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Advance Concepts of NURSING Practice

2nd Edition

(As per the INC Syllabus for MSc Nursing)

Reddamma GG

Forewords
Bindhu Mathew
S Sacchidanand

JAYPEE

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Healthcare Delivery System in National, State, District and Local Level

CHAPTER OUTLINE

- History of Healthcare System
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- Organization and Administration of Health Services in India at Central Level
- State Level Ministry of Health and Family Welfare Services
- Organization of Health Service at District Level
- Organizational Chart of Primary Health Center

Learning Objectives

- Understand the historical development of healthcare systems, focusing on key milestones and their impact on modern healthcare.
- Explore the structure and components of the healthcare delivery system in India.
- Describe the organization and administrative structure of health services at the central level in India.
- Examine the role of state governments in healthcare administration and the Ministry of Health and Family Welfare at the state level.
- Explore the organization and administration of healthcare services at the district level in India.
- Analyze the structure and functions of a Primary Health Center (PHC) within the healthcare system.

INTRODUCTION

Health is a fundamental right of every human being irrespective of race or creed. Health system is defined or intended to delivery of health services. The aim of a healthy system is health development of the population. Currently, the goal of the health system is to achieve "Health for All" by the year 2000 as per National Health Policy.

DEFINITIONS

Healthcare

Health care is defined as a multitude of services rendered to individuals and communities by the agents of the health services or profession for promoting, maintaining, monitoring or restoring health.

Healthcare Services

The purpose of health care services is to improve the health status of the population. Its goal is to reduce the mortality and morbidity rate, increase the expectation of life, decrease in population growth rate, improvements in nutritional status, provision of basic sanitation, health man power requirements and resources development, and contain other parameters such as food production, dietary note, reduced levels of poverty, etc.

Healthcare Delivery

Health care delivery is defined as activities designed to produce or restore the health of individual, families, groups and communities.

Healthcare Delivery System

It 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).

HISTORY OF HEALTHCARE SYSTEM

Early History

The history of health in India goes back through the centuries to about 300 BC. The experiences and concern in health development date back to Vedic period between 300 and 1,400 BC. The excavations in the Indus Valley Civilization (e.g. Mohenjodaro and Harappa) planned cities with drainage, house and public baths built suggesting the practices of environment sanitation (300 BC). Actually this was followed by Dravidians, who lived at that time. After the invasion of Aryans, the Dravidian migrated to South. In 200 BC, Siddha system came into existence. The Manu Samhita prescribed rules and regulations for personal hygiene, food, spiritual and mental aspects of life. The system of hospital was developed during the Rahul Sankrityan period. The Arabic system of medicine known as Unani system was introduced in health services.

Pre-independence Era

- By the middle of the 18th century, the British had established their rule in India, which lasted till 1947
- A Royal Commission was appointed to investigate the causes of unsatisfactory condition of health in the British Army in 1859. In this period, they pointed out the need for the protection of water supply, construction of drainage and prevention of epidemics among British Army
- In 1864, sanitary commissioners were appointed in the three major provinces, i.e., Bombay, Madras and Bengal
- In 1880, the Vaccination Act was passed
- In 1896, a severe epidemic of plague occurred in India and Plague Commission was appointed
- In 1909, the Central Malaria Bureau was founded at Kasauli
- During 1920–1921, Municipality and Local Board Acts containing legal provisions for the advancement of public health were passed
- In 1930, the All India Institute of Hygiene and Public Health Calcutta was established with aids from Rockefeller Foundation. The Child Marriage Restraint Act (Sarda Act) came into effect
- In 1931, A Maternity and Child Welfare Bureau was established under the Indian Red Cross Society
- In 1939, the first Rural Health Training center was established at Singur, near Calcutta. In 1940, the Drug Act was passed and drugs were brought under the control for the first time
- In 1943, the health survey and development committee (Bhore Committee) was appointed by the Government of India to survey the existing position of health in India and to make recommendations for the future development. The committee recommended a short-term and a long-term program for the attainment of reasonable health services based on concept of modern health practice.

Components of Health System

- Concepts, e.g. health and disease
- Ideas, e.g. equity coverage, effectiveness, efficiency and impact
- Objects, e.g. hospitals, health centers and health programs
- Persons, e.g. providers and consumers.

Philosophy of Healthcare Delivery System

- Everyone from birth to death is part of the market potential for health care services
- The consumer of healthcare services is a client and not customer
- Consumers are less informed about health services than anything else they purchase
- Healthcare system is unique because it is not a competitive market
- Restricted entry into the health care system.

Goals/Objectives of Healthcare 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.

Principles of Healthcare Delivery System

- Supports a coordinated, cohesive health care delivery system
- Opposes the concept of fee-for-practice
- Supports the concept of prepaid group practice
- Supports the establishment of community-based, community-controlled health care system
- Urges an emphasis be placed on development of primary care
- Emphasizes on quality assurance of the care
- Supports health care as basic human right for all people
- Opposes the accrual of profits by health-care-related industries
- Supports individuals' unrestricted access to the provider, clinic or hospital

- Urges that in the establishment of priorities for health care funding, resource be allocated to maintain services for the economically deprived
- Supports efforts to eliminate unnecessary health care expenditures and voluntary efforts to limit increase in health care costs
- Endorses to provide old-age people with special health maintenance
- Supports public and private funding
- Condemns health care fraud
- Supports the establishment of a national health care budget
- Supports universal health insurance.

Functions of Healthcare 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 make the delivery service possible
- To set and enforce rules of the game and provide strategic direction for all the different players involved.

Characters of Healthcare Delivery System

- Orientation toward health
- Population perspective
- Intensive use of information
- Focus on consumer
- Knowledge of treatment outcome
- Constrained resources
- Coordination of resources
- Reconsideration of human values
- Expectations of accountability
- Growing interdependence.

Financing

There are generally 5 primary methods of funding health care systems:

1. Direct or out-of-pocket payment
2. General taxation
3. Social health insurance
4. Voluntary aid and donation
5. Government funding.

Healthcare System Models (Fig. 13.1)

Many countries follow different healthcare models. As healthcare system is the organization of people, institutions and resources that deliver healthcare services to meet the health needs of population. There is a wide variety of health systems around the world. Implicitly, nations must design and develop health systems in accordance with their needs and resources, although common elements in virtually all health systems are primary healthcare and public health measures. The healthcare models helps to reduce the cost and effective utilization of services by the population, alternative models of healthcare delivery provide healthcare services that are reasonably inexpensive, and have the basic essentials required by rural population. **Figure 13.1** shows the organization of health care system or model of services catered in India.

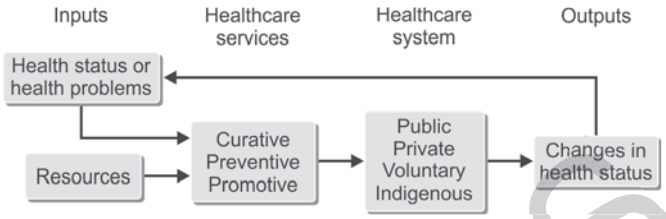

Fig. 13.1: Model of health care system.

HEALTHCARE DELIVERY SYSTEM IN INDIA (FIG. 13.1)

- Public health sector:
  - Primary health care:
    - Primary Health Centers (PHCs)
    - Sub-centers
  - Hospitals/health centers:
    - Community Health Centers (CHCs)
    - Rural hospitals
    - District hospital
    - Teaching hospital
  - Health insurance schemes:
    - Employees State Insurance (ESI)
    - Central government health scheme
  - Other agencies:
    - Defense services
    - Railways
- Private sector:
  - Private hospitals, polyclinics and nursing homes
  - General practitioners and clinics
- Indigenous system of medicine: Ayurveda, Siddha, Unani and Homeopathy
- Voluntary health agencies
- National health programs.

Organization and Administration of Health Services in India at Central Level (Fig. 13.2)

India is a union of 28 states and 9 union territories. Under the constitution of India, the states are largely independent in matters relating to the delivery of health care to the people. Each state, therefore, has developed its own system of health care delivery independent of the central government. The central responsibility consists mainly of policy-making, planning, guiding, assisting, evaluating and coordinating the work of the state health ministries, so that health services cover every part of the country and no state lags behind for want of these services.

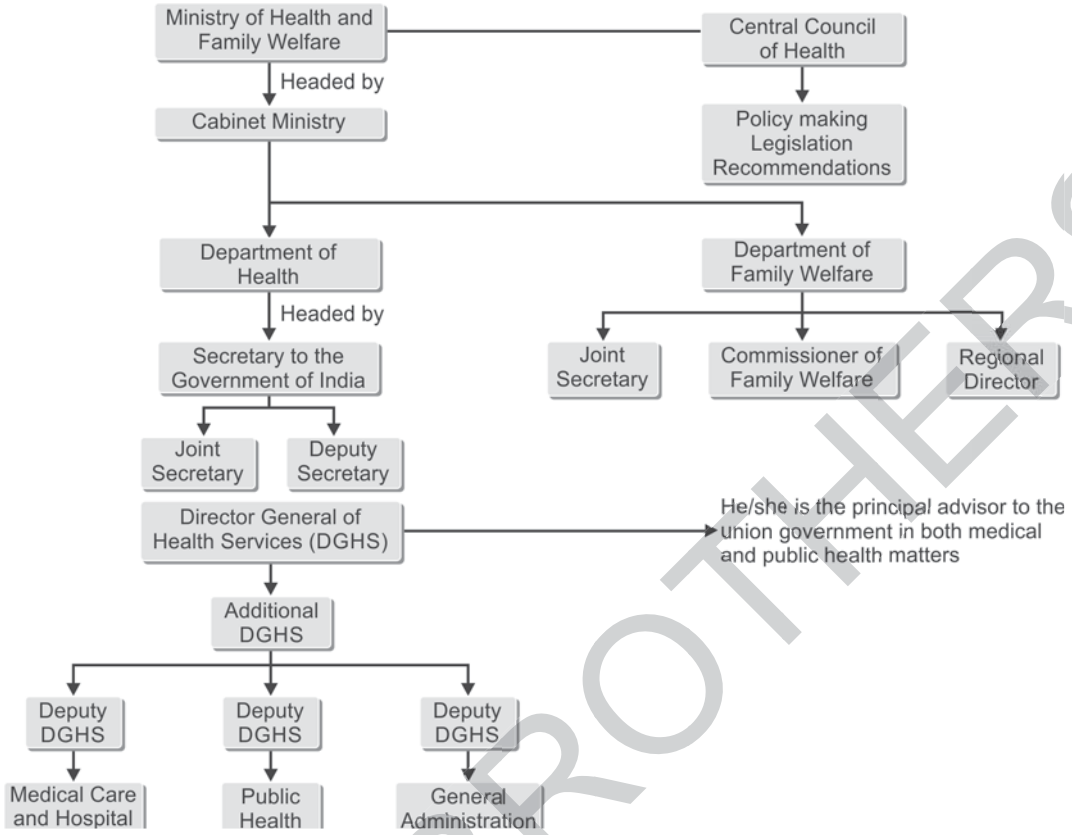

Fig. 13.2: Organization and administration of health services in India at central level.

The health system in India has three main links: central, state and local or peripheral.

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

1. Union Ministry of Health and Family Welfare
2. The Directorate General of Health Services (DGHS)
3. The Central Council of Health and Family Welfare.

1. Union Ministry of Health and Family Welfare

Organization

The Union Ministry of Health and Family Welfare is headed by a Cabinet Minister, a Minister of State and a Deputy Health Minister. These are political appointments and have dual role to serve political as well as administrative responsibilities for health.

Currently, the Union Health Ministry has the following departments:

- Department of Health
- Department of Family Welfare
- Department of Indian System of Medicine and Homoeopathy.

a. Department of Health

It is headed by a Secretary to the Government of India as its executive head, assisted by joint secretaries, deputy secretaries and a large administrative staff.

The Department of Health deals with planning, coordination, programming, evaluation of medical and public health matters, including drug control and prevention of food adulteration.

Functions

The functions of the Union Health Ministry are set out in the seventh schedule of the Article 246 of the Constitution of India under union list and concurrent list.

i. Union list

- International health relations and administration of post-quarantine
- Administration of central institutes such as the All India Institute of Hygiene and Public Health
- Promotion of research through research centers and other bodies
- Regulation and development of medical, pharmaceuticals, dental and nursing 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
- Coordination with states and other ministries for promotion of health.

ii. Concurrent list

The concurrent list is the responsibility of both the union and state government. The concurrent list includes:

- Prevention of communicable disease from one unit to another
- Prevention of adulteration of foodstuffs
- Control of drugs and poisons
- Vital statistics
- Labor welfare
- Economic and social planning
- Population control and family planning.

b. Department of Family Welfare (Fig. 13.3)

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. He is assisted by an additional secretary and commissioner, and one joint secretary.

The following divisions are functioning in the Department of Family Welfare:

- Program appraisal and special scheme
- Technical operations: Looks after all components of the technical program, namely sterilization/intrauterine device (IUD)/nirodh, post-partum, maternal and child health (MCH), UPI, etc.
- Evaluation and intelligence: Helps in planning, monitoring and evaluating the program performance and coordinates demographic research
- Nirodh marketing supply/distribution
- Transport
- Universal immunization program
- Area project
- Mass education and media: Responsible for providing educational publicity and extent support to education.

Functions

- To organize family welfare program through family welfare centers
- To create an atmosphere of social acceptance of the program and to support all voluntary organizations interested in the program
- 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
- To organize basic research of human fertility, genetics and population dynamics, and the evolution of easy and reliable method of contraception
- To study the social factors that affect fertility and to take such steps that will reduce the number of children in a family
- To coordinate the family planning program with the child welfare and maternal health services throughout the country

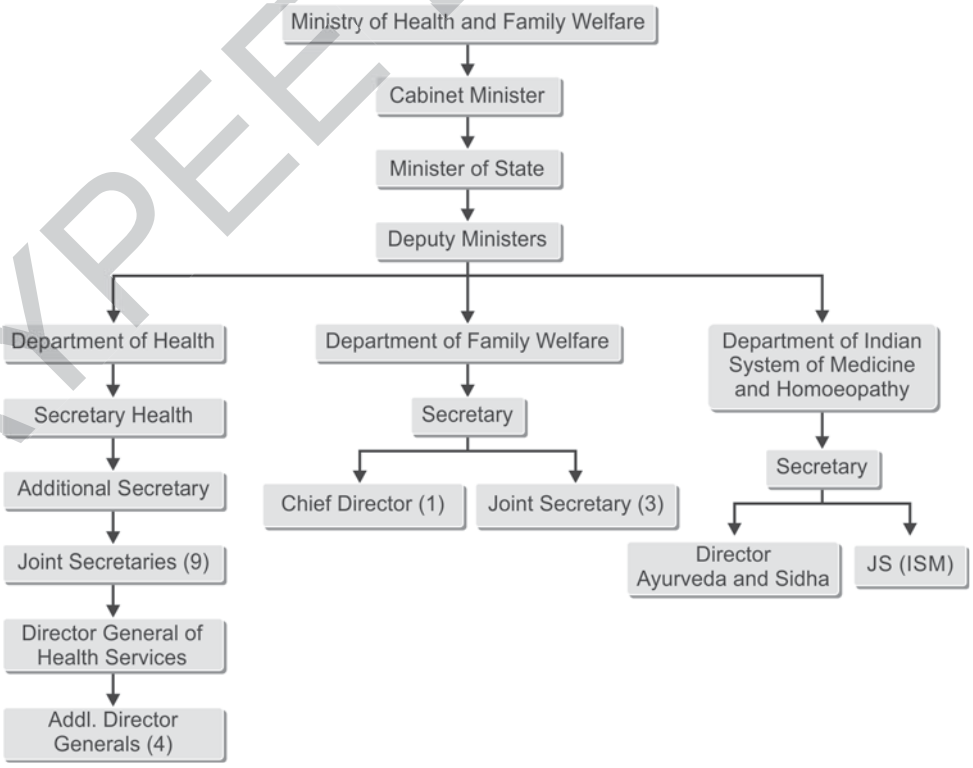

Fig. 13.3: Organization of Ministry of Health and Family welfare services.

- To organize production of contraceptive device in adequate quantities to maintain the supply at all levels at a minimum cost
- Indian system of medicine (ISM) and homeopathy helps to promote ISM in the country through training, research and use.

c. The Department of Indian System of Medicine and Homeopathy

- It was established in March 1995 and had continued to make steady progress. Emphasis was on implementation of the various schemes introduced such as education, standardization of drugs, enhancement of availability of raw materials, research and development, information, education and communication, and involvement of ISM and homeopathy in national health care.
- Most of the functions of this ministry are implemented through an autonomous organization called DGHS.

2. Directorate General of Health Services

Organization

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:

i. Medical care and hospitals
ii. Public health
iii. General administration.

Functions

- **General functions:** The general functions are surveys, planning, coordination, programming and appraisal of all health matters in the country.
- **Specific functions**
  - ***International health relations and quarantine:*** All the major ports in the country and international airports are directly controlled by the Director General of Health Services. All matters relating to the obtaining of assistance from international agencies and the coordination of their activities in the country are undertaken by the Director General of Health Services.
  - ***Control of drug standards:*** The drugs control organization is a part of the DGHS and is headed by the Drugs Controller. Its primary function is to lay down and enforce standards and control the manufacture and distribution of drugs through both Central and State Government offices. The Drugs Act (1940) vests the central government with the powers to test quality of imported drugs.
  - ***Postgraduate training:*** The DGHS is responsible for the administration of national institutions, which also provide postgraduate training to different categories of health personnel.
    - All India Institute of Hygiene and Public Health, Kolkata
    - All India Institute of Mental Health, Bengaluru
    - National Institute of Communicable Diseases, Delhi, etc.
  - ***Medical education:*** The DGHS is directly in charge of the following medical colleges in India:
    - Lady Hardinge
    - Maulana Azad
    - Medical colleges at Puducherry and Goa

    Besides these, there are many medical colleges in the country which are guided and supported by the Center.
  - ***Medical research:*** Medical research in the country is organized largely through the Indian Council of Medical Research (ICMR), founded in 1911 in New Delhi. The council plays a significant role in aiding, promoting and coordinating scientific research on human diseases, their causation, prevention and cure. The research work is done through the councils, and several permanent research institutes, e.g., Cancer Research Centre, TB Chemotherapy Centre at Chennai, etc. The funds of the council are wholly derived from the budget of the Union Ministry of Health.
  - ***National health programs:*** The various national health programs for the eradication of malaria and for the control of tuberculosis, filaria, leprosy, AIDS and other communicable diseases involve expenditure of crores of rupees. The central directorate plays a very important part in planning, guiding and coordinating all the national health programs in the country.
  - ***Central health education bureau:*** An outstanding activity of this Bureau is the preparation of education material for creating health awareness among the people. The bureau offers training courses in health education in different categories of health workers.
  - ***Health intelligence:*** The Central Bureau of Health Intelligence was established in 1961 to centralize collection, compilation, analysis, evaluation and dissemination of all information on health statistics for the nation as a whole. It disseminates epidemic intelligence to states and international bodies.
  - ***National medical library:*** The Central Medical Library of DGHS was declared the National Medical Library in 1966. The aim is to help in the advancement of medical, health and related sciences by collection, dissemination and exchange of information.

3. Central Council of Health

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 center and the states in the implementation of all the programs 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 in all its aspects such as the provision of remedial and preventive care, environmental hygiene, nutrition, health education and the 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 distribution of available grants-in-aid for health purposes to the states and to review periodically the work accomplished in different areas through the utilization of these grants-in-aid.
- To establish any organization or organizations invested with appropriate functions for promoting and maintaining cooperation between the central and state health administrations.

State Level Ministry of Health and Family Welfare Services

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. By 1921–1922, all the states had created some form of public health organizations. The Government of India Act, 1935 gave further autonomy to the states. The state is the ultimate authority responsible for health services operating within its jurisdiction.

State Health Administration (Fig. 13.4)

At present, there are 28 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 Minister of Health and Family Welfare, and a Deputy Minister of Health and Family Welfare. In some states, the Health Minister is also in charge of other portfolios. The Health Secretariat is the official organ of the State Ministry of Health and is headed by a Secretary who is assisted by Deputy Secretaries and a large administrative staff.

Functions

- Health services provided at the state level
- Rural Health Services through minimum needs program
- Medical development program
- MCH, family welfare and immunization program

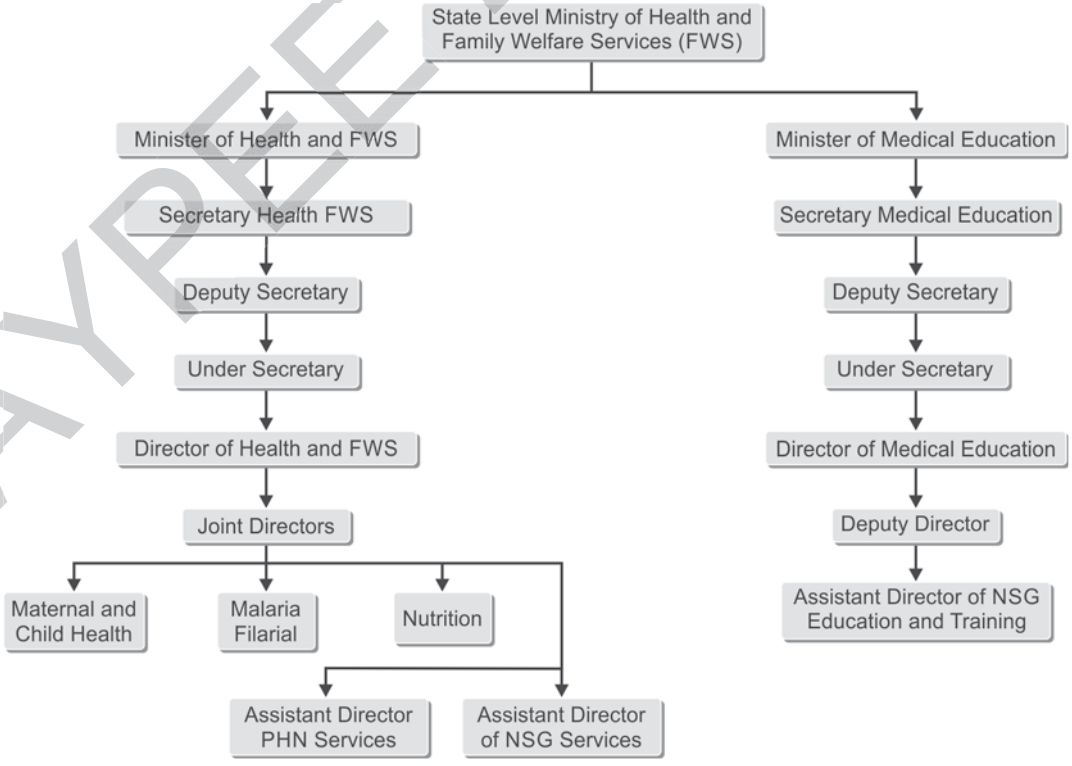

Fig. 13.4: Organization of State level Ministry of health and family welfare services.

- National Malaria Immunization Program (NMIP) and National Filaria Control Program (NFCP)
- National Leprosy Eradication Program (NLEP), National Tobacco Control Program (NTCP), National Program for Control of Blindness (NPCB), prevention and control of communicable diseases like diarrheal disease, Kyasanur Forest disease (KFD), Japanese encephalitis (JE), etc.
- Integrated Child Development Services, Anemia Control Programme, Iodine Deficiency Control Programme, etc.
- Laboratory services and vaccine production units
- Health education and training program, curative services, national AIDS control program.

❖ **State Health Directorate:** The Director of Health Services (DHS) is the chief 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. With the advent of family planning as an important program, the designation of DHS has been changed in some states and is now known as Director of Health and Family Welfare. The Director of Health and Family Welfare is assisted by a suitable number of deputies and assistants. The Deputy and Assistant Directors of Health may be of two types:

i. The **regional directors** inspect all the branches of public health within their jurisdiction, irrespective of their specialty.
ii. The **functional directors** are usually specialists in a particular branch of public health such as mother and child health, family planning, nutrition, tuberculosis, leprosy, health education, etc.

Functions

- Providing and planning curative and preventive services
- Promotion of health services
- Recruitment of health personnel
- Supervision of PHCs
- Prevention and outbreak of communicable diseases
- Planning and survey in relation to health.

Responsibilities

The responsibilities of the state health directorate are as follows:

- It studies in depth the health problem needs in the state and plans schemes to solve them
- Providing curative and prevention services
- Provision for control of milk and food sanitation
- Takes total responsibility for taking all steps in the prevention of any outbreak of communicable diseases
- Establishment and maintenance of central laboratories for preparation of vaccines
- Promotion of health education
- Collection, tabulation and publication of vital statistics
- Promotion of health programs such as school health, family planning, occupational health, MCH
- Recruitment of personnel for all health services
- Supervision of PHCs
- Planning and carrying out surveys in relation to nutrition
- Establishment of training courses
- Coordination of all health services with other ministries of the state.

ORGANIZATION OF HEALTH SERVICE AT DISTRICT LEVEL (FIG. 13.5)

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 chief medical officer (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 are 619 districts in India. Each district has six types of administration areas.

i. Subdivisions
ii. Tehsils (talukas)
iii. Community development blocks
iv. Municipalities and corporations
v. Villages
vi. Panchayats

Most of the districts in India are divided into two or more subdivisions, each in charge of an assistant collector or sub-collector. Each division is again divided into tehsils in charge of a Tehsildar. A tehsil usually comprises between 200 and 600 villages.

Since the launching of the community development program in India in 1952, the rural areas of the district have been organized into blocks known as **community development blocks**. The block is a unit of rural planning and development and comprises approximately 100 villages and about 80,000–120,000 population in charge of a block development officer **(Fig. 13.6)**.

Finally, there are the village panchayats, which are institutions of rural local self-government.

The urban areas of the district are organized into the following local self-government:

❖ Town area committee: 5,000–10,000
❖ Municipal boards: 10,000–200,000
❖ Corporations: Population above 200,000

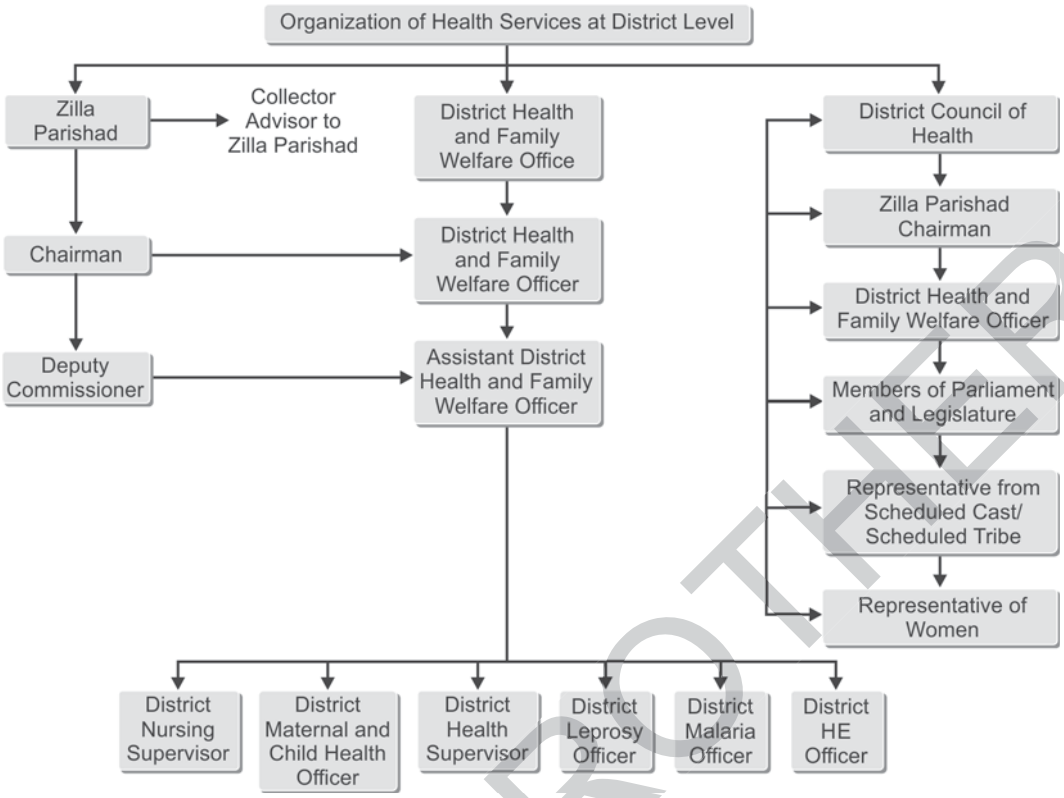

Fig. 13.5: Organization of health services at district level.

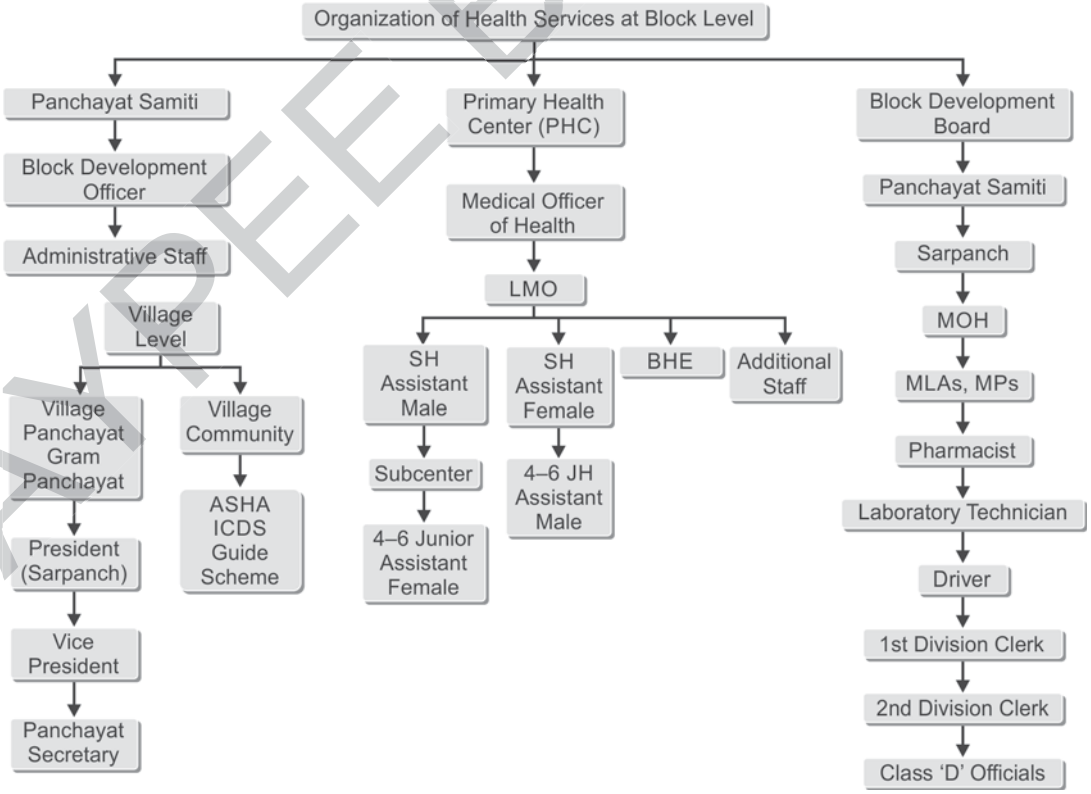

Fig. 13.6: Organization of health services at block level.
(LMO: Lady Medical Officer; MOH: Medical Officer of Health)

The **towns area committees** are like panchayats. They provide sanitary services.

The **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 are construction and maintenance of roads, sanitation, drainage, street lighting, water supply, maintenance of hospitals and dispensaries, education, registration of births, deaths, etc.

Corporations are headed by Mayors. The 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 the municipalities but on a much wider scale.

District Level Organization

- District Medical Officer (DMO)
- Joint Director of Health Services (JDHS)
- District Health Officer (DHO)
- Joint Director of Rural Health Services (JDRHS)
- District Family Welfare Officer
- Joint Director of Family Welfare Services (JDFWS)

According to Alma Ata declaration (1978), "Health for All" can be achieved only through PHCs. The district level organization is as follows:

- Zilla Parishad (planning and policy-making)
- District Health and Family Welfare Office (implementation)
- District Council of Health (supervision, evaluation and monitoring)

Zilla Parishad

Zilla Parishad is the planning and policy-making body in district level. It has the following members:

- District heads of all departments and ex-officers in DHO
- All members of parliament and legislation in the district
- All chairman of block
- Representatives of scheduled caste, tribes and women
- The collector is designated as advisor to the Zilla Parishad

District Health and Family Welfare Offices

District Health and Family Welfare Department deals with the implementation of health programs at the district level.

Organization: The District Health and Family Welfare Offices are in charge of all health administration and health programs implemented in the district. He is assisted by Assistant District Health and Family Welfare Officer.

District Council of Health Organization

It is the monitoring, evaluating or supervisory body. Here, the members consist of:

- District Health and Family Welfare (DHFW) officer
- All members of parliament and legislature in the district
- All chairmen or block supports and representatives of scheduled caste (SC) and scheduled tribe (ST).

Rural Health Services

The government of India in 1977, launched a scheme known as Rural Health Service on the principle of planning people's health in people's hand. It is a three-tier system of health care delivery in rural areas:

1. Village level
2. PHC
3. Sub-center level.

1. *Village level*: The following schemes are available at village health scheme:

- **Village health guides scheme:** A village health guide is a person with an aptitude for society and service and is not a full-time government functionary. Their works are supervised by community health nurse (CHN) and health assistant.
- **Accredited Social Health Activist (ASHA):** They play vital role in providing domiciliary, midwifery services in rural areas.
- **Anganwadi workers:** Under the Integrated Child Development Services (ICDS) scheme, one anganwadi worker for a population of 1,000. She will be selected from the community she lives. The services rendered by her are as follows:
  - Health education
  - Immunization
  - Supplementary nutrition
  - Health education
  - Non-formal preschool education and referral services.

2. *Primary health center (PHC)* **(Fig. 13.7)**: PHC is the first contract point between village, community and the medical officer. PHC acts as a referral for six sub-centers.

Organizational chart of primary health center:

- Functions of PHC
  - Medical care
  - MCH and family planning
  - Safe water supply and basic sanitation
  - Prevention and control of locally endemic disease
  - Collection and reporting of vital statistics
  - Health education
  - National health programs
  - Referral services
  - Education, training and research
  - Basic laboratory services.

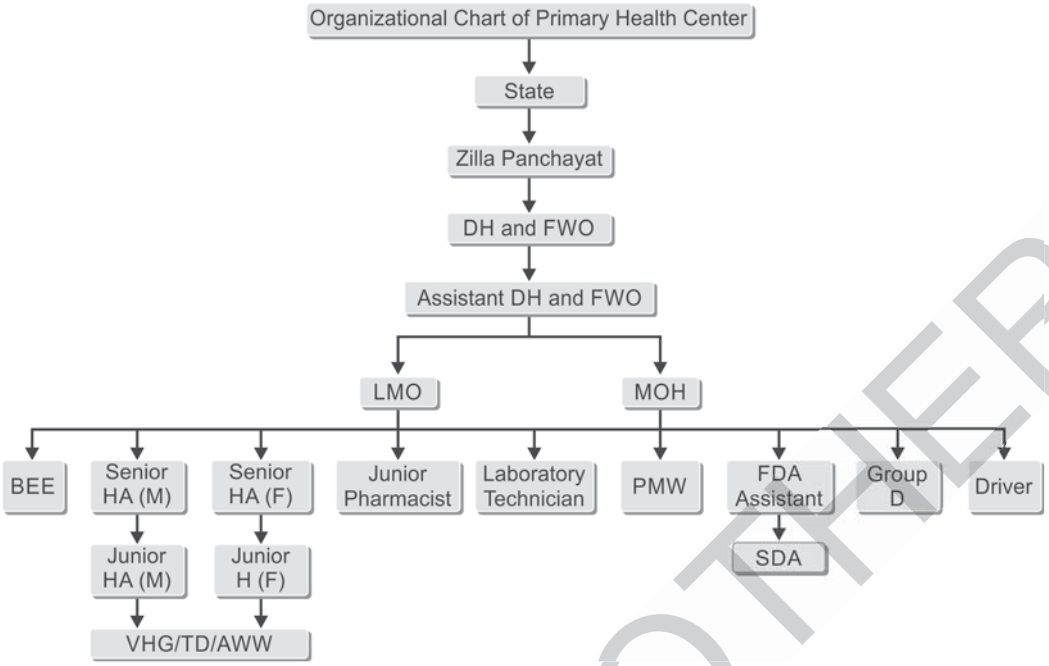

Fig. 13.7: Organizational chart of primary health center (PHC).

(AWW: anganwadi worker; Assistant DH and FWO: Assistant District Health and Family Welfare Officer; BEE: block extension educator; DH and FWO: District Health and Family Welfare Officer; HA: Health Assistant; LMO: Lady Medical Officer; TD: trained dai; MOH: Medical Officer of Health; VHG: Village Health Guide/Community Health Volunteer)

- Staffing Pattern of PHC
  - Medical Officer—1
  - Pharmacist—1
  - Nurse midwife—1
  - Health worker (female)/auxiliary nurse midwife (ANM)—1
  - Health educator—1
  - Health assistant (male)—1
  - Health assistant (female)/lady health visitor (LHV)—1
  - Upper division clerk—1
  - Lower division clerk—1
  - Laboratory technician—1
  - Driver—1
  - Class IV workers—4

3. *Sub-center level* **(Fig. 13.8)**: The sub-center is the peripheral output of the existing health delivery system in rural areas, on the basis of one sub-center for every population. The work of the sub-center is supervised by male and female health assistants.

Staffing pattern of sub-centers are as follows:

- Health worker (female) ANM—1
- Health worker (male)—1
- Voluntary worker (pay 150 pm as honorarium)—1

Community Health Centers

CHCs were established by upgrading the PHCs. Each CHC corners a population of 80,000–1.20 lakhs. It serves as a referral center for four PHCs.

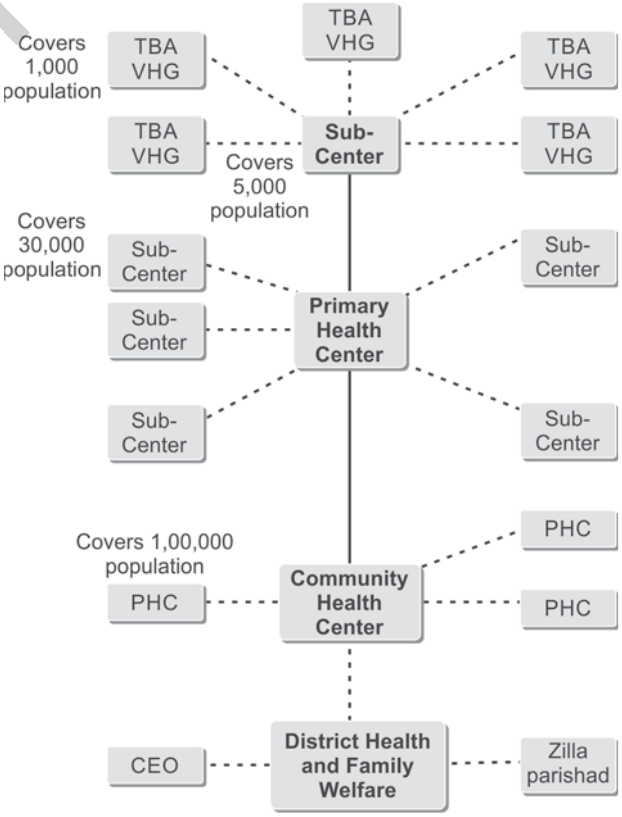

Fig. 13.8: Infrasructure of primary health care at district level.

(TBA: trained birth attendants; VHG: village health guides [Accredited Social Health Activist (ASHA) workers])

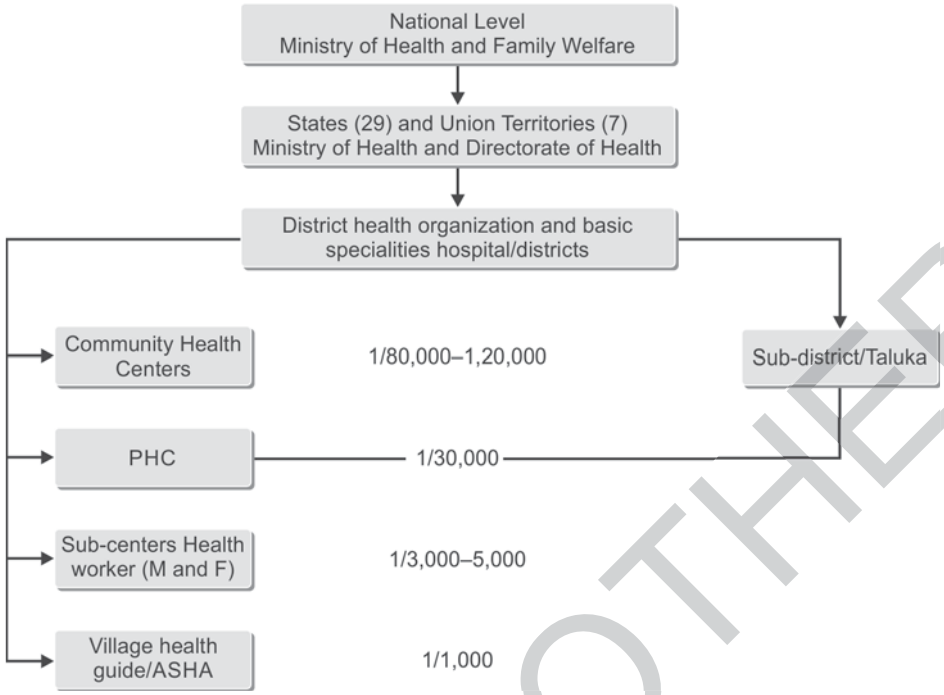

Fig. 13.9: Synoptic view of distribution of population with different healthcare services in India.

Staffing pattern of CHC level:

- Medical officer—4
- Nurse midwives—7
- Dresser—1
- Pharmacist—1
- Laboratory technician—1
- Radiographer—1
- Ward boys—2
- Dhobi—1
- Mali—1
- Sweepers—3
- Chowkidar—1
- Aya—1
- Peon—1

Hospital: Apart from the PHCs, the present organization of health services of the government sector consists of:

- Rural hospital
- District hospital
- Specialist hospital
- Teaching hospital.

The current opinion is that the hospital should not remain an Ivory Tower of Disease in the community, but should take an active part in providing health services to the community.

It is not to upgrade the rural dispensaries to PHCs and district hospital to district hospital center.

CONCLUSION

A health service system includes all formal and informal activities centered on the provision of health services for a given population and the utilization of such services by the population **(Fig. 13.9)**. Thus, health services can be described as permanent country wide system established institutions. The multipurpose objective of which is to cope with the various health needs and demands of population, and thereby provide health care to individuals and the community including preventive and curative activities and utilizing, to an extent, multipurpose health workers, resting traditionally on a three-tier hierarchy of central intermediate and peripheral levels.

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Reddamma GG MSc(N) PhD Scholar is Professor, OBG Nursing Department, Government College of Nursing, Fort, Bengaluru, Karnataka, India. She has completed her graduation from Government College of Nursing, Bengaluru, a pioneer institute of the state and postgraduation from Oxford College of Nursing, Bengaluru. She has an experience of 12 years in clinical area and 14 years of teaching in the field of Nursing. She is a PG guide and an examiner for UG and PG students of nursing for various universities and at RGUHS. She has published many scientific articles in national and international journals. She is a life member of TNAI, NNF, and SOMI. She is hardworking, dedicated, and passionate about maintaining the standards and quality of the nursing profession.

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