Health Care:

Health Care Services

- The purpose of health care service is to improve the health status of the population.
- It can be acheived by the ↓ mortality & morbidity, ↑ life expectancy, ↑ nutritional status, ↑ Basic sanitation, and other parameters like food production, literacy rate, ↓ poverty etc.

→ In India Primary health care forms the main and integral part of the countrys health care system.

Health Care systems

→ It is intended to deliver the health care services.

→ Represent by five sectors which differ by health technology applied or fundr appli

1. Public health Sector
   a) Primary health Centre → Primary Health Centre, Sub Centre.
   b) Hospitals / Health Centre → Community health centre, Rural hospital, District hospital, Specialist hospi, Teaching hospitals
   c) Health Insurance Schemes → ESI →, Central Government health schem
   d) Other agencies → Defence servic, Railways
2. Private sector - Private hospitals, Clinical Practions and clinics.
3. Indigenous system of medicin. AUS,H, Unregisterd practitions.
4. Voluntary health agencies.
5. ~~Hee~~ National health programms.

Primary Health Care in India

In the International Conference at Alma ata in 1978, set the goal of an acceptable level of Health for the All by the year 2000 through primary health care approach:

(1) Village level

- One of the main aim of Primary health care is universal coverage and equitable distribution and must reach all people (Rural)
- To implement this three schemes were used.
  1) ASHA scheme
  2) ICDS scheme (Integrated child development scheme)
  3) local dais

(1) ASHA (Accredited Social health activist).

- ASHA should be resident of the village - a women (married / widow / divorced) preferably at the age group of 25-45 years with formal education upto eight class and having communication skill and leadership qualities.
  - ⇒ Usually the disadvantaged people will serve well.
  - → The general norm is one ASHA for 1000 population. In tribal and hilly region it can be relaxed.

Role of ASHA

(1) Create awareness about health.

(2) Counsel women about various things.
(3) Creating awareness about PHC, CHC etc.
(4) Improving sanitation.
(5) Accompanying pregnant women.
(6) Providing medical care for minor ailments and first aid, ORS.
(7) Depot holder for ORS, Iron folic tablet, oral pills, condoms etc. and drug kits from allopathy and AYUSH.
(8) Providing new born care and childhood illness.
(9) Inform about births and death and unusual activity in the community.
(10) Promote construction of household toilets.

Integration with Anganwadi: (Explain)
→ Organizing Health day, sticking posters, Mobilizing pregnant and lactating womens etc.

Integration with ANM (Auxillary Nurse Midwife)
→ ANM will be the higher person to ASHA educating him all the roles of ASHA.

(2) Anganwadi Workers (ICDS)
→ Anganwadi workers literally means a courtyard. Under ICDS (Integrated Child Development services) scheme there is a one worker for 400-800 populations.

- Anganwadi worker is selected from the community and expected to serve and she undergoes a training in various aspects of health, nutrition, child development for 4 months.
→ She is a part time worker and is paid a honorarium of Rs. 1500 per month.
→ Role of her is to maintain growth chart, health checkup, nutrition, health education, immunization, supplementary nutrition non formal pre school education and referral services

3) Local dais
→ It was initiated during 2001-02.
→ The aim of which is to train atleast one Dai in every village with the objective of making delivery safe.

4 Sub centre level
→ It is the peripheral outpost of the existing health delivery system in rural area
→ The aim of which is providing primary health care services at grass root level.
→ They have one sub centre for every 5000 population and 3000 in hilly, tribal areas
→ It is under supervision of LHV, one health assistant (male) and lady health visitor

Categorization of Subcentre

Type A (No MTP delivery) But ANM can do if it is needed.

Type B (MTP Centre)

→ Role of Multipurpose Workers Male, Female

Services to be provided at Sub-centre

→ To provide promotive, preventive and few curative primary health care services and give lay emphasis on non-communicable disease related services.

(1) Maternal and child health ← ANC, INC, PNC.
(2) Family planning and contraceptions.
(3) MTP → Counselling.
(4) Assistance at school health service
(5) Water quality monitoring
(6) Promotion of sanitation
(7) Field visit for awareness
(8) Curative for minor ailments
(9) Disease surveillance
(10) Training ASHA
(11) National health Programmes
   (1) Na Communicable
   (2) Non-communicable
(12) Promote use of medicinal herbs
(13) Record of vital events
(13) Coordination and monitoring

(3) Primary Health Centre level

→ The Concept of Primary health centre is not new to India because it was already said by Bhore Committee as the basic health unit to provide, as close as possible, to people an integrated curative and preventive health health care to the rural population with emphasis on preventive and promotive aspects

→ In the early times each PHC were covering a population of 100,000 or more, which were serving as a peripheral health services with no or little community involvement which came to critism, that they were not able to provide adequate health coverage because of poorly staffed and bar to cover a large population.

→ Then Mudalian Committee in 1962 bar made the PHC should serve only 40,000 population

→ The Declaration of Alma ata Conference in 1978 made the Health for all by 2000 AD. made a new approach. which bar made us to change ~~from~~ to 30,000 rural population and 20,000 population in hilly, tribal areas in 1:6 ration to subcentres.

→ As on 9 March 2015, 25,308 primary health centre have been established in India

Alma Ata declaration

Functions of PHC (FEW TIP MD)

Functions cover all the 8 elements of Primary health care are. "essential"

1. Education about prevailing health problems and methods of preventing and controlling them.
2. Promotion of Food supply and nutrition
3. An Adequate supply of Safe water and Basic sanitation.
4. ~~Preventio~~ Maternal and child health care including family planning.
5. Immunization against major infectious Diseases.
6. Prevention and control of Local endemic Diseases.
7. Treatment for common disease and injury.
8. Provision of Essential drugs.

Other functions like:

→ Basic laboratory Service.
→ Training health guides, health workers, Local dais, health assistant.
→ Referral ~~fee~~ Services.
→ National health Programmes.
→ Collecting and reporting Vital statistics.

Indian Public Health standards for PHC

PHC should have minimum standards of building, manpower, instrument, and equipment drugs with 20,000 - 30,000 population with six beds.

It is of two types,

Type A → PHC less than 20 delivery per month.

Type B → PHC more than 20 delivery per month.

(1) Medical Care → OP → 4 hrs in morning 2 in evening. 40 patient per doctor, 24 hr emergency, IPD.

(2) Maternal and child care:
↳ ANC, INC, PNC, Newborn care

(3) Family planning (4) MTP (5) Health education

(6) Nutrition services (7) School health service.

(8) Adolescent health care (9) Prevention and control

(10) Collecting and reporting vital events.

(12) Promotion of sanitation, (13) Testing of water

(14) National Health programme

(15) Referal services

(16) Basic laboratory service

(17) Monitoring and supervision.

(18) Selected surgical procedures.

(19) Mainstreaming of AYUSH.

(20) Functional linkage and subcentres.

(4) Community health Centre

→ In march 2014, 5363 community health centres were made upgrading the primary health centre, covering a population of 80,000 to 1·20 lakh in each community development block, with 30 beds, and specialists in medicine, surgery, obg. Pediatrics with x ray and lab facilities.

⇒ For strengthening the preventive and promotive aspects of health care, a non-medical post called community health officer is created a staff from PHC with minimum 7 years experience.

→ The specialist may refer them directly to the State level hospital or nearest Medical college hospital without going to Sub division or district hospitals

Services:

(1) Cares of routine and emergency cares in surgery (Explain)
(2) Cares of routine and emergency cares in medicine (Explain)
(3) Maternal health. — ANC.
(4) New Born and child health. — INC PNC
(5) Family Planning
(6) National health Programmes.

7. Physical medicine and rehabilitation
8. Oral health.
9. School health services.
10. Adolescent health care.
11. Blood storage facility.
12. Diagnostic services.
13. Referral (transport) Service.
14. Maternal Death review.