Post Graduate Certificate Course in Health System and Management - 2013

Module 2: Chapter 6.A

INTRODUCTION TO HEALTH SYSTEM IN INDIA - GOVERNMENT SET – UP

Indian Association of Preventive and Social Medicine

Gujarat Chapter

Introduction to health system in India

For systematic understanding of structure, organisation & administration of health system in India, this chapter is presented as follows:

1. Health system set up from central to peripheral level
2. Local self government in urban & rural areas
3. Voluntary health agencies in India

HEALTH SYSTEM IN INDIA:

In India Public and Private sector provides health care of primary to tertiary level to the patients/community through various kind of set up. Approximately 70% patients are getting services from private sector while remaining 30% patients are getting services from Govt. sector.

Private Sector: Doctors working in private sectors are providing services through:

- Single clinic
- Multi specialty clinic
- Single hospital
- Multi speciality hospital
- Super speciality hospital
- Multiple Super speciality Hospitals
- Trust hospital run though NGO
- Corporate hospital
- Medical Colleges

Public Sector: Department of Health and Family Welfare, Govt. of India had setup from rural and remote area of a county to national capital level to cater the need of people of citizen of India:

- Sub center
- Primary Health Centre
- Urban Health Center (for urban areas)
- Community Health Centre
- Sub district hospital
- District hospital
- Medical colleges
- Super specialty Hospital
- Other set up are: ESIS Dispensaries and hospitals, Railway hospitals, Corporation hospitals and medical colleges etc.

NGOs & Associations: Central to local level NGOs like WHO, UNICEF, UNFPA, Red Cross, Rotary Club, Indian Medical Associations, Indian Dental Associations and many more organizations/associations are working for Health matters in India. They are involved as service provider, advocator, training, planning, monitoring, etc.

National Institutes: There are large numbers of national institutes' e.g.

- National Institute of Occupational Health, Ahmedabad
- National Institute of Nutrition, Hyderabad
- National Institute of Mental Health, Bangalore
- All India Institute of Public Health and Hygiene, Kolkata
- National Institute of Health and Family Welfare, New Delhi
- Malaria Research Centre (six centres in India)

These institutes are working as autonomous body and as main technical institute in their field. They are involved advocacy, research, education, planning, monitoring, training, advisor etc.

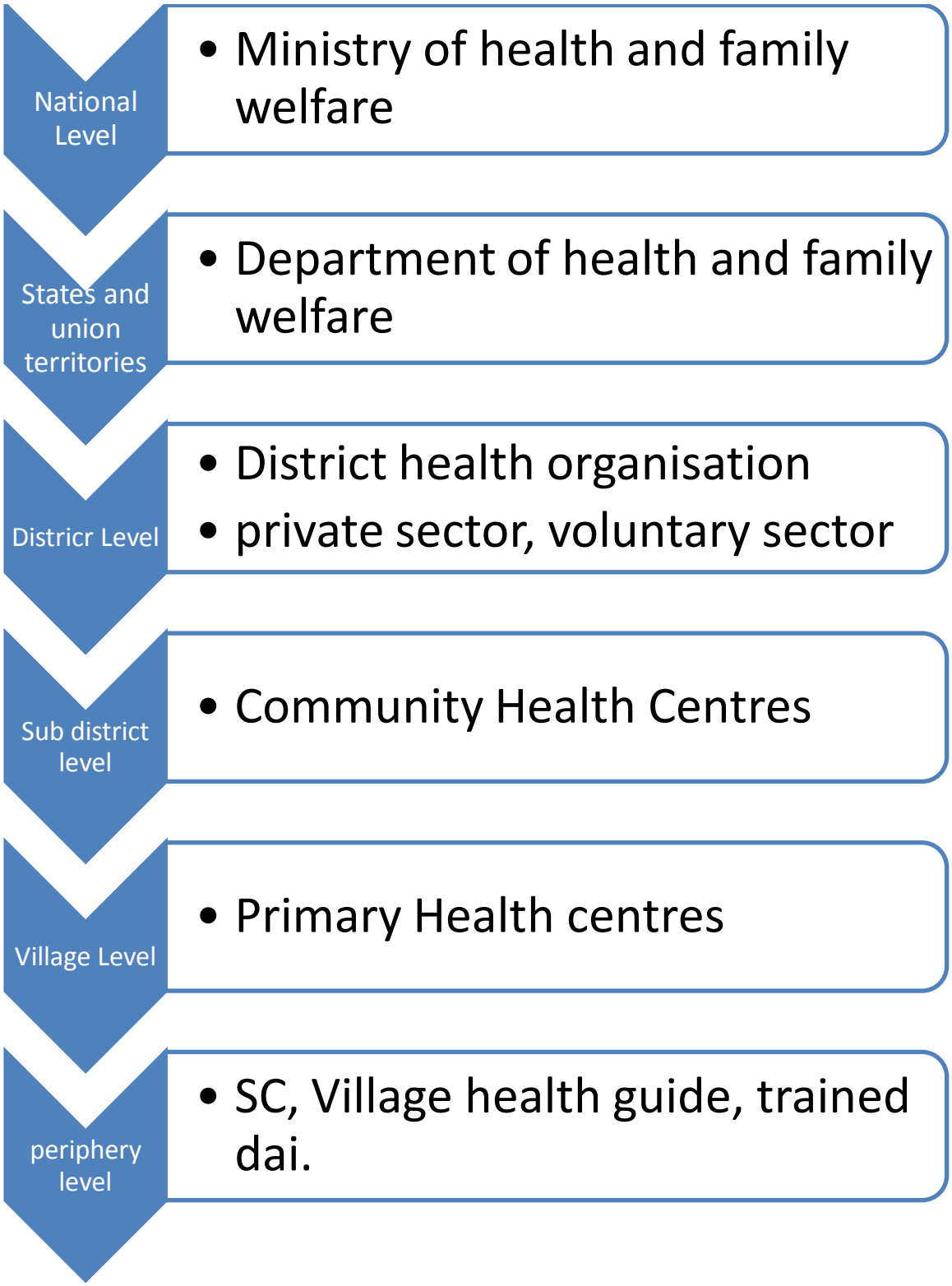
1. Health system set up from central to peripheral level

In the developing countries the organization of public health is determined to a greater extent by economic and developmental considerations. Governments in developing countries tend to provide health services, although not at the level of sophistication available in the developed countries. In most of the developing countries responsibility for public health is usually assumed by the federal government through its Ministry of Health. Typically, a network of public health centres is established at the provincial and local levels, for example, the establishment of a network of anti-epidemic stations in China which are under the broad direction of the federal government. Often these provincial and local centres provide not only the usual public health services, but also provide care at local and provincial hospitals. The poorest of the developing countries also depend to a great extent upon support from non-governmental organizations and international agencies such as the WHO. These organizations do not always share the same vision of public health as the individual countries. Furthermore, they tend to provide assistance for specific diseases or subpopulations which often distort the priorities for health efforts. Health must compete with other governmental priorities for limited resources and often comes out second best. Because of the pressing need to address disease problems, particularly infectious disease problems, and the economic constraints under which they must operate, very few developing countries have developed plans for safeguarding the environment and assuring that it is healthy. Finally, there is often a shortage of health professionals trained in modern public health to design and implement effective public health programmes.

Organization of the health system

The healthcare services' organization in the country extends from the national level to village level. From the total organization structure, we can slice the structure of healthcare system at national, state, district, community, PHC and sub-centre levels.

Synoptic view of health system in India:



National level –
Health system at the national level consists of:
(1) The Ministry of Health and Family Welfare;
(2) The Directorate General of Health Services; and
(3) The Central Council of Health and Family Welfare.

1. Union Ministry of Health and Family Welfare

The Union Ministry of Health and Family Welfare is headed by a cabinet Minister, a Minister of State and Deputy Health Minister.
The Ministry has three departments, viz. – Health, Family Welfare, and Indian System of Medicine and Homeopathy, headed by two Secretaries, one for Health and Family Welfare and the other for ISM and H.

The department of Health is supported by a technical wing, the Directorate General of Health Services, headed by Director General of Health Services (DGHS).
According to India's Constitution, services are divided into "lists" which specify who is responsible for them and empowered to pass legislation on them: the Union list for the Central (federal) government, the State list, and the Concurrent List for tasks deemed the shared responsibility of the Central and State governments. Union laws override those made by the states for items in the concurrent list.
The health-related provisions in the union list relate to port quarantine, research, and scientific and technical education. The concurrent list includes 'prevention of the extension from one State to another of infectious or contagious diseases or pests', and other issues with wider national ramifications such as food and drugs, family planning, medical education, and vital statistics.
All other public health and environmental sanitation services are supposed to be the exclusive responsibility of states. However, the center exercises a great deal of power through fiscal control.
Using its financial and political leverage, the central government can persuade the states to work towards specific health objectives and priorities, and provide the necessary technical support for this. An example of this is rural sanitation (in essence safe disposal of human excreta), which is listed as a 'state' subject but was largely neglected until the central government formulated a Central Rural Sanitation Program in 1984. This led the states to begin to implement rural sanitation schemes.

FUNCTIONS:-

The functions of the union Health Ministry are under (a) the Union list and (b) the Concurrent list.

***(a) Union list*:**
(1) International health relations and administration of port quarantine
(2) Administration of Central institutes such as the All India Institute of Hygiene and Public Health, Kolkata;

(3) Promotion of research through research centers and other bodies

(4) Regulation and development of medical,

(5) Establishment and maintenance of drug standards

(6) Census, and collection and publication of other statistical data

(7) Immigration and emigration

(8) Regulation of labour

(9) Coordination with States and with other ministries for promotion of health.

(b) ***Concurrent list***: Functions listed under the concurrent list are responsibility of both the Union and State governments. The Centre and the States have simultaneous powers of legislation: The concurrent list includes:

(1) Prevention of extension of communicable diseases from one unit to another

(2) Prevention of adulteration of foodstuffs

(3) Control of drugs and poisons

(4) Vital statistics

(5) Labour Welfare

(6) Ports other than major

(7) Economic and social planning, and

(8) Population control and Family Planning.

Department of Health:

The Health Department 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.

Deals with medical & public health maters including drugs control & prevention of food adulteration.

The MoHFW's Department of Health is supported in its work by a vast network of autonomous research and training institutions which are spread all over the country but administratively under the central government .These include the National Institute of Communicable Diseases (Delhi), which was set up as a center for disease control; the Central Bureau of Health Intelligence (New Delhi), several apex and regional training institutes, and specialized institutions such as the Central Food Laboratory and Central Drugs Laboratory. It also includes the Indian Council of Medical Research which is headquartered in New Delhi and has 6 Regional Medical Research Centers, and over 20 specialized research institutions and laboratories across the country. The Department of Family Welfare is supported by another network of institutions, and 18 research centers across the country. Besides these, the work of the MoHFW is supported by institutions run by other bodies, such as the central government's Council of Scientific & Industrial Research which has institutions specialized in drug research and environmental engineering.

Department of Family Welfare:

The Department of Family Welfare was created in 1966. Assisted by an Additional Secretary & Commissioner (Family Welfare), and one Joint Secretary.

Oversees the implementation of programs concerning family welfare & MCH.

It has the following technical divisions:

1. Programme appraisal & special schemes
2. Technical operations
3. MCH
4. Evaluation & intelligence
5. Nirodh marketing
6. Transport
7. UIP
8. Area project
9. Mass education & media

Department of ISM & H:

Established in March 95.

The main areas of its functioning are:

1. Education
2. Standardisation of drugs
3. Enhancement of availability of raw materials
4. Research & development
5. IEC
6. Mainstreaming ISM & H in health care.

2. Directorate General of Health Services

(a) ORGANIZATION: The Director General of Health Services is the principal adviser to the Union Government in both medical and public health matters. He is assisted by an additional Director General of Health Services, a team of deputies and a large administrative staff. The Directorate comprises of three main units, e.g., medical care and hospitals, public health and general administration.

(b) FUNCTIONS: The GENERAL functions are surveys, planning, coordination, programming and appraisal of all health matters in the country.

The SPECIFIC functions are

(1) International health relations and quarantine

(2) Control of drug standards: The Drugs Control Organization is headed by the Drugs Controller.

(3) Medical store depots: These depots supply the civil medical requirements of the Central Government and of the various State Governments.

(4) Post graduate training: The Directorate General of Health Services is responsible for the administration of national institutes. Some of these institutes are:- the all India Institute of Hygiene and Public Health at Kolkata, All India Institute of Mental Health at Bangalore, College of Nursing at Delhi.

(5) Medical education: The Central Directorate is directly in charge of the following medical colleges at Pondicherry, and Goa.

(6) Medical Research: Medical Research in the country is organized largely through the Indian Council of Medical Research,

(7) Central Govt. Health Scheme:

(8) National Health Programmes:

(9) Central Health Education Bureau: An outstanding activity of this bureau is the preparation of education material for creating health awareness among the people.

(10) Health Intelligence: The Central Bureau of Health Intelligence was established in 1961 to centralise collection, compilation, analysis, evaluation and dissemination of all information on health statistics for the nation as a whole. The Bureau has an Epidemiological Unit, a Health Economics Unit, a National Morbidity Survey Unit and a Manpower Cell.

(11) National Medical Library: 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

Union Health Minister is the Chairman and the State Health Ministers are the members.

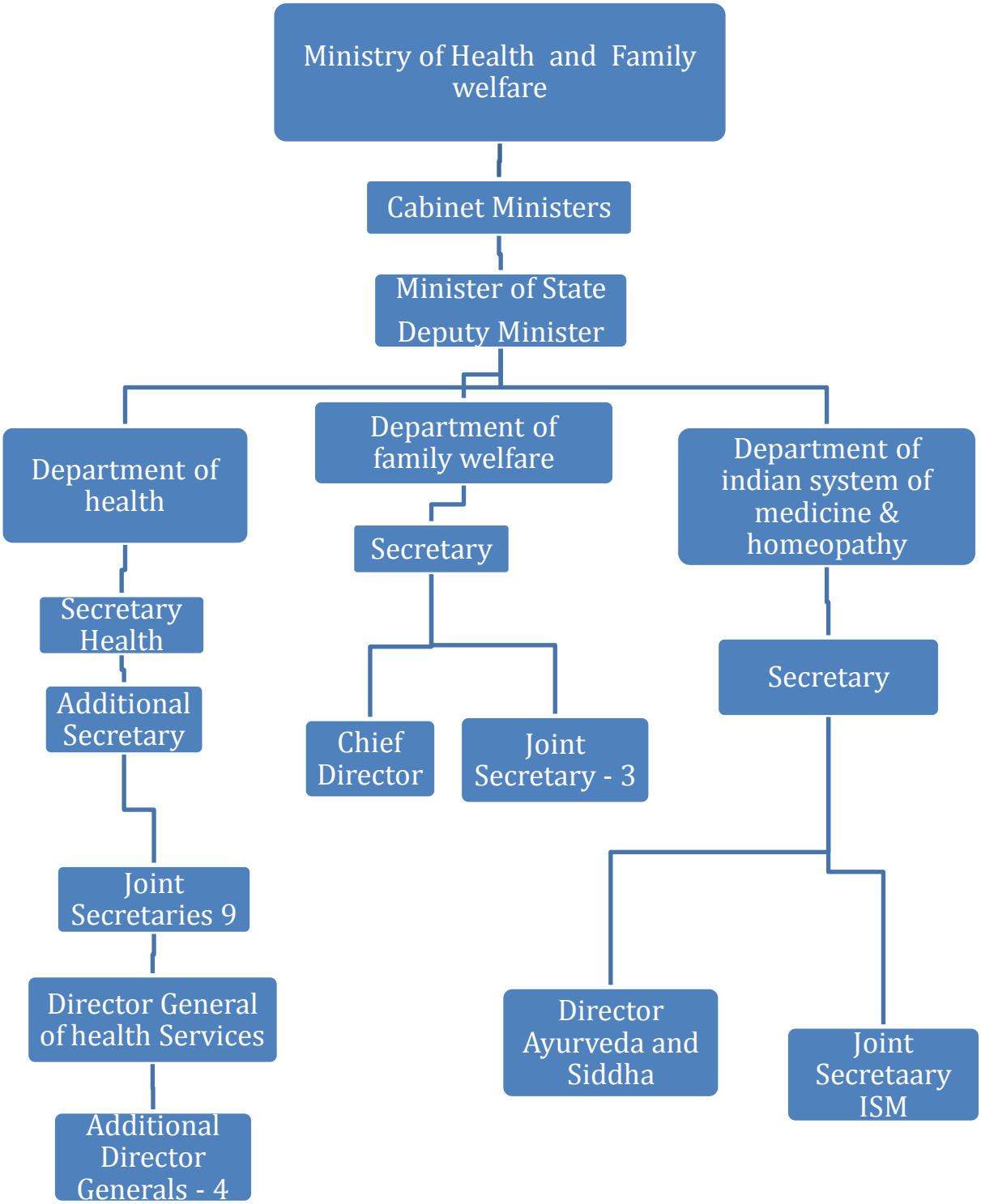
FUNCTIONS:

(1) To consider and recommend broad outlines of policy in regard to provision of remedial and preventive care, environmental hygiene, nutrition, health education and the promotion of facilities for training and research.

(2) To make proposals for legislation in medical and public health matters.

(3) To make recommendations to the Central Government regarding distribution of available grants-in-aid for health purpose to the States and to review periodically the work accomplished in different areas through the utilisation of these grants-in-aid.

(4) To establish any organization or organizations invested with appropriate functions for promoting and maintaining cooperation between the Central and State Health administrations.


Ministry of Health and Family welfare
Cabinet Ministers
Minister of State
Deputy Minister
Department of health
Department of family welfare
Department of indian system of medicine & homeopathy
Secretary Health
Additional Secretary
Joint Secretaries 9
Director General of health Services
Additional Director Generals - 4
Secretary
Chief Director
Joint Secretary - 3
Secretary
Director Ayurveda and Siddha
Joint Secretaary ISM

Selected List of Central Health Institutions under the MOHFW's Department of Health

(Note: this list may not be complete, it was taken from the websites of the MoHFW, the ICMR, and WHO-India, and from Misra and others 2001: Appendix 1)

- National Institute of Communicable Diseases, New Delhi
- All India Institute of Hygiene and Public Health, Calcutta
- National AIDS Control Organization, New Delhi
- Central Health Education Bureau
- Central Bureau of Health Intelligence
- Central Research Institute, Kasauli
- Central Drugs Laboratory
- Central Food and Standardisation Laboratory
- Pasteur Institute of India, Coonoor
- National Tuberculosis Institute (NTI), Bangalore
- Indian Council of Medical Research (ICMR), headquartered in Delhi, and under it:

⇒ 6 Regional Medical Research Centres

⇒ 5 Centres for Advanced Research

⇒ and a slew of permanent research institutes/ centres:

• Malaria Research Centre (MRC) , Delhi
• Institute of Pathology (IOP) , Delhi
• Institute of Cytology and Preventive Oncology (ICPO) , Delhi
• Institute of Research in Medical Statistics (IRMS) , Delhi
• Centre JALMA Institute of Leprosy (CJIL), Agra

Rajendra Memorial Research Institute of Medical Sciences (RMRIMS), Patna

National Institute of Cholera and Enteric Diseases (NICED), Kolkata

• National Institute of Occupational Health (NIOH), Ahmedabad

National Institute for Research in Reproductive Health (NIRRH), Mumbai

• Institute of Immunohaemotology (IIH), Mumbai
• Enterovirus Research Centre (ERC) , Mumbai
• Genetic Research Centre , Mumbai
• National Institute of Virology (NIV). Pune
• National AIDS Research Centre (NARI), Pune

National Institute of Nutrition (NIN), Hyderabad

• National Centre for Laboratory Animal Science (NCLAS), Hyderabad
• Food and Drug Toxicology Research Centre (FDTRC), Hyderabad
• Tuberculosis Research Centre (TRC), Chennai
• National Institute of Epidemiology (NIE), Chennai
• Vector Control Research Centre (VCRC), Pondicherry
• Centre for Research in Medical Entomology (CRME) , Madurai

- And under the MoHFW's Directorate-General of Health Services: apex hospitals, including medical colleges,

nursing schools, pharmacy and dental colleges, public health training institutes, Central Health Service,

hospitals and dispensaries, port offices, and Drug Controller's Organization.
- The Central Councils of Health and Family Welfare.
- The Medical Council of India; Dental Council of India; Indian Nursing Council.
- Under the Government of India's Council of Scientific & Industrial Research (CSIR):
• Central Drug Research Institute, Lucknow
• National Environmental Engineering Research Institute, Nagpur
• 6 zonal laboratories of the National Environmental Engineering Research Institute
• Industrial Toxicology Research Centre, Lucknow

STATE LEVEL

The organization at State level is under the State Department of Health and Family Welfare in each State headed by Minister and with a Secretariat under the charge of Secretary/Commissioner (Health and Family Welfare) belonging to the cadre of Indian Administrative Service (IAS).
By and large, the organizational Structure adopted by the State is in conformity with the pattern of the Central Government. The State Directorate of Health Services, as the technical wing, is an attached office of the State Department of Health and Family Welfare and is headed by a Director of Health Services. However, the organizational structure of the State Directorate of Health Services is not uniform throughout the country. For example, in some states, the Programme Officers below the rank of Director of Health Services are called Additional Director of Health Services; while in other states they are called Joint/Deputy Director, Health Services. But regardless of the job title, each programme officer below the Director of Health Services deals with one or more subject(s). Every State Directorate has supportive categories comprising of both technical and administrative staff.

The area of medical education which was integrated with the Directorate of Health Services at the State has once again shown a tendency of maintaining a separate identity as Directorate of Medical Education and Research. This Directorate is under the charge of Director of Medical Education, who is answerable directly to the Health Secretary/Commissioner of the State.

Some states have created the posts of Director (Ayurveda) and Director (Homeopathy). These officers enjoy a larger autonomy in day-to- day work, although sometimes they still fall under the Directorate of Health Services of the State.

Health as per constitution of India is a state subject. The state health department is assisted by Corporations, muncipalties, Panchayati Raj, ad hoc statutory bodies like mines board of health, ESI corporations, etc where ever they exist.

Political head: a minister of a cabinet rank is the political head of the health department.

- Formulates policies, Monitoring & implementation of these policies.

Administrative head: state secretariat

Secretariat means a complex of departments.

Headed by an IAS officer of the rank of commissioner who functions as secretary to the Government in the department of health & FW.

He is assisted by joint secretaries along with other administrative staff.

Technical head: Executive department function below secretariat.

Headed by specialists & are concerned with supervision, coordination & control of policy framed by state govt.

Headed by *Director* of Health services who has under him *Joint directors* (-Medical, Food & Drug, ESI, Administration, etc) & *deputy directors* responsible for inspection & supervision of all National Health programs along with program specialist of the rank of *Assistant Directors* to deal with individual & specific programs.

To summarise & further clarify the state level organization of health: State health administration

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.

1. State Ministry of Health

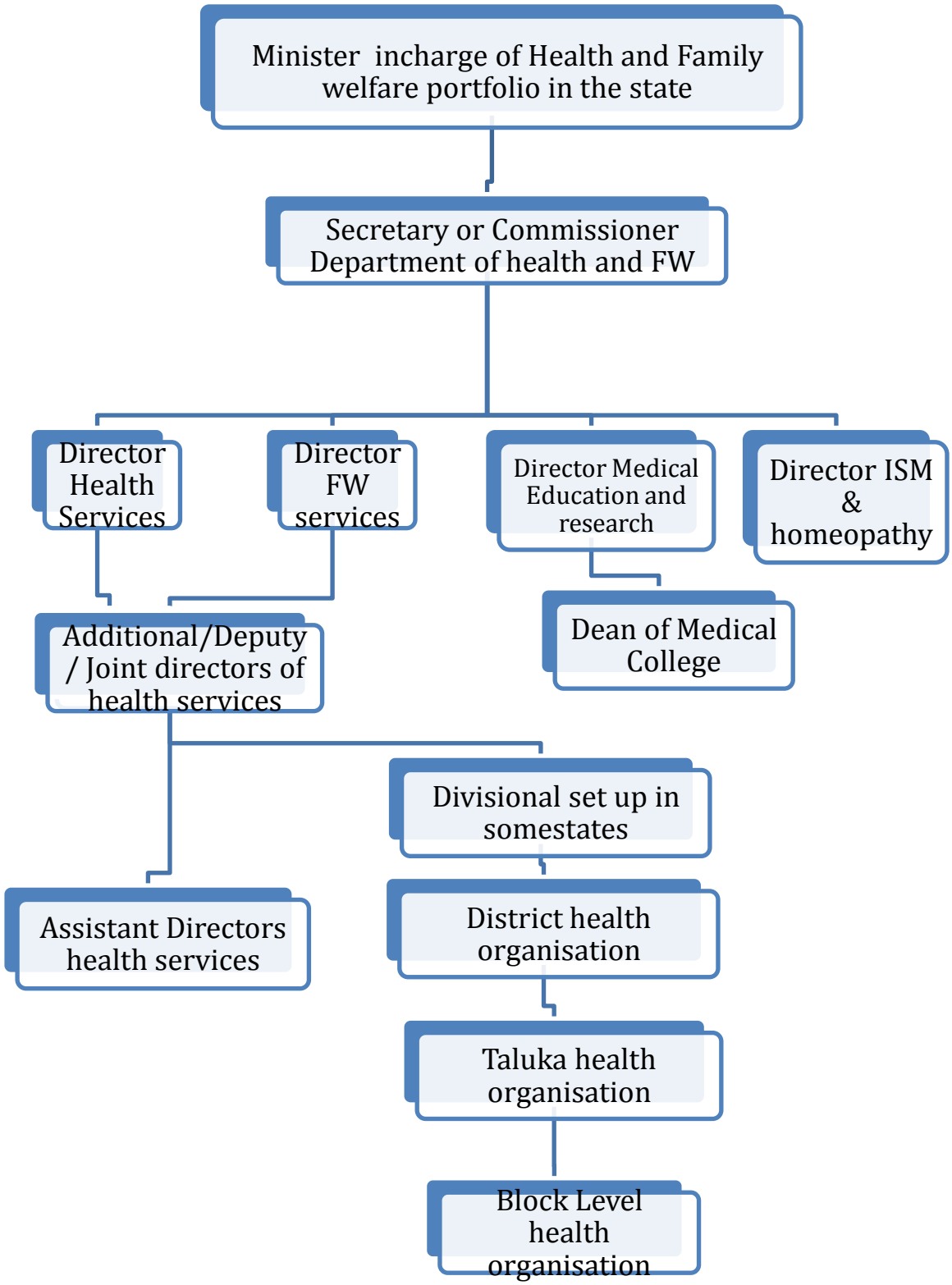
The State Ministry of Health is headed by a Minister of Health and Family Welfare and a Deputy Minister of Health and Family Welfare. The Health Secretariat is the official organ of the State Ministry of Health and is headed by a Secretary who is assisted by Deputy Secretaries, Under Secretaries and a large administrative staff. The Secretary is a senior officer of the Indian Administrative Service.

2. State Health Directorate

The Director of Health Services 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 programme, the designation of Director of Health Services has been changed in some States and is known as Director of Health and Family Welfare. A recent development in some States is the appointment of a Director of Medical Education in view of the increasing number of medical colleges.

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- regional. Regional Directors inspect all the branches of public health within their jurisdiction, irrespective of their speciality. The Functional Directors are usually specialists in a particular branch of public health such as mother and child health, family planning, nutrition, tuberculosis.

Organisational Structure of Health services at State Level



Regional level – In the state of Bihar, Madhya Pradesh, Uttar Pradesh, Andhra Pradesh, Karnataka and others, zonal or regional or divisional set-ups have been created between the State Directorate of Health Services and District Health Administration. Each regional/zonal set-up covers three to five districts and acts under authority delegated by the State Directorate of Health Services. The status of officers/in-charge of such regional/zonal organizations differs, but they are known as Additional/Joint/Deputy
Directors of Health Services in different States.

District level - In the recent past, states have reorganized their health services structures in order to bring all healthcare programmes in a district under unified control. The district level structure of health services is a middle level management organisation and it is a link between the State as well as regional structure on one side and the peripheral level structures such as PHC as well as sub-centre on the other side. It receives information from the State level and transmits the same to the periphery by suitable modifications to meet the local needs. In doing so, it adopts the functions of a manager and brings out various issues of general, organizational and administrative types in relation to the management of health services.
The district officer with the overall control is designated as the Chief Medical and Health Officer (CM & HO) or as the District Medical and Health Officer (DM & HO). These officers are popularly known as DMOs or CMOs, and are overall in-charge of the health and family welfare programmes in the district. They are responsible for implementing the programmes according to policies laid down and finalized at higher levels, i.e. State and Centre. These DMOs/CMOs are assisted by Dy. CMOs/AHDO and programme officers. The number of such officers, their specialization, and status in the cadre of State Civil Medical Services differ from the State to State. Due to this, the span of control and hierarchy of reporting of these programme officers vary from state to state.

To summarise health organisation at the district level

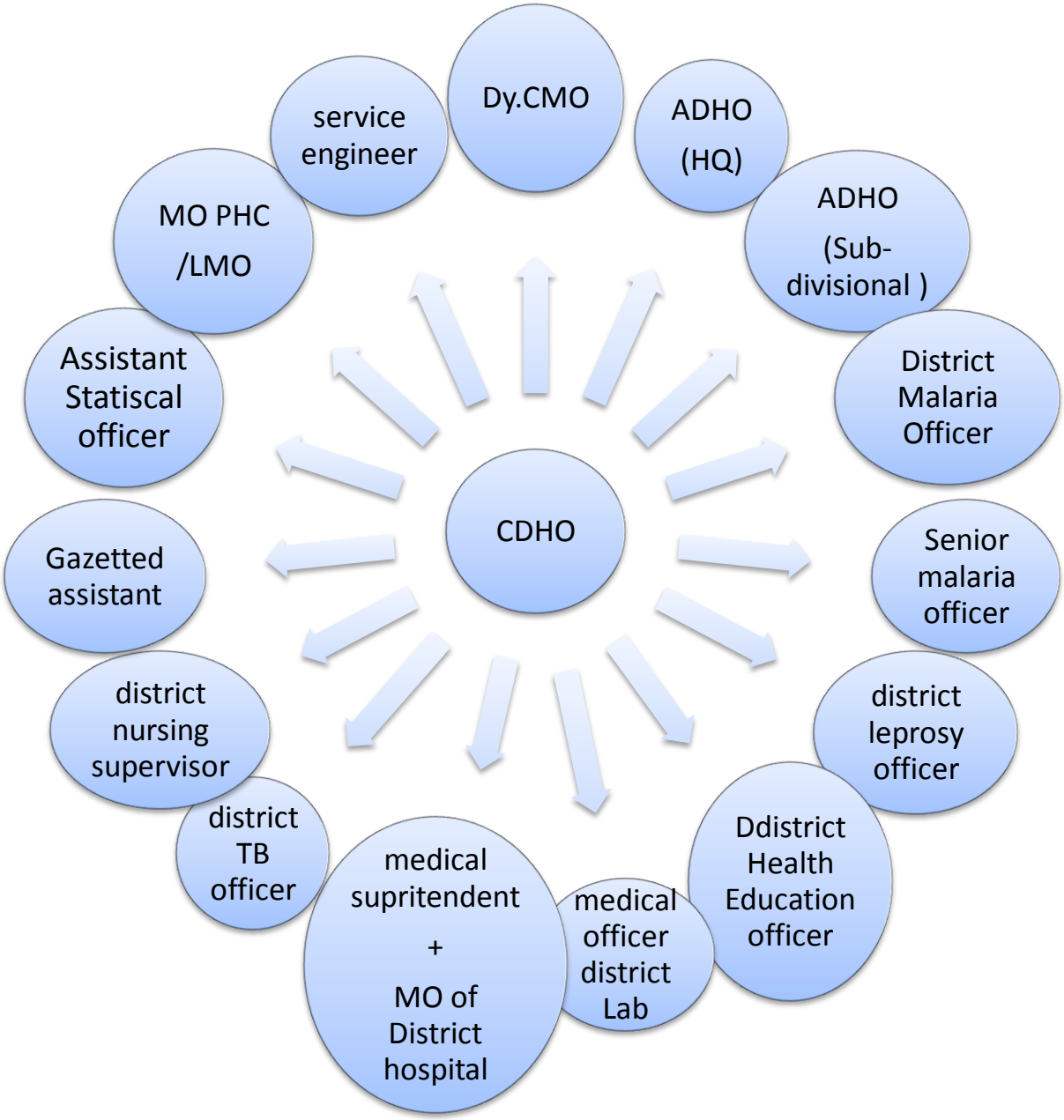
The District

The principal unit of administration in India is the district under a Collector. There are 614 (year 2007) districts in India.

Most districts in India are divided into two or more sub-divisions, each in charge of an Assistant Collector. Each division is again divided into tehsils (talukas), in charge of a Tahsildar. A tahsil usually comprises between 200 to 600 villages. The rural areas of the district have been organized into Blocks, known as Community development blocks, the area of which may or may not coincide with tahsil. The block is a unit of rural planning and development, and comprises approximately 100 villages and about 80,000

to 1,20,000 population, in charge of a Block Development Officer. Finally there are the village panchayats, which are institutions of rural local self-government.

Organisational structure of Health department at district level



Sub-divisional/Taluka level – At the Taluka level, healthcare services are rendered through the office of Assistant District Health and Family Welfare Officer (ADHO). Some specialties are made available at the taluka hospital. The ADHO is assisted by Medical Officers of Health, Lady Medical Officers and Medical Officers of general hospital. These hospitals are being gradually converted into Community Health Centres (CHCs).

Community level – For a successful primary healthcare programme, effective referral support is to be provided. For this purpose one Community Health Centre (CHC) has been established for every 80,000 to 1, 20,000 population, and this centre provides the basic specialty services in general medicine, paediatrics, surgery, obstetrics and gynaecology. The CHCs are established by upgrading the sub-district/taluka hospitals or some of the block level Primary Health Centres (PHCs) or by creating a new centre wherever absolutely needed.

It is manned by four medical specialists i.e. Surgeon, Physician, Gynaecologist and Paediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. As on March, 2007, there are 4, 045 CHCs functioning in the country.

PHC level – At present there is one Primary Health Centre covering about 30,000 (20,000 in hilly, desert and difficult terrains) or more population. Many rural dispensaries have been upgraded to create these PHCs.

A PHC is manned by a Medical Officer supported by 14 paramedical and other staff. It acts as a referral unit for 6 sub-centres and refer out cases to Community Health Centres (CHCs-30 bedded hospital)/sub-district / district hospitals. It has 4-6 indoor beds for patients. There are 22, 370 PHCs functioning as on March 2007 in the country.

Each PHC has one medical officer, two health assistants – one male and one female, and the health workers and supporting staff. PHCs are established and maintained by State Governments under the Minimum Needs Programme (MNP)/Basic Minimum Services Programme (BMS).
For strengthening preventive and promotive aspects of healthcare, a post of Community Health Officer (CHO) was proposed to be provided at each new PHC, but most states did not take it up.

Sub-centre level – The most peripheral health institutional facility is the sub-centre manned by one male and one female multi-purpose health worker. At present, in most places there is one sub-centre for about 5,000 populations (3,000 in hilly and desert areas and in difficult terrain).

Sub-Centres are assigned tasks relating to interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes. The Sub-Centres are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children.
There are 1,45,272 Sub Centres functioning in the country as on March 2007. Currently a Sub-centre is staffed by one Female Health Worker commonly known as Auxiliary Nurse Midwife (ANM) and one Male Health Worker commonly known as Multi Purpose Worker (Male). One Health Assistant (Female) commonly known as Lady Health Visitor (LHV) and one Health Assistant (Male) located at the PHC level are entrusted with the task of supervision of all the Sub-centres (generally six subcentres) under a PHC. The Ministry of Health & FW, GOI provides assistance to all the Sub-centres in the country since April 2002 in the form of salary of ANMs and LHVs, rent (if located in a rented building) and contingency, in addition to
drugs and equipment kits. The salary of Male Health Worker is borne by the State Governments.

The 73rd and 74th constitutional amendments have given the powers to the local bodies in some states of India. In the process, different states have adopted different stakeholders for the benefit of health services, with the help of community participation, which gives stress on safe drinking water and sanitation at village level. The Panchayats are given the power to look after the welfare of the people.

In some of the Indian states District Health System has been entrusted to the control of Panchayati Raj System while in others it is still under the total control of state Government.

TO SUMMARISE THE HEALTH SET UP IN INDIA:

Health care setup at Central level: There is Ministry of Health and Family Welfare

CENTRAL LEVEL

MINISTRY OF HEALTH AND FAMILY WELFARE

Nirman bhavan,New Delhi

CABINET MINISTER

And STATE MINISTERS (one or two)

ADMINISTRATORS

(IAS OFFICERS CADER)

1.Principal secretary Health & Family Welfare

HEALTH	FAMILY WELFARE
Secretary	Secretary
Joint Secretary	Joint Secretary
Deputy Secretary	Deputy Secretary
Under Secretary	Under Secretary

TECHNICAL EXPERTS

1.DIRECTOR GENERAL

Health Services

HEALTH	FAMILY WELFARE
Director	Director
Deputy Director	Deputy Director
Joint director	Joint director

STATE LEVEL

MINISTER OF HEALTH AND FAMILY WELFARE

And

DEPUTY MINISTER HEALTH AND FAMILY WELFARE

ADMINISTRATORS (IAS CADRE)

1.Principal Secretary of health

2.Comissioner of health and

TECHNICAL EXPERTS (Example of Gujarat)

1.Director (Post abolished)

2.Additional Directors

- Health (PHCs/CHC)
- Family welfare
- Medical education and research
- Medical services (Sub district/District Hosp)

3.four Deputy Directors

4.two Joint Directors

REGIONAL LEVEL (Example of Gujarat)

SIX REGIONS IN GUJARAT

1. RAJKOT(Rajkot, Jamnagar, Kutch, Porbandar)
2. BHAVNAGAR
3. AHMEDABAD
4. GANDHINAGAR
5. VADODARA
6. SURAT

REGIONAL DEPUTY DIRECTOR

DISTRICT LEVEL

DISTRICT MEGISTRATE(Collector)IAS And **DISTRICT DEVLOPEMENT OFFICER (IAS or GAS)** Also influence of **LOCAL MEMBERS OF PARLIAMENT** **AND ASSEMBLY**
CHIEF DISTRICT HEALTH OFFICER (DPH)
• ADDITIONAL DISTRICT HEALTH OFFICER (DPH) • DISTRICT TUBERCULOSIS OFFICER(DPH) • DISTRICT MALARIA OFFICER (Lab Tech) • EPIDEMIC MEDICAL OFFICER (MBBS) • QUALITY MEDICAL OFFICER(MBBS) • REPRODUCTIVE AND CHILD OFFICER(DPH)

BLOCK LEVEL

BLOCK/TALUKA HEALTH OFFICER (MBBS)

PHC LEVEL

Population norms PHC: 30,000 rural 20,000 in hilly, tribal &difficult areas

SUB CENTER LEVEL

Population coverage under sub center:5,000. And 3,000 in hilly, tribal & difficult Areas :ONE FHW & MPW

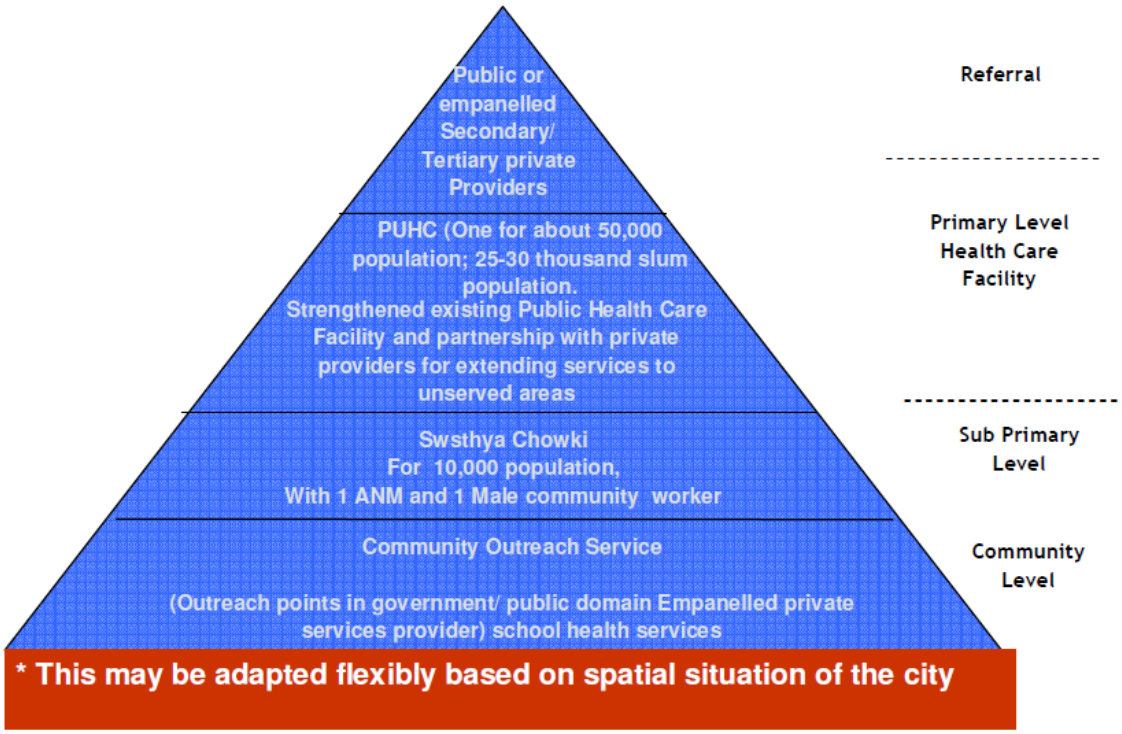
VILLAGE LEVEL

-ACCRIDATED SOCIAL HEALTH ACTIVIST(ASHA)

Health set-up in urban areas:

Here we have only provided a snap-shot view of health set up in urban areas. For more details interested students are requested to read urban health mission.

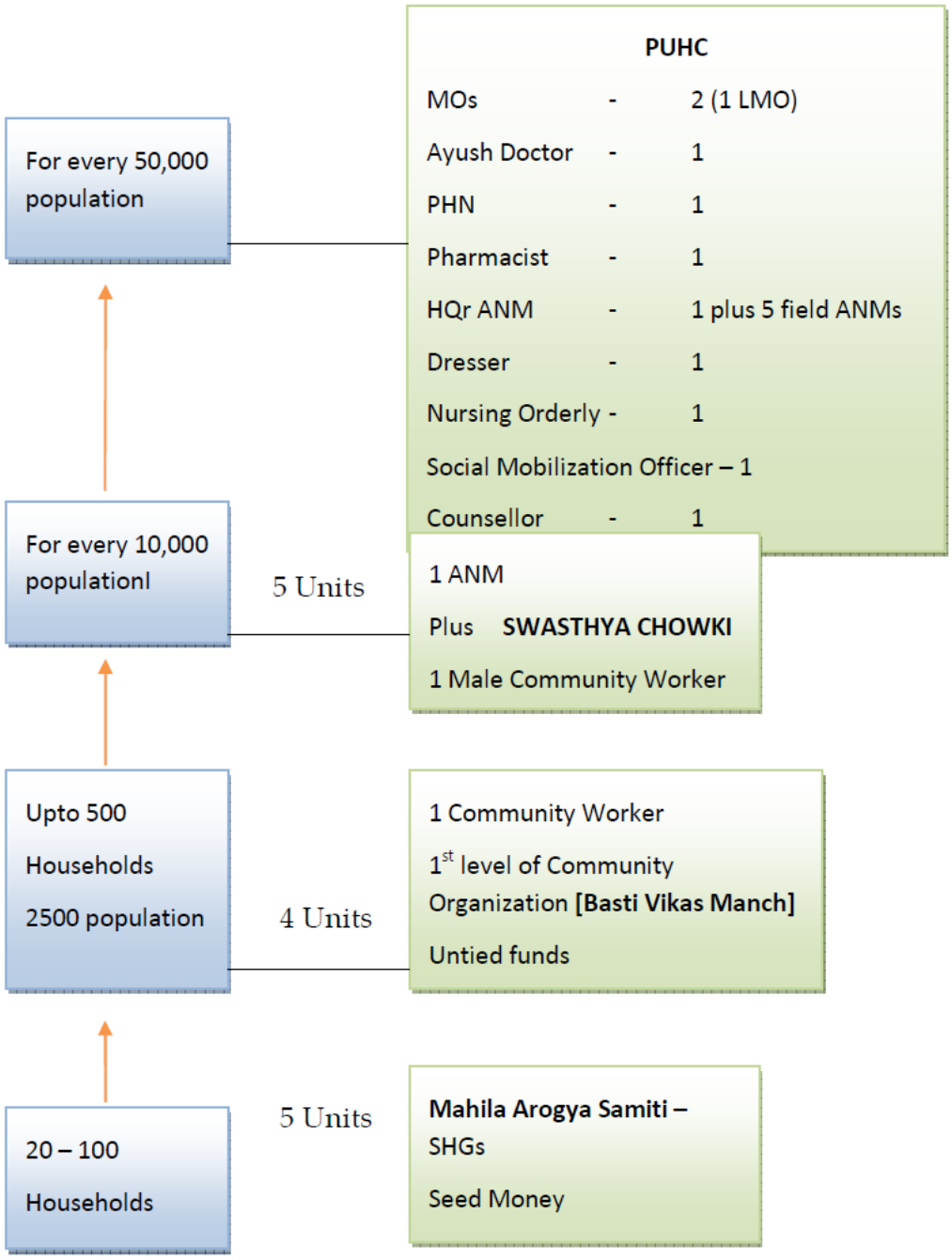
A diagram for urban health care delivery model is given below:

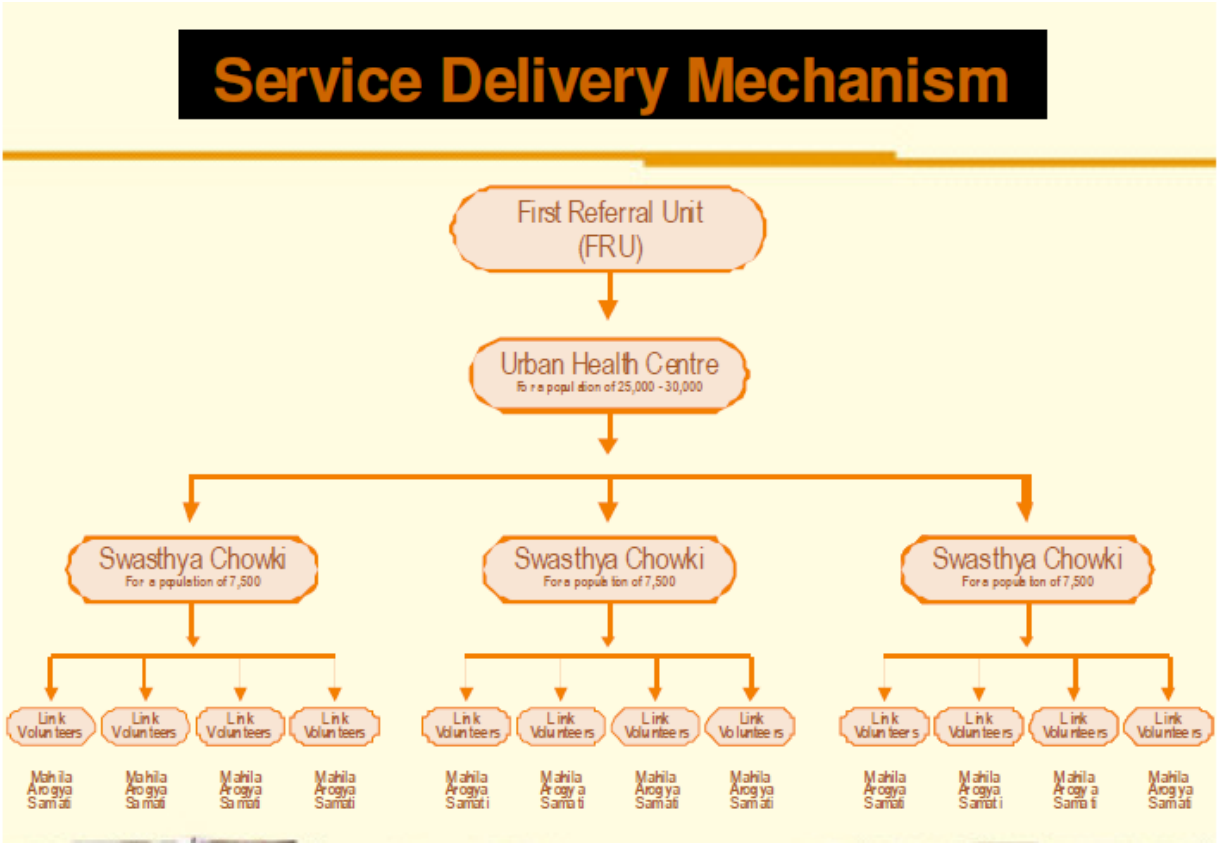


Primary Urban Health Centre & Below

Norm for every 50,000 population

Note: HR norm to be provided by Govt./NGO/Partners at Government cost





Types of Urban Family welfare centres:

Category	Number	Popn. Covered (in '000)	UFWC Staffing Pattern
Type I	326	10-25	ANM (1) / FP Field Worker Male (1)
Type II	125	25-50	FP Ext. Edu./LHV (1) in addition to the above
Type III	632	Above 50	MO – Preferable Female (1), ANM and Store Keeper cum Clerk (1)
TOTAL	**1083**		

Source: MOHFW, GOI: Annual Report on Special Schemes, 2000

Types of urban health posts:

Category	Number	Population covered	Staffing Pattern
Type A	65	Less than 5000	ANM (1)
Type B	76	5,000 – 10,000	ANM (1) , Multiple Worker – Male (1)
Type C	165	10,000 – 20,000	ANM (2), Multiple Worker – Male (2)
Type D	565	25,000 – 50,000	Lady MO (1), PHN (1), ANM (3-4) Multiple Worker – Male (3-4), Class-IV Women (1)
TOTAL	**871**		

Source: MOHFW, GOI: Annual Report on Special Schemes, 2000