	Manual
9	Test for Iodine in salt (used for food)	Iodine in salt testing kit
10	Water testing for fecal contamination and chlorination	Strip method

S.NO	DIAGNOSTIC TEST	PRODUCT EQUIPMENT REQUIRED FOR TESTING
11	HbsAg test for Hepatitis B	Rapid card test
12	Filariasis (endemic areas only)-FST	Rapid kit
13	Rapid Test Kit for Syphilis	Rapid kit
14	Sputum for AFB#	Microscopy

4. Skills for management of common conditions Fever, aches and pains.
5. First aid stabilization care for common emergencies.
6. Maternal Health skills.
7. Reproductive and Adolescent Health skills.
8. Newborn and Child Health skills.
9. Skills to use digital applications wherever applicable for reporting, inventory management, record maintenance and use population based.
10. Maintaining Family Health folders and Individual Health Records.
11. Supportive supervision of field level functionaries.
12. Maintenance of records for NQAS

FLOW OF INFORMATION



LIST OF INDICATORS TO ASSESS THE MONTHLY PERFORMANCE OF MLHP

S.NO	ASSESSMENT INDICATOR	SOURCE OF VERIFICATION
1	Number of OPD cases in the month	HWC portal
2	Proportion of estimated pregnancies registered	RCH Portal/ Sub Centre register
3	Proportion of Pregnant Women registered who received Complete ANC	RCH portal/Sub Centre RCH register
4	Proportion of Children up to 2 years of age who received immunization	RCH portal/Sub Centre RCH register
5	Proportion of High- risk pregnant women who received follow-up care	RCH portal/ Sub Centre RCH register
6	Proportion of Newborns who received HBNC visits	RCH portal/Sub Centre RCH register
7	Proportion of above 30 years individuals screened for Hypertension and Diabetes	NCD application

S.NO	ASSESSMENT INDICATOR	SOURCE OF VERIFICATION
8	Proportion of new fever cases for which malaria smear was taken	HWC Records/ HMIS report
9	Proportion of Patient of HTN on follow-up care &management at SC-HWC	NCD application
10	Proportion of Patient of Diabetes on follow-up care & management at SC-HWC	NCD application
11	Proportion of patients referred for TB screening	Nikshay / HWC records
12	Notified TB patients who received regular treatment & follow-up as per protocols	Nikshay / TB treatment card.
13	Proportion of Home based Palliative care cases managed (including Cancer, Leprosy, Hemiplegic cases, DM foot, Elephantiasis elderly & Bed ridden cases)	Self- reported in CPHC / HWC portal / NCD application
14	Proportion of Adolescents counseled for eat right movement and provided Nutritional supplements (IFA, Iodine etc) for Nutritional deficiency (including anemia) SC-HWC	RBSK Portal/ FSSAI portal
15	Number of VHSND / (VHSNCs) / MAS held against planned	Self- reported in CPHC / HWC portal / NCD application

1.0 Role of PSCs- in implementing CHO induction programme

- Conduct the 15days induction training to newly deputed CHOs.
  - CHOs selected from integrated batch
  - Have to arrange training session in coordination with DSOs & RCHOs
  - In house training with Pre-& post test evaluation
  - Separate days kept for Inauguration + Pres-test (1 day), post-evaluation days (1 day for Theory & 1 day for practical exams)
  - Mid course evaluation 1 day
  - Totally 20 days (15 days of training and 5 days of evaluation)

Involvement of NHM officers

- Separate classes shall be conducted by District programme officers for CHO induction
  - Regarding implementation of National programme at SC/ PHC level
  - Data collection formats and procedures to be thought
  - Field level workers roles and responsibilities and coordination to be delt- by Dist-Pos in all programmes
  - RCHO, FWO, DTO, NVBDCP Officer, DLO/ SNO e-hospital, FSSAI-DO, DSO has to provide information to CHOs with separate classes- to be coordinated by DSO
  - DHO- to provide overall view of NHM activities and protocols to be followed by CHOs in working atmosphere
  - All Classes are part of Regular curriculum:- PIC-of PSC has to coordinate with DSOs for making classess arragements including practical classes.

The training should be cover following topics suggested by the NHSRC.

Session	Session
Welcome and introductions	Knowing your population
Overview of 15-days training program	Expanded package of services under CPHC
Pre test	Indicators for monitoring at SHC-HWC
Overview of Comprehensive Primary Health Care	Performance linked incentives
Roles of CHO and the SHC-HWC team	Communicable diseases – TB and Leprosy
Maternal health- pregnancy and child birth	Communicable diseases – Dengue, Malaria, Kala-azar, HIV, Hepatitis, Rabies
Child health	Non-communicable diseases
Family planning and Safe abortion	Jan Arogya Samiti
Adolescent health	Gender and health
Acute simple illnesses	**Post-test and conclusion**

- The cost of the training will be Rs.24000/per CHO.
- Details as follows[Budget guidilines\Annxure of BG.xlsx]

Budget Details

Activity	unit cost/Batch	Unit/each class	Duration in days	Total Units/Batch	approximate cost per CHO -/ training RS/CHO (min.30 CHOs /batch)	TOTAL Amount/ Batch-30CHOs	**Remarks**
Specialty speakers	750 per Hour per batch per faculty	6hours per day working days(6class)	15	90hours	2250	67500	Rs.750 provided to each speaker for conducting the class per 30 member batch as per the schedule plan.
Data Entry Operators	200 per day	200per day/batch	15	15	100	3000	for documentation, maintaining vouchers, preparation of SOE/ UC, Communication to DTCs/ DHS for planning , support for implementation and other support services.
Evaluation charges for faculty	1500/-per evaluation	3 -Sundays	3	3	150	4500	expenditure towards conducting the evaluation of the candidates at the week-end to know the knowledge attained in the training programme. The Evaluator will get Rs. 1000/ batch for doing the process. Remaining Rs. 500 / batch is completion of the process. the materials for evaluation shall be furnished from miscellaneous expenses provided to institutions. Any candidate who fail to get minimum 50% marks in evaluation will be considered as failed and need to take another evaluation with his own expenditure. all candidates who are completed successfully the three evaluation process with minimum 50% marks in each process are considered as training completed. only successful candidates are allowed to join back for institutions. the salaries of failed candidates (in evaluation) will be deducted by districts from the date of failure to till they are passed in evaluation process.

Budget Details

Travel, Food , accommodation & logistics per CHO	Rs.30000/-day/batch	1000per CHO/day	20		20000	600000	CHOs deputed for training have to make their own arrangements: for travel from their districts (selected districts), lodging, food expenditure and required logistics (Pen, paper, material etc) for training. The training institute / Programme study centers need to provide the list of requirements of logistics to CHOs for successful completion of training. (Any institutions if they provide all the facilities can deduct the amount from the CHOs excluding the travel expenses). Institution to provide the funds to CHOs only if they are punctual & attentive in all the classes with 100% attendance for the day.
Advertisement/selection & placement to Training(at the state level)	30,000.00 per Batch				1000	30000	kept at state level for CHO selection process through online examination, the cost includes advertisement to posts and payment for online exam process.
Miscellaneous(including petty) expenses for institutions					500	15000	Expenses for the institutions for smooth conduction of classes, for cleaning purpose (@ Rs 100/day/batch , Lab and clinical arrangements (at Rs. 50/day/CHO can be utilized for conducting additional Clinical / lab classes to CHOs), hiring of security person (@ Rs. 100/day/ batch). Engagement of dedicated 2 Programme In-charge person (@ Rs. 500/ day/ batch - 1. for coordination of theory classes and another for coordination to provide clinical exposure) is included along with other petty expenses. the remaining amount can be utilized for strengthening the programme including provision of evaluation materials and for un-foreseen expenses)
Total Cost for the 15days training per CHO /Batch					**24000**	**720000**	

For Non-integrated Curriculum CHO training

- The CCH (CPCH) bridge programme will continue as per schedule
- Involvement of RGUHS as Nodal agency is still under scrutiny
- The timelines are been shortened (probably for 4 months only)
- All the CPCH curriculum shall be completed (540 hours of teaching, evaluation) within- 4 months
- PSCs to conduct practical classes even on Sundays and Holidays to complete the syllabus.
- Other conditions are same as in previous batches
- Financial envelope will be continued as like in previous batches.