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The Short Textbook of Community Health Nursing

As per the Revised INC Syllabus for BSc Nursing



2nd Edition

Volume 2

Veerabhadrappa GM

Foreword
RV Kulkarni
SH Lagali

JAYPEE

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Chapter

2

Health Services in India

Learning Objectives

After completing this chapter, the learner will be able to:

- Define Health Care Delivery System
- List Down the Functions of DGHS
- Discuss about Panchayat Raj
- Discuss the Functions of PHC
- Discuss the Staffing Pattern of PHC
- Explain the Elements of PHC
- Discuss the Functions of CHC
- Discuss the Staffing Pattern of CHC
- Discuss the Functions of Anganwadi Workers
- Discuss the Job Responsibilities of Health Worker Female
- Explain in Detail about Health Care Delivery System in India
- Discuss the referral system
- Explain the alternative system of health care

Keywords

- **Health:** According to WHO, health is defined as a dynamic state of complete physical, mental and social well-being not merely an absence of disease or infirmity
- **Health service:** Any service (i.e. not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people
- **Health care delivery system:** Health care delivery system is the organization by which health care is provided
- **PHC:** Primary Health Care/Center
- **Primary health care:** Health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment
- **CHC:** Community Health Center
- **ESI:** Employee State Insurance
- **DGHS:** Directorate General of Health Services.

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INTRODUCTION

Health is the birth right of every individual. Today health is considered more than a basic human right; it has become a matter of public concern, national priority and political action. Our health system has traditionally been a disease-oriented system but the current trend is to emphasize health and its promotion.



DEFINITION OF HEALTH CARE DELIVERY SYSTEM

- Health care delivery system is defined as 'All societal service and activities designed to protect or restore the health of individual, families, groups and communities.

—Banta 1986

- Health care delivery system refers to the totality of resources that a population or society distributes in the organization and delivery of health population services. It also includes all personal and public services performed by individuals or institutions for the purpose of maintaining or restoring health. ***—Stanhope 2001***

GOALS/OBJECTIVES OF HEALTH CARE DELIVERY SYSTEM

- To improve the health status of population and the clinical outcomes of care
- To improve the experience of care of patients families and communities
- To reduce the total economic burden of care and illness
- To improve social justice equity in the health status of the population.

FUNCTIONS OF HEALTH CARE DELIVERY SYSTEM

- To provide health services
- To raise and pool the resources accessible to pay for health care
- To generate human and physical sources that makes the delivery service possible
- To set and enforce rules of the game and provide strategic direction for all the different players involved.



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HEALTH CARE DELIVERY SYSTEM IN INDIA

In India it is represented by five major sectors or agencies which differ from each other by health technology applied and by the source of fund available. These are:

I. Public Health Sector

- Primary Health Care:
  - Primary health centres
  - Subcentres.
- Hospital/Health Centres:
  - Community health centres
  - Rural health centres
  - District hospitals/health centre
  - Specialist hospitals
  - Teaching hospitals.
- Health Insurance Schemes:
  - Employees State Insurance
  - Central Govt. Healh Scheme.
- Other Agencies:
  - Defence services
  - Railways.

II. Private Sector

- Private hospitals, polyclinics, nursing homes and dispensaries.
- General practitioners and clinics.

III. Indigenous System of Medicine

- Ayurveda
- Siddha
- Unani
- Homeopathy
- Naturopathy
- Yoga
- Unregistered practioners.

IV. Voluntary Health Agencies

- Indian Red Cross Society
- Hind Kusht Nivaran Sangh
- Indian Council for Child Welfare
- Tuberculosis Association of India
- Bharat Sevak Samaj
- Central Social Welfare Board
- The Kasturba Memorial Fund

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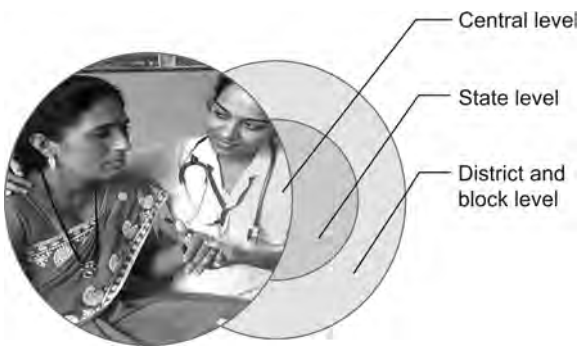
V. National Health Programmes

- National Vector Borne Disease Control Programme
- National Leprosy Eradication Programme
- Revised National Tuberculosis Control Programme
- National AIDS Control Programme
- National Programme for Control of Blindness
- Iodine Deficiency Disorders Programme
- Universal Immunisation Programme
- Reproductive and Child Health Programme
- Yaws Eradication Programme
- National Cancer Control Programme
- National Guinea Worm Eradication Programme
- National Cancer Control Programme
- National Mental Health Programme
- National Diabetes Control Programme
- National Programme for Control and Treatment of Occupational Disease
- Nutritional Programme
- National Surveillance Programme for Communicable Disease
- Integrated Disease Surveillance Programme
- National Family Welfare Programme
- National Water Supply and Sanitation Programme
- Minimum Needs Programme
- 20-Point Programme

ORGANISATION AND ADMINISTRATION OF HEALTH SERVICES IN INDIA AT DIFFERENT LEVELS

- India is a union of 29 states and 7 Union territories. Under the constitution states are largely independent in matters relating to the delivery of health care to the people. Each State, therefore, as developed its own system of health care delivery, independent of the Central Government.
- ***Health system in India has 3 levels, such as***



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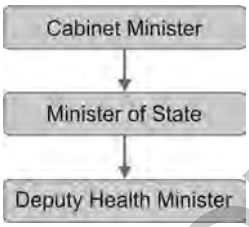
1. At the Central Level

The official organs of the health system at the national level consist of 3 units:

a. Union Ministry of Health and Family Welfare
b. The Directorate General of Health Services (DGHS)
c. The Central Council of Health and Family Welfare.

(a) Union Ministry of Health and Family Welfare

The Union Ministry of Health and Family Welfare is headed by a:



The union health ministry has the following departments:

- Department of Health
- Department of Family Welfare

Department of Health: It is headed by a



Functions:

Union list

- International health relations and administration of port-quarantine
- Administration of central health institutes such as All India Institute of Hygiene and Public Health, Kolkata; National Institute for Control of Communicable Diseases, Delhi, etc.
- Promotion of research through research centres and other bodies.
- Regulation and development of medical, nursing and other allied health professions.
- Establishment and maintenance of drug standards.
- Census, and collection and publication of other statistical data.
- Immigration and emigration.
- Regulation of labor in the working of mines and oil fields.

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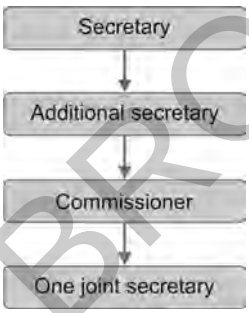
Concurrent list

The functions listed under the concurrent list are the responsibility of both the union and state governments. The centre and states have simultaneous powers of legislation. They are as follows:

- Prevention of extension of communicable diseases from one unit to another
- Prevention of adulteration of food stuffs
- Control of drugs and poisons
- Vital statistics
- Labour welfare
- Ports other than major
- Economic and social health planning
- Population control and family planning.

Department of Family Welfare: It was created in 1966 within the Ministry of Health and Family Welfare. The secretary to the Government of India in the Ministry of Health and Family Welfare is in overall charge of the Department of Family Welfare.



Functions:

- To organize family welfare programme through family welfare centres.
- To create an atmosphere of social acceptance of the programme and to support all voluntary organisations interested in the programme.
- To educate every individual to develop a conviction that a small family size is valuable and to popularize appropriate and acceptable method of family planning.
- To disseminate the knowledge on the practice of family planning as widely as possible and to provide service agencies nearest to the community.

(b) The Directorate General of Health Services (DGHS)

Organisation

The DGHS is the principal adviser to the Union Government in both medical and public health matters. He is assisted by a team of deputies and a large administrative staff. The Directorate comprises of three main units:

a. Medical care and hospitals
b. Public health
c. General administration

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Functions of DGHS

- **General functions:**
  - Surveys
  - Planning
  - Coordination
  - Programming and
  - Appraisal of all health matters in the country.
- **Specific functions**
  - International health relations and quarantine
  - Control of drug standards
  - Medical store depots
  - Postgraduate training
  - Medical education
  - Medical research
  - Central Government Health Scheme
  - Central Health Education Bureau
  - Health intelligence
  - National Medical Library
  - National Health Programmes.

(c) Central Council of Health and Family Welfare

- The Central Council of Health was set-up by a Presidential Order on August 9, 1952, under Article 263 of the Constitution of India for promoting coordinated and concerted action between the centre and the states in the implementation of all the programmes and measures pertaining to the health of the nation.
- The Union Health Minister is the chairman and the state health ministers are the members.

Functions

- To consider and recommend broad outlines of policy in regard to matters concerning health such as:
  - Provision of remedial and preventive care
  - Environmental hygiene
  - Nutrition
  - Health education
  - Promotion of facilities for training and research.
- To make proposals for legislation in fields of activity related to medical and public health matters and to lay down the pattern of development for the country as a whole.
- To make recommendations to the Central Government regarding the health.
- To establish any organisations with appropriate functions for promoting and maintaining cooperation between the Central and State Health administrations.

2. At the State level

Historically, the first milestone in the state health administration was the year 1919, when the states (provinces) obtained autonomy, under the Montague-Chelmsford reforms, from the central government in matters of public health.

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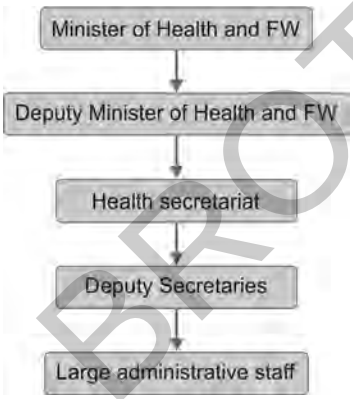
By 1921-22, all the states had created some form of public health organisation. The Government of India Act, 1935 gave further autonomy to the states.
The state is the ultimate authority responsible of state included:

- Provision of medical care
- Preventive health services and
- Piligrim with the state.

At present there are 31 states in India, with each state having its own health administration. In all the states, the management sector comprises the State Ministry of Health and a Directorate of Health.

State Ministry of Health

The State Ministry of Health is headed by a



Functions: Health services provided at the state level

- Rural health services through minimum needs programme
- Medical development programme
- MCH and family welfare and Immunisation programme
- NMIP (malaria) and NFCP (filarial)
- NLEP, NTCP, NPCB, prevention and control of communicable diseases like diarrheal disease, KFD, JE
- School health programme
- Nutrition programme
- National goitre control programme
- Laboratory services and vaccine production units
- Health education and training programme, curative services, national Aids control programme.

State Health Directorate

- The Director of Health and Family welfare is the chief principal (technical) adviser to the state Government on all matters relating to medicine and public health.
- He is also responsible for the organization and direction of all health activities.

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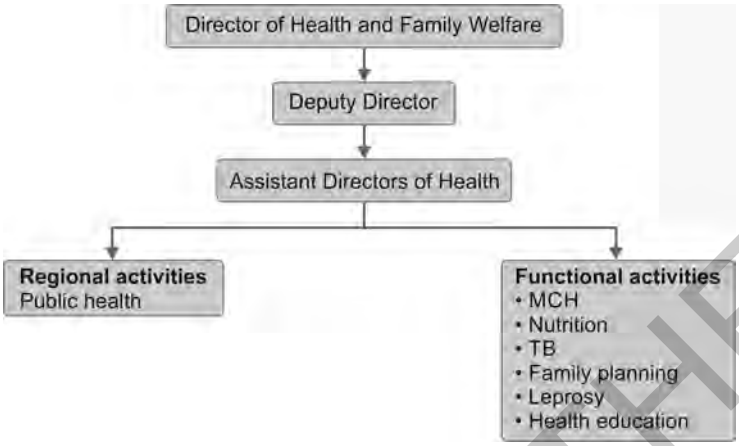

3. At the District Level

- The district is the most crucial level in the administration and implementation of medical/health services.
- At the district level there is a district medical and health officer or CMO who is overall responsible for the administration of medical/health services in the entire district.
- Bhore Committee (1946) recommended integrated services at all levels and the setting up of a unified health authority in each district. The principal unit of administration in India is the district under a collector.
- There area 619 districts in India.
- Each district has 6 types of administration areas.
  a. Subdivisions
  b. Tehsils (talukas)
  c. Community development blocks
  d. Municipalities and corporations
  e. Villages
  f. Panchayats

Organisation

- Most of the districts in India are divided into two or more subdivisions, each incharge of an assistant collector or sub collector.
- Each division is again divided into talukas, incharge of a Tehsildar. A taluka usually comprises between 200 and 600 villages.
- The community development blocks comprises approximately 100 villages and about 80,000 to 1, 20,000 population, incharge of a block development officer.
- Finally, there are the village panchayats, which are institutions of rural local self-government.
- The urban areas of the district are organised into:
  - Town area committee: 5,000–10,000
  - Municipal boards: 10,000–2,00,000
  - Corporations: population above 2,00,000.

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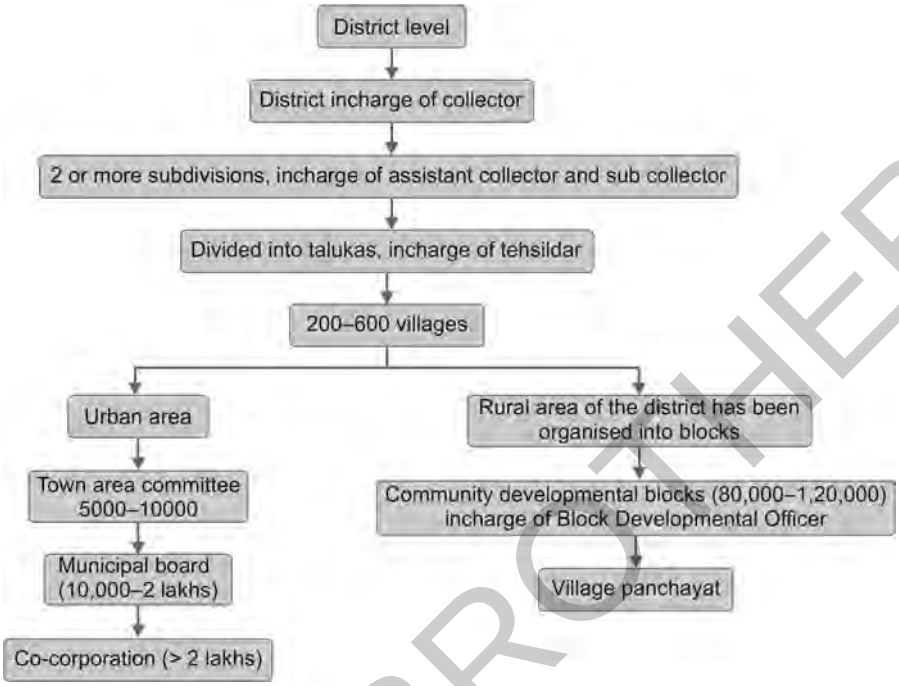

Towns' area committees are like panchayats. They provide sanitary services.
Municipal boards are headed by a chairman/president, elected usually by the members. The term of a municipal board ranges between 3 and 5 years.
The functions of a municipal board:

- Construction and maintenance of roads
- Sanitation, and drainage
- Street lighting
- Water supply
- Maintenance of hospitals and dispensaries
- Education
- Registration of births and deaths, etc.

Corporations are headed by mayors, elected by councilors are elected from different wards of the city. The executive agency includes the commissioner, the secretary, the engineer, and the health officer. The activities are similar to those of on a much wider scale.

Panchayat Raj: The panchayat Raj is a 3-tier structure of rural local self-government in India linking the villages to the district. The three institutions are:

a. Panchayat (at the village level)
b. Panchayat samiti (at the block level)
c. Zilla parishad (at the district level)

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a. Panchayat (At the village level)

The panchayathi Raj at the village level consists of:

- The gram sabha
- The gram panchayat
- The nyaya panchayat
- ***Gram Sabha:*** It is the assembly of all adult men and women of the village. The body meets at least twice in a year and discusses important issues and considers proposals for taxation, discusses the annual program and elects members of Gram Panchayat.
- ***Gram panchayat:*** It is executive organ of the Gram Sabha and an agency for planning and development at the village level. It consists of 15 to 30 elected members; it covers a population of 2000 to 5000. Every panchayat has an elected president (Sarpanch/Mukhya/Sabhapati), a vice president and panchayat secretary. The panchayat secretary has been given powers to function for wide areas such as maintenance of sanitation and public health, socioeconomic development of the villages, etc.
- ***Nyaya panchayat:*** It is composed of 5 members from the panchayat. It tries to solve the dispute between the panchayat. It tries to solve the dispute between the two parties/ individuals over certain matters on mutual consent.

Functions:

- **Developmental functions**: All developmental functions, e.g. agriculture, animal husbandry, cottage industries, medical relief and public health are to be implemented.
- **Judicial functions**: 'Nyaya panchayat' which is to be established for a group of 'Village panchayats' and its members are elected by Gram Sabha.
- **Law and order functions**: The panchayat also helps in maintaining law and order in the village.
- **Administrative and civic functions**: The panchayat is expected to perform all the elementary civic functions such as arrangements of sanitation, conservancy, construction and repair of roads, water supply, street lights, etc.

b. Panchayat samiti (At the block level)

The block level consists of about 100 villages and a population of about 80,000 to 1, 20,000. The panchayat samiti consists of Sarpanch, MLAs, MPs residing in block area, representative of women, SC, ST and cooperative societies. The primary function of the Panchayat Samiti is the execute the community development programme in the block. The Block Development Officer (BDO) and his staff give technical assistance and guidance in development work.

c. Zila parishad (At the district level)

The zila parishad is the agency of rural local self-government at the district level. The members of the zila parishad include all heads of panchayat samiti in the district, MPs, MLAs, representatives of SC, ST and women, and 2 persons of experience in administration, public life or rural development. Its functions and powers vary from state to state.

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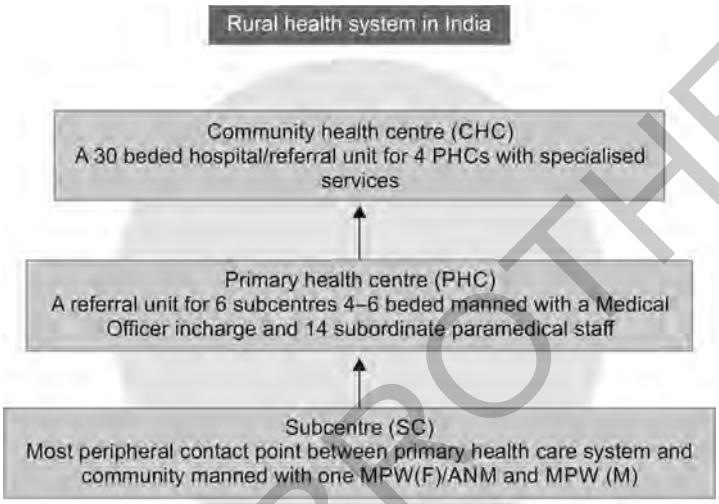
Health Care System

The organizational structure at the block level has 3 tier structures such as:

- Village level
- Subcentre
- Primary health centre
- Community health centre



(1) At Village Level

At the village level, elementary services are rendered by:

- Village health guides
- Local dais or (TBA)
- Anganwadi workers
- ASHA
- **Village health guides:** Village health guide is a person with an aptitude for social service and is not full time govt functionary. Village health guides scheme was introduced on 2nd Oct 1977.

  Guidelines for their selection:

  – They should be permanent resident of the local community, preferably women
  – They should be able to read and write, having minimum formal education at least up to the VI std
  – They should be acceptable to all sections of community
  – They should be able spare at least 2 to 3 hours everyday for community health work.

  After selection the health guide undergo a short training in primary health care. The training is arranged in the nearest PHC, subcenter or other suitable place for the duration of 200 hours, spread over a period of 3 months. During the training period they receive a stipend of ₹ 200 per month.

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The Short Textbook of
Community Health Nursing

Salient Features

- Content matter is well organized according to syllabus prescribed for Community Health Nursing-II by the Indian Nursing Council (INC), New Delhi
- Chapter objectives and keywords are stated at the beginning of each chapter
- The entire book is written in a simple and clear language
- Descriptions with well-labeled diagrams, summarizing tables and coloured clinical pictures/photographs have been incorporated to make learning easy
- Simple formats are included wherever necessary to enlighten the language
- Includes Models Solved Question Papers at the end of the chapters.

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