UNIT 2 HEALTH CARE PLANNING AND ORGANISATION OF HEALTH CARE AT VARIOUS LEVELS

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2.0 INTRODUCTION

In the previous unit, you have learnt concept of community health. While working in the community, it is important to carry out health planning at various levels of health care system.

Health care delivery system is defined as the organisation of people, institutions, and resources to deliver health care services to meet the health needs of target populations. Its primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. India’s health standards are still low compared to developed countries. And the greatest challenge that exists today is to reach to the whole population with adequate health services and to ensure their utilisation.

This unit deals with health planning. Health planning is necessary for the economic utilisation of material, man power and financial resources. The purpose of health planning is to improve the health services. National health planning has been defined as “the orderly process of defining community health problems, identifying unmet needs and surveying the resources to meet them, establishing priority goals that are realistic and feasible and projecting administrative action to accomplish the purpose of the proposed programme”.

2.1 OBJECTIVES

After going through this unit, you should be able to:

- explain the steps of planning;
• state the delivery of health services at Sub-centre, PHC and CHC level;
• enumerate the functions of SC, PHC and CHC;
• describe the manpower of SC, PHC and CHC;
• discuss the organogram at national level; and
• describe the organisation at district level.

2.2 HEALTH PLANNING

Let us discuss the steps of health planning as given below:

1) Identify unmet needs

2) Assess resources required
   a) Manpower – number, skill, knowledge
   b) Money
   c) Material (including technology)
   d) Time
   e) Match resources with objectives
   f) Resources would be wasted if planning is inappropriate

3. Set goals – priorities, realistic, feasible
   a) List order of importance – Could depend on:
      i) magnitude of mortality/ morbidity
      ii) age group
      iii) financial constraints
      iv) ease of action
      v) community interest or pressure
      vi) political commitment etc

4) List of administrative actions needed
   a) Assess alternate plans and choose
   b) Documentation of plan
   c) Each stage – cost, timeline, action required, output expected, concurrent evaluation
   d) Procedure for modification of plan for resource allocation
   e) Implementation
   f) Requires organisational structure
   g) Roles and responsibilities – delegation and accountability
   h) Selection, training, motivation, and supervision of manpower
   i) Organisation and communication
   j) Efficiency of component institution
5) Monitoring and Evaluation
   a) Monitoring – day to day follow up of activities
   b) Continuous process, keeps on schedule
   c) Allows for corrective actions
   d) Evaluation – mostly concerned with final outcome
   e) Allows for re-allocation of priorities or resources if health needs change

2.3 HEALTH CARE DELIVERY SYSTEM IN INDIA

Health care services to be provided need to be comprehensive, accessible, acceptable, provide scope for community participation and should be available at an affordable cost. In India the health care system is represented by five major sectors:

1) Public Sector
2) Private Sector
3) Indigenous Systems of Medicine
4) Voluntary Health Agencies
5) National Health Programmes

![Fig. 2.1: NRHM Health Care Structure](image)

2.3.1 Delivery of Health Services at Sub-Centre

The sub-centre is the peripheral outpost of the existing health delivery system in rural areas. They are being established on the basis of one sub-centre for every 5000 population in general and one for every 3000 population in hilly, tribal and backward areas.
**Table 2.1: Manpower at Sub-centre according to IPHS Standards 2012**

<table>
<thead>
<tr>
<th>Type of Sub-centre</th>
<th>Sub-centre Type A</th>
<th>Sub-centre Type B</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANM/Health Worker (F)</td>
<td>1</td>
<td>+1</td>
</tr>
<tr>
<td>Health Worker (M)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Staff Nurse (or ANM if Staff Nurse is not available)</td>
<td></td>
<td>1**</td>
</tr>
<tr>
<td>Voluntary worker*</td>
<td>1 (Part time)</td>
<td>1 (Full Time)</td>
</tr>
</tbody>
</table>

*She is paid @ Rs. 100 by the ANM from her contingency fund; ** if number of deliveries are 20 or more in a month

List of services to be provided through two types of sub-centres are as follows:

1) Maternal health care which include:

   a) Antenatal care (ANC):
      i) Early registration of all pregnancies, minimum 4 Ante Natal Check ups.
      ii) Associated services like general examination (height, weight, B.P., anaemia, abdominal examination, breast examination), Iron and Folic Acid Supplementation from 12 weeks, and injection tetanus toxoid.
      iii) Minimum laboratory investigations and linkages with PHC for other required tests.
      iv) Counselling on diet, rest, and tobacco cessation if the antenatal mother is a smoker or tobacco user, advice on institutional deliveries, pre-birth preparedness and complication readiness, danger signs, clean and safe delivery at home if called for, postnatal care and hygiene, nutrition, care of newborn, registration of birth, initiation of breastfeeding, exclusive breastfeeding for 6 months, demand feeding, supplementary feeding (weaning and starting semi solid and solid food) from 6 months onwards, infant and young child feeding and contraception.
      v) Name based tracking of missed and left out cases.
      vi) Identification of high risk cases and management of danger signs of pregnancy.

   b) Intranatal care:
      i) Promotion of institutional deliveries
      ii) Skilled attendance at home deliveries when called for
      iii) Appropriate and Timely referral of high risk cases which are beyond her capacity of management.
      Essential for Type B Sub-centre.
      iv) Managing labour using Partograph.
      v) Identification and management of danger signs during labour.
vi) Proficient in identification and basic first aid treatment for PPH, Eclampsia, Sepsis and prompt referral of such cases.

vii) Minimum 24 hours of stay of mother and baby after delivery at Sub-centre. The environment at the Sub-centre should be clean and safe for both mother and baby.

c) Postnatal care (PNC):
   i) Initiation of early breastfeeding within one hour of birth.
   ii) Ensure post-natal home visits on 0, 3, 7 and 42nd day for deliveries at home and Sub-centre (both for mother & baby). Ensure 3, 7 and 42nd day visit for institutional delivery (both for mother & baby) cases.
   iii) In case of Low Birth weight Baby (less than 2500 gm), additional visits are to be made on 14, 21 and 28th days.
   iv) Counselling on diet & rest, hygiene, contraception, essential newborn care, immunisation, infant and young child feeding, STI/RTI and HIV/AIDS.

v) Name based tracking of missed and left out PNC cases.

2) Child Health:

a) Newborn Care Corner In The Labour Room to provide Essential Newborn Care (For Type B sub-centre)

b) Counselling on exclusive breast-feeding for months and appropriate and adequate complementary feeding from 6 months of age while continuing breastfeeding.

c) Assess the growth and development of the infants and under 5 children and make timely referral.

d) Full Immunisation of all infants and children against vaccine preventable diseases as per guidelines of Government of India.

e) Vitamin A prophylaxis to the children.

f) Prevention and control of childhood diseases like malnutrition, infections, ARI, Diarrhoea, Fever, Anaemia etc. including IMNCI strategy.

g) Name based tracking of all infants and children to ensure full immunisation coverage.

h) Identification and follow up, referral and reporting of Adverse Events Following Immunisation (AEFI).

3) Family Planning and Contraception:

a) Education, Motivation and counselling to adopt appropriate Family planning methods.

b) Provision of contraceptives such as condoms, oral pills, emergency contraceptives, Intra Uterine Contraceptive Devices (IUCD) insertions (wherever the ANM is trained in IUCD insertion).

c) Follow up services to the eligible couples adopting any family planning methods (terminal/spacing).
4) Safe Abortion Services (MTP): Counselling and referral for safe abortion services.

5) Curative services: Provide treatment for minor ailments including fever, diarrhoea, ARI, worm infestation and First Aid including first aid to animal bite cases (wound care, tourniquet (in snake bite) assessment and referral). Appropriate and prompt referral.

6) Adolescent Health Care: Education, counselling and referral.

7) School health services:
   a) Screening, treatment of minor ailments, immunisation, de-worming, prevention and management of Vitamin A and nutritional deficiency anaemia and referral services through fixed day visit of school by existing ANM/MPW.
   b) Staff of Sub-centre shall provide assistance to school health services as a member of team.

8) Control of local endemic diseases.

9) Water and Sanitation: Disinfection of drinking water sources, promotion of sanitation.

10) Outreach/Field services:
    a) Village and Health Nutrition Day (VHND): VHND should be organised at least once in a month in each village with the help of Medical Officer, Health Assistant Female (LHV) of PHC, HWM, HWF, ASHA, AWW and their supervisory staff, PRI, Self Help Groups etc.
    b) Home visits, house to house surveys, community level interactions.
    c) Coordinate services of anganwadi workers, ASHA, village health and sanitation committee (VHSC).

11) National Health Programmes:
    a) National AIDS Control Programme (NACP): Condom promotion and distribution of condoms to the high risk groups, Help and guide patients receiving ART on adherence, IEC activities to create awareness about preventive measures, Prevention of Parent to Child Transmission (PPTCT) services and HIV-TB coordination.
    b) National Vector Borne Disease Control Programme (NVBDCP):
       Collection of Blood slides of fever patients, Rapid Diagnostic Tests (RDT) for diagnosis of malaria Prevention of breeding places of vectors through IEC and community mobilisation.
       Where filaria is endemic, identification of cases of lymphoedema/elephantiasis and hydrocele and their referrals to PHC/CHC for appropriate management. Annual mass drug administration with single dose of Diethyl carbamazine (DEC) to all eligible population at risk of lymphatic filariasis.
       Promotion of use of insecticidal treated nets, wherever supplied. Record keeping and reporting as per programme guidelines.
    c) National Leprosy Eradication Programme (NLEP):
       Health education to community regarding signs and symptoms of leprosy, its complications, curability and availability of free of cost treatment.
Referral of suspected cases of leprosy (person with skin lesion and/or nerve involvement) and its complications to PHC. Provision of subsequent doses of MDT and follow up of persons under treatment for leprosy, maintain records and monitor for regularity and completion of treatment.

d) Revised National Tuberculosis Control Programme (RNTCP): Referral of suspected symptomatic cases to the PHC/Microscopy centre, provision of DOTS at Sub-centre, proper documentation and follow-up. Care should be taken to ensure compliance and completion of treatment in all cases. Adequate drinking water should be ensured at Sub-centre for taking the drugs.

e) National Programme for Control of Blindness (NPCB): Detection of cases of impaired vision in house to house surveys and their appropriate referral. The cases with decreased vision will be noted in the blindness register. Spreading awareness regarding eye problems, early detection of decreased vision, available treatment and health care facilities for referral of such cases. IEC is the major activity to help identify cases of blindness and refer suspected cataract cases.

f) National Programme for Prevention and Control of Deafness (NPPCD): Detection of cases of hearing impairment and deafness during House to house survey and their appropriate referral. Awareness regarding ear problems, early detection of deafness, available treatment and health care facilities for referral of such cases. Education of community especially the parents of young children regarding importance of right feeding practices, early detection of deafness in young children, common ear problems and available treatment for hearing impairment/deafness.

g) National Mental Health Programme (NMHP): Identification and referral of common mental illnesses for treatment and follow them up in community. IEC activities for prevention and early detection of mental disorders and greater.

h) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke: IEC Activities to promote healthy lifestyle sensitise the community about prevention of Cancers, Diabetes, CVD and Strokes, early detection through awareness regarding warning signs and appropriate and prompt referral of suspect cases.

i) National Iodine Deficiency Disease Control Programme (NIDDCP): IEC Activities to promote consumption of iodised salt by the community. Testing of salt for presence of Iodine through Salt Testing Kits by ASHAs.

j) National Tobacco Control Programme: Spread awareness and health education regarding ill effects of tobacco use especially in pregnant females and Non-Communicable diseases where tobacco is a risk factor e.g. Cardiovascular disease, Cancers, chronic lung diseases. Display of mandatory signage of “No Smoking” in the Sub-centre.

k) National Programme for Health care of Elderly. For details communicable and non communicable diseases please refer Course 1, Block 3 and Block 4.
12) Promotion of Medicinal herbs.
13) Recording of Vital Events.

**Check Your Progress 1**

1) Define National health planning

2) Write five most important functions of Sub centre.

### 2.3.2 Delivery of Health Services at Primary Health Centres

Primary Health Centres (PHCs) comprise the second tier in rural healthcare structure to provide integrated curative and preventive healthcare to the rural population with emphasis on preventive and promotive aspects. A PHC caters a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 6 indoor/observation beds. It acts as a referral unit for 6 Sub-Centres and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and District level.

PHCs have been classified as two types depending upon delivery case load: Type A PHC with delivery load of less than 20 per month and Type B PHC with delivery load of 20 or more deliveries per month. Table 2.2 shows Manpower at Primary Health Centre according to IPHS Standards 2012.

**Table 2.2: Manpower at Primary Health Centre according to IPHS Standards 2012**

<table>
<thead>
<tr>
<th>Type of Primary Health Centre</th>
<th>Type A</th>
<th>Type B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Officer</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medical Officer-AYUSH</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Accountant cum Data Entry Operator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist-AYUSH</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nurse (Midwife)</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Health Worker (Female)</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Health Assistant (Male)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health Assistant (Female)/Lady Health Visitor (LHV)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Type of Primary Health Centre</td>
<td>Type A</td>
<td>Type B</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Staff</td>
<td>Essential</td>
<td>Desirable</td>
</tr>
<tr>
<td>Health Educator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Laboratory Technician</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cold Chain &amp; Logistic Vaccine Assistant</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Multi-skilled Group D Worker</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sanitary Worker cum Watchman</td>
<td>1</td>
<td>1 +1</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>18</td>
</tr>
</tbody>
</table>

*For sub-centre area of PHC; # If the delivery load is 30 or more per month;

**Remember:**

A PHC caters a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain area. It acts as a referral unit for 6 Sub-Centres and refer out cases to CHC.

List of services to be provided at PHCs are as follows:

1) **Medical Care:**
   a) OPD services: 6 hours OPD to be run for 6 days in a week. 4 hours in morning and 2 hours in afternoon with a minimum attendance of 40 patients per doctor/day.
   b) 24 hours emergency services: Appropriate management of injuries and accident, First Aid, stitching of wounds, incision and drainage of abscess, stabilisation of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions.
   c) Referral services.
   d) In-patient services (6 beds)

2) **Maternal and Child Health Care including Family Planning:**
   a) **Antenatal Care (ANC)**
      i) Early registration
      ii) Minimum 4 antenatal checkups and provision of iron and folic acid tablets, injection Tetanus Toxoid etc. Ensure, atleast 1 ANC preferably the 3rd visit, must be seen by a doctor. Minimum laboratory investigations like Haemoglobin, Urine albumin and sugar, RPR test for syphilis and Blood Grouping and Rh typing.
      iii) Nutrition and health counselling including tobacco cessation.
      iv) Identification and management of high risk pregnancy.
      v) Tracking of missed and left out ANC.
   b) **Intra-natal Care**
      i) Promotion of institutional deliveries.
      ii) Management of normal deliveries.
iii) Assisted vaginal deliveries including forceps/vacuum delivery whenever required.


v) Appropriate and prompt referral for cases needing specialist care.

vi) Management of pregnancy Induced hypertension including referral.

vii) Pre-referral management (Obstetric first-aid) in Obstetric emergencies that need expert assistance.

viii) Minimum 48 hours of stay after delivery.

ix) Managing labour using Partograph.

c) **Post-natal care (PNC)**

i) Ensure post-natal care for 0 & 3rd day at the health facility, ensure 7th & 42nd day post-natal home visits. 3 additional visits for a low birth weight baby (less than 2500 gm) on 14th day, 21st day and on 28th day.

ii) Initiation of early breastfeeding within one hour of birth.

iii) Counselling on nutrition, hygiene, contraception, essential new born care and immunisation.

iv) Others: Provision of facilities under Janani Suraksha Yojana (JSY).

v) Tracking of missed and left out PNC.

d) **Newborn care**

i) Facilities for Essential Newborn Care (ENBC) and Resuscitation.

ii) Management of neonatal hypothermia (provision of warmth/Kangaroo Mother Care (KMC), infection protection, cord care and identification of sick newborn and prompt referral.

c) **Care of the child**

i) Routine and Emergency care of sick children including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and inpatient care.

ii) Counselling on exclusive breastfeeding for 6 months and appropriate and adequate complementary feeding from 6 months of age while continuing breastfeeding.

iii) Assess the growth and development of the infants and under 5 children.

iv) Full Immunisation of all infants and children.

v) Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

f) **Family Welfare**

i) Education, Motivation and counselling to adopt appropriate Family Planning methods.

ii) Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD insertions.

iii) Referral and Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).

iv) Counselling and appropriate referral for couples having infertility.
3) Medical termination of Pregnancies: Counselling and appropriate referral for safe abortion services. Permanent methods like Tubal ligation and vasectomy/NSV, where trained personnel and facility exist.

4) Management of Reproductive Tract Infections/Sexually Transmitted Infections.

5) Nutrition services in coordination with ICDS.

6) School Health: Teachers screen students on a continuous basis and ANMs/HWMs (a team of 2 workers) visit the schools (one school every week) for screening, treatment of minor ailments and referral. Doctor from CHC/PHC will also visit one school per week based on the screening reports submitted by the teams.

7) Adolescent Health Care: To be provided preferably through adolescent friendly clinic for 2 hours once a week on a fixed day. Services should be comprehensive i.e. a judicious mix of promotive, preventive, curative and referral services.

8) Promotion of Safe drinking water and Basic sanitation.

9) Prevention and control of locally endemic diseases such as malaria, Kala Azar, Japanese encephalitis.

10) Collection and reporting of vital events.

11) Health Education and Behaviour Change communication.

12) Implementation of National Health Programmes:

a) Revised National Tuberculosis Control Programme: DOTS Centres to deliver treatment through DOTS providers, treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities. Facility for Collection and transport of sputum samples.

b) National Leprosy Elimination Programme: Health education, diagnosis and management of Leprosy and its complications including reactions. Counselling for adherence and prevention of disability.

c) Integrated Disease Surveillance Project: Weekly reporting of epidemic prone diseases and SOS reporting of any cluster of cases. PHC will collect and analyse data from Sub-centre and will report information to district surveillance. Laboratory services for diagnosis of Malaria, Tuberculosis, and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

d) National Programme for Control of Blindness: Early detection of visual impairment and their referral, detection of cataract cases and referral for cataract surgery, provision of basic treatment of common eye diseases, awareness through IEC activities.

e) National Vector Borne Disease Control Programme: Diagnosis and treatment of Malaria cases, complete treatment to Kala-azar cases in Kala azar endemic areas, complete treatment of microfilaria positive cases with DEC and participation in and arrangement for Mass Drug Administration (MDA) along with management of side reactions, if any and morbidity management of Lymphoedema cases.
f) National AIDS Control Programme: IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services, Promotion & distribution of condoms to the high risk groups and Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

g) National Programme for Prevention and Control of Deafness: Early detection of hearing impairment and deafness and referral, basic diagnosis and treatment for common ear diseases. IEC for prevention, early detection of hearing impairment/deafness.

h) National Mental Health Programme: Early identification (diagnosis) and treatment of common mental disorders such as psychosis, depression, anxiety disorders and epilepsy and referral. IEC activities for prevention, stigma removal, early detection of mental disorders etc.

i) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke:
   ii) Other NCDs: Early detection, management and referral of Diabetes Mellitus, Hypertension and other Cardiovascular diseases and Stroke. Health Promotion Services to modify individual, group and community behaviour.


k) National Tobacco Control Programme: Health education and IEC activities regarding harmful effects of tobacco use and second hand smoke. Promoting quitting of tobacco in the community.

l) National Programme for Care of Elderly.

m) Physical Medicine and Rehabilitation Services.

13) Training: Undergraduate medical students and intern doctors in basic health care. Orientation training of male and female health workers in various National Health Programmes including RCH, Adolescent health services and immunisation. Skill based training to ASHAs. Initial and periodic Training of paramedics in treatment of minor ailments.

14) Basic Laboratory and Diagnostic services.

15) Functional Linkages with sub-centres.

16) Monitoring and supervision.

17) Recording of vital events.

18) Maternal Death Reviews.

19) Mainstreaming of AYUSH.
20) Selected surgical procedures: The vasectomy, tubectomy (including laparoscopic tubectomy), MTP, hydrocelectomy as a fixed day approach have to be carried out in a PHC having facilities of O.T.

Check Your Progress 2

1) List the type of manpower available in the PHC.

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................................................................................................................
................................................................................................................

2) PHC caters to how much population.

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................................................................................................................
................................................................................................................

2.3.3 Delivery of Health Services at Community Health Centres

For a successful primary health care programme, effective referral support is to be provided. For this purpose one Community Health Centre (CHC) has been established for every 80,000 to 1,20,000 population, and this centre provides the basic specialty services in general medicine, paediatrics, surgery, obstetrics and gynaecology. CHCs are being established and maintained by the State Government. It is manned by four medical specialists supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X ray, Labour Room and Laboratory facilities. (Table 2.3). It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. Community Health Centres (CHC) forming the uppermost tier are established and maintained by the State Government under the Minimum Needs Programme/Basic Medical Services programme.

Table 2.3: Manpower at Community Health Centre according to IPHS Standards 2012

<table>
<thead>
<tr>
<th>Staff</th>
<th>Essential</th>
<th>Desirable</th>
<th>Qualifications</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block Public Health Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block Medical Officer/ Medical Superintendent</td>
<td>1</td>
<td></td>
<td>Senior most specialist/GDMO preferably with experience in Public Health/ Trained in Professional Development Course(PDC)</td>
<td>Will be responsible for coordination of NHPs, management of ASHAs Training and other responsibilities under NRHM apart from overall administration/ Management of CHC etc. He will be responsible for quality &amp; protocols</td>
</tr>
</tbody>
</table>
## Staff Essential Qualifications

<table>
<thead>
<tr>
<th>Staff</th>
<th>Essential</th>
<th>Desirable</th>
<th>Qualifications</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Public Health Specialist</td>
<td>1</td>
<td></td>
<td>MD (PSM)/MD (CHA)/ MD Community Medicine or Post Graduation Degree with MBA/DPH/MPH</td>
<td>Remarks: of service delivery being delivered in CHC.</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>1 +1</td>
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<td>Graduate/Diploma in nursing</td>
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### Speciality services

<table>
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<th>Qualifications</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>General Surgeon</td>
<td>1</td>
<td></td>
<td>MS/DNB (General Surgery)</td>
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</tr>
<tr>
<td>Physician</td>
<td>1</td>
<td></td>
<td>MD/DNB (General Medicine)</td>
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</tr>
<tr>
<td>Obstetrician &amp; Gynaecologist</td>
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<td>DGO/MS/DNB (Obs &amp; Gynae)</td>
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<tr>
<td>Paediatrician</td>
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<td></td>
<td>DCH/MD/DNB (Paediatrics)</td>
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</tr>
<tr>
<td>Anaesthetist</td>
<td>1</td>
<td></td>
<td>DA/MD/DNB (Anaesthesia)</td>
<td>Essential for utilisation of the surgical specialities.</td>
</tr>
</tbody>
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### General Duty Officers

<table>
<thead>
<tr>
<th>Staff</th>
<th>Essential</th>
<th>Desirable</th>
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<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>Dental Surgeon</td>
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<td>BDS</td>
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</tr>
<tr>
<td>General Duty Medical Officers</td>
<td>2</td>
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<td>MBBS</td>
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<tr>
<td>Medical Officer-AYUSH</td>
<td>1</td>
<td></td>
<td>Graduate</td>
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</table>

### Nurses and para-medical

<table>
<thead>
<tr>
<th>Staff</th>
<th>Essential</th>
<th>Desirable</th>
<th>Qualifications</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Pharmacist</td>
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<tr>
<td>Pharmacist-AYUSH</td>
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<tr>
<td>Lab Technician</td>
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</tr>
<tr>
<td>Radiographer</td>
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<tr>
<td>Dietician</td>
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</tr>
<tr>
<td>Ophthalmic Assistant</td>
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</tr>
<tr>
<td>Dental Assistant</td>
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</tr>
<tr>
<td>Cold chain &amp; Vaccine Logistic Assistant</td>
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</table>
## Introduction to Public Health and Epidemiology

<table>
<thead>
<tr>
<th>Staff</th>
<th>Essential</th>
<th>Desirable</th>
<th>Qualifications</th>
<th>Remarks</th>
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<tr>
<td>OT Technician</td>
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<tr>
<td>Multi-rehabilitation/Community based rehabilitation worker</td>
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<td>+1</td>
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<tr>
<td>Counsellor</td>
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**Administrative Staff**

<table>
<thead>
<tr>
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<th>Qualifications</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>Registration Clerk</td>
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<tr>
<td>Statistical Assistant/Data Entry Operator</td>
<td>2</td>
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<tr>
<td>Account Assistant</td>
<td>1</td>
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</tr>
<tr>
<td>Administrative Assistant</td>
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</table>

**Group D Staff**

<table>
<thead>
<tr>
<th>Staff</th>
<th>Essential</th>
<th>Desirable</th>
<th>Qualifications</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dresser</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Boy</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver</td>
<td>1*</td>
<td>3</td>
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<tr>
<td>Total</td>
<td>46</td>
<td>52</td>
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</table>

*May be outsourced; Note: One lab technician/Staff nurse may be trained in ECG

Following is the consolidated list of services to be provided at CHCs:

1) **Outpatient and Inpatient Department services:** General Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, Dental and AYUSH services. Eye specialist services (One eye specialist at every 5 CHCs).
   - Care of routine and emergency cases in Surgery
   - Care of routine and emergency cases in medicine

2) **Maternal health:** In addition to services at PHC, 24-hour delivery services including normal and assisted deliveries. Managing labour using Partograph. All referred cases of complications in pregnancy, labour and post-natal period must be adequately treated. Minimum 48 hours of stay after delivery, 3-7 days stay post delivery for managing complications. Proficiency in identification and Management of all complications including PPH, Eclampsia, Sepsis etc. during PNC, Essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions and provisions of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK).

3) **Newborn and Child health:** In addition to the services provided at PHC, Newborn Stabilisation Unit is provided, Routine and emergency care of sick children including Facility based IMNCI strategy.

4) **Family Planning:** Full range of family planning services including IEC, counseling, provision of Contraceptives, Non Scalpel Vasectomy (NSV),
Laparoscopic Sterilisation Services and their follow up. Safe Abortion Services as per MTP act and Abortion care guidelines of MOHFW.

5) National Health Programmes: All NHPs should be delivered through the CHCs. Integration with the existing programmes is vital to provide comprehensive services.
   a) RNTCP: Same as PHC
   b) NACP: Integrated Counselling and Testing Centre, Blood storage units and STD Clinic.
   c) NVBDCP: same as PHC
   d) NLEP: same as PHC
   e) NPCB: same as PHC
   f) IDSP: CHC will function as peripheral surveillance unit and collate, analyse and report information to District Surveillance Unit on selected epidemic prone diseases.
   g) NPPCD: same as PHC
   h) NMHP: same as PHC
   i) NPCDCS: Screening for Cervical cancer (pap Smear)
   j) NPHCE: Geriatric clinic twice a week.

6) School Health Services
7) Adolescent Health care
8) Blood storage facility
9) Diagnostic services: In addition to the lab facilities and X-ray, ECG should be made available in the CHC with appropriate training to a nursing staff/Lab Technician.
10) Maternal Death Reviews

**Check Your Progress 3**

1) How much population is served by a CHC?

....................................................................................................................................................
....................................................................................................................................................

2) Write five important functions of a CHC.

....................................................................................................................................................
....................................................................................................................................................

2.3.4 Delivery of Health Services at District Level

The Principal unit of administration in India is the District under a Collector. Within each District, there are again 6 administrative areas:

1) Sub divisions
2) Tehsils (taluks)
3) Community Development Blocks
4) Municipalities and Corporations
5) Villages
6) Panchayats

Sub divisions: Districts in India are divided into two or more sub-divisions, in charge of each is an Assistant Collector or Sub Collector.

Tehsils (Talukas): Each division is again divided into tehsils (taluks) headed by Tehsildar. It comprises 200 to 600 villages.

**AT THE DISTRICT LEVEL**

**Headed by Collector**

![Diagram]

Community Development Blocks: The Block is a unit of rural planning and development, and comprises about 100 villages and about 80,000 to 20,000 population.

The Urban areas of the district are organised into following institutions of local Self Government:

Town area committee’s: In areas with population ranging between 5000 and 10,000.

Municipal Boards: In areas with population ranging from 10,000 to 2 lakhs, headed by Chairman or the President.

Corporations: With population above 2 lakhs headed by Mayors.

Panchayati Raj: This is a three tier system of rural local self government, linking the village to the district. These are given below see Fig. 2.4:

- Panchayat (at the village level)
- Panchayat Samiti (at the block level)
- Zila Parishad (at the district level)
### 2.3.5 State Level

In all the states, management structure sector comprises of:

1) State Ministry of Health

2) State Health Directorate

**State Ministry of Health**: It is headed by Minister of Health and Family Welfare and Deputy Minister of Health and Family Welfare. The Health Secretariat (Official Organ of State Ministry of Health) is headed by Secretary and assisted by Deputy Secretariat, under Secretaries and large administrative staff.

**State Health Directorate**: The Director of Health services (known in some states as Director of Medical and Health Services) is the chief technical adviser to the state government on all matters relating to medicine and public health. He is also responsible for the organisation and direction of all health activities.

Organisation of State Health Directorate:

1) The Director of Health and Family Welfare

2) Assisted by the Deputy and Assistant Directors of Health.

- Regional Directors: Inspect all branches of public health within their jurisdiction, irrespective of their specialty.

- The Functional Directors are specialists in a particular branch of public health such as mother and child health, family planning, nutrition, tuberculosis, leprosy, health education etc.
2.3.6 National Level

The official organs of health system at the national level consist of:

1) The Ministry of Health and Family Welfare
2) The Directorate General of Health Services
3) The Central Council of Health and Family Welfare

Fig. 2.6 shows the Organisational structure of health and family welfare services at the National level.
2.4 LET US SUM UP

We have discussed health care delivery system in public and private sector, NRHM health care structure, services provided through sub-centres with respect to maternal care, child health, national health programme activities are also discussed. The organisational structures of CHC, PHC, District level, State level and National levels are also been covered.

2.5 MODEL ANSWERS

Check Your Progress 1

1) National health planning has been defined as “the orderly process of defining community health problems, identifying unmet needs and surveying the resources to meet them, establishing priority goals that are realistic and feasible and projecting administrative action to accomplish the purpose of the proposed programme”.

2) Five most important functions of Sub-centre
   - Maternal health care
• Child Health
• Family Planning and Contraception
• Safe Abortion Services (MTP)
• Curative services

Check Your Progress 2

1) Refer Table 2.2 from the text
2) 20,000 population in hilly and 30,000 in plain area.

Check Your Progress 3

1) One Community Health Centre (CHC) has been established for every 80,000 to 1,20,000 population.

2) Five important functions of a CHC
   • Outpatient and Inpatient Department services
   • Maternal health
   • Newborn and Child health
   • Family Planning
   • Implementation of National Health Programmes

2.6 REFERENCES

3) DGHS, MoHFW. Indian Public Health Standards (IPHS): Guidelines for Primary Health Centres Revised 2012. New Delhi: MoHFW; 2012