

COMMUNITY HEALTH UNIT V

COMPLIED BY

DR.J.O.JERYDA GNANAJNE ELJO

PROFESSOR

DEPARTMENT OF SOCIAL WORK

BHARATHIDASAN UNIVERSITY


KHAJAMALAI CAMPUS

TIRUCHIRAPPALLI-620 023



NATIONAL HEALTHCARE DELIVERY SYSTEM IN INDIA

- The healthcare delivery system in India is a complex structure that operates at both national and state levels, providing preventive, curative, and rehabilitative services to a diverse population.
- The central government, through the **Ministry of Health and Family Welfare (MoHFW)**, formulates policies, plans programs, and provides technical and financial assistance to the states.
- Central agencies like the **Indian Council of Medical**

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- Key national initiatives include :
 - **Ayushman Bharat:** A flagship program aimed at providing health insurance to economically weaker sections and establishing Health and Wellness Centers for primary care.
 - **National Health Mission (NHM):** Comprising the National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) to strengthen healthcare infrastructure.
 - **Public Health Programs:** Immunization drives, control of communicable diseases, and maternal and child health initiatives.
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STATE HEALTH CARE DELIVERY SYSTEM IN INDIA

- Health is a state subject under the Indian Constitution. State governments are responsible for implementing national programs and managing state-specific health initiatives. State health departments oversee:
- Primary, secondary, and tertiary healthcare delivery.
- Management of district and sub-district health facilities.
- State-funded programs addressing local health priorities, such as free medicine schemes or nutrition initiatives.

THREE-TIER HEALTHCARE DELIVERY SYSTEM

- **Primary Healthcare:** Delivered through sub-centers, Primary Health Centers (PHCs), and Health and Wellness Centers, focusing on preventive and basic curative services.
- **Secondary Healthcare:** Includes Community Health Centers (CHCs) and district hospitals for specialized care.
- **Tertiary Healthcare:** Super-specialty hospitals, medical colleges, and institutions like AIIMS handle advanced medical treatment.


CHALLENGES

- Rural-urban disparities in access to healthcare.
- Inadequate infrastructure and workforce shortages.
- High out-of-pocket expenditure by citizens.
- Limited focus on preventive healthcare.

FUNCTIONS OF PRIMARY HEALTH CENTERS (PHCS)

- Primary Health Centers (PHCs) are the cornerstone of India's rural healthcare delivery system, providing accessible, affordable, and comprehensive healthcare services. Their functions can be broadly categorized as follows:
 - **1. Preventive Services**
 - Immunization programs (e.g., against polio, measles, and other diseases).
 - Maternal and child health care, including antenatal and postnatal services.
 - Family planning and counseling.
 - Promotion of nutrition and hygiene.
 - Control of communicable diseases (e.g., malaria, tuberculosis, and leprosy).

2. Curative Services

- Basic treatment of common illnesses and injuries.
 - Diagnosis and management of minor ailments.
 - Referral services to higher-level healthcare facilities for specialized treatment.
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3. Rehabilitative Services

Basic physiotherapy and rehabilitation support for patients recovering from diseases or injuries. Support for individuals with disabilities through assistive devices and community-based rehabilitation programs.

4. Health Promotion

Awareness campaigns on healthy lifestyles, sanitation, and prevention of non-communicable diseases. School health programs to monitor and improve child health. Community engagement for health education and participation in health programs.

5. Administrative Functions

- Maintenance of health records and vital statistics.
 - Implementation of national health programs at the grassroots level.
 - Supervision and support of sub-centers under their jurisdiction.
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MODELS OF COMMUNITY HEALTH

- Community health models are frameworks designed to provide holistic, accessible, and sustainable healthcare to communities by addressing their specific needs.
- These models emphasize preventive, promotive, curative, and rehabilitative care.
- Each model of community health serves specific purposes and complements the others.
- A combination of these models, tailored to the community's needs, can significantly improve health outcomes and foster sustainable healthcare delivery.

1. Biomedical Model

- Focuses on diagnosing and treating diseases.
- Relies heavily on medical professionals, hospitals, and technology.
- Often overlooks social and environmental determinants of health.

2. Social Model


- Emphasizes the role of social, cultural, economic, and environmental factors in health.
 - Promotes health through community empowerment and participation.
 - Examples: Sanitation campaigns, nutrition programs, and health education drives.
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- 3. Preventive Model
 - Focuses on disease prevention and health promotion.
 - Includes vaccination programs, screening for diseases, and lifestyle modification campaigns.
 - Aims to reduce the burden of diseases before they occur.
 - 4. Comprehensive Primary Health Care Model
 - Provides a wide range of services, including preventive, promotive, curative, and rehabilitative care.
 - Operates through primary health centers (PHCs) and health and wellness centers.
 - Examples: Ayushman Bharat Health and Wellness Centers in India.

5. Integrated Model

- Combines multiple services, such as maternal and child health, immunization, and disease management, under one roof.
- Promotes continuity of care and efficient use of resources.
- Example: National Health Mission (NHM) in India.

6. Public-Private Partnership (PPP) Model

- Involves collaboration between government and private entities to provide community health services.
 - Bridges gaps in infrastructure, funding, and expertise. Example: Telemedicine services in rural areas.
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- **7. Community Participation Model**

- Encourages community involvement in health planning, implementation, and monitoring.
- Utilizes local resources and knowledge for health interventions.
- Example: Accredited Social Health Activists (ASHAs) under the National Rural Health Mission.

MEDICAL TERMINATION OF PREGNANCY (MTP) ACT, 1971

- The **Medical Termination of Pregnancy (MTP) Act** was enacted by the Government of India in **1971** to regulate the conditions under which a pregnancy can be terminated, ensuring the safety and well-being of women.
- The Act aims to reduce unsafe abortions and associated maternal mortality and morbidity.

1. Conditions for Termination:

- Pregnancy can be terminated if:
 - It poses a risk to the life or physical/mental health of the woman.
 - There is a substantial risk of the child being born with serious physical or mental abnormalities.
 - Pregnancy resulted from rape or failure of contraception (in married and unmarried women).

2. Conditions for Termination:

- Pregnancy can be terminated if:
 - It poses a risk to the life or physical/mental health of the woman.
 - There is a substantial risk of the child being born with serious physical or mental abnormalities.
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3. Consent:

- Consent of the woman is mandatory.
- For minors or women with mental illnesses, consent of a guardian is required.

4. Authorized Facilities:

- Termination must be performed by a qualified doctor at approved medical facilities


SIGNIFICANCE OF THE ACT

- Empowers women by providing legal access to safe abortion services.
- Protects the dignity, autonomy, and confidentiality of women.
- Helps in reducing maternal mortality due to unsafe abortions.

AMENDMENTS

- The **MTP (Amendment) Act, 2021** made significant changes: Expanded access to abortion for unmarried women under the "failure of contraception" clause.
- Increased gestation limits for special cases, ensuring broader access to safe abortion services.

MENTAL HEALTHCARE ACT, 2017 (INDIA)

- The **Mental Healthcare Act, 2017**, is a landmark legislation in India that aims to provide rights-based mental healthcare to individuals with mental illnesses.
 - It replaced the Mental Health Act, 1987, and aligns with international standards, particularly the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**.
 - The Mental Healthcare Act, 2017, is a progressive step toward ensuring the rights and well-being of individuals with mental illnesses in India.
 - Effective implementation and public awareness are critical for its success in promoting mental health equity.
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KEY FEATURES

1. Definition of Mental Illness: Mental illness refers to a significant disorder of mood, thinking, perception, or behavior that impacts day-to-day functioning.
2. Rights of Individuals: Access to affordable, quality mental health services. Protection against discrimination and inhumane treatment. Right to privacy and confidentiality of mental health information. Right to community living and non-segregation.

3. Advance Directive: Individuals can outline treatment preferences or nominate a representative to make decisions on their behalf when they are unable to do so.

4. Decriminalization of Suicide: Suicide is decriminalized, and individuals attempting suicide are to be provided care and support rather than being penalized.

5. Mental Health Review Boards: Independent bodies to protect patient rights, review treatment plans, and address grievances.

6. **Mental Health Services:** Mandates the establishment of comprehensive mental health services at all levels, including free care for economically disadvantaged groups.

7. **Government Responsibility:** Create awareness to reduce stigma. Ensure adequate mental health professionals and facilities. Promote research and capacity-building in mental health.

SIGNIFICANCE

- Shifts focus from custodial care to patient-centric, community-based mental health services.
- Ensures dignity, autonomy, and equality for individuals with mental illnesses.
- Strengthens India's commitment to global mental health standards.

CHALLENGES

- Shortage of mental health professionals and facilities.
- Stigma and lack of awareness about mental health.
- Limited implementation in rural and underserved areas.

ALLOCATION FOR HEALTHCARE IN THE ELEVENTH FIVE-YEAR PLAN

- The **Eleventh Five-Year Plan of India (2007–2012)** emphasized improving the healthcare system to ensure **inclusive growth** and enhance public health outcomes.
- It focused on increasing investments in the healthcare sector and addressing key health challenges.

KEY HIGHLIGHTS OF HEALTHCARE ALLOCATION

1. **Increased Funding:** The allocation for healthcare was substantially increased to ₹1,36,147 crore, which was about 2–3% of GDP, compared to the Tenth Five-Year Plan. This was aimed at strengthening the public healthcare system.
2. **Focus Areas:** National Rural Health Mission (NRHM): A major share was allocated to expand rural healthcare services, including Primary Health Centers (PHCs) and Community Health Centers (CHCs). Maternal and Child Health: Focused on reducing maternal mortality rate (MMR) and infant mortality rate (IMR). Communicable Diseases: Strengthening programs for diseases like tuberculosis, malaria, HIV/AIDS, and polio. Non-Communicable Diseases (NCDs): Initiatives to address emerging NCDs such as diabetes, cardiovascular diseases, and cancer.

3. Infrastructure Development: Investments in upgrading health facilities, establishing new medical colleges, and increasing the number of healthcare professionals.

4. Urban Health: Special focus on urban health through pilot projects under the Urban Health Mission.

5. Health Insurance: Introduction of schemes like Rashtriya Swasthya Bima Yojana (RSBY) to provide health insurance for Below Poverty Line (BPL) families.

PROTECTION OF CHILDREN FROM SEXUAL OFFENCES (POCSO) ACT

- The **Protection of Children from Sexual Offences (POCSO) Act, 2012**, was enacted in India to safeguard children from sexual abuse, harassment, and exploitation.
- It provides a robust legal framework to protect children under the age of 18 years and ensure their physical, emotional, and mental well-being.

KEY PROVISIONS OF THE POCSO ACT

1. **Comprehensive Coverage:** Covers various forms of sexual offenses, including: Penetrative and non-penetrative assault. Sexual harassment and pornography. Gender-neutral law, applicable to both male and female children.
2. **Definition of a Child:** A person below the age of 18 years is considered a child under this Act.

3. Stringent Punishments: Prescribes severe penalties based on the nature of the offense. Includes imprisonment ranging from several years to life imprisonment and monetary fines.

4. Special Courts: Establishment of Special Courts for speedy trial and child-friendly procedures. Trials are conducted in-camera to protect the child's identity.

5. Mandatory Reporting: Obligation on individuals to report offenses; failure to do so is punishable. Protects the informant from legal repercussions.

6. Child-Friendly Procedures: Prohibits aggressive questioning of the child. Ensures the presence of a trusted adult during the child's testimony. Provision of support persons for emotional and psychological assistance.

7. Presumption of Guilt: The burden of proof lies on the accused in cases of sexual abuse.

8. Amendments: The 2019 Amendment increased penalties for heinous offenses, including the death penalty for aggravated sexual assault.

SIGNIFICANCE OF THE ACT

- Provides a safe and supportive legal environment for children.
- Ensures faster resolution of cases through dedicated courts.
- Addresses the psychological impact of abuse with child-sensitive procedures.

CHALLENGES

- Delayed trials due to overburdened judiciary.
- Limited awareness of the Act, particularly in rural areas.
- Insufficient training of officials to handle child-sensitive cases.

FOOD SAFETY AND STANDARDS ACT

- The **Food Safety and Standards Act, 2006** (FSS Act) was enacted in India to consolidate food-related laws, ensure food safety, and protect public health. The Act established the **Food Safety and Standards Authority of India (FSSAI)** as the regulatory body for food safety.
- **Objectives**
 1. Ensure the availability of safe and wholesome food for consumption.
 2. Regulate the manufacture, storage, distribution, sale, and import of food.
 3. Standardize food safety practices and promote scientific methods in food production and handling.

Significance

- Ensures the availability of safe and quality food.
 - Promotes accountability and transparency in the food industry.
 - Facilitates scientific innovation and research in food safety.
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- **Challenges**
 - Ensuring compliance across a vast and diverse food industry.
 - Inadequate infrastructure for testing and inspection.
 - Low awareness among small-scale food businesses and consumers.

RIGHT TO HEALTH

- The **Right to Health** is the concept that every individual has the fundamental right to access quality healthcare without discrimination.
- It is recognized as a basic human right in several international conventions and frameworks.
- In India, while not explicitly mentioned in the Constitution, it is implied under the **Right to Life (Article 21)**.

KEY FEATURES

1. Global Recognition: Enshrined in the Universal Declaration of Human Rights (UDHR), 1948. Recognized in the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966.
2. Indian Context: Article 21: Right to life includes the right to health. Directive Principles of State Policy: Article 39(e): Ensures health of workers. Article 47: Duty of the state to improve public health and nutrition.

3. Components of the Right to Health:

- Availability of healthcare facilities, goods, and services.
- Accessibility without discrimination.
- Acceptable, culturally sensitive healthcare practices.
- Quality healthcare infrastructure and trained personnel.

HEALTH FOR ALL

The principle of Health for All was introduced by the World Health Organization (WHO) during the Alma-Ata Declaration (1978). It envisions universal access to essential health services for everyone, without financial hardship.

Goals:

- Provide universal healthcare coverage.
- Reduce health disparities among populations.
- Promote health equity and social justice.

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- Strategies: Strengthening Primary Healthcare as the foundation of health systems. Integrating preventive, promotive, curative, and rehabilitative services. Community participation and inter-sectoral collaboration.
 - Indian Initiatives: National Health Policy (2017): Aims for universal health coverage. Ayushman Bharat: Focuses on health and wellness centers and health insurance. Mission Indradhanush: Targets universal immunization.

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