

***Dept. of Public Health Dentistry***

***Primary Health Care***

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# Primary Health Care



# Origin

The concept of primary health care came into existence in 12<sup>th</sup> Sept-1978 following a joint WHO-UNICEF international conference of ALMA ATA, which was the capital of the kazakhstan, located in the asiatic region of Soviet Union.

The conference called for acceptance of the WHO goal of “Health for all by 2000 A.D.” and primary health care was accepted as the key to achieve the this goal.

# Bhore Committee

The Britain Govt. in 1943 appointed the health survey & development committee with Sir Joseph Bhore as its chairman,

To assess the existing health condition and health care facilities and to make recommendation for future development.

The committee submitted its report in 1946 which is famously known as **BHORE COMMITTEE REPORT.**

The committee conceptualized the development of primary health centers for a population of 40000. committee use the term **“Comprehensive HealthCare”** means provision of integrated preventive, curative and promotional health service from “Womb to Tomb”

Although Bhore committees recommendation didn't form part of a comprehensive plan for national socioeconomic development, the committees report continues to be a guideline for national planning in India.

# Definition

**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 development in the spirit of self reliance and self determination.  
(WHO/UNICEF 1978)

## **Elements/Components of primary health care**

1. **E**ducation about prevailing health problems and methods of preventing and controlling them.
2. Prevention and control of **L**ocally endemic disease
3. Provision of **E**ssential drugs.
4. **M**CH care, including family planning.
5. Immunization against infectious disease.
6. Promotion of food supply and proper **N**utrition.
7. Appropriate **T**reatment of common diseases and injuries.
8. An adequate supply of **S**afe water and basic sanitation.

# Principles of Primary Health Care

1. Equitable distribution: Rich/Poor, Urban/Rural, Social Injustice
2. Community involvement/participation : more effective to begin work in a community, dealing with the issues which community members have identified as an important by using local resources like manpower (Village health guide & Dais), money and material
3. Focus on prevention and health promotion
4. Appropriate technology
5. Multisectoral approach: An important element is planning to avoid unnecessary duplication. Medical and dental should both support and compliment each-other & oral health could better be integrated into general health programs.

# Health Care System In India

- The health care infrastructure has been developed as a Four tier system with
  1. Village Level,
    - a) Village Health Guide scheme
    - b) Local Dais
    - c) Anganwadi workers
    - d) ASHA (Accredited Social Health Activist)
  2. subcenter,
  3. Primary health center (PHC) and
  4. Community health center (CHC)

# 1. Village Level

**(A)Village Health Guide Scheme** : This scheme was introduced on 2<sup>nd</sup> Oct,1977.

Name changed to CHW in 1977 & CHV in 1979 & finally VHG in 1981.

**Basic Philosophy-** Place “**People’s health in people’s hand**”

➤ VHG is mostly woman with an aptitude for social service, chosen by the community in which they work and serve as links between community & govt. infrastructure.

➤ Selection criteria :

1. Should be P.R.,
2. minimal formal education upto VI standard
3. Should be acceptable by community,
4. Should be able to spare at least 2-3 hours/day for community health work.

After selections, 200 hours training in the nearest PHC spread over 3 months and receive 200/month as stipend

➤ Duties Include

1. Simple medical first aid treatment
2. Mother and child health, Family planning
3. Health education & sanitation.

Get paid an honorarium of Rs 50/month and drugs worth Rs 600/annum.

1 VHG for each village / 1000 rural population.

Continued for 25 years...



- (B) Local Dais** : Under the rural health scheme **(NRHM)** Local Dais (traditional birth attendants) are trained to improve their knowledge about Maternal and Child Health (MCH) and sterilization.
- > Training at PHC/Sub-center/MCH center for 2 days a week and remaining 4 days they accompany Female MPHW to the villages for a total of 30 working days.
  - > They are required to conduct at least 2 deliveries under the guidance of MPHW with aseptic techniques.
  - > Each Dai is paid a stipend of Rs.300 during her training period & is paid monetary compensation per delivery & per infant registered by her.



**(C) Anganwadi Worker** : Under the Integrated Child Development Service Scheme (ICDS), there is an anganwadi worker for 1000 population.

> Trained for 4 months.

- Pre-school education for children aged 3-6 years,
- Health Check Up & referral for children below 6 yrs & woman aged 15-45 yrs,
- Immunization,
- Supplementary Nutrition,

The work of anganwadi worker is supervised by Mukhya Sevika who cover 20-25 anganwadis



## **(D) ASHA (Accredited Social Health Activist)**

One of the key component of NRHM

ASHA will be trained to work as an interface b/w  
community & public health system.

Key components of ASHA

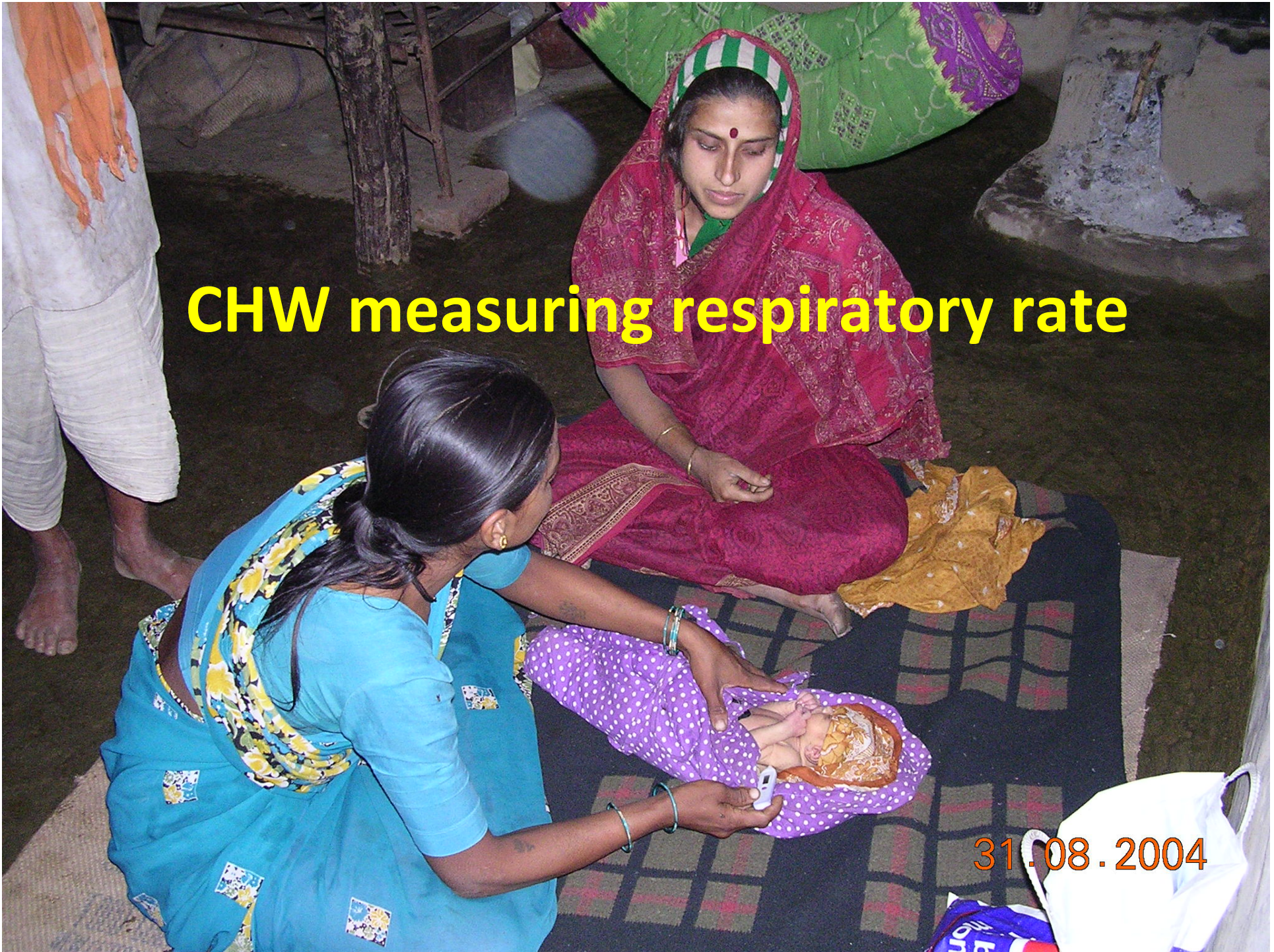
- Resident woman from same village of 25-45 years
- Eduacted upto Std.VIII (Optional)
- Will be chosen through a rigorous process of selection & will have to take trainings for 23 days in 5 episodes.

## Duties Include

- Promotes good health
  - Counselling pregnant & lactating mothers on immunization.
  - Nutrition, sanitation,
  - ASHA will mobilize the community and facilitate them in accessing health related service provided by govt. like Ante & post natal check-up, supplementary nutrition, immunization.
  - HIV counselling & new born care after 6 months of trainings.
- 1 ASHA for 1000 population & paid Rs.800/month as a salary.

**CHW measuring respiratory rate**

31.08.2004





**CHWs trained for treatment for minor ailments**



<b>VILLAGE LEVEL WORKERS</b>	<b>TRAININGS</b>	<b>STIPEND</b>	<b>SALARY</b>
<b>VHG</b>	200 hrs over 3 months	Rs.200/month	Rs.50/Month, Rs.600/Annum medicines
<b>Local Dais</b>	2 days @ PHC/ Sub-center, 4 days-field work Over 30 days	300/month	Incentive
<b>Anganwadi Workers</b>	4 months		Rs.1500/Month
<b>ASHA</b>	23 days in 5 Episodes		800/Month

CHC (80,000-1,20,000)

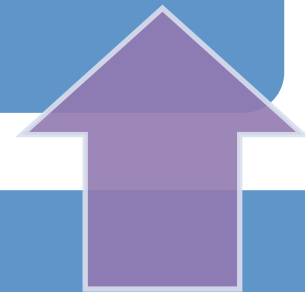
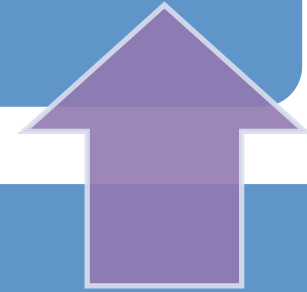
30 Bedded hospital for 4  
PHCs.

4 PHCs (30,000-20,000)

4-6 Bedded hospital for 6  
sub-centers

6 Sub-centers (5,000-3,000)

Contact point b/w PHC &  
community



## 2. Sub-centre level

- is the peripheral outpost of the existing health delivery system in rural areas.
- It covers a population of 5000 in general and 3000 in hilly, tribal and backward areas.
- 2 functionaries include 1 male & 1 female multipurpose health workers (MPHW) & 1 Health Assistant(HA) will supervise 6 MPHW.
- Functions are limited to mother & child health care (MCH), family planning and immunization.
- 6 sub-centres are located in each PHC area



પેટા કેન્દ્ર  
બિલમણા  
પ્રા.આ. કે.નું નામ - સાગ્રોદ

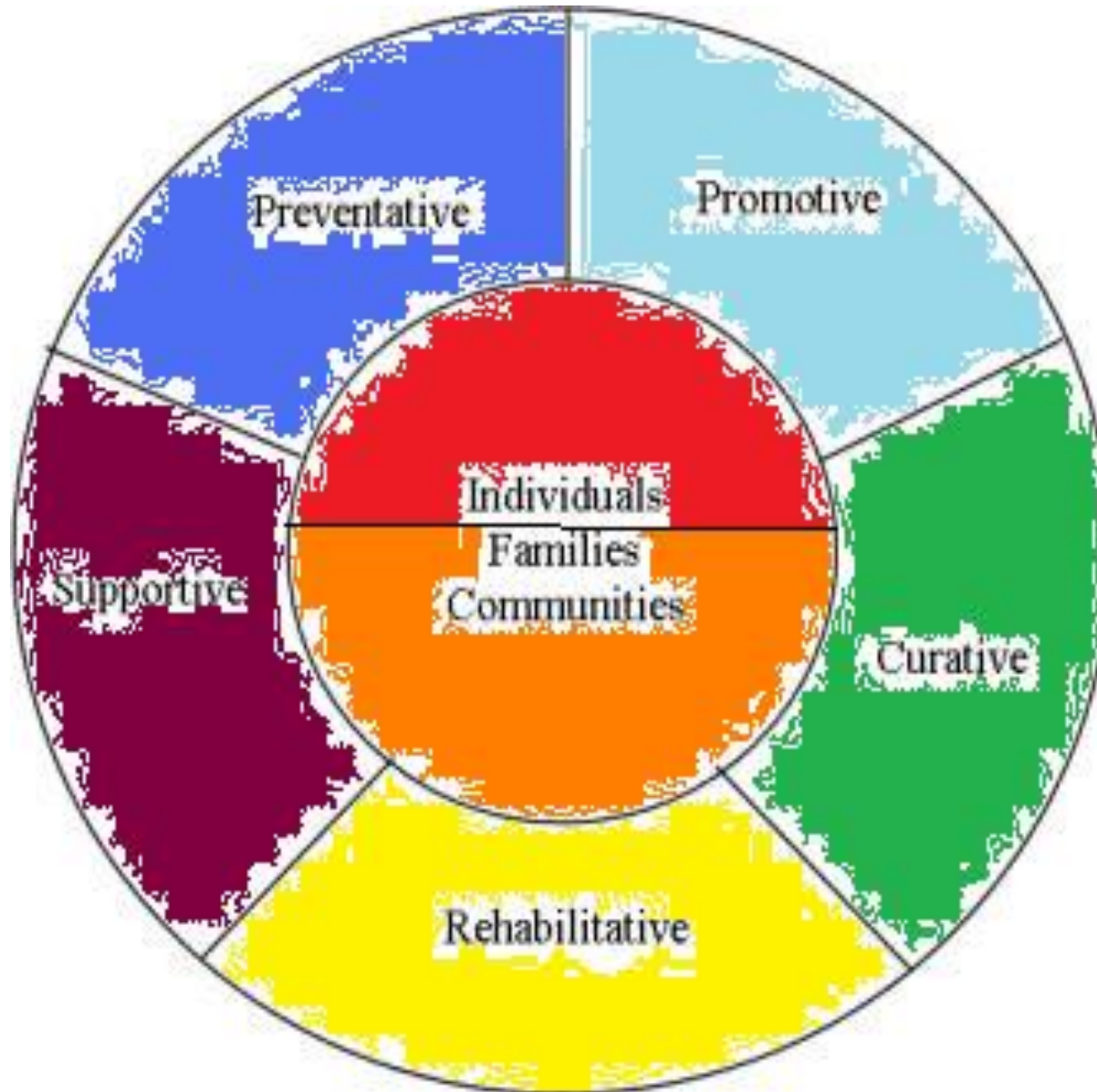
કોલેજ - વિદ્યારથી બિલ

સાલ	કક્કા	સર
સાલ ૨૦૨૦-૨૧	સર ૩	સર ૩
સર ૨૦૨૦-૨૧	સર ૨	સર ૨
સર ૨૦૨૦-૨૧	સર ૧	સર ૧

### **3.Primary Health Centers (PHCs)**

- 1 PHC for every 30,000 rural population in the plain and 1 PHC for every 20,000 population in hilly, tribal and backward areas.
- A PHC is manned by a Medical officer supported by 14 paramedical and other staff.
- It acts as a referral unit for 6 subcenters.
- It has 4-6 beds for patients.

# PRIMARY HEALTH CARE FUNCTIONS



# Functions of PHC

1. Routine OPD & Referral services
2. Training of health guides, health workers, local and health assistants
3. Medical services
4. Basic laboratory services.
5. Collection and reporting of vital statistics
6. Education about health
7. National health programs
8. Maternal and child health (MCH) including Family planning.
9. Safe water supply and basic sanitation
10. Prevention and control of locally endemic diseases

## **4. Community Health Centers (CHC)**

- It covers 80,000-1,20,000 population.
- It is manned by 4 medical specialist including Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff.
- It has 30 indoor beds with 1 OT, X-ray, Labor Room and Laboratory facilities.
- It serves as a referral center for 4 PHCs.
- As on march,2007, there are 4045 CHCs functioning in the country.

# Functions of CHC

1. Care of routine cases of surgery & medicines
2. 24 hour delivery services.
3. Full range of family planning services including Laproscopic Services.
4. Newborn care
5. Routine and Emergency care of sick children.

## BOX 6.1: STAFFING PATTERN IN VARIOUS HEALTH CENTERS

### A. STAFF FOR SUBCENTER: NUMBER OF POSTS

1. Health Worker (Female)/ ANM .....	1
2. Health Worker (male) .....	1
3. Voluntary Worker ( Paid @Rs. 100/-p.m. as honorarium) .....	1
<b>Total</b> .....	<b>3</b>

### B. STAFF FOR NEW PRIMARY HEALTH CENTER

1. Medical Officer .....	1
2. Pharmacist .....	1
3. Nurse Mid- Wife (Staff Nurse) .....	1
4. Health Worker (Female)/ ANM .....	1
5. Health Educator .....	1
6. Health Assistant (Male) .....	1
7. Health Assistant (Female)/LHV .....	1
8. Upper Division Clerk .....	1
9. Lower Division Clerk .....	1
10. Laboratory Technician .....	1
11. Driver (Subject to availability of Vehicle) .....	1
12. Class IV .....	4
<b>Total</b> .....	<b>15</b>

### C. STAFF FOR COMMUNITY HEALTH CENTER

1. Medical Officer # .....	4
2. Nurse Mid-wife (Staff Nurse) .....	7
3. Dresser .....	1
4. Pharmacist/ Compounder .....	1
5. Laboratory Technician .....	1
6. Radiographer .....	1
7. Ward Boys .....	2
8. Dhobi .....	1
9. Sweepers .....	3
10. Mali .....	1
11. Chowkidar .....	1
12. Aya .....	1
13. Peon .....	1
<b>Total</b> .....	<b>25</b>

#: Either qualified or specially trained to work as surgeon, Obstetrician, Physician and Pediatrician. One of the existing Medical Officers similarly should be either qualified or specially trained in Public Health.

# GUJARAT'S HEALTH CARE SYSTEM



# Questions asked

- Define primary health care & explain primary health care system in India \_\_\_\_\_ (7)
- Primary health care\_\_\_\_(5)
- Village health guide\_\_\_\_(5)
- Functions of PHC(primary health center)\_\_(5)

**THANK**

**YOU**