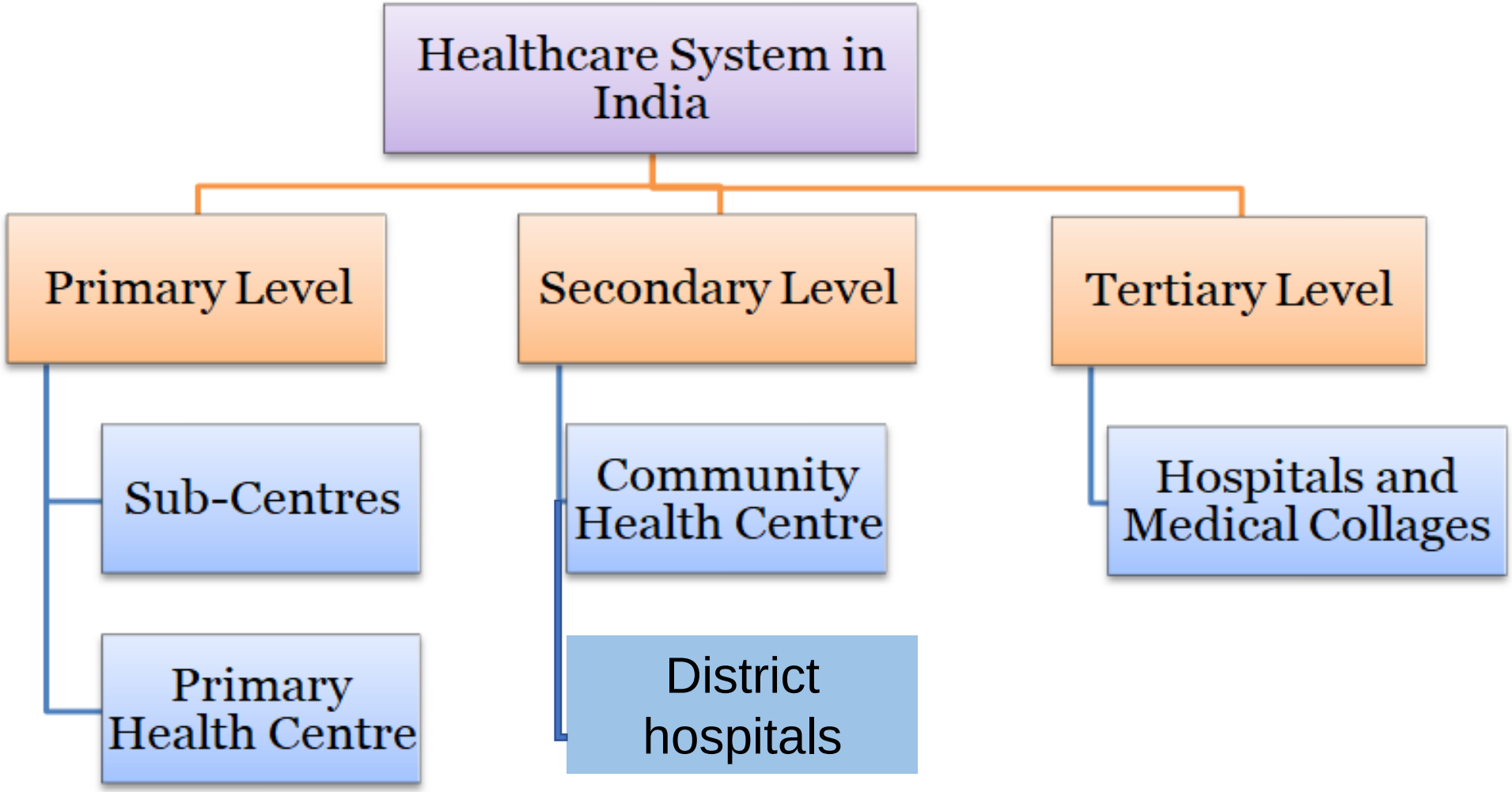
HEALTHCARE DELIVERY SYSTEM IN INDIA

FACULTY I/C: PROF. SANJAY CHATURVEDI

HEALTH CARE SERVICES

- 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.**
- Three levels of health care organization :
  - Primary,
  - Secondary and
  - Tertiary level


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

ALMA-ATA 1978

PRIMARY HEALTH CARE

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

PRINCIPLES OF PRIMARY HEALTH CARE

- Equitable distribution
- Community participation
- Intersectoral coordination
- Appropriate technology

ELEMENTS OF PRIMARY HEALTH CARE

- MCH services including family planning
- Immunization
- Provision of essential drugs
- Prevention & control of local endemic diseases
- Treatment of common illnesses & injuries
- Safe water supply & basic sanitation
- Provision of food supply & nutrition
- Health Education about prevailing health problems and its Prevention & control

PRIMARY LEVEL OF HEALTH CARE

- At least half of the world's people still lack full coverage of essential health services
- Primary health care can cover the majority of a person's health needs throughout their life including **preventive, promotive, curative, rehabilitation and palliative care**
- First level of contact of individuals and the community with the health system
- Provided by **Sub centers, PHCs,** -ANM, ASHA, AWW, VHG, TBA

SECONDARY LEVEL HEALTH CARE

- At this level, more complex problems are taken care mostly which require secondary level of preventive and curative services.

- These services are provided at **Districts hospitals** and **Community health centers**

- The First referral level (**FRUs**)

TERTIARY LEVEL HEALTH CARE

- This level of health care is provided at the state/regional/central level institutions
- Requires specific facilities and highly specialized health care professionals
- These institutions serve as referral units for primary and secondary levels

NRHM

- The **National Rural Health Mission (NRHM**) was launched on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups

- On 1st May 2013,Cabinet has approved the launch of **National Urban Health Mission (NUHM)** as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of **National Health Mission**

- The population Norms for setting up of public health facilities are as under :

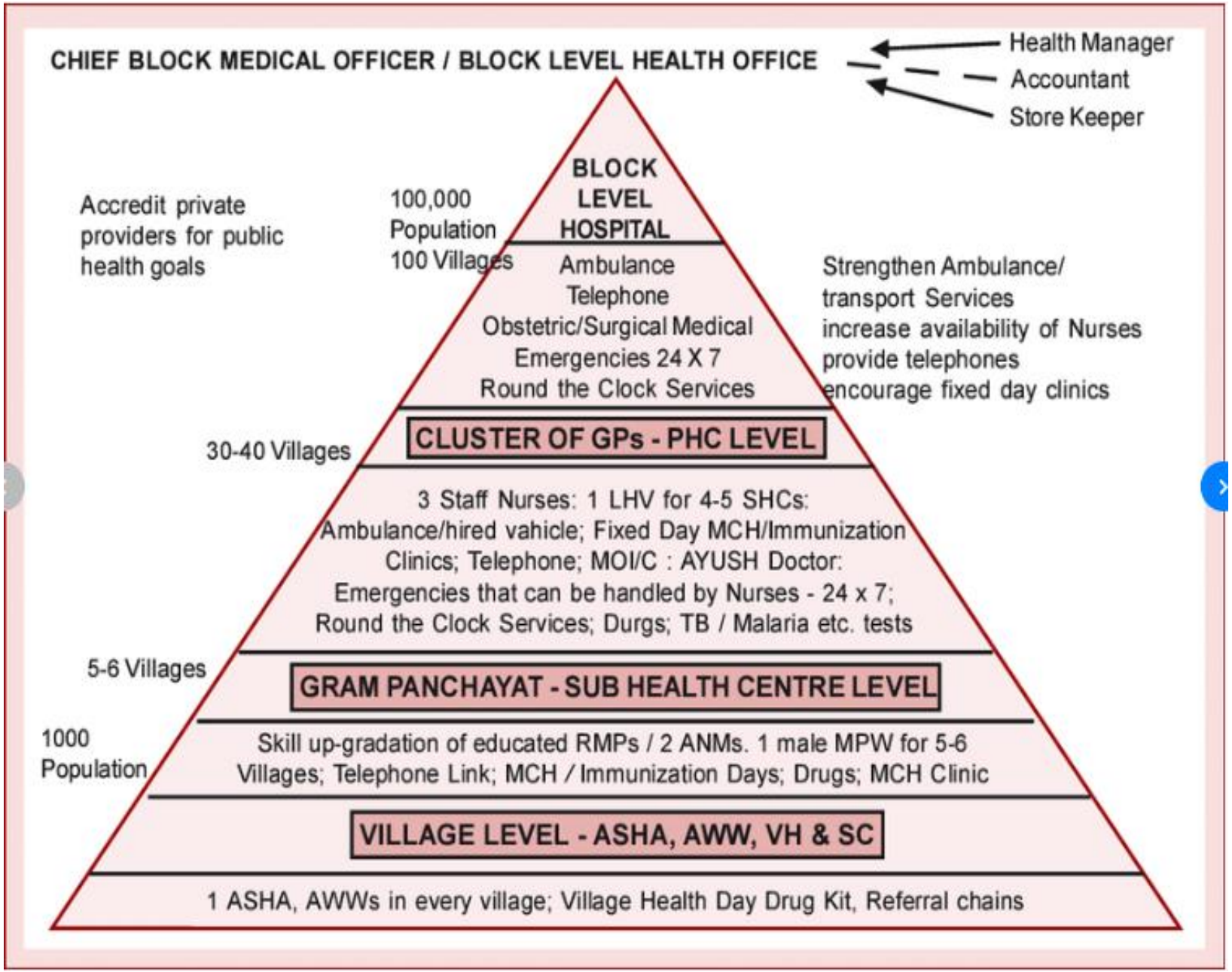
› Sub Centre: 1 per 5,000 population in general areas and 1 per 3,000 population in difficult/tribal and hilly areas

› Primary Health Centre: 1 per 30,000 population in general areas and 1 per 20,000 population in difficult/tribal and hilly areas

› Community Health Centre: 1 per 1,20,000 population in general areas and 1 per 80,000 population in difficult/tribal and hilly areas.

The three tier infrastructure is based on the following population norms:

Centre	Population Norms	
	Plain Area	Hilly/Tribal/Difficult Area
Sub Centre	5000	3000
Primary Health Centre	30,000	20,000
Community Health Centre	1,20,000	80,000


CHIEF BLOCK MEDICAL OFFICER / BLOCK LEVEL HEALTH OFFICE
Health Manager
Accountant
Store Keeper
Accredit private providers for public health goals
100,000 Population 100 Villages
BLOCK LEVEL HOSPITAL
Ambulance
Telephone
Obstetric/Surgical Medical Emergencies 24 X 7 Round the Clock Services
Strengthen Ambulance/ transport Services increase availability of Nurses provide telephones encourage fixed day clinics
30-40 Villages
CLUSTER OF GPs - PHC LEVEL
3 Staff Nurses: 1 LHV for 4-5 SHCs: Ambulance/hired vahicle; Fixed Day MCH/Immunization Clinics; Telephone; MOI/C : AYUSH Doctor: Emergencies that can be handled by Nurses - 24 x 7; Round the Clock Services; Durgs; TB / Malaria etc. tests
5-6 Villages
GRAM PANCHAYAT - SUB HEALTH CENTRE LEVEL
1000 Population
Skill up-gradation of educated RMPs / 2 ANMs. 1 male MPW for 5-6 Villages; Telephone Link; MCH / Immunization Days; Drugs; MCH Clinic
VILLAGE LEVEL - ASHA, AWW, VH & SC
1 ASHA, AWWs in every village; Village Health Day Drug Kit, Referral chains

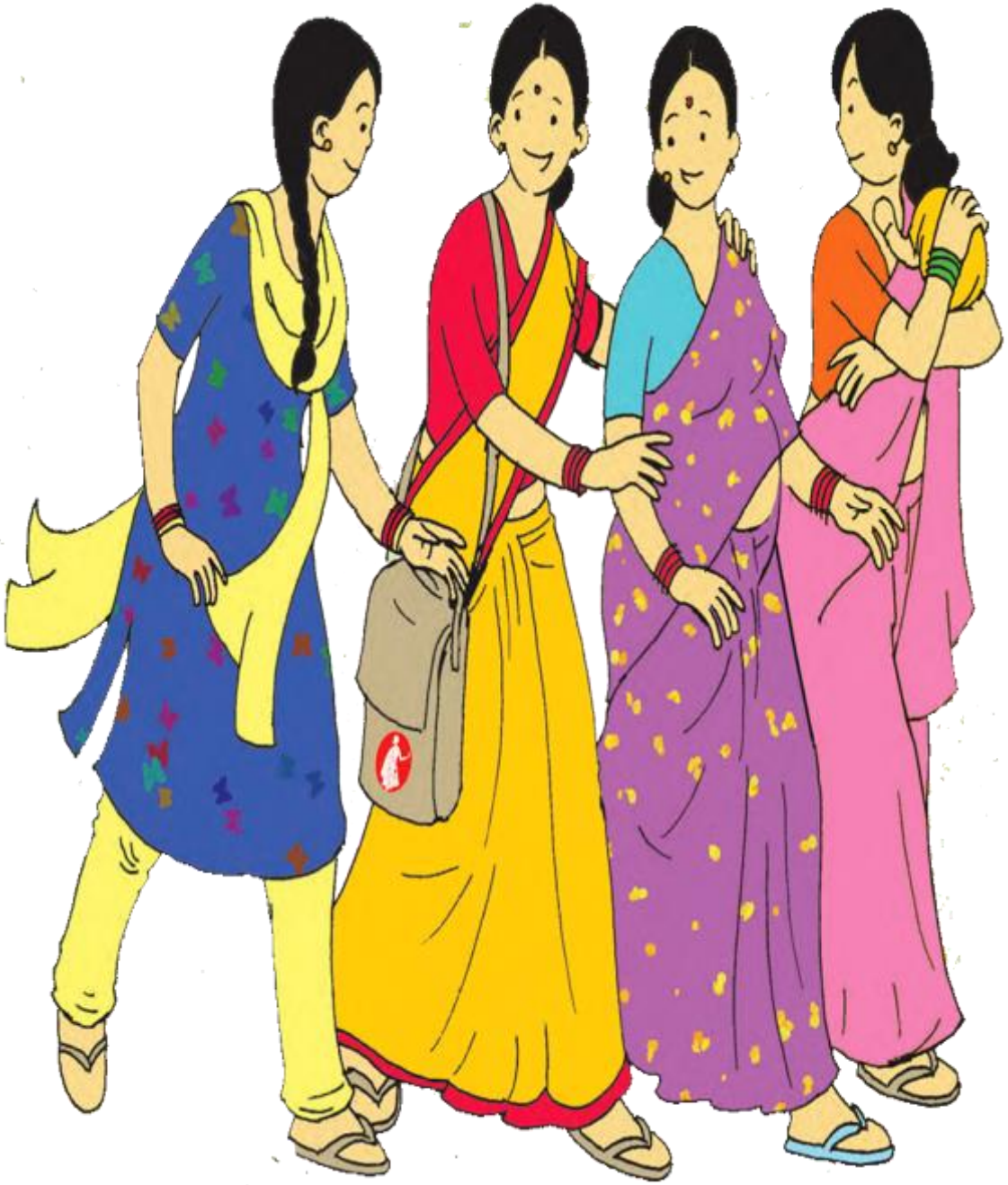
PRIMARY HEALTH CARE IN INDIA

At village level the following schemes are in operation:

- ASHA scheme
- ICDS SCHEME
- TRAINING OF LOCAL DAIS (trained birth attendants)

ASHA

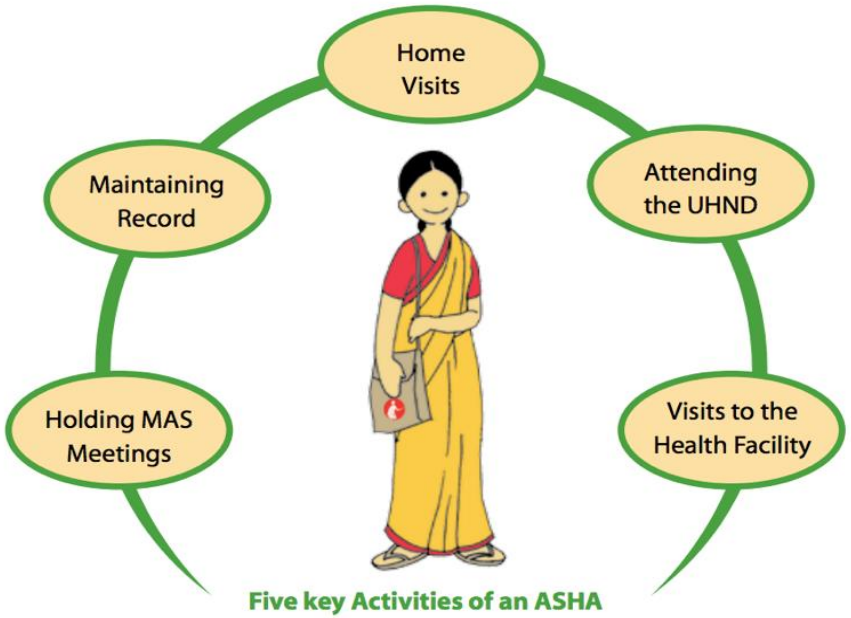
- Accredited (Recognized by the community)
- Social (From the community, by the community and for the community)
- Health Activist (Spreading awareness for health concerns promoting change in health related practices)



Eligibility

- Woman resident of the village - Married/Widow/ Divorced/Separated
- Effective communication skills, leadership qualities and be able to reach out to the community.
- Literate woman with formal education up to 10th Class.
- Representation from disadvantaged population/marginalized groups
- Family and social support.

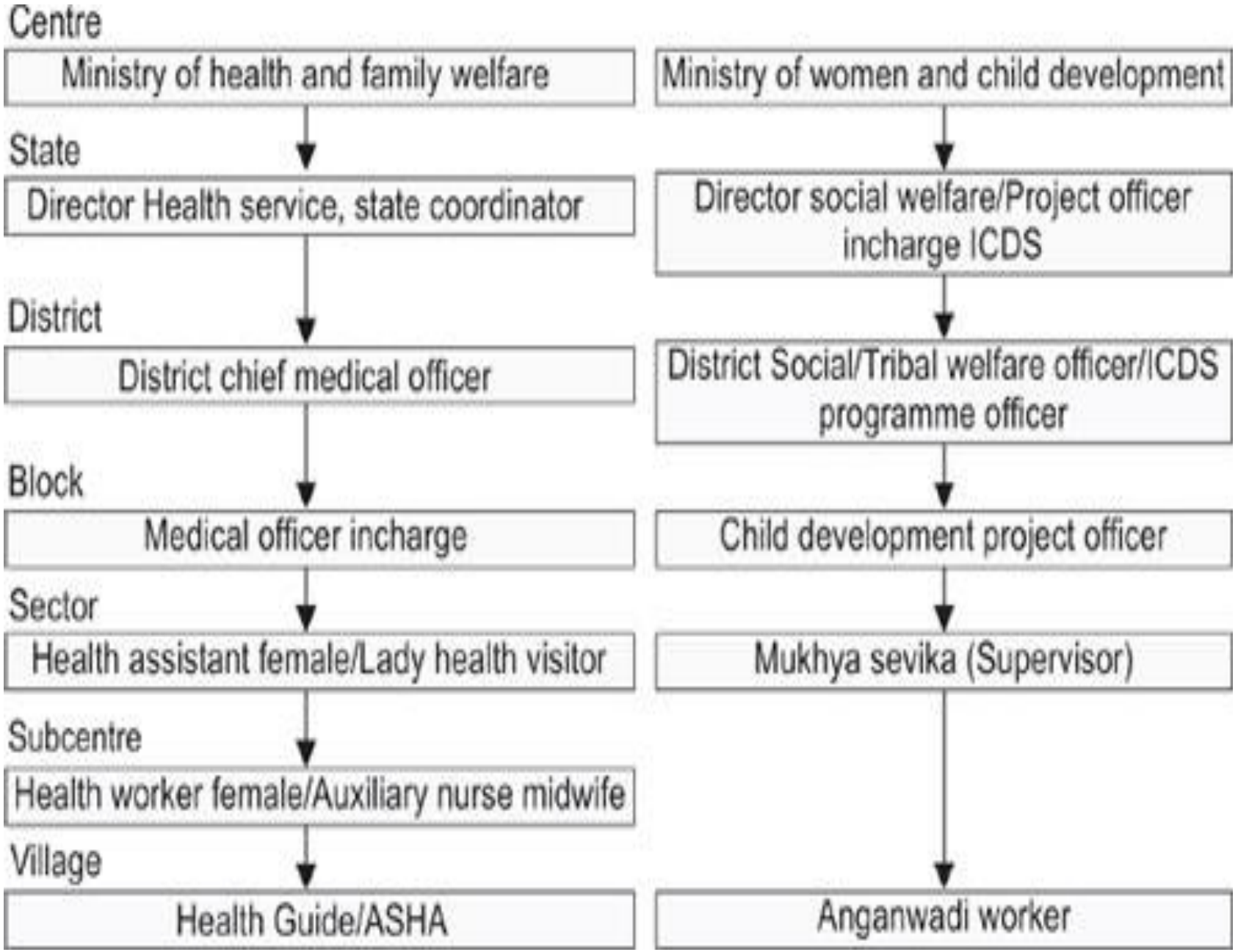
ROLES AND RESPONSIBLITIES



1 ASHA per 1000 population
1 ASHA per habitation in tribal, hilly and desert areas.

- Create awareness
- Counsel
- Mobilize the community
- Escort/Accompany
- Community level curative care
- Information of Birth/death/unusual health problems/outbreaks
- Co-ordinate with other health and sanitation workers

ORGANISATIONAL CHART - ICDS



ICDS

S.NO	SERVICES	BENEFICIARIES	PROVIDED BY
1	SUPPLEMENTARY NUTRITION	Children < 6 years Pregnant & lactating women	AWW & AW Helper (MWCD)
2	IMMUNISATION*	Children < 6 years Pregnant & lactating women	ANM/MO (MHFW)
3	HEALTH CHECKUPS*	Children < 6 years Pregnant & lactating women	ANM/MO/AWW (MHFW) & (MWCD)
4	REFERRAL SERVICES	Children < 6 years Pregnant & lactating women	AWW/ANM/MO (MHFW) & (MWCD)
5	NON FORMAL PRE SCHOOL EDUCATION	Children 3-5 years	AWW (MWCD)
6	NUTRITONAL & HEALTH EDUCATION	Mothers of children < 6 yrs Pregnant & lactating women Women in reproductive age group (15-49 yrs)	AWW/ANM/MO (MHFW) & (MWCD)

SUPPLEMENTARY NUTRITION

Revised Nutritional Norms in ICDS (since February, 2009)

Beneficiaries	Calories	Protein (g)
Children (6 months to 72 months)	500	12-15
Severely malnourished Children (SAM) (6 months- 72 months)	800	20-25
Pregnant women and lactating mothers	600	18-20

ANGANWADI WORKER

- Angan – courtyard
- 1 AWW – 400 to 800 population
- 100 workers / project.
- Currently 7,067 ICDS blocks are functioning.
- AWW – selected from the community which she is expected to serve.

  undergoes various training for 4 months

  part time worker & paid honorarium Rs.1500/month

LOCAL DAIS

- Training of dais initiated during 2001-2002 (TBA → SBA)
- Implemented in 156 districts of 18 states/UTs
- Selected based on safe delivery rate < 30%.
- Extended to all EAG states.
- Aim is to train atleast one dai in every village with the main objective of making deliveries safe.

SUBCENTRE

- The Sub Centre is the most peripheral and **first contact point between the primary health care system and the community**
- Interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programmes
- Each Sub Centre is required to be manned by at least **one auxiliary nurse midwife (ANM) / female health worker and one male health worker** ,additional second ANM on contract basis. One lady health visitor **(LHV**) is entrusted with the task of supervision of Six Sub Centre.
- There were 1,56,231 Sub Centres functioning in the country as on 31st March, 2017

TYPES OF SUBCENTRE

- Type
  except
  deliver
- Type
  includi
  at the
  - They
    deliv
  - They
    roor
    New

Type of subcentre	Sub-centre A		Sub-centre B (MCH Sub-centre)	
Staff	Essential	Desirable	Essential	Desirable
ANM/Health Worker (Female)	1	+1	2	
Health Worker (Male)	1		1	
Staff Nurse (or ANM, if Staff Nurse is not available)				1**
Safai-Karamchari*	1 (Part-time)		1 (Full-time)	

*To be outsourced.

** if number of deliveries at the Sub-centre is 20 or more in a month

HEALTH AND WELLNESS CENTRES

- 1.5 lakh **Sub-centres to be upgraded to health and wellness centres**

- Ayurveda doctors, nursing graduates or qualified community health workers will be deployed in 1.5 lakh health-sub-centres after a six-month specialized training

- In the 2018-19 budget, Rs.1,200 crore package has been announced to convert these sub-centres into health & wellness centres.

AUXILIARY NURSE MIDWIFE (ANM) (HWF)

- Posted at Sub centre and PHC.
- Provides primary health care to community (Important link between health services & community).
- **First Priority:** Reproductive and Child Health services.
- 5000 Population (3000 in hilly/tribal area).

➢ **Functions of ANM:**

  - Maternal and child health services
  - Family planning
  - Immunization services
  - Facilitating ASHA
  - Maintenance of registers

EVOLUTION OF ANM

1966	1973	1975	2005	8 april 2016
Mukherjee committee	Kartar singh committee	Shrivastava committee	National rural health mission	Ministry of health and family welfare
Training of ANMs mainly focused on midwifery and mother and child health	•Combined the functions of health services & changed the role of ANMs. •There should be 1 ANM available per 10,000-12,000 people	Expanded the role of ANM as multipurpose health worker along with maternity care including child heath care (immunization) and primary curative care of villagers	Focused on improvising primary health care in village and further increased the importance of the ANM as a link between health services and community	ANM-ONLine has been started by giving android tabs for betterment of quality,effectiveness and timeliness of the delivery of quality services especially to rural population, to ensure better healthcare for women and children.

PRIMARY HEALTH CENTRE

- PHC is the **first contact point between village community and the medical officer**

- It acts as a **referral unit for 6 Sub Centres** and has 4-6 beds for patients. The activities of PHC involve curative, preventive, promotive and family welfare services

- There were 25,650 PHCs functioning in the country as on 31st March, 2017

TYPES OF PHCs

- **Type A PHC:** PHC with delivery load of **less than 20** deliveries in a month.
- **Type B PHC:** PHC with delivery load of **20 or more** deliveries in a month .

ESSENTIAL SERVICES AT PHC:

- OPD services: A total of 6 hours of OPD services out of which 4 hours in the morning and 2 hours in the afternoon for six days in a week.
- 24 hours emergency services
- Referral services
- In-patient services (6 beds)

PACKAGE OF SERVICES AVAILABLE AT PHC

- Maternal and Child Health Care Including Family Planning
- Medical Termination of Pregnancies
- Nutrition Services (coordinated with ICDS)
- School Health
- Management of RTIs/STIs.
- Promotion of Safe Drinking Water and Basic Sanitation
- Prevention and control of locally endemic diseases like malaria, Kala Azar, Japanese Encephalitis etc.
- Collection and reporting of vital events.
- Health Education and Behavior Change Communication (BCC).

Manpower: PHC

Staff	Type A		Type B	
	Essential	Desirable	Essential	Desirable
Medical Officer- MBBS	1		1	1#
Medical Officer –AYUSH		1^		1^
Accountant cum Data Entry Operator	1		1	
Pharmacist	1		1	
Pharmacist AYUSH		1		1
Nurse-midwife (Staff-Nurse)	3	+1	4	+1
Health worker (Female)	1*		1*	
Health Assistant. (Male)	1		1	
Health Assistant. (Female)/Lady Health Visitor	1		1	
Health Educator		1		1
Laboratory Technician	1		1	
Cold Chain & Vaccine Logistic Assistant		1		1
Multi-skilled Group D worker	2		2	
Sanitary worker cum watchman	1		1	+1
Total	**13**	**18**	**14**	**21**

* For Sub-Centre area of PHC.

If the delivery case load is 30 or more per month. One of the two medical officers (MBBS) should be female.

^ To provide choices to the people wherever an AYUSH public facility is not available in the near vicinity.

COMMUNITY HEALTH CENTRE

- CHC is required to be manned by **four medical specialists** i.e. surgeon, physician, gynecologist and pediatrician supported by 21 paramedical and other staff.
- 30 in-door beds with one OT, X-ray, labour room and laboratory facilities
- It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations
- As on 31st March, 2017, there were 5,624 CHCs functioning in the country

DISTRICT LEVEL

- Principal unit of administration in India is the **District** under a Collector

There are **6 types of administrative area** within each district:

* Sub-divisions
* Tahsils (Talukas)
* Community development block
*Municipalities and corporation
* Villages
* Panchayats

- **3 tier system of rural local self government in India**, linking village to the district.
  - Panchayat - at village level
  - Panchayat samiti – at the block level
  - Zilla parishad - at district level

INTEGRATION AT VARIOUS LEVELS IN NRHM

- ANM will guide ASHAs
- Hold weekly/fortnightly the meeting with ASHA and discuss the activities being done.
- Resource person for training of ASHAs
- Inform ASHAs regarding outreach sessions
- Organizing Village health & Nutrition day (VHND)
- IEC activity
- AWW will update list of eligible couples and infants with the help of ASHAs.

VILLAGE HEALTH SANITATION & NUTRITION COMMITTEE

- Under NRHM, for village health plan action & implementation
- Act as a sub-committee of the Gram Panchayat.
- It should have a minimum of 15 members, which should comprise of elected members of the Panchayat.
- Create awareness about significance of nutrition, sanitation & its related issues .
- Supervise the functioning of Anganwadi Centre (AWC)
- Monitoring and Supervision of Village Health and Nutrition Day

ROGI KALYAN SAMITI

- Rogi Kalyan Samiti (Patient Welfare Committee)
- Hospital Management Society is a simple yet effective management structure. This committee, which would be **a registered society**, acts as a group of trustees to manage the affairs of the hospital.
- It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector who are responsible for proper functioning and management of the hospital / Community Health Centre / FRUs.

FUNCTIONS OF ROGI KALYAN SAMITI

- Identify the problems faced by the people & solve.
- Ensure equity (BPL)
- Ensure proper maintenance of hospital wards/beds/equipments
- Arrange for good quality diet & stay arrangements for pt’s attendants
- Offer private organizations to set up CT, MRI, Pathology labs within hospital premises

Newer Changes

- Ayushman Bharat
- Subcentres to be converterted into Health & Wellness centres

HEALTH AND WELLNESS CENTERS

- To deliver expanded range of primary health care services
- Sub centers and primary health centers will be transformed/upgraded to health and wellness centers

14 April 2018-launch of the first Health and Wellness Centre at Jangla, Bijapur, Chhattisgarh

(i) Care in pregnancy and child-birth. (the latter would be provided in specific facilities based on the state context).

(ii) Neonatal and infant health care services

(iii) Childhood and adolescent health care services including immunization.

(iv) Family planning, Contraceptive services and Other Reproductive Health Care services

(v) Management of Common Communicable Diseases and General Out-patient care for acute simple illnesses and minor ailments

(vi) Management of Communicable diseases: National Health Programmes

(vii) Screening and Management of Non-Communicable diseases

(viii) Screening and Basic management of Mental health ailments

(ix) Care for Common Ophthalmic and ENT problems

(x) Basic Dental health care

(xi) Geriatric and palliative health care services

(xii) Trauma Care (that can be managed at this level) and Emergency Medical services

Services provided

THANK YOU..