



# PRIMARY HEALTH CARE

*Mr. Kunal Jejurkar,  
Assistant Professor,  
Community Health Nursing  
KBNC, Aurangabad.*



# CONCEPT-

- ▶ In 1977, the Govt. of India launched a Rural Health Scheme, based on the principle of “**placing people’s health in people’s hands**”.
- ▶ The primary health care become a core policy for the WHO with the **ALMA-ATA Declaration in 19 October 1978** by the president Fedrinand E marcos. And set goal for the acceptable level if health for all the people of the world day by the year 2000 through the primary health care approach.
- ▶ By keeping view the WHO goal of **health for all by 2000 AD** . The govt. of India involves a National health policy based on primary health care approach it was approved by parliament in 1983



# DEFINITION

➤ The **Alma-Ata Conference** defined primary health care as

**“Primary health care is the 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

- **1 .Environmental sanitation =**  
-Adequate water supply and good waste disposal.



## 2 .Control of communicable disease-

.



# 3. Immunization



## 4. Health education

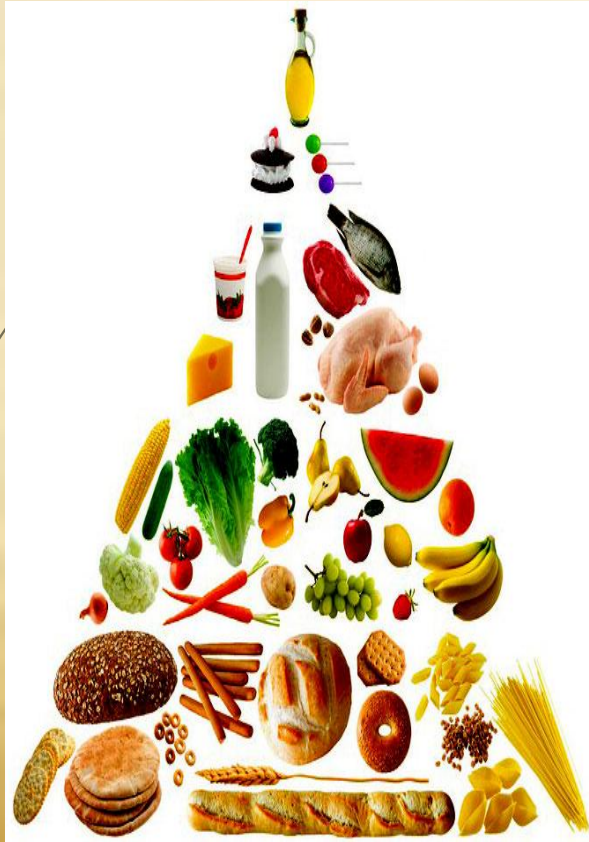


## 5. MCH Services





## 6. Adequate food and proper nutrition



# 7. Provision of medical care and emergency treatment



## 8. Provision of Essential Drug



## 9. Referral services





# PRINCIPLES OF PHC

- 1. EQUITABLE DISTRIBUTION.**
- 2. COMMUNITY PARTICIPATION**
- 3. INTERSECTORAL CO-ORDINATION**
- 4. APPROPRIATE TECHNOLOGY**
- 5. FOCUS ON PREVENTION.**

# 1. EQUITABLE DISTRIBUTION.

- Health services must be shared equally by all people irrespective of their **ability to pay** and **all (rich or poor, urban or rural)** must have access to health services.
- Primary health care facilities must be..
  - Available for all,
  - Accessible to all,
  - Acceptable by all
  - Affordable by all



## 2. COMMUNITY PARTICIPATION



- There must be a continuing effort to secure meaningful involvement of the community in the planning, implementation and maintenance of health services, beside maximum reliance on local resources such as **manpower, money and materials**.
- Community participation means involvement of the people in the development process voluntarily
- e.g. village development committees, women's groups, youth associations, NGO's.

### 3. INTERSECTORAL CO-ORDINATION

All the development sectors have their influence on health & impact on health status of the community. Hence a multi sectoral approach with inter **sectoral co-ordination and co-operation among agriculture, food industry, education, housing, public works etc.** is essential for success of primary health care.






## 4. APPROPRIATE TECHNOLOGY

- It means Support Mechanism made Available. Internationally conference on PHC (1978) has defined technology as an **association of methods, techniques and equipment which, together with the people using them,** can contribute significantly to solving a health problem.





# Appropriate means that the technology is

- Scientifically sound
- Acceptable to those who apply it and to other whom it is used
- Compatible with local culture
- Capable of using adapted and further developed if necessary
- Understandable by the PHC workers and even by individuals /family/community
- Cost effective.

## 5. FOCUS ON PREVENTION.

- ▶ The main focus should be on prevention of disease.





# Primary health care services in India

## 1. Village level

- a) Village health guides
- b) Local dais
- c) Anganwadi worker

## 2. Subcenter level

## 3. Primary health center level

## 4. Community health centers

# VILLAGE LEVEL -

## a) Village Health Guides



They should be

- ▶ Permanent residence of the **local community, preferably women.** Able to read and write, having minimum formal education at least up to the 6th standard.
- ▶ Acceptable to all sections of the community and able to **spare at least 2 to 3 hours every day for community health work.**
- ▶ Duties assigned for VHGs are treatment of simple ailments in **first aid, maternal and child health including family planning and health education for health promotion.**

# VILLAGE LEVEL

## b) Local dai

- Under the Rural Health Scheme, all categories of local dais in country are trained to improve their knowledge in the elementary concepts of **maternal and child health and sterilization, besides obstetric skills.**
- **Training** :- 30 working days.
- **Place** :- PHC/ Subcenter/ MCH center.
- **Stipend** :- Rs. 300/-
- **Requirement** :- she should conduct at least 2 deliveries under the guidance and supervision of the HW/HA (F), or ANM. HW/HA (F), or ANM.

# 1. Village level

## b) Local dai





## Village level

### c. Anganwadi worker

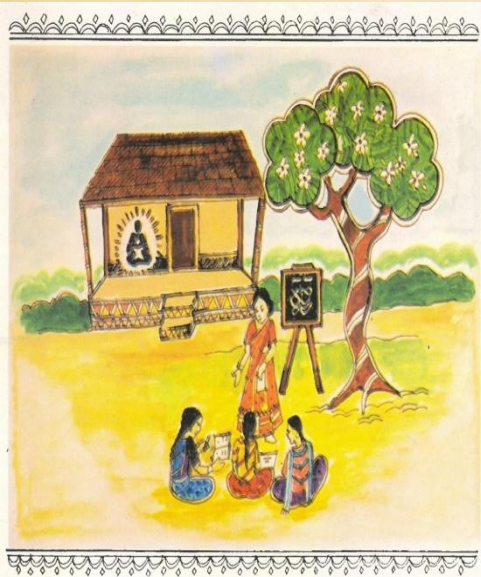
Under the ICDS scheme

- ▶ One anganwadi worker /1000 population.
- ▶ **Training** :- Nutrition and child development.
- ▶ **Services**:- Health check-up, supplementary nutrition, health education, immunization, non-formal pre-school education and referral services.



# Village level

## c. Anganwadi worker



## **2. SUB CENTER:-**

- ▶ They are being established on the basis of **one subcenter for every 5000 population** in general and for every **3000 population in hilly, tribal and backward areas.**
- ▶ Each subcenter is manned by one male and one female multi-purpose health worker.
- ▶ Functions of subcenter are maternal and child health care, family planning, immunization etc.

## 2. Subcenter

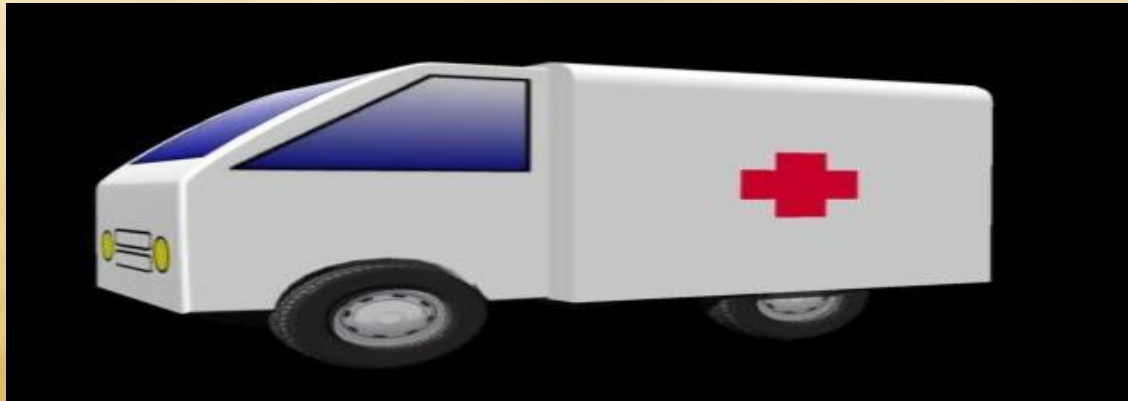


# STAFFING PATTERN OF SUB-CENTRE

SR. NO.	HEALTH PERSONNEL	REQUIRED STAFF
1	Health worker (female) / ANM	1
2	Health worker (male)	1
3	Voluntary worker ( paid Rs. 50 per month )	1
	<b>TOTAL</b>	<b>3</b>

### 3. Primary health center

- One PHC is proposed for 30,000 population in plain area
- one PHC for every 20,000 population in hilly and tribal area.



# STAFFING PATTERN IN PHC

Sr.No	Health personnel	Requirement
1	Medical officer	1
2	Staff nurse	1
3	Pharmacist	1
4	Health worker female ANM	1
5	Block extension educator	1
6	Health assistant (female) LHV	1
7	Health assistant male	1
8	Upper division clerk	1
9	Lower division clerk	1
10	Lab technician	1
11	Driver	1
12	Class 4 <sup>th</sup> worker	4
	<b>TOTAL</b>	<b>15</b>

## 4. COMMUNITY HEALTH CENTER

- ▶ Each CHC covers a population of 80,000 for Tribal and Hilly area
- ▶ Each CHC Covers a 1,20,000 for Plain area
- ▶ 30 beds hospital with X-ray and laboratory facilities.



# STAFFING PATTERN OF CHC

SR.NO	Health personnel	Requirement
1	Medical officer	4
2	Staff nurse	7
3	Dresser	1
4	Pharmacist	1
5	Laboratory technician	1
6	Radiographer	1
7	Ward boys	2
8	Dhobi	1
9	Sweeper	3
10	Mali	1
11	Choukidar	1
12	Aya	1
13	Peon	1
	<b>TOTAL</b>	<b>25</b>





# ROLE OF NURSE IN PHC

- Medical care
- Collaborator
- Advocate
- Adviser
- Promoter of health.
- Care provider
- Observer.
- MCH including family planning
- Consultant
- Participate in Nursing activities
- Referral services
- National health programmes
- Collection and reporting of vital statistics
- Prevention and control of locally endemic diseases

# 1. Medical care

- ▶ Nurses who work in the community are authorized to provide required medical care according to the felt needs of the people.



## 2. Collaborator

- ▶ The primary health care nurse works collaborate with the member of the health team in assessing the health status, planning of intervention, implementation and evaluation of health care services



### 3. Advocate

- ▶ She acts as an advocate in relation to primary health care, and she encourages and supports people to take right decisions in maintaining their health and protects patients and individuals rights in relation to health care.





## 4. Adviser

- ▶ Nurse develop good rapport with the family and the people in the community and advice them how to handle the problematic situation that relates the health in proper way



## 5. Promoter of health.

- Health promotion is the one of the intervention of primary prevention.
- Primary health care nurse should act as educator to teach them importance of nutrition, personal hygiene, weaning, family welfare practice and environmental sanitation



## 6.Care provider

- ▶ Nurse should provide required care according to needs of the family.



# 7.OBSERVER

- Nurse should act as a observer, she should be aware of his surrounding'
- the usual and unusual occurrence of disease
- Constant observation should be made in community



# 8. MCH INCLUDING FAMILY PLANNING

- Promotion of pregnant ladies for institutional deliveries to reduce MMR and IMR



# 9. CONSULTANT

As a consultant, the community health nurses/public health nurses share nursing knowledge and experiences with the health authorities in planning a programme, preparation of formats, quality checklists and organizing camps, in relation to particular programmes or any health activities which are to be implemented in the health unit districts.



# 10. PARTICIPATE IN NURSING ACTIVITIES.



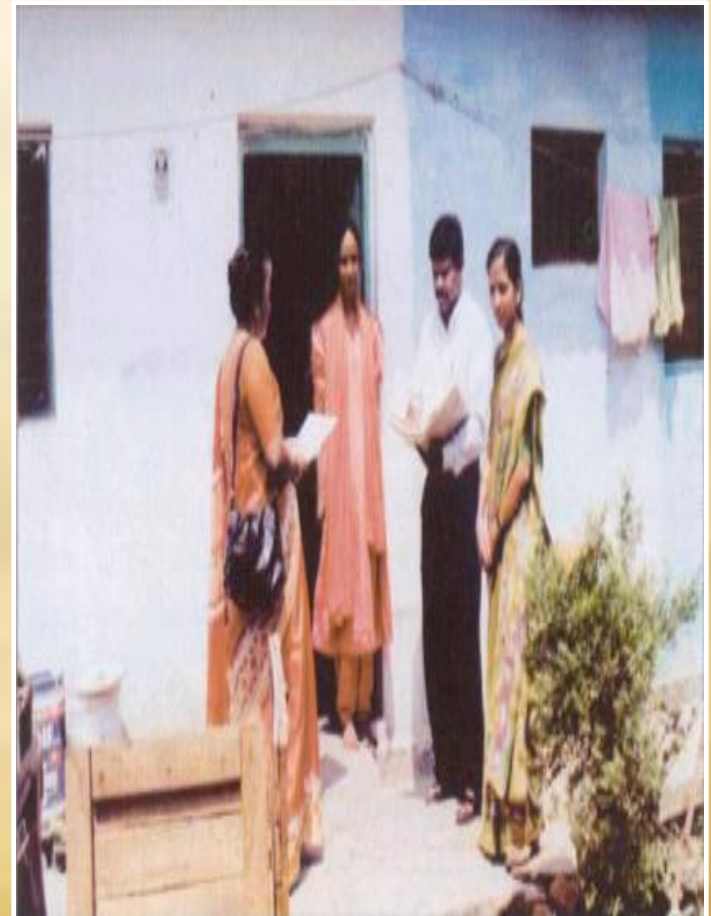
# 11. REFERRAL SERVICES



# 12. National health programmes



# 13.COLLECTION AND REPORTING OF VITAL STATISTICS



# 14. PREVENTION AND CONTROL OF LOCALLY ENDEMIC DISEASES





**THANK YOU**

