



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



UNIFIED IEC GUIDANCE NOTE FOR PUBLIC HEALTH FACILITIES

COMMUNITY PROCESSES - COMPREHENSIVE PRIMARY HEALTHCARE

UNIFIED IEC GUIDANCE NOTE *FOR* **PUBLIC HEALTH FACILITIES**

COMMUNITY PROCESSES - COMPREHENSIVE PRIMARY HEALTHCARE



INTRODUCTION

Information, Education and Communication (IEC) is a strategic and essential component of effective primary healthcare and plays a vital role across all dimensions of health care delivery.

Unified IEC is envisaged as a comprehensive, multidisciplinary, and target audience centred approach that leverages multiple platforms such as mid media, mass media, social media, print media, and interpersonal communication to inform, educate, and influence health behaviours. It emphasizes multidimensional integration to ensure consistent messaging across preventive, promotive, and curative services; the full continuum of care across all age groups; and health and non-health sectors influencing health outcomes. The effectiveness of IEC depends on the timing, content, delivery, and audience of messages. Communication must extend beyond individuals to families and communities, be delivered consistently by all levels of providers, and use an appropriate media mix. Effective IEC requires stakeholder engagement, robust monitoring and evaluation, and a dynamic, feedback-driven approach.

THEMATIC IEC PLAN

Thematic IEC display is a critical component of effective health communication within facilities, ensuring that beneficiaries receive accurate, relevant, and service-linked information at every point of contact within the facility. Strategically placed IEC materials transform health facilities into learning spaces that support counselling, reinforce key messages, and promote informed decision-making. Thematic displays are organized according to the functional areas of the facility so that information is context-

Primary Health Care Level

Sites of IEC Display	Types of Information and IEC Materials for Display	
	Primary Health Facilities -AAM SHC/USHC	AAM PHC/UPHC
Boundary Wall	All services available, all entitlements	All services available, all entitlements
Outer Walls / Facility Entrance	Opening and closing timings, facility name and team details, referral pathways, citizen charter, patient rights, emergency contact numbers, grievance redressal, teleconsultation facilities, NQAS	Opening and closing timings, facility name and team details, referral pathways, citizen charter, patient rights, emergency contact numbers, grievance redressal, teleconsultation facility, NQAS

Reception Area	12 posters on available services (if the reception area is small, then posters to be divided into ANC and CHO room)	12 posters on available services (if the reception area is small, then posters to be divided into ANC and CHO room)
OPD/ CHO Room/ MO Room	Drug availability, seasonal disease-based IEC, handwashing technique (above the handwashing basin), TELEMNAS Number, substance abuse	Drug availability, seasonal disease-based IEC, handwashing technique (above the handwashing basin), TELEMNAS Number, substance abuse
ANC/PNC Room	Exclusive breastfeeding, complementary feeding, maternal danger signs, newborn care practices, birth preparedness, family planning, RBSK awareness, immunization	Exclusive breastfeeding, complementary feeding, maternal danger signs, newborn care practices, birth preparedness, family planning, RBSK awareness, immunization
Laboratory	List of diagnostic tests available, sample collection instructions, infection prevention protocols, hospital etiquette, and hand hygiene messages.	List of diagnostic tests available, sample collection instructions, infection prevention protocols, hospital etiquette, and hand hygiene messages.
Wellness Room	Yoga techniques, healthy lifestyle, EAT Right	Yoga techniques, healthy lifestyle, EAT Right
Pharmacy	List of available medicines, rational use of medicines and antibiotics	List of available medicines, rational use of medicines and antibiotics
Immunization Room	National immunization schedule, vaccine benefits and AEFI.	National immunization schedule, vaccine benefits and AEFI.
LR		Respectful maternity care, role of birth companion, labour danger signs, essential newborn care, breastfeeding, kangaroo mother care (KMC)
Inpatient Wards		Infection prevention, treatment adherence, NCD self-care, breastfeeding and newborn care guidance, and patient safety messages
Emergency / Casualty Area		First aid procedures, precautions against HIV, Hepatitis B, C.

Secondary and Tertiary Health Care Level

Facility Level	Sites of IEC Display	Types of Information and IEC Materials for Display
Secondary Facilities (CHC/ UCHC/Polyclinic)	Boundary Wall	All services available, all entitlements
	Outer Walls / Facility Entrance	Opening and closing timings, facility name and team details, referral pathways, citizen charter, patient rights, emergency contact numbers, grievance redressal, SUMAN insignia, NQAS
	Reception Area	Posters on available services, emergency number
	OPD	Drug availability, seasonal disease-based IEC, handwashing technique (above the handwashing basin), TELEMANS number, substance abuse
	ANC/PNC Room	Exclusive breastfeeding, complementary feeding, maternal danger signs, newborn care practices, birth preparedness, family planning, RBSK awareness, immunization
	Wellness Room	Yoga techniques, healthy lifestyle, EAT Right
	Pharmacy	List of available medicines, rational use of medicines and antibiotics
	Immunization Room	National immunization schedule, vaccine benefits and AEFI.
	LR	Respectful maternity care, role of birth companion, labour danger signs, essential newborn care, breastfeeding, kangaroo mother care (KMC)
	Inpatient Wards	Infection prevention, treatment adherence, NCD self-care, breastfeeding and newborn care guidance, and patient safety messages
	Emergency / Casualty Area	First aid procedures, precautions against HIV, Hepatitis B, C.
	OT	No display inside OT on walls, emergency medicine tray as per Laqshya/ NQAS protocol
	NBSU	Danger signs in newborn, breastfeeding
	Laboratory	List of diagnostic tests available, sample collection instructions, infection prevention protocols, hospital etiquette, and hand hygiene messages.

Tertiary Health Care Facilities(SDH, DH)	Boundary Wall	All services available, all entitlements
	Outer Walls / Facility Entrance	Opening and closing timings, facility name and team details, referral pathways, citizen charter, patient rights, emergency contact numbers, grievance redressal, SUMAN insignia, NQAS
	Reception Area	Posters on available services, emergency numbers
	OPD	Drug availability, seasonal disease-based IEC, handwashing technique (above the handwashing basin), TELEMANS number, substance abuse
	ANC/PNC Room	Exclusive breastfeeding, complementary feeding, maternal danger signs, newborn care practices, birth preparedness, family planning, RBSK awareness, immunization
	Wellness Room	Yoga techniques, healthy lifestyle, EAT Right
	Pharmacy	List of available medicines, rational use of medicines and antibiotics
	Immunization Room	National immunization schedule, vaccine benefits and AEFI.
	LR	Respectful maternity care, role of birth companion, labour danger signs, essential newborn care, breastfeeding, kangaroo mother care (KMC)
	Inpatient Wards	Infection prevention, treatment adherence, NCD self-care, breastfeeding and newborn care guidance, and patient safety messages
	Emergency / Casualty Area	First aid procedures, precautions against HIV, Hepatitis B, C.
	OT	No display inside OT on walls, emergency medicine tray as per Laqshya protocol
	Laboratory	List of diagnostic tests available, sample collection instructions, infection prevention protocols, hospital etiquette, and hand hygiene messages.
	ICU	No display of IEC

	SNCU	Child Danger signs, breastfeeding
	Rehabilitation Room	Physiotherapy related IEC

Please click on the below QR code for detailed facility wise thematic IEC display.



DOS AND DONT'S

Do's	Don'ts
Display IEC materials in prominent, easily accessible locations, ensuring they are positioned at a height appropriate to the average eye level of people in the area for clear visibility.	Do not place IEC materials in hidden or low-visibility areas.
Ensure content is relevant to the specific service delivery area	Do not display unrelated or non-contextual materials in service areas.
Use only approved, updated, and standardized IEC materials.	Do not display outdated, damaged, or unapproved materials.
Maintain displays in a clean, well-organized, and uncluttered manner, and ensure that materials are of appropriate size.	Do not overcrowd walls and notice boards with excessive materials.
Use local language and simple, easy-to-understand messages.	Do not use dense text, technical jargon, or confusing layouts.
Place materials at readable height and clear line of sight.	Do not place materials too high, too low, or behind furniture.

Use durable display formats such as boards, posters, flex, and digital screens, specially during shivirs or any other activity.	Do not use loosely pasted or poorly maintained display materials.
Review and replace IEC materials regularly.	Do not mix important citizen information with general posters.
Campaign/ yearly monthly celebration poster to be displayed during the event time.	Do not display confidential or stigmatizing information in public view.
Use pictorial IEC using local pictures from state instead of text heavy IEC.	Do not treat IEC display as a one-time activity.
Consider use of digital media.	Minimize use of posters, pamphlets/print materials.
In case of social media, Share only verified, approved, and fact-checked information from authorized sources. Use clear, calm, and responsible messaging to prevent panic and confusion.	For social media, avoid sharing unverified, speculative, or unofficial information, and refrain from using sensational, alarming, or provocative language.

TOOLS FOR IEC

A standardized IEC toolkit ensures uniformity, quality, and efficiency in communication across facilities and communities. It enables health workers to deliver accurate, clear, and culturally appropriate messages while reducing duplication, inconsistencies, and variability in service delivery. A variety of following IEC tools may be used based on the socio-cultural context:

- 1. Inter-Personal Communication (IPC)** - One-to-one counselling during OPD by CHO/ MO and by counsellors at CHC/SDH and DH level, group counselling, interpersonal discussion during home visits by CHO, ANM, ASHA, community meetings with JAS members/VHSNC/MAS etc.
- 2. Mid Media** - Example miking at village level during shivirs, campaigns, celebration of calendar days, banners and hoardings at prominent spots in the village/cities, banners, wall paintings at prominent walls of the village/ cities, nukkad nataks to mobilize community for celebration of calendar days, shivir, campaigns, mobile IEC vans etc
- 3. Print Media** - poster at facility level, pamphlet, leaflets, brochures during shivirs, fortnightly celebrations, flipcharts during counselling by CHO/ANM/ASHA etc for awareness generation in the community

4. **Social media** - use of various social media platforms such as X, Facebook, Instagram etc for reels, static and dynamic posts, stories etc about case stories, ground level innovations, myths and facts about crisis, for dissemination of messages on climate change emergencies, epidemics, disasters etc
5. **Digital media** - LED Screens in facilities for services/ events celebration, QR code in facilities for service providers and also detailed information on schemes and programmes to the beneficiaries, audio visual clips on important seasonal disease patterns and campaigns, scroller displays etc

Medium	Context	Type of Beneficiary	Proportion
Inter-Personal Communication (IPC)-	Rural and Urban Community	All age groups	25%-35%
Mid Media	Rural and Urban slums/informal work places Community	All beneficiaries	30%-40%
Print Media	Rural-preferably pictorial-facility	Illiterate and 20+years ages	10%-15%
Social media	Rural and Urban slums/informal work places /Education hubs	Age group 8+ years to 40 years	5%-10%
Digital Media	Urban and PeriUrban	Literate, All Age groups 8+years	15%-25%

IEC COMMITTEE AT VARIOUS LEVEL

An institutional structure for IEC activities is suggested to ensure effective coordination, planning, implementation, and monitoring. This framework shall provide a clear foundation for aligned action, ensuring that IEC strategies reflect national priorities while remaining responsive to state, district, and local requirements. States, through designated IEC committee, shall adapt these strategies to regional contexts and develop implementation plans. District IEC committee shall oversee operational planning, coordination, supervision, and monitoring of activities. Further decentralization at block levels shall strengthen outreach, local engagement, and supportive supervision. At the facility level, the IEC committee shall serve as the primary community interface, delivering key messages and

promoting sustained behaviour change. The table 1 below present the various level IEC committee and its suggestive composition:

Table-1- IEC Committee Composition

Do's	Don'ts
State Level IEC Committee	1. State Nodal Officer – IEC 2. Programme Heads – RMNCAH+N, NCD, Communicable Diseases, Expanded Package of Services (EPS)
District Level IEC Committee	1. Chief District Health Officer (CDHO) or equivalent as District IEC Nodal Officer 2. CS of DH 3. Programme Heads – RMNCAH+N, NCD, Communicable Diseases, Expanded Package of Services (EPS)
Block level Committee	1. Block Medical Officer (BMO) or Medical Officer at CHC level as IEC Nodal Officer 2. Jan Arogya Samiti Members/ Rogi Kalyan Samiti / Non-health representatives 3. Active ANM, ASHA and Staff Nurse
Facility Level- AAM SHC/PHC/USHC/ UPHC	1. CHO (at AAM SHC level) 2. MOIC (at AAM USHC/ AAM PHC/ AAM UPHC Level) 3. ANM 4. ASHA
Facility Level-CHC/UCHC/ Polyclinic	1. Medical Officer In-Charge / CHC Superintendent 2. Staff Nurse 3. Counsellor 4. Representative from Rogi Kalyan Samiti (RKS) 5. Beneficiary/ ASHA

Facility Level- SDH	1. Medical Superintendent / SDH In-Charge 2. Hospital Administrator 3. Nursing Superintendent / Senior Nurse 4. Counsellor 5. Representative from Rogi Kalyan Samiti (RKS) 6. ASHA/ Beneficiary
Facility Level-DH	1. District Hospital Medical Superintendent 2. Nursing Superintendent 3. Rogi Kalyan Samiti (RKS) representative 4. ASHA/ Beneficiary

Roles and Responsibility of Various level IEC Committee

1. State Level: Responsible for contextual adaptation of national IEC materials, development of state-specific IEC content, preparation and implementation of the State IEC Action Plan, and overall monitoring and review of IEC activities within the State/UT.
2. District Level: Responsible for district IEC planning, coordination, supervision, and review. The District Health Society (DHS) anchors IEC activities at the district level by approving IEC plans, mobilizing resources, ensuring convergence across departments, and facilitating capacity building of frontline workers. It also ensures timely dissemination of IEC materials to blocks and health facilities and monitors implementation and outcomes.
3. Block Level: Responsible for operationalizing IEC activities at block level through implementation of block IEC strategies, dissemination of IEC materials to facilities, maintenance of IEC records, supportive supervision, and monitoring of facility-level activities.
4. Facility Level: Responsible for implementation of IEC and health education activities at service delivery points, ensuring standardized display of IEC materials, integrating counselling into routine service delivery, maintaining IEC records and feedback, and reporting progress to higher administrative levels.

The IEC plan for public health facilities should be systematically integrated into the District Health Action Plan (DHAP) to ensure alignment with district health priorities, national programme objectives, and available resources. This integration enables structured planning, budgeting, and implementation of IEC activities as a core component of service delivery, rather than as stand-alone efforts. The IEC component within the DHAP should clearly outline priority themes, target populations, key messages, communication channels, timelines, and monitoring process, ensuring convergence.

Deliberation and finalization of the IEC plan should be undertaken at the district level through consultative processes involving district health officials, programme managers,

communication experts, and representatives from relevant departments. Such participatory planning ensures that IEC strategies are context-specific, culturally appropriate, and responsive to local health needs. Regular review mechanisms at the district level should be instituted to monitor implementation, assess effectiveness, and enable course correction, thereby strengthening accountability and optimizing the impact of IEC interventions across public health facilities.

FINANCING

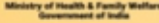
The total IEC budget for the state/UT should not exceed 2% of the total Resource Envelope (RE).

Category	Indicative Budget Range (% of total IEC budget)	Type of Beneficiary
Inter-Personal Communication	25%-35%	High priority for direct counselling, community mobilization, FLW-led communication, group sessions, and behaviour change at facility and community level
Mid Media	30%-40%	Useful for local visibility, outreach, public display, events, wall paintings, banners, folk media, and campaign-based communication
Print Media	10%-15%	For posters, leaflets, booklets, handouts, and other essential printed IEC materials
Social Media	5%-10%	For limited, targeted dissemination, amplification of campaigns, and dissemination of approved messages through official platforms
Digital Media	15%-25%	For QR-linked content, digital displays, video loops, kiosks, audio-visual content, and facility-based digital communication

Annexure 1

13 EPS Posters








CARE IN PREGNANCY & CHILDBIRTH



Pre Pregnancy Care

- Health Checkup
- Folic Acid Supplementation
- Counselling for Balanced Diet & Avoiding Smoking, Alcohol etc.
- Screening, management & treatment of anemia

Pregnancy Care

- 4 routine ANC visits; 1 PMSMA visit; 3 additional ANC visits for HRP
- IFA & Calcium supplementation for 6 months
- Birth Planning & Complication Readiness



Post Natal Care

- Regular Check up
- IFA & Calcium supplementation for 6 months
- Exclusive Breastfeeding for 6 months
- Counselling for Balanced Diet & Family Planning

Delivery Care

- Institutional Delivery
- Birth Companion
- 48 hours stay after delivery

RECOGNIZE RISK

- SWELLING FEET/FACE
- BLEEDING
- SEVERE ABDOMINAL PAIN
- CONVULSION, FAINTING, VOMITING, DIZZINESS

REFERRAL - FREE
AMBULANCE
112 (102/108)

TOLL FREE NUMBER - TELEMANAS



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DIAGNOSTICS


MEDICINES


TREATMENT


COUNSELLING


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Ministry of Health & Family Welfare
Government of India



NEONATE, INFANT & CHILD HEALTH SERVICES



Newborn Care



Early Initiation of Breast Feeding within 1 hour of Birth



Care of Low Birth Weight Baby



Facility Based Care



Home Based Care

Child Health & Nutrition



Timely & Age appropriate Initiation of Food



Screening for 4D (Defects, Deficiencies, Developmental Delays & Diseases)



Growth Monitoring at AWC



Illness Care

Preventive Care



Routine Immunization



Bi-Annual Deworming



Early Child Development



Referral & Follow-up Care

RECOGNIZE RISK

- POOR FEEDING, LETHARGY, CRYING
- FEVER, COLD, DISCHARGE
- YELLOW PALMS OR SOLES
- BREATHING DIFFICULTY
- DIARRHEA, VOMITING
- OVER DIGITAL EXPOSURE
- DEPRESSION SIGNS, NON-SOCIAL BEHAVIOUR
- CONVULSIONS OR UNCONSCIOUSNESS

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ADOLESCENT HEALTH SERVICES



Community Level

- Provision of Sanitary Napkins
- Provision of Blue IFA Tablets
- Peer Education Programme
- Adolescent Health & Wellness Days



School

- School Health & Wellness Programme
- Provision of Blue IFA Tablets and Bi-Annual Deworming
- Screening by RBSK Teams
- Referral and Counselling



Ayushman Arogya Mandir

- Adolescent Friendly Health Centre
- Walk in Counselling on Adolescent Health issues
- Counselling and Referral for anemia
- Referral to higher facilities

RECOGNIZE RISK

- UNHEALTHY DIET
- SUBSTANCE USE
- LACK OF PHYSICAL ACTIVITY
- OVER DIGITAL EXPOSURE



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FAMILY PLANNING & REPRODUCTIVE HEALTH SERVICES



जोड़ी जिम्मेदार
जो प्लान करे परिवार



Basket of Choice



RIGHT TIMING OF
FIRST PREGNANCY



COUNSELLING SERVICES



HEALTHY
SPACING

National FP Helpline (Toll Free) No: **1800-116-555**

RECOGNIZE RISK

- MISSED PERIOD/
UNINTENDED PREGNANCY
(REFERRAL FOR SAFE
ABORTION, IF REQUIRED)
- HEAVY OR IRREGULAR OF
PAINFUL PERIODS

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MANAGEMENT OF COMMUNICABLE DISEASES



LEARN. PREVENT. PROTECT



Source Reduction



Nutrition Support



Sanitation

RECOGNIZE RISK



**Fever, Chills,
Bodyaches,
chikungunya
- DENGUE, MALARIA**



**>2 Weeks Cough
- TB**



**White Patches
- LEPROSY**



**Screening of
HIV & STI**

WE TREAT AND WE FOLLOW



Screening



Diagnosis



Treatment



Counselling

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DIAGNOSTICS



MEDICINES



TREATMENT



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LOGO

OUTPATIENT CARE FOR ACUTE SIMPLE ILLNESSES

QUICK RELIEF FOR EVERYDAY PROBLEMS



RECOGNIZE RISK

- WOMEN HEALTH ISSUES
- COUGH/SORE THROAT
- SKIN RASHES
- BODY PAIN
- FEVER

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NCD SCREENING, PREVENTION & MANAGEMENT



AWARENESS & COUNSELLING



SCREENING VULNERABLE POPULATION



HYPERTENSION



DIABETES



REFERRAL AND SPECIALIST CONSULTATION



RECOGNIZE RISK

- OVERWEIGHT SUBSTANCE USE
- LACK OF PHYSICAL ACTIVITY
- FAMILY HISTORY
- HIGH CONSUMPTION OF SUGAR, OILS & SALTS

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CANCER MANAGEMENT



BREAST CANCER

- Routine Checkup
- Self-Exam
- Screening

ORAL CANCER

- Routine Self Checkup
- Immediate Followup
- Good Oral Hygiene
- No Tobacco



CERVICAL CANCER

- Routine Screening

RECOGNIZE RISK



- EARLY MARRIAGE
- POOR HYGIENE
- SUBSTANCE USE
- UNHEALTHY LIFESTYLE
- ANY ABNORMAL DISCHARGE

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ORAL CARE SERVICES



HEALTHY SMILE STARTS HERE

- Check-up for gum Problem
- Dental screening for all age groups
- Check-up for mouth cancer



IMMEDIATE CARE & SAFE REFERRAL

- First aid for dental pain, tooth injury
- Regular Brushing Twice-a-day



RECOGNIZE RISK



- TOOTHACHE, BLEEDING GUMS
- GUM SWELLING
- WHITE/RED PATCHES
- MOUTH ULCER

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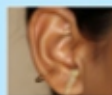


EYE & ENT (EAR, NOSE, THROAT) CARE



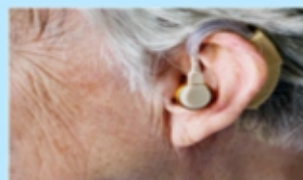
Know your Symptoms

- NOSE SINUS INFECTION
- EAR DISCHARGE
- GLAUCOMA
- TONSILITIS



Treat Early

- ANY FOREIGN BODY
- HEARING AID



RECOGNIZE RISK

- VISION PROBLEM
- EAR PAIN/DISCHARGE / HEARING LOSS
- NOSE BLEED
- NECK SWELLING / THROAT INFECTION

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ELDERLY & PALLIATIVE CARE



WE ARE AVAILABLE

HEALTHY AGEING



CHECK-UP AND CARE

- CHEST PAIN, JOINT PAIN
- FRACTURE
- BLINDNESS
- MENTAL HEALTH
- SURGERY



RECOGNIZE RISK

- ACCIDENTS/INJURIES
- SMOKING/ALCOHOL
- UNHEALTHY DIET
- INACTIVITY
- PSYCHOSIS



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ELDERLY CARE



PALLIATIVE CARE

SCAN THE
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ALL SERVICES FREE



DIAGNOSTICS



MEDICINES



TREATMENT



COUNSELLING



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EMERGENCY CARE



EVERY BREATH COUNTS! WE ARE AVAILABLE FOR YOU

- First Aid
- Injury
- Bites



Wound Cleaning



First Aid

- Maintain Body Temperature
- Stomach cleaning



Poisoning



Support Injured Parts

- Emergencies
- Stabilizing the victim



Monitoring of Vital Signs



Emergency support

- Every second counts
- Management & Referral



Chest Pain



Referral Transportation

RECOGNIZE RISK

- BREATHLESSNESS, SUDDEN CHEST PAIN
- FITS, UNCONSCIOUSNESS
- SEVERE ABDOMINAL PAIN
- ANY INJURY OR FALL
- POISONING
- ANIMAL BITE
- BURNS

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TOLL FREE NUMBER - TELEMANS



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MENTAL HEALTH – SCREENING & BASIC CARE



MENTAL DISORDERS ARE TREATABLE



“

HELLO BOLO DIL KHOLO!
CALL - 14416

”

MYTH



- Not an illness
- Cannot be cured
- Do not need medical attention

FIRST STEPS TO CARE



- Mental health disorders can happen to anyone

TREATMENT



- Treatment for mental health disorders is available!

RECOGNIZE RISK

- SADNESS, ANXIETY, DEPRESSION
- ADDICTION CONCERNS
- FAMILY CONFLICTS
- UNUSUAL BEHAVIOUR
- SLEEP PROBLEMS



FOR MORE
INFORMATION



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QR CODE

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Annexure 2

Zone wise posters

Boundary Wall

All services and entitlements available across primary, secondary, and tertiary care levels to be displayed.



(AAM PHC)

Outer Walls / Facility Entrance

Facility information, services, and patient support systems including timings, referral pathways, grievance redressal and citizen charter available across primary, secondary, and tertiary care levels.



(AAM SHC)

Reception Area

12 posters on available services at primary care level and available services at secondary and tertiary care to be displayed. .

(if the reception area in PHC and SHC is small, then posters to be divided into ANC and CHO room)



(AAM SHC)

OPD/ CHO Room/MO Room

Availability of drugs, IEC on seasonal diseases, handwashing practices, mental health helpline (TELE-MANAS), and substance abuse awareness services across primary, secondary, and tertiary care levels. In case of secondary and tertiary care the specific service OPD related posters to be displayed



(AAM PHC)

ANC/PNC Room

Maternal and child health practices including breastfeeding, nutrition, danger signs, newborn care, and immunization across primary, secondary, and tertiary care levels.



(AAM PHC)

Laboratory

Diagnostic services, infection prevention practices, and hygiene protocols across primary, secondary, and tertiary care levels to be displayed.



(AAM PHC)

Immunization Room

National immunization schedule, vaccine benefits and AEFI across primary, secondary, and tertiary care levels to be displayed. In case of endemic areas related to snake /animal bite related IEC to be displayed across all level of facility.



(AAM SHC)

Labour Room

Respectful maternity care, safe childbirth practices, and newborn care across primary, secondary, and tertiary care levels.



(AAM PHC)

OT

No display inside OT on walls, emergency medicine tray as per Laqshya/ NQAS protocol across primary, secondary, and tertiary care levels.



(CHC)

NBSU

Danger signs in newborn, breastfeeding across secondary care facilities to be displayed.



(CHC)

Inpatient Wards

Infection prevention, treatment adherence, NCD self-care, and maternal-newborn care guidance across primary, secondary, and tertiary care levels.



(CHC)



National Health Systems Resource Centre
Ministry of Health & Family Welfare
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