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PRIMARY HEALTH CARE IN PRIMARY HEALTH CENTRE, TAMILNADU 2015

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ABSTRACT:

Tamilnadu is one among the better performing states in the health care services and public health services which is reflected in better health indicators like lower infant mortality rate, maternal mortality rate, fertility rate etc. The State Government has established a wide network of different levels of health care delivery system covering the entire State and thereby helping the people for easy accessibility of better health care services at the three levels of primary, secondary and tertiary care levels.

KEYWORDS – *better performing states , primary health care , modern thought.*

INTRODUCTION

Globally, governments are searching for ways to improve, efficiency, effectiveness and responsiveness of their health systems.

CONCEPT OF PRIMARY HEALTH CARE IN INDIA

In India the notion of primary health care is not a modern thought. The Bhore Committee in 1946 gave the concept of a PHC as a ground health unit to sustain as near to the people as possible. The combined curative and counteractive health care to the rural population with stress on protective and supportive features of health care. India has visualized the PHC and its health sub-Centres (HSCs) as the proper infrastructure to provide health services to the rural population. Establishment of PHCs in community development blocks to provide comprehensive health care to the rural population. These centers were functioning as peripheral health service institution with little or no community involvement. Increasingly, these centers came under criticism, as they were not able to provide adequate health coverage, partly, because they were poorly staffed and equipped and lacked basic amenities.

The 6th five year plan (1983-88) proposed reorganization of PHCs on the basis of one PHC for every 30,000 rural populations in the plains and one PHC for all 20,000 populations in hilly, tribal and backward areas for more productive coverage. Since then, 23,109 PHCs have been established in the country (as of September 2004).

Primary Health Centres are the corner stone of rural health services- a first port to make a call to a qualified doctor of the public sector in rural areas.

INDIAN PUBLIC HEALTH STANDARDS (IPHS) FOR PHCs

The National Rural Health Mission (NRHM) has given the chance to set Indian Public Health Standards (IPHS) for Health Centres functioning in rural areas. In order to provide optimal level of quality health care, a set of standards are being recommended for primary Health Centre to be called Indian Public Health Standards (IPHS for PHCs)

To provide comprehensive primary health care to the community through the Primary Health Centers. B) To achieve and maintain an

acceptable standard of quality of care c) To build the services more responsive and sensitive to the needs of the community.

This implies a wide range of services that include:

OPD services: 4 hours in the morning and 2 hours in the afternoon / evening. Time schedule will vary from state to state, Minimum OPD attendance should be 40 patients per doctor per day.24 hours emergency services: apt handling of injuries and accident, First Aid, Stabilization of the condition of the patient before referral, Dog bite/ snake bite/scorpion bite cases, and other emergency conditions Referral services In-Patient services (6 beds).

PRIMARY HEALTH CARE

The primary health care design was launched as the first step in the direction of achieving "Health for all". According to the Alma Ata declaration, the 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 community and the country can afford".

Objecetives of P.H.C

- Provision of medical care
- Maternal-child health including family planning
- Safe water supply and basic sanitation
- Prevention and control of locally endemic diseases
- Collection and reporting of vital statistics
- Education health programmes, as relevant
- Referral services
- Training of health guides, health workers, local dais and health assistants
- Basic laboratory services

Health infra-structure in Tamil Nadu:

In rural areas the health care infra-structure has been expanded as a three tier system.

Centre	
Sub-Centre	8706
Primary Health Centre	1372
Community Health Centre	385
AYUSH	537

The Manpower That Should Be Available In The PHCs As Follows.

1. Medical Officer
2. Pharmacist
3. Nurse-midwife staff (Nurse), NCD Staff (Nurse)
4. Health workers
5. Health Educator
6. Health Inspector , Village health nurse (Field Staffs)
7. Health Asstt

Maternal and Child Health Care including family planning:

a) Antenatal care:

- Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration she should be registered and care given to her according to gestational age.
- Minimum 3 antenatal checkups and provision of complete package of services. First visit as soon as pregnancy is suspected/between 4th and 6th month (before 26 weeks), 2nd visit at 8th month (around 32 weeks) and 3rd visit at 9th month (around 36 weeks). Combined services like providing iron and folic acid tablets, injection Tetanus Toxoid etc (as per the "guidelines for antenatal care and skilled attendance at birth by ANMs and VHN
- Minimum laboratory investigations like hemoglobin, urine albumin, and sugar, RPG test for syphilis
- Nutrition and health counseling
- Identification of high-risk pregnancies/ appropriate management
- Chemoprophylaxis for Malaria in high malaria endemic areas as per NVBDCP guidelines.
- Referral to First Referral Units (FRUs)/ other hospitals of high risk pregnancy beyond the capability of Medical Officer, PHC to manage.

b)Intra-natal care: (24- hour delivery services both normal and assisted)

- Promotion of institutional deliveries
- Conducting of normal deliveries
- Assisted vaginal deliveries including forceps/vacuum delivery whenever required
- Manual removal of placenta
- Appropriate and prompt referral for cases needing specialist care.
- Management of Pregnancy Induced hypertension including referral
- Pre- referral management (Obstetric first-aid) in Obstetric emergencies that need expert assistance(Training of staff for emergency management to be ensured)

c) Postnatal Care:

- A minimum of 2 postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-centre staff.
- Initiation of early breast-feeding within half- hour of birth.
- Education on nutrition, hygienic, contraception, essential new born care (As per Guidelines of GOI on Essential new-born care.

d) Others:

- Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI.
- Vitamin A prophylaxis to the children as per guidelines.
- Prevention and control of childhood diseases, infections, etc.

e)Family Planning:

- Education, Motivation and counseling to adopt appropriate Family planning methods.
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions.
- Permanent methods like Tubai ligation and vasectomy/NSV.
- Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).
- Counselling and appropriate referral for safe abortion services (MTP) for those in need.
- Counseling and appropriate referral for couples having infertility.

Management of reproductive Tract Infections/Sexually Transmitted Infections:
a) Health education for prevention of RTI/STIs
b) Treatment of RTI/STIs

Nutrition Services (Coordinated with ICDS)
a) Malnourished children, pregnant women and others are advised to have nutritious food.
b) Diagnosis and execution of anemia, and vitamin A deficiency.
c) Coordination with ICDS.
d) National Health Programmes including Reproductive and Child Health Programme (RCH), HIV/AIDS control programme, Non communicable disease control programme – as relevant:

National Programme for Control of Blindness (NPCB):
(a)Basic services: Diagnosis and treatment of common eye diseases.
(b)Refraction Services
(c)Detection of cataract cases and referral for cataract surgery.

National Vector Borne Disease Control Programme (NVBDCP):
(a)Diagnosis of Malaria cases, microscopic confirmation and treatment
(b)Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case management as per the protocols.
(c)Complete treatment of microfilaria positive cases with DEC and participation and arrangement of Mass Drug Administration (MDA) along with management of side reactions, if any. Morbidity management of Lymphoedema cases.

National AIDS Control Programme:
Referral Services:
(a) Appropriate and prompt referral of cases needed
(b) Appropriate support for patient during transport
(c) Providing transport facilities either by PHC vehicle or other available referral transport.

Training:
(a) Periodic training of Doctors through Continuing Medical Education, Conferences, skill development training, etc. on emergency obstetric care
(b) Training of ANM and SHN, VHN in antenatal care and skilled birth attendance.

Basic Laboratory Services:
Essential Laboratory Services including:
(a) Routine urine, and blood tests.
(b) Bleeding time, clotting time,
(c) Diagnosis of RTI/STDs with wet mounting, Grams stain, etc.
(d) Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP)
(e) Blood smear examination for malarial parasite.
(f) Rapid tests for pregnancy/malaria
(g) Rapid diagnostic tests for Typhoid (Typhi Dot)
(h) Rapid test kit for fecal contamination of water.
(i) Estimation of chlorine level of water using ortho-toludine reagent.

The PHCs would provide 24 hour delivery services and new born care, all seven days a week in order to increase the institutional deliveries which would help in reducing maternal mortality.

Selected Surgical Procedures:

The vasectomy, tubectomy (including laparoscopic tubectomy), MTP, surgeries as a camp/fixed day approach have to be carried out in a PHC.

On Going Schemes:

1. Dr.Muthulakshmi Reddy Maternity Benefit Scheme:
2. Menstrual Hygiene Programme.
3. Chief Minister's Comprehensive Health Insurance Scheme.
4. Ambulance Service
5. School Health Programme
6. National Leprosy Eradication Programme
7. Revised National TB Control Programme (RNTCP)
8. Indian System of Medicine.

CONCLUSION

PHC is the first contact point between village community and the Medical representative. The introduction of primary health changed the entire face of the rural community. People in rural areas cannot afford the expense as well as they will not take steps to move to urban areas for better treatment; here the primary health sector shows its pivotal role. The primary sector not only provides treatment as well as awareness of the communicable diseases which act as preventer.

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