

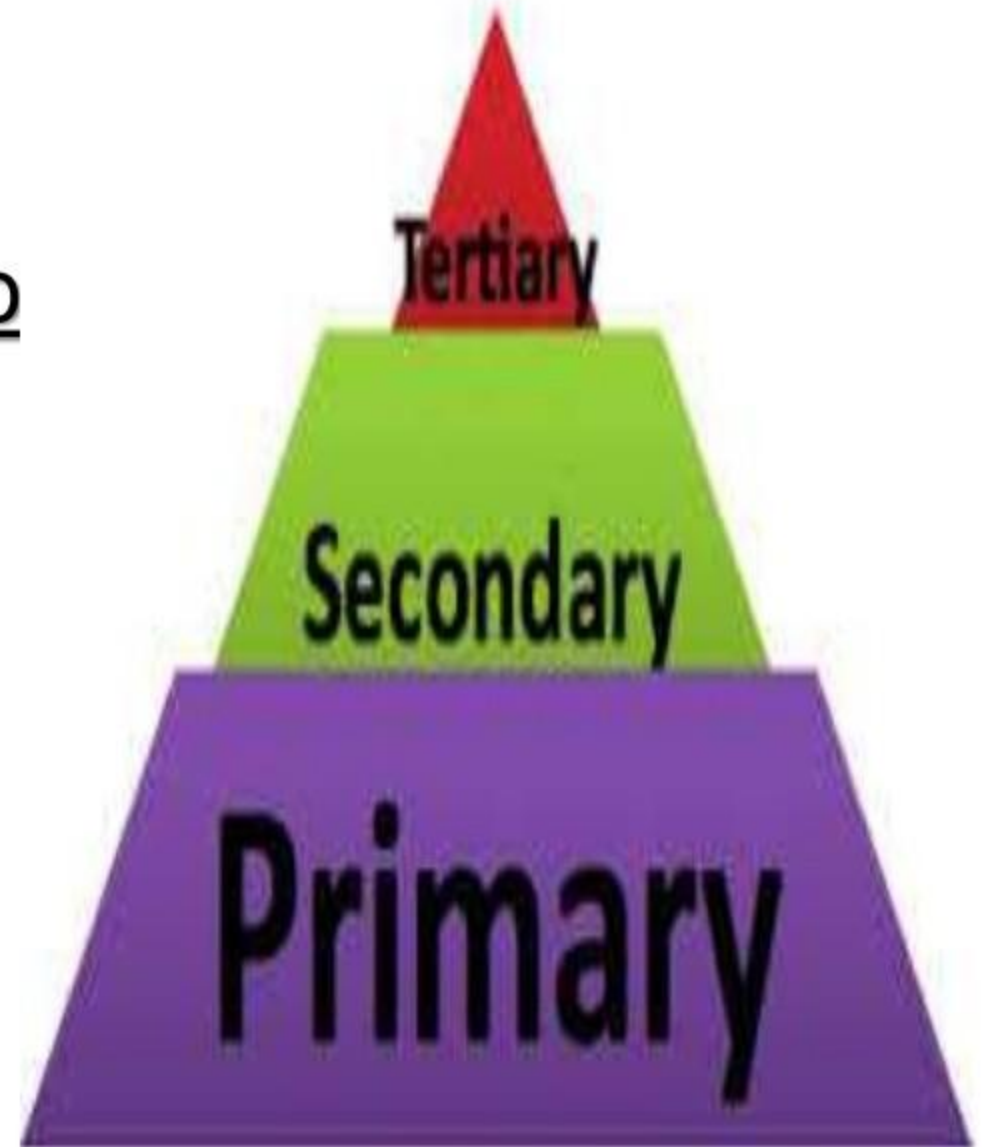
# LEVELS OF HEALTH CARE

- **Introduction**

- Health care is a multitude of services rendered to individual, families or communities by the agent of health services or professions for the purposes of promoting, maintaining monitoring or restoring health.
- The health care goal of system is health development i.e. a process of continuous and progress improvement of health status of a population.
- To achieve this goal health care service are usually organized at three levels, each level supported by a higher level to which the client is referred. This levels are :

## Levels of health care

- Primary prevention
- Secondary preventio
- Tertiary prevention



# PRIMARY HEALTH CARE :

- Also called as essential health care or health care at door step
- It is the first level of contact of individual, the family and community with national health system, where primary health care is provided.
- A level of health care, it is close to the people, where most of the health problem can be dealt with and resolved.
- It provided at village level and through primary health centers and their sub-centers through the agency of multi-purpose health worker, village health guide, ASHA worker and trained dais.

## Cont..

- The measures of health promotion and prevention are taken a maximum effort at this level of health care.
- Peoples are made self reliant.
- Besides providing primary health care the villages “health team” bridge the cultural and community gap between rural people and organized health sector.



## **SECONDARY CARE LEVEL:**

- The next higher level of care is the secondary (intermediate) health care level.
- At this level more complex problems are dealt with.
- Care is generally provided in district hospitals and community centers which also serve as the first referral level.
- Curative services are provided at this level.

## Tertiary level:

- The tertiary level is a more, specialized specific facilities and attention of highly specialized health workers.
- This care is provided by the regional or central level institutions. E.g. medical college hospitals.
- All Indian institutes, regional hospitals, specialized hospitals and other apex institutions.

# HEALTH CARE SETTINGS

- The health care setting organization to country extends from the national to village level. From the total organization structure, include the setting of health care system at national, state district, regional, taluka and village level.

## Cont.

- National level
- Regional level
- District level, taluka level, community level, PHC, village level.



## **NATIONAL LEVEL:**

- The organization at the national level consists of the union ministry welfare.
- The ministry has two technical departments the health development headed by the director general of health services and the family welfare department headed by the commissioner, family welfare.

## STATE LEVEL:

- The organization at state level is under the state level department of health and family welfare in each state headed by a minister and with a secretariat under the charge of secretary (health and family welfare).
- The state directorate of health services, as the technical wings is called, is an attached office of the state department of health and is headed by a directorate of health services

## Cont.

- A fundamental and necessary function of health care system is to provide a sound referral system.
- It must be a two way exchange of information and returning patients to those who referred them for follow up care.
- Training, research, rehabilitation activities takes place at this level.
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## REGIONAL LEVEL:

- In the state of Bihar, madhypradesh, Uttar Pradesh Andhra Pradesh, Karnataka and other zonal regional or divisional set up have been created between the state directorate of health services and district health administration.
- Each regional /zonal setup covers three four or five district and acts under authority by the directorate of health services.

## **DISTRICT LEVEL:**

- The district level settings of health services is a middle level management organization and it is a linkage system between the state as well as regional structure on one side and the peripheral level settings PHC as well as sub center on the other side.
- It receives information from the state level and transmits the same to the periphery by suitable modification to meet local needs.



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- The director of public health and preventive medicine is the overall control for the state and health officer is joint director he is over all in – charge of health and family welfare programme in the district.
- He is in-charge for implementing programme according to policies laid down and finalized at higher levels; i.e. state and center.

# COMMUNITY LEVEL;

- For successful primary health programme, effective referral support is to be provided.
- For this purpose one community health center is being established for every 80,000 to 1,20,000 populations, and this center will provide the basic specialty services in general medicine ,pediatrics ,surgery and obstetrics and gynecology.

## PHC LEVEL:

- At present there is one primary health care in each community development block, which covers 30,000 or more population.
- It aimed for establish one PHC for every 30,000 population.
- Many rural dispensaries health assistants –one male and one female and health worker and supporting staff.

## **SUBCENTER:**

- The most peripheral health institutional facility will be at the sub center manned by one male one female multipurpose health worker.
- At present, in most places there is one sub center for about 4,862 populations.
- It is aimed to have one sub center per 5000 population (3000 in hilly and desert areas )

## VILLAGE LEVEL:

- Through one says that the most peripheral health institutional facility is sub center ,at the village level for about 1,000 population for about 1,000 population there will be one community nutrition worker or health guide one trained dai or traditional birth attendance both selected from the community.
- They are trained at PHC and the sun center.
- These two village level functions are voluntary workers and not regular government employees



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- They receive technical support and continuing education from the multipurpose health workers posted at the sub center.
- The village health committee or the village panchayat normally carries out administrative support and supervision.
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