HEALTH CARE DELIVERY IN INDIA
In India, it represented by five major sectors or agencies which differ from each other by the health technology applied and by the source of funds for operation.
1. PUBLIC HEALTH SECTOR

(a) Primary health care
   - Primary health centers
   - sub-centers

(b) Hospitals/Health centers
   - Community health centers
   - Rural hospitals
   - District hospital/health center
   - Specialist hospitals
   - Teaching hospitals

(c) Health Insurances schemes
   - Employees state insurance
   - Central Govt. Health Scheme

(d) Other agencies
   - Defence services
   - Railways
2. Private Sector
   (a) Private Hospitals, polyclinics, Nursing homes and Dispensaries.
   (b) General practitioners and clinics

3. Indigenous system of Medicine
   Ayurveda, Siddi, Unani and Tibbi, Homeopathy

4. Voluntary Health Agencies

5. National Health Programmes
Primary Health Care in India

1. Village Level
   One of the basic tenets of this is universal coverage and equitable distribution of health resources.
   
a. Village Health Guides
b. Training of Local Dais
c. ICDS scheme (Anganwadi Workers)

2. Sub centre level

3. Primary health centre level
COMMUNITY HEALTH CENTRE (3,276)

PRIMARY HEALTH CENTRE (23,730)

SUB CENTRE (1,38,000)

80,000-1,20,000

30,000

5000

VILLAGE LEVEL

LOCAL DAIS

ANGANWADI WORKER

VILLAGE HEALTH GUIDES
Village Health Guides

- A village health guide is a person with an aptitude for social service and is not a full time government functionary.

- The health guide are now mostly women.

- They serve as links between the community and the governmental infrastructure. They provide the first contact between the individual and health system.
Guidelines:

- Be permanent resident of the local community
- Have minimum formal education (VI class)
- Spare at least 2-3 hours/day for community health work

After selection, they undergo training in the nearest PHC for 3 months. 0.1 for each village per 1000 rural population

Duties

- Treatment of simple medical problem and first aid,
- Mother and child health care including family planning,
- Health education and Sanitation
Local dais

- traditional birth attendants- concepts of maternal and child health and sterilization, besides obstetric skills.

- The training is for 30 working days. She is paid a stipend of Rs. 300 during her training period. Training is given at the PHC, sub-center or MCH center for 2 days in a week, and on the remaining four days of the week they accompany the health worker.

- They are expected to play vital role in propagating small family norms
- emphasis is given on asepsis so that home deliveries are conducted under safe hygiene to reduce maternal and child mortality.
After successful completion of training, each dai is provided with a delivery kit and a certificate. She is entitled to receive an amount of Rs. 10 per delivery provided the case is registered with the sub-center/PHC.

To each infant registered by her, she will receive Rs.3.
Anganwadi worker

- Under the ICDS (Integrated Child Development Services) scheme, there is an anganwadi for a population of 1000. There are about 100 such workers in each ICDS Project.
- training in various aspects of health, nutrition, and child development for 4 months.

- She is a part-time worker and is paid an honorarium of RS.200-250 per month for the services rendered, which include health check-up, immunization, supplementary nutrition, health education, non-formal pre-school education and referral services.

- The beneficiaries are especially nursing mothers, other women (15-45 years) and children below the age of 6 years.
Sub-center level

• 1 subcentre - 5000 population in general but in hilly, tribal and backward areas 1 - 3000 population.

• Two functionaries at this level - Health worker male and health worker female (multipurpose worker).

• 6-8 month in service training and orientation by PHCs medical officer.

• Form a link between health guide and PHC and responsible for all health services and programs in that area, work under the supervision of health assistant
1 PHC for every 30,000 population rural population in plains,
1 PHC for every 20,000 population in hilly, tribal and backward areas, has been proposed for effective coverage.
Functions

1. Education - health problems and the methods of preventing and controlling them.
2. Promotion of food supply and proper nutrition.
3. An adequate supply of safe water and basic sanitation.
5. Immunization against major infectious diseases.
7. Appropriate treatment of common diseases and injuries.
8. Provision of essential drugs.
9. National Health Programs- as relevant
10. Referral services
11. Training of health guides, health workers, local dais and health assistants.
<table>
<thead>
<tr>
<th>Staffing pattern</th>
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<tbody>
<tr>
<td>Medical officer</td>
<td>1</td>
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<tr>
<td>Pharmacist</td>
<td>1</td>
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<tr>
<td>Nurse mid-wife</td>
<td>1</td>
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<tr>
<td>Health worker</td>
<td>1</td>
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<tr>
<td>Block extension educator</td>
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<tr>
<td>Health assistant (male)</td>
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<tr>
<td>Health assistant (female)</td>
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<tr>
<td>Lab technician</td>
<td>1</td>
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<tr>
<td>Driver</td>
<td>1</td>
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<tr>
<td>Class IV</td>
<td>4</td>
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</tbody>
</table>
Community health center

• One out of 4 PHC’s in community developmental block upgraded and recognized as Community Health Center (CHC).

• Should have 30 beds with the specialist in surgery, medicine, gynecology and pediatrics with x-ray and laboratory facilities.

• Covers population of 80,000-1,20,000.
Health insurance

• No universal health insurance in India
• At present limited to industrial workers and their families
• Central government employees covered by health insurance
Employees state insurance scheme (ESI)

- Introduced in 1948
- Contribution by employer and employee
- Provides for medical care in cash and kind, benefits in the contingency of sickness, maternity, employment injury and pension for dependents on death of worker due to employment injury
- Covers salary < 10,000/month
- Covers all employees – manual, clerical, supervisory and technical
Central government health scheme (cghs)

- Introduced in 1954 in New Delhi
- Covers employees of autonomous organisations, retired central government servants, widows receiving family pension, MP’s, Ex-Governors and retired judges
- Covers about 42.76 lakh beneficiaries through 320 dispensaries/hospitals
Other agencies

• Defence medical services
  – Armed forces medical services

• Health care of railway employees
  – Railway hospitals and clinics
  – Yearly health check-ups
Private agencies

- Private hospitals
- Independent clinics
- 70% general practitioners
- Highly unorganized, concentrated in urban areas
- Provide mainly curative services
- MCI, IMA regulate some functions and activities
Indigenous system of medicine

• Provide bulk of medical care to rural people

• National Institute of Ayurveda

• National Institute of Homeopathy

• Govt studying how these can be best utilized for more effective health coverage
Voluntary health agencies in India

1. Indian Red Cross Society
2. Hind Kusht nivaran sangh
3. Indian council for child welfare
4. Tuberculosis association of India
5. Bharat sevak samaj
6. Central social welfare board
7. The kasturba memorial fund
8. The All-India blind relief society
9. Professional bodies
10. International agencies
National health programmes

1. Anti-malaria programme
2. National filaria control programme
3. Kala-azar control programme
4. Japanese encephalitis control programme
5. Dengue control
6. National Leprosy-eradication programme
7. National tuberculosis programme
8. National AIDS control programme
9. National programme for control of blindness
10. Iodine deficiency programme
11. Universal immunization programme
12. Reproductive and child health programme
13. National cancer control programme
Targeted areas

- Elements of primary health care
- Referral system
- Comprehensive health care
- Principles of primary health care
- Primary health care
- National health programmes
THANK YOU