

HEALTH CARE OF THE COMMUNITY

LEVELS OF HEALTH CARE

Primary care level

- It is the first level of contact of individuals, the family and community with the national health system.
- Most of their health problems can be dealt with and resolved at this level.
- Primary health care is provided by the complex of primary health centres and their subcentres through the agency of multipurpose health workers, ANM, ASHA, Anganwadi worker, village health guides and trained dais.
- At this level health care will be most effective within the context of area's needs and limitations.

Secondary care level

- It is the immediate health care level, linking the primary health care level with tertiary health care level.
- At this level more complex problems are dealt with.
- In India, it is generally provided in district hospitals and community health centres.
- These centres act as the first referral level.

Tertiary care level

- The tertiary level is a more specialized level than secondary care level and requires specific facilities and highly specialized health workers.
- This care is provided by the Medical College Hospitals, All India Institutes, Regional Hospitals, Specialized Hospitals and other Apex Institutions.
- A fundamental and necessary function of health care system is to provide a sound referral system. It must be a two-way exchange of information and returning patients to those who referred them for follow-up care.

PRIMARY HEALTH CARE

Primary health care is essential health care made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford.

Elements of primary health care

- Education concerning prevailing health problems and the methods of preventing and controlling them;
- Promotion of food supply and proper nutrition;
- An adequate supply of safe water and basic sanitation;
- Maternal and child health care, including family planning;
- Immunization against major infectious diseases;
- Prevention and control of locally endemic diseases;
- Appropriate treatment of common diseases and injuries; and
- Provision of essential drugs.

Principles of primary health care

There are four principles

1) Equitable distribution

- Equal accessibility of health care to all people irrespective of their ability to pay.
- It includes vulnerable groups and needy groups in rural/urban slums, women, children and geriatric peoples.
- Aimed to shift the centre of gravity of health care from cities to the rural areas by bringing the services as near people's home as possible.

2) Community participation

- Involvement of community in planning, implementation and maintenance of health services.
- Involvement of community in providing local resources- man, money and materials
- It can increase community acceptance.

- Example: ASHA, Anganwadi worker, Village Health Guides, Traditional Birth Attendants

3) **Intersectoral co-ordination**

- In addition to health sector all related sectors such as agriculture, industry, animal husbandry, food, education, housing etc. was co-ordinated for providing primary health care.
- Element of intersectoral approach involves planning with other sectors to avoid unnecessary duplication of activities.
- Example: Anganwadi, as a part of ICDS programme, run by women and child department; weekly iron folic acid supplementation programme by education department.

4) **Appropriate technology**

- Appropriate technology is one which is simple, scientifically sound, adaptable to local needs, socially acceptable, financially feasible and operationally convenient.

Examples:

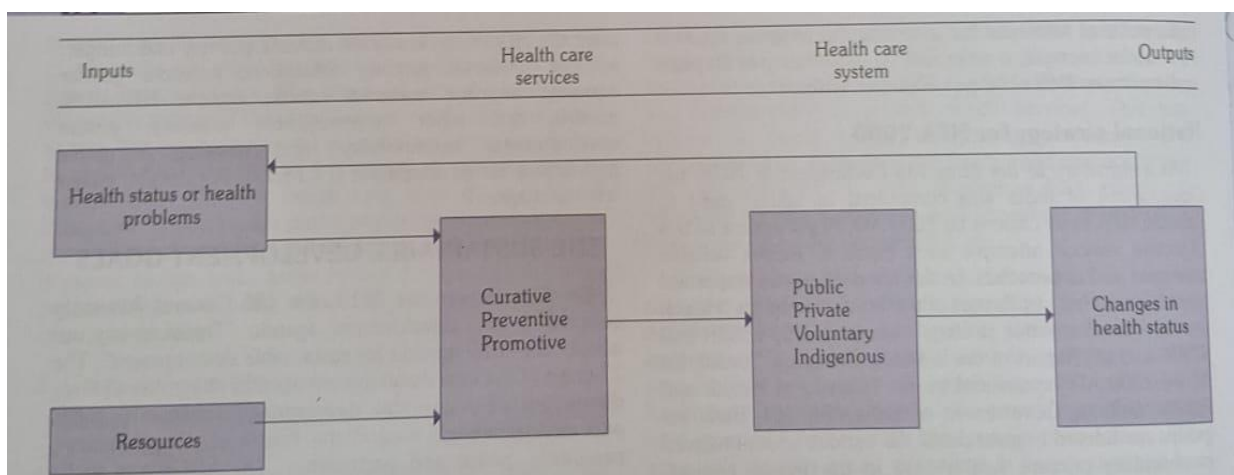
- Use of coloured tapes/bangles for measuring mid-upper arm circumference
- Use of ORS to correct dehydration
- ICMR growth chart for growth monitoring
- Biogas for lighting and cooking

MODEL OF HEALTH CARE DELIVERY

There are several models of health care delivery. The simplest one describes the health care delivery as input required to provide health care services through a health care system to achieve the desired output.

- **Inputs** are the health status or health problems; It represents health needs & health demands of the community.
Resources are in terms of Personnel, Material, Money, Time.

- **Health Care Services** include Curative, Preventive, Promotive services designed to meet health needs of the community through knowledge and resources.
- **Health Care System** can be the Public, Private, Non-Governmental.
It is the system that is intended to deliver the services.
It involves the organization and management of the health sector.
- **Output** is measured as the change in health status, lives saved, deaths averted, diseases prevented, cases treated.



COMMUNITY NEED ASSESSMENT [SHORT TALK]

Definition: Community needs assessment is a systematic method of identifying the unmet health and health care needs of a population and providing services to meet these unmet needs.

Two types of health needs

- **Normative or professionally assessed needs:** are the needs which the expert health care providers think should be addressed, based on their professional assessment of the community.
- **Felt need:** are the needs which the community feels is important.

Steps for assessing community needs

- Step 1: Identify the health problem to be addressed in the defined population.
- Step 2: Assess the health status and health problems of population to determine what is the size and nature of the problem.
- Step 3: Identify the existing services and interventions that are currently available.
- Step 4: Identify the interventions by determining what patients, professionals and other stakeholders want.
- Step 5: Review the scientific knowledge and determine the most appropriate and cost-effective strategies.
- Step 6: Determine the resource implications and decide on the final strategy for intervention.
- Step 7: List the possible benefits of the intervention and how the health of the community will change because of the intervention.

Uses of needs assessment

- To improve health and other service planning
- Priority setting
- Policy development

HEALTH CARE SYSTEMS IN INDIA

1. PUBLIC HEALTH SECTOR

(a) Primary Health Care

- Primary health centres
- Sub-centres

(b) Hospitals/Health Centres

- Community health centres.
- Rural hospitals
- District hospital/health centre

- Specialist hospitals
- Teaching hospitals

(c) Health Insurance Schemes

- Employees State Insurance
- Central Government Health Scheme

(d) Other agencies

- Defence services
- Railways

2) **PRIVATE SECTOR**

- Private hospitals, polyclinics, Nursing homes, and dispensaries
- General practitioners and clinics

3) **INDIGENOUS SYSTEMS OF MEDICINE**

- Ayurveda and Siddha
- Unani and Tibbi
- Homoeopathy
- Unregistered practitioners

4) **VOLUNTARY HEALTH AGENCIES**

5) **NATIONAL HEALTH PROGRAMMES**

FUNCTIONS OF PHC

- Provision of medical care
- Maternal-child health including family planning
- Safe water supply and basic sanitation
- Prevention and control of locally endemic diseases
- Collection and reporting of vital statistics
- Education about health
- National health programmes, as relevant
- Referral services
- Training of health guides, health workers, local dais and health assistants

- Basic laboratory workers

FUNCTIONS OF SUB CENTRE

A sub centre in rural area covers a population of 5000 and tribal area covers 3000.

Staff: health worker female, Health worker male, additional staff nurse or ANM is desirable.

Services

OPD services: Six hours in a day for 6 days a week, first aid, treatment for fever, diarrhoea, worm infestation.

Lab investigations: Hb, UPT, urine for albumin & sugar

MCH services

- Antenatal care (Early registration of pregnancy, Antenatal check-ups, minimum laboratory investigation like urine pregnancy test, Hb estimation, urine test for sugar and albumin, identification of high-risk cases, identification and management of danger signs, referral services)
- Intra natal care (Promotion of Institutional deliveries, skilled attendance at home deliveries when called for, proficient identification and first aid services for PPH, eclampsia, referral services)
- Post natal care (initiation of breast feeding within one hour of birth, ensure postnatal home visits, counselling on diet, hygiene, contraception)
- Child health (New-born care corner, Essential new born care, Counselling on exclusive breastfeeding for 6 months, Assess growth and development of the infants and under 5 & Immunization services)

Family planning and contraception: Provision of condoms, OCP, IUCD insertion, referral for MTP, follow up of persons undergone sterilisation.

Adolescent health care: Sex education counselling on STD and nutrition

Assistance of school health services: for health check-up programs

Environmental health: Water quality monitoring, promotion of sanitation

Assist national health programs

Community need assessment

Physical medicine and rehabilitation for disabled

Disease surveillance: syndromic surveillance, reporting of unusual health events.

Record of vital events: Registration of birth, death and marriage.

HEALTH AND WELLNESS CENTRE

- Health & Wellness Centres (HWCs) will deliver comprehensive Primary Health Care, that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community.
- It called for strengthening the delivery system of Primary Health care, through transforming existing SC and PHCs.
- Principle - "time to care" not more than 30 minutes, continuum of care, equity, universality and no financial hardship.

Staffing

- Subcentre - The existing staff of subcentre is led by a Mid-level Health provider (MLHP) which is a newly created post.
- PHC/UPHC - Existing MO is responsible for delivery of comprehensive services in his/her area.

Services of HWC / Services provided under health Sub centre [UQ]

- Care in pregnancy and childbirth.
- Neonatal and infant health care services.
- Childhood and adolescent health care services.

- Family planning, Contraceptive services and Other Reproductive Health Care services.
- Health Programmes.
- Management of Common Communicable Diseases and General Out-patient care for acute simple illnesses and minor ailments.
- Screening, Prevention, Control and Management of Non-Communicable diseases and chronic communicable disease like TB and Leprosy.
- Basic Oral health care.
- Care for Common Ophthalmic and ENT problems.
- Elderly and Palliative health care services.
- Emergency Medical Services.
- Screening and Basic management of Mental health ailment.

MEDICAL OFFICER, PHC

- He is the captain of the health team at the primary health centre. In morning hours attending to patients in the out-door; in the afternoon he supervises the field work.
- He covers all the basic health services including family planning.
- He will plan and implement UIP as per guidelines and also ensure proper storage of vaccine and maintenance of cold chain equipment.
- He will ensure proper implementation of IMNCI as per guidelines.
- He will visit schools in the PHC area at regular intervals and arrange for medical check-up and immunization.
- He will organize and conduct tubectomy and vasectomy camps.
- Training of all health personnel like ASHA, Anganwadi worker, Dais etc.
- He ensures that national health programmes are being implemented in his area properly.
- He visits each subcentre regularly to provide guidance, supervision and leadership to the health team.

- He organises staff meetings at the primary health centre to discuss the problems and review the progress of health activities.
- The medical officer must be the planner, the promoter, the director, the supervisor, the coordinator as well as the evaluator.

ASHA (Accredited Social Health Activist)

- ASHA must be resident of the village - a woman (married/widow/divorced) preferably in the age group of 25 to 45 years.
- Formal education up to eight class, having communication skill and leadership qualities.
- The general norm of selection is one ASHA for 1000 population. In tribal, hilly and desert areas the norm could be relaxed to one ASHA per habitation.

Role and responsibilities of ASHA

- ASHA will **create awareness** and provide information on nutrition, basic sanitation and hygienic practices, healthy living and working conditions, existing health services etc.
- **Promote ANC and PNC** by counselling women on birth preparedness, importance of safe delivery, escorting pregnant women for institutional deliveries etc.
- Promotes **breast-feeding, complementary feeding, immunization** and care of the young child.
- Promotes **family planning** by motivating couples to use contraceptive methods and also by providing free condoms and pills.
- ASHA will **mobilize the community** and facilitate them in accessing health and health related services available at the Anganwadi, subcentre, primary health centres.
- She will work with the village health and sanitation committee **to develop a comprehensive village health plan.**

- She will arrange escort/accompany pregnant women and children requiring treatment/admission to the nearest PHC, CHC or FRU.
- ASHA will provide **primary medical care** for minor ailments such as diarrhoea, fevers, and first-aid for minor injuries.
- She will also act as a **depot holder** for essential provisions like oral rehydration therapy, iron folic acid tablet, chloroquine, disposable delivery kits, oral pills and condoms etc.
- Promotes **ARSH** among adolescent girls.
- She will inform about the **births and deaths** in her village and any **unusual health problems/disease outbreaks** in the community to the sub-centre/primary health centre.
- She will promote **construction of household toilets** under total sanitation campaign.

ANGANWADI WORKER

- Anganwadi Workers (AWWs) are honorary workers from the local community who come forward to render their services, on part-time basis, in the area of child care and development.
- Anganwadi Workers are involved in the implementation of ICDS Scheme.
- Under this scheme each Anganwadi covers the population of approximately 400-800 in rural and urban areas.

Job responsibilities of an Anganwadi worker

- Assessment of child
- Maintain the growth chart of every child and weigh the child every month till 3 years.
- Child above 3 years is assessed for malnutrition by mid upper arm circumference.
- Give therapeutic diet to grade 1 and 2 PEM child as recommended by specialist.
- Non formal pre-school education for children 3- 6 years.

- Coordinate with PHC staff for health check-up, immunization and referral of sick child.
- Supplementary nutrition to children (0-6 years), pregnant women and lactating mother.
- Implement Kishori Shakti Yojana/Sabla programme for adolescent girls.
- Organise the health days once or twice a month with ASHA at Anganwadi centre.
- ANM and AWW act as resource persons for training of ASHA.
- Depot holder for drug kits and will be issuing it to ASHA
- Survey the area to find out total beneficiaries and bringing them on Anganwadi centres on special days.
- Teach mother on health and nutrition.
- Maintain all records of services provided.

Job responsibility of health worker female (ANM/JPHN)

Maternal and child health

- Register and provide Antenatal care to pregnant woman throughout pregnancy
- Ensure at least 4 Antenatal visits
- Urine test, Haemoglobin estimation, Refer to PHC for syphilis test
- Conduct deliveries or supervise deliveries conducted by dais
- Refer cases of abnormal pregnancies
- Conduct post-natal home visits on 0, 3, 7 and 42nd day for home deliveries on institutional deliveries on 3, 7 and 42nd day.
- Initiation of early breast feeding, exclusive breast feeding and timely weaning.
- Assess growth and development of infants and under 5
- Provide treatment as per IMNCI guidelines.

Family planning

- Distribution of conventional contraceptives and oral contraceptives
- Identify eligible and target couples and motivate them for family planning.
- Follow up services for family planning adopters.

Medical termination of pregnancy

- Educate the community on consequence of septic abortion and inform them about various MTP services.

Nutrition

- Distribution of iron folate
- Identify cases of malnutrition
- Administration of Vitamin A solutions to children.

Dai Training

IEC for prevention and detection of NCDs

Notification of Communicable diseases

- Notify cases of diarrhoea, diphtheria, whopping cough, tetanus fever with rigors, fever with rash, jaundice, AFP etc.
- Identify and refer cases of skin patches, blindness, lymphoedema, elephantiasis etc.
- Give ORS for diarrhoea/dysentery or vomiting.
- Educate, counsel, follow-up of cases of STI/HIV/AIDS

Vital events: Record and report births, deaths particularly of mothers and infants.

Record keeping

Treatment of minor ailments

- Provide first aid in accidents and emergencies
- Refer cases to PHC/CHC ETC.

Job responsibility of HEALTH WORKER MALE (HWM/JHI)

National vector borne disease control program

- Malaria: Surveillance activities, collect thick and thin smears, dispatch smears for lab investigations, record the result and give treatment.
- Kala-azar and Japanese encephalitis endemic areas: enquire about cases, guide suspected cases to PHC/CHC for diagnosis and treatment
- Filarial endemic area: Identification and referral of cases of lymphoedema/elephantiasis and hydrocele; Train patients on care of feet and home-based management remedies; mass drug distribution of DEC + albendazole on National Filaria Day.

Leprosy eradication programme

- Identify cases of skin patches
- Ensure all leprosy cases are taking regular treatment
- Maintain patient record

National blindness control programme

- Identify and refer all cases of blindness including suspected cases of cataract.

Reproductive and child health care

- Distribution of conventional contraceptives and oral contraceptives
- Identify eligible and target couples and motivate them for family planning.
- Follow up services for male family planning adopters.
- Educate the community on about various MTP services

Communicable diseases

- Notify cases of diarrhoea, diphtheria, whooping cough, tetanus, fever with rigors, fever with rash, jaundice, AFP etc.

- Identify and refer cases of skin patches, blindness, lymphoedema, elephantiasis etc.
- Give ORS for diarrhoea/dysentery or vomiting.
- Educate, counsel, follow-up of cases of STI/HIV/AIDS

Environmental sanitation

- Chlorination, method of disposal of solid, liquid waste, sanitary latrines

Nutrition

- Identify cases of malnutrition
- Supplementary feeding (Anganwadi services)
- Refer serious cases to PHC

Recording of vital events

Record keeping

FIRST REFERRAL UNIT (FRU)

- An existing facility (district hospital, sub-divisional hospital, community health centre etc.) can be declared a fully operational First Referral Unit (FRU) only if it is equipped to provide Emergency Obstetric and New-born Care, in addition to all emergencies that any hospital is required to provide.
- FRU are units where both elective and emergency surgical services of secondary level care are being provided with complementary functional infrastructure, human resource, equipment, drugs, diagnostic and support services.

Three critical determinants of a facility being declared as an 'FRU' are:

- Availability of surgical interventions
- New-born care

- Blood storage facility on a 24-hour basis

Specialised care – physician, surgeon, obstetrician, paediatrician, anaesthesiologist.

Minimum services to be provided are

- 24-hour delivery services including normal and assisted deliveries.
- Emergency obstetric care including surgical interventions like caesarean sections and other medical interventions,
- New-born care.
- Emergency care of sick children.
- Full range of family planning services including laparoscopic services.
- Safe abortion services.
- Treatment of STI/RTI.
- Blood storage facility.
- Essential laboratory services.
- Referral (transport) services.