



**GOVERNMENT OF KERALA**

**Abstract**

Health & Family Welfare Department - Transforming Primary Health Centres into Family Health Centres - Guidelines - Orders issued.

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**HEALTH & FAMILY WELFARE (FW) DEPARTMENT**

G.O.(P) No. **46/2017/H&FWD.**

Dated, Thiruvananthapuram, **05/08/2017**

Read: 1. G.O. (P) No. 10/2017/P&ED. Dated 19/04/2017

2. G.O. (Rt) No. 1348/2017/H&FWD. dated 12/05/2017

3. G.O. (Rt) No. 1808/2017/H&FWD. dated 28/06/2017

**ORDER**

1. The Government of Kerala has decided to strengthen the health care system through "Aardram Mission". Transforming Primary Health Centres into Family Health Centres (FHCs) by redefining the package of services offered and also improving their quality is one of the prime strategies of the Mission. The transformed services aim to achieve universality (making services available to all irrespective of whether they approach institutions or not) and comprehensiveness (includes promotive, preventive, curative, rehabilitative and palliative services). The services should be appropriate, rational and of good quality, responsive to the needs of the client group, addressing social determinants of health through intersectoral collaboration and community participation. The services should address equity considerations across gender and different segments of population that require special care.

2. The service provision through FHC will be institution based, field or outreach based as the case may be. Curative, counselling, health education, immunisation, medico-legal, pharmacy and laboratory are some of the institution based services. Field based services include outreach activities carried out for various public health programs and routine services by JPHN, JHI, ASHA and AWW.

3. Family Health Centres are health care delivery service institutions of Local self Government (LSG). LSGs should ensure the smooth functioning and management of these centres by providing infrastructure, human resources and other logistic support as and when required. Community partnership and participation in various health programmes are essential for promoting health and well being of any community especially in the context of lifestyle modification and convergence. LSG should take initiative in ensuring community partnership and participation.

4. **Convergence:-** FHC being the health care service delivery institution of the

LSG, should implement comprehensive primary health care program of respective local self governments. To achieve this, FHC should work with different social development sectors like Social Justice, Education, Agriculture, Watersupply, SC/ST development etc. FHC team has to create an environment conducive to health promotion and disease prevention. Local government should bring in different development sectors together to achieve defined health status as per Sustainable Development Goals. In other words, health will have to be the focal point of all development activities of the LSG.

5. To address the social determinants of health effectively the LSG should make use of and strengthen existing social structures like ayal sabha, ward sabha, grama sabha and Kudumbasree. Local NGOs and other community organizations should also be utilised. Ongoing missions such as “*Harithakeralam*”, “*Life*” and “*Pothuvidyabhyasa samrakshana yagnam*” should also be converged at the local self government setting.

**6. Timing of institutional services:-** Outpatient care will be available at FHC, seven days a week;

- Monday to Saturday: 9.00 AM to 1.30 PM and 1.30 PM to 6.00 PM
- Sunday: 9 AM to 1.30 PM.

**7. Curative services:-**

Treatment should be provided to all patients attending the OPD of FHC adhering to the Comprehensive Primary Health Care (CPHC) treatment guidelines. Patients who need a higher level of care should be identified as per the red flag signs and referred early to the appropriate level as per the treatment guidelines. The follow up of these cases should be done from FHCs.

**8. Management of common symptoms**

**i) Fever:**

- \* Screening for common causes of fever and treatment according to the CPHC treatment guidelines & National guidelines
- \* Identification of red flag signs and early referral
- \* Follow up of patients referred back from higher centres

**ii) Cough:**

- \* Identification & treatment of common conditions causing cough
- \* Treatment of acute cough
- \* Screening of patients with cough for Tuberculosis
- \* Identification of red flag signs and early referral
- \* Follow up of patients referred back from higher centres

**iii) Joint pain:**

- \* Identify & treat common causes of joint pain
- \* Pain relief using adequate analgesics
- \* Advice regarding therapeutic exercises or physiotherapy to relieve pain
- \* Identification of red flag signs and conditions requiring expert management
- \* Early referral of patients needing expert care

- \* Follow up of patients referred back from higher centres

#### vi) Abdominal pain

- \* Diagnosis & treatment of common conditions causing abdominal pain
- \* Identification of red flag signs and early referral
- \* Follow up of patients referred back from higher centres

#### v) Headache

- \* Differentiate between primary and secondary headaches
- \* Screening of all patients with headache for visual defects
- \* Diagnosis and treatment of common causes of headache
- \* Provide prophylaxis for conditions like Migraine
- \* Identification of red flag signs and early referral
- \* Follow up of patients referred back from higher centres

#### vi) Anaemia

- \* Screening of patients for anaemia
- \* Identification and treatment of Iron deficiency anaemia
- \* Iron and folic acid supplementation for high risk groups
- \* Deworming at regular intervals
- \* Identification of red flag signs and early referral
- \* Follow up of patients referred back from higher centres

#### vii) Jaundice

- \* Identification of the cause of jaundice
- \* Screening of all cases of jaundice for severity
- \* Differentiate between acute and chronic liver disease
- \* Identification of signs of hepatic failure
- \* Early referral of patients with red flag signs
- \* Follow up of patients referred back from higher centres

### **9. Communicable diseases**

#### i) Dengue Fever

- \* Identification of a probable case of Dengue fever
- \* Classify illness as mild, moderate or severe based on clinical features and laboratory investigations
- \* Provide home/PHC based treatment for mild cases of dengue fever as per clinical guidelines
- \* Identify warning signs and red flag signs
- \* Early referral of Dengue fever with complications
- \* Follow up of patients referred back from Higher centres
- \* Give advice regarding preventive measures like source reduction and vector control

#### ii) Leptospirosis

- \* Identification of a probable case of leptospirosis
- \* Identification of red flag signs and early referral
- \* Treatment for uncomplicated cases of leptospirosis as per clinical guidelines
- \* Provide doxycycline prophylaxis to high risk groups

- \* Give advice regarding preventive measures

### iii) H1N1

- \* Identification of a probable case of Influenza Like Illness/Acute Respiratory Infection
- \* Classify illness and provide treatment according to the ABC guidelines for H1N1
- \* Screening of high risk groups especially antenatal women, elderly, diabetes and early treatment with Oseltamivir
- \* Identification of red flag signs and early referral
- \* Follow up of patients referred back from higher centres

### iv) Malaria

- \* Diagnosis of malaria cases by identification of malarial parasite using microscopy/bivalent antigen based RDT
- \* Provide treatment for malaria as per National guidelines
- \* Identification of red flag signs and early referral
- \* Follow up of all patients under treatment as per guidelines
- \* Give advice regarding preventive measures like vector control and source reduction

### v) Scrub typhus

- \* Identification of a probable case of Scrub typhus
- \* Provide treatment for uncomplicated cases of scrub typhus as per treatment guidelines
- \* Identification of red flag signs and early referral
- \* Follow up of all patients referred back from higher centres
- \* Give advice regarding preventive measures

### vi) Tuberculosis

- \* Identification of a probable case of Tuberculosis
- \* Confirmation of diagnosis of suspected cases of Pulmonary tuberculosis by referral to designated microscopic centres
- \* Identification of possible drug resistant tuberculosis patients and send sputum samples for examination
- \* Identification of possible extra-pulmonary tuberculosis patients and referral
- \* Provide treatment as DOTS according to RNTCP guidelines
- \* Follow up of all patients under treatment as per RNTCP guidelines
- \* Routine screening of high risk groups including contacts for signs or symptoms of tuberculosis

### vii) Community Acquired Pneumonia

- \* Identification of a case of pneumonia based on clinical features
- \* Assess severity based on CRB65 scores
- \* Provide appropriate treatment as per guidelines
- \* Identification of red flag signs and early referral
- \* Follow up of patients referred back from higher centres
- \* Provide advice regarding vaccination

### viii) Reproductive Tract Infections (RTI)/Sexually Transmitted Infections (STI)

- \* Identification of the various RTI/STI syndromes based on clinical features
- \* Provide treatment based on Syndromic management of RTI/STI
- \* Screening of partners for RTI/STI
- \* Provide advice regarding screening and testing of patient and partners for HIV
- \* Follow up of all patients under treatment as per guidelines
- \* Provide health education to patients and partners regarding RTI/STI, HIV and safe sex practices

#### ix) Hansen's disease

- \* Routine screening and referral of patients with signs/symptoms suggestive of Leprosy
- \* Identification of a probable case of Leprosy including neuritic type
- \* Provide multi drug therapy as per guidelines
- \* Follow up of all patients for the entire duration of treatment; follow up of two years in PB cases and five years for MB cases
- \* Contact survey
- \* Identification of complications and provide appropriate treatment or referral if necessary
- \* Identification and grading of disability if present
- \* Provide advice regarding rehabilitative measures and correction of disability

#### x) Lymphatic Filariasis

- \* Early detection of microfilaria cases
- \* Treatment of acute lymphangitis
- \* Referral for surgical conditions like hydrocoele
- \* Morbidity management of lymphoedema

### **10. Non communicable diseases**

#### i) Diabetes mellitus

- \* Screening of all persons above 30 years for Diabetes mellitus
- \* Identification of a probable case of Diabetes Mellitus based on symptoms
- \* Confirmation of diagnosis by blood sugar estimation
- \* Provide advice regarding life style modifications, diet, exercise and foot care
- \* Provide treatment as per guidelines
- \* Routine follow up and evaluation of glycemic status including women with history of Gestational Diabetes Mellitus (GDM)
- \* Screening of all patients for complications of Diabetes like neuropathy, retinopathy and nephropathy according to the guidelines
- \* Early identification and management of complications; referral if necessary

#### ii) Hypertension

- \* Screening of all persons above 18 years for hypertension
- \* Identification of a probable case of hypertension based on symptoms
- \* Confirmation of diagnosis by blood pressure measurement
- \* Provide advice regarding diet, exercise and other lifestyle modifications
- \* Provide treatment as per guidelines

- \* Routine follow up and evaluation of blood pressure including women with history of Pregnancy Induced Hypertension (PIH)
- \* Screening of all patients for complications of hypertension
- \* Early identification and management of complications; referral if necessary

### iii) Coronary Artery Disease (CAD)

- \* Identification of a probable case of Angina or Myocardial infarction based on clinical features and ECG findings
- \* Stabilise the patient, start loading dose of antiplatelet drugs and statins and refer to an appropriate higher center immediately
- \* Follow up of all patients with CAD/Angina at frequent intervals
- \* Screening of all patients with CAD for other NCDs like Hypertension, Diabetes and Dyslipidemia
- \* Provide advice regarding tobacco, diet, exercise and other lifestyle modifications

### iv) Stroke

- \* Identification of risk factors for stroke like Hypertension, Diabetes mellitus, dyslipidaemia
- \* Identification of a case of stroke based on symptoms and signs
- \* Early referral of all stroke cases to a tertiary centre identified where management of stroke is available
- \* Follow up of all cases of stroke at frequent intervals
- \* Provide advice regarding tobacco, diet, exercise and other lifestyle modifications
- \* Provide rehabilitative support such as physiotherapy or mobility aids
- \* Palliative care services for bedridden patients

### v) Cancer

- \* Routine screening for oral, breast and cervix cancers
- \* Advise patients regarding signs/symptoms of cancer
- \* Advise patients regarding oral self examination and advise women how to do a breast self examination
- \* Identification of a probable case of cancer based on signs/symptoms
- \* Provide advice regarding tobacco, diet, exercise and other lifestyle modifications
- \* Referral of all probable patients found on screening for expert management
- \* Follow up of all patients referred back from higher centres
- \* Provision of palliative care wherever necessary

### vi) Chronic Obstructive Pulmonary Disease (COPD) and Bronchial Asthma

- \* Identification of a probable case of COPD/Asthma based on clinical features
- \* Staging of illness by spirometry as per SWAAS guidelines
- \* Screening of all COPD patients for tuberculosis as per RNTCP guidelines
- \* Provide treatment for minor exacerbations
- \* Identification of red flag signs and early referral
- \* Follow up of all COPD/Asthma patients at frequent intervals

- \* Provide advice on correct use of inhalers
- \* Provide advice on lifestyle modifications, smoking cessation and vaccination

#### vii) Mental illness

- \* Screening of patients for depression and other psychiatric illness based on clinical features
- \* Identification counseling and treatment of minor psychiatric illnesses
- \* Referral of other patients to Psychiatrist for expert management
- \* Follow up of all patients referred back from District Mental Health Centres (DMHP)/Mental Health Centres/psychiatrist
- \* Provide advice regarding stress management, mental health and avoiding alcohol or other substance abuse
- \* Referral to de-addiction centres if necessary

### **11. Surgical conditions**

#### i) Injuries and accidents

- \* Treatment of minor injuries
- \* Providing tetanus prophylaxis in case of injuries
- \* Primary survey (preliminary assessment) and resuscitation of critically injured patients
- \* Provide initial treatment for stabilisation and wound management
- \* Identification of red flag signs and early referral
- \* Follow up of all patients referred back from higher centres

#### ii) Burns

- \* Initial assessment and classification of burns into minor or major
- \* Assessment of percentage of burns
- \* Treatment of minor burns with <10% body surface area
- \* Referral of all deep burns, burns >10% body surface area, burns in children and elderly for expert management after stabilisation

#### iii) Minor surgical procedures

- \* Provide incision and drainage of minor abscesses
- \* Management of minor injuries, suturing of small wounds
- \* Treatment of ulcers including diabetic foot and bed sores
- \* Removal of superficial foreign bodies
- \* Removal of finger and toe nail if indicated
- \* Identification and treatment of cellulitis

#### iv) Thyroid Diseases

- \* Identify a case of hyperthyroidism or hypothyroidism based on clinical features
- \* Diagnosis of hyper/hypothyroidism by Thyroid function tests (utilizing lab network services)
- \* Treatment of uncomplicated cases of Hypothyroidism
- \* Referral of all patients with Hyperthyroidism and children, elderly and pregnant women with Hypothyroidism for expert management
- \* Follow up of all patients with Hypo/Hyperthyroidism

## **12. Paediatrics**

### **i) Acute Respiratory Infection (ARI)**

- \* Identification of a child with acute respiratory infection
- \* Classification of ARI based on signs/symptoms
- \* Treatment of ARI according to State/National guidelines
- \* Identification of danger signs and early referral
- \* Follow up of patients referred back from higher centres

### **ii) Acute Diarrhoeal Diseases**

- \* Assessment of the severity of dehydration in a child with acute diarrhoea
- \* Provide appropriate treatment according to the severity of diarrhea/dehydration as per National guidelines
- \* Identification of danger signs and early referral
- \* Follow up of patients referred back from higher centres
- \* Advice regarding measures to prevent diarrhoeal diseases

### **iii) Congenital malformations & developmental delays**

- \* Screening of all infants and children for delayed milestones of development
- \* Early identification of children with congenital anomalies or developmental delays and referral to District Early Intervention Centre/higher centre
- \* Follow up of all children referred back from higher centres
- \* Provide advice regarding schemes like Rashtriya Bal Swasthya Karyakram (RBSK)/Arogya Kiranam (AK)

## **13. Adolescent Friendly health services**

- \* Identification and management of common health problems
- \* Referral of cases that require management by a specialist
- \* Identification of risk behaviours
- \* Health education and Counselling services

## **14. Obstetrics & Gynaecology**

### **i) Antenatal and Postnatal care**

- \* Diagnosis of pregnancy by urine pregnancy test
- \* Registration of all antenatal women and issue Mother Child Protection (MCP) card
- \* Provide routine antenatal care till 28<sup>th</sup> week as per guidelines
- \* Identification of high risk pregnancies and early referral
- \* Screening of all antenatal women for GDM, PIH, Anaemia and STIs
- \* Provide TT immunisation, Iron-Folic acid supplementation to all pregnant women
- \* Advice regarding proper diet, exercise and rest during antenatal period
- \* Identification and treatment of common complications during antenatal period; referral if required
- \* Referral of all antenatal women beyond 28 weeks to a center where delivery

services are available

- \* Provide postnatal care after discharge from hospital
- \* Management of common postnatal problems/complaints including mental health
- \* Early identification of complications and referral
- \* Provide advice regarding diet, breast feeding, postnatal exercises and immunisation
- \* Iron folic acid and calcium supplementation to all lactating women
- \* Detection of danger signs in new born and early referral
- \* Provide advice regarding spacing/sterilisation services
- \* Provide advice regarding schemes like Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojna (JSY), Pradhan Manthri Surakshith Mathritva Abhiyan (PMSMA)

## ii) Gynaecology

- \* Initial management and referral of abnormal vaginal bleeding in all age groups
- \* Management of dysmenorrhea in all age groups
- \* Referral of primary and secondary amenorrhoea if necessary
- \* Treatment of decubitus ulcer and referral for mass descending per vaginum
- \* Diagnosis and treatment of uncomplicated cases of Urinary tract infection
- \* Diagnosis of stress urinary incontinence and referral for evaluation
- \* Management of vaginal discharge in all age groups and referral if required
- \* Follow up of all patients referred back from higher centres

## **15. Dermatology**

### i) Fungal Infections

- \* Identification and treatment of common fungal infections like Taenia and Onychomycosis
- \* Management of Candidal intertrigo, oral or genital candidiasis

### ii) Bacterial infections

- \* Identification and treatment of common bacterial infections like impetigo, furuncle, carbuncle and cellulitis

### iii) Viral infections

- \* Identification and treatment of viral infections like Herpes zoster, Herpes simplex, Varicella, Hand Foot and Mouth Disease (HFMD), Molluscum etc

### iv) Other conditions

- \* Management of other skin conditions like Urticaria, Eczema, Acne and Dermatitis
- \* Identification and treatment of Scabies

## **16.ENT**

### i) Ear complaints

- \* Evaluation of common ear complaints like discharge, pain, ear block, swelling around ear, tinnitus, trauma to ear etc

- \* Removal of superficial foreign bodies of ear
- \* Treatment of uncomplicated cases of Acute Suppurative Otitis Media (ASOM), Otitis externa
- \* Follow up of patients with Chronic Suppurative Otitis Media (CSOM)
- \* Identification of red flag signs in CSOM and early referral
- \* Assessment of a patient with hearing loss and referral for evaluation

#### ii) Nasal complaints

- \* Evaluation of common nasal complaints like discharge, nasal block, headache, sneezing etc
- \* Treatment of minor cases of epistaxis
- \* Removal of visible foreign body nose in adults
- \* Treatment of allergic rhinitis
- \* Identification of nasal polyps, deviated nasal septum (DNS) etc and referral for surgery
- \* Treatment of uncomplicated cases of sinusitis
- \* Management of minor cases of trauma

#### iii) Oral cavity & Throat complaints

- \* Management of acute pharyngitis and acute tonsillitis
- \* Identification of red flag signs in tonsillitis, diphtheria and referral
- \* Identification of emergencies like acute epiglottitis, Stridor, Foreign body larynx and early referral
- \* Diagnosis of acute and chronic dysphagia, odynophagia and referral for evaluation

### **17. Ophthalmology**

- \* Routine screening of patients for diminished vision or eye complaints
- \* Provide prescription for spectacles
- \* Identification of conditions like cataract, diabetic retinopathy, glaucoma etc and early referral
- \* Evaluation of eye strain and headache
- \* Treatment of conjunctivitis and redness of eyes
- \* Treatment of hordeolum; referral if required
- \* Evaluation of eye injuries; referral if required
- \* Removal of conjunctival foreign bodies
- \* Identification of red flag signs and early referral

### **18. Dental**

- \* Identification of common dental conditions like dental caries, Periodontitis, Gingivitis etc
- \* Routine screening of patients for pre-malignant conditions of oral cavity and other dental conditions
- \* Referral of patients requiring expert management

### **19. Emergency care**

- \* In emergency situations, the patient will be provided first aid and stabilised before referral to appropriate centres
- \* Provide Tetanus Toxoid & anti-rabies vaccine in cases of dog and other animal bites; referral for Rabies immunoglobulin in Class III wounds
- \* Identification of patient with anaphylaxis and provide initial treatment before referral
- \* Provide first aid in conditions like snake bite, poisoning, heat stroke, seizures etc before referral to higher centre

## **20. Laboratory services**

i) Essential lab services on all six days (Monday to Saturday): 8 am to 4 pm (If only one lab technician is available.)

If there is more than one technician, the second person would work from 10.30 am to 6.30 pm)

a) Blood

### Haematology

⇨ HB, TC, DC, ESR, PCV, Platelet count, BT, CT

### Biochemistry

⇨ Blood sugar-RBS/PPBS/FBS/ GCT

⇨ Blood urea

⇨ S Creatinine

⇨ S Bilirubin

⇨ S cholesterol

⇨ HbA1c

### Serology

⇨ Rapid tests VDRL/RPR, HbsAg and Widal

b) Urine analysis

⇨ Routine examination with dipsticks and microscopy

⇨ Bile salt and bile pigment

⇨ Micro albumin

c) Stool analysis

⇨ Routine microscopy and occult blood

d) All tests related to National programs as per guidelines at FHC level

## **21. Pharmacy services**

Pharmacy services on all seven days

Monday to Saturday: 9.00 am to 6.00 pm :Sundays: 9.00 am to 1.30 pm

- \* Medicines as per the CPHC treatment guidelines should be dispensed from FHC
- \* Information on drug use including how to take it (whether on empty stomach/ full stomach, timings, dosage), its side effects, interaction with other drugs, method of using nasal spray, inhalers, rota halers etc

should be explained.

## **22. Counselling, Health education and guidance services**

- \* Expectant women (diet, nutrition, child care and growth monitoring, contraceptives, spacing, mental health including depression and suicide prevention)
- \* Post-natal women (diet, nutrition, child care including injury prevention and growth monitoring, contraceptives, spacing, mental health including depression and suicide prevention)
- \* Eligible couples (family planning, child birth, child care)
- \* Adolescents (diet, exercise, anti- tobacco, alcohol, substance abuse, menstrual hygiene, reproductive health, gender sensitization, mental health including depression and suicide prevention)
- \* Life style diseases (diet, exercise, tobacco cessation, alcohol, stress management)
- \* Elderly (diet, exercise, prevention of fall, mental health)
- \* Elderly women (postmenopausal problems, osteoporosis)
- \* Chronically ill patients (diet, exercise, treatment compliance, mental health)
- \* High risk behaviour and substance abuse (diet, exercise, mental health, de-addiction)
- \* Smoking cessation/de-addiction services: counselling, supporting and referral for smoking cessation and de-addiction of alcohol.
- \* Care, counselling and referral in cases of domestic violence to Jagrata Samiti/One Stop Crisis Management Centres (Bhoomika)
- \* Counselling for care takers of chronically ill, mentally challenged and differently abled patients

## **23. Public Health Services**

- \* Implementation of all National and State Health Programmes.
- \* Implementation of Universal Immunisation Program
- \* Prevention, screening and control of communicable diseases, non communicable diseases and mental illness
- \* Integrated Disease surveillance Project (IDSP), vector surveillance and preparation of annual epidemic prevention plan
- \* Family Health Survey and preparation of health service delivery plan for individual, family, ward and panchayat
- \* Counseling services

- \* Prevention and control of tobacco, alcohol and substance abuse
- \* Dangerous & Offensive trade inspection and Public Health Act implementation
- \* Institution based services (anganwadis, schools, hostels, orphanages, old age home, other government institutions, day care centres etc)
- \* Domiciliary services including palliative care in areas where necessary
- \* Special service packages for differently abled, tribal, migrant, urban and coastal population
- \* Addressing social determinants of health by coordination with LSG and concerned departments/agencies

#### **24. Rehabilitative Services**

- \* Screening for persons with disability through anganwadi centres and camps
- \* Referral of cases to DEIC at the earliest
- \* Follow up of people living with disability in the community
- \* Provide medical & other supportive care at domiciliary level like wheel chairs, crutches etc.
- \* Intersectoral coordination: with Social Justice department and NGOs to identify people living with disability, ensure availability of social security measures including disability pension
- \* Provide vocational & social rehabilitation for the differently abled with the help of Panchayat & other voluntary organizations.
- \* Detection of intellectually, mentally, visually challenged, hearing and speech impaired children and facilitate rehabilitation.
- \* Provide medical support to Day care centres established by Social Justice Department or Local Self Government Department
- \* Provide health services to the "Aashraya" beneficiaries
- \* Prevention of NCDs and other illness among the disabled
- \* Training for caretakers of chronically ill, mentally challenged and people living with disability

#### **25. Palliative care**

- \* Provide home care for bedridden patients and other patients requiring palliative care
- \* Provide pain relief for patients with terminal illness using oral morphine or other analgesics as and when required
- \* Dressing of ulcers and bed sores
- \* Care of tracheostomy, colostomy, oral and bladder care

- \* Improve the general well being of the patient by providing symptomatic management of associated conditions like constipation, diarrhoea, breathlessness etc
- \* Provide end of life care and support to family in case of bereavement
- \* OP care for those who are mobile
- \* Medicines for patients under palliation
- \* Improving quality of life through supportive care (Ryles tube, catheterization, care of chronic wounds, physiotherapy, mobilisation)
- \* Training and support for caretakers
- \* Provide supportive equipments (wheelchair, crutches etc through Palliative care projects)

### **26. Medico-legal services**

- \* Services to all Medico legal cases
- \* Services related to Public Health Acts, COTPA, PNNDT Act, POCSO, Protection of women against domestic violence act 2005 etc.,

### **27. Issue of certificates**

- \* Medical and fitness certificate
- \* Age certificate
- \* Certificate for availing financial aid for treatment
- \* Certificate of Health
- \* Certificate of Health for food handlers
- \* Sanitation Certificate
- \* Accident cum wound certificate
- \* Treatment Certificate
- \* Certificate of Potency
- \* Drunkenness certificate
- \* Certificates to beneficiaries of various social security and benefit schemes as and when requested.

### **28. Health care service delivery plan**

i) FHC team is responsible for developing health care service delivery plan for the concerned population after completing the annual family health survey. eHealth platform will be used for preparing family health registers. Variables listed in eHealth, such as demographic details, medical history, risk behaviors, anthropometry, blood sugar, blood pressure, environmental parameters of the household, occupational details and other relevant details has to be recorded. These registers should be updated every year during January-February.

ii) A health care delivery plan should be prepared for each individual based on the health care needs recorded in the family health register. Following this, family health service delivery plan including the specific needs of the family should be prepared. Finally ward and Panchayat health service delivery plan considering the needs of the whole population should be developed. After mapping the health needs, responsibility mapping should also be carried out. Responsibility to provide the appropriate health services should be shared among the Community Health Volunteer, SC/ST promoter, ASHA, Anganwadi worker, field staff, staff nurse and Medical Officer as the case may be. Activities related to improving social determinants of health should be coordinated through LSG with the concerned departments. Existing institutional mechanisms like Hospital Management Committee (HMC), Ward Health Sanitation and Nutrition Committee (WHSNC), Area Developing Society (ADS)/Community Development Society (CDS), Jagratasamiti, Oorukoottam, local NGOs etc should also be involved to provide the services.

iii) Committees should be formed at state, district and panchayat level to plan, implement, monitor, evaluate and rectify the functioning of FHCs. Since Family Health Centre teams respond proactively to the health needs of the families assigned to them the services mentioned above are indicative and will be revised periodically in response to health needs. LSG should ensure uninterrupted services from FHC by providing medicines, reagents, chemicals, additional HR and conveyance in case of shortage.

(By Order of the Governor),  
**RAJEEV SADANANDAN**  
**ADDITIONAL CHIEF SECRETARY**

To

The Director of Health Services, Thiruvananthapuram  
 The Director of Medical Education, Thiruvananthapuram  
 The State Mission Director, National Health Mission, Thiruvananthapuram  
 All District Medical Officers  
 The Principal Accountant General (A&E/Audit), Thiruvananthapuram  
 The Finance Department  
 I&PRD (Web & New Media)  
 Local Self Government Department  
 Health & Family Welfare (M) Department  
 Planning & Economic Affairs Department  
 Stock File / Office Copy

Forwarded / By Order

  
 Section Officer