

CHAPTER - III

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ORGANIZATIONAL SET UP OF HEALTH CARE UNITS

According to the Constitution of India, the State is responsible for public health and sanitation, hospitals and dispensaries, population control, family planning, medical education, prevention of adulteration of food and drugs, medical profession and maintenance of statistics related thereto.

3.1 Central Level:

At the Central level, the Ministry of Health and Family Welfare is responsible for the formulation of major policies relating to medical and health-care. Again, it advises the State Governments in the implementation of the centrally-sponsored schemes. Following are its major functions:

- (1) Administration of Central Health Institutions;
- (2) Promotion of medical research,
- (3) Establishment and maintenance of drugs and medicines;
- (4) Undertaking investigation into particular health problems;
- (5) Exchanging information on problems relating to Panchayats and other local bodies;
- (6) Maintenance of International Health Relations and administration of post-quarantine.

It is headed by a Cabinet-rank Minister, who is assisted by two Principal Secretaries and a number of other officials as shown in Charts 3.1 and 3.2.

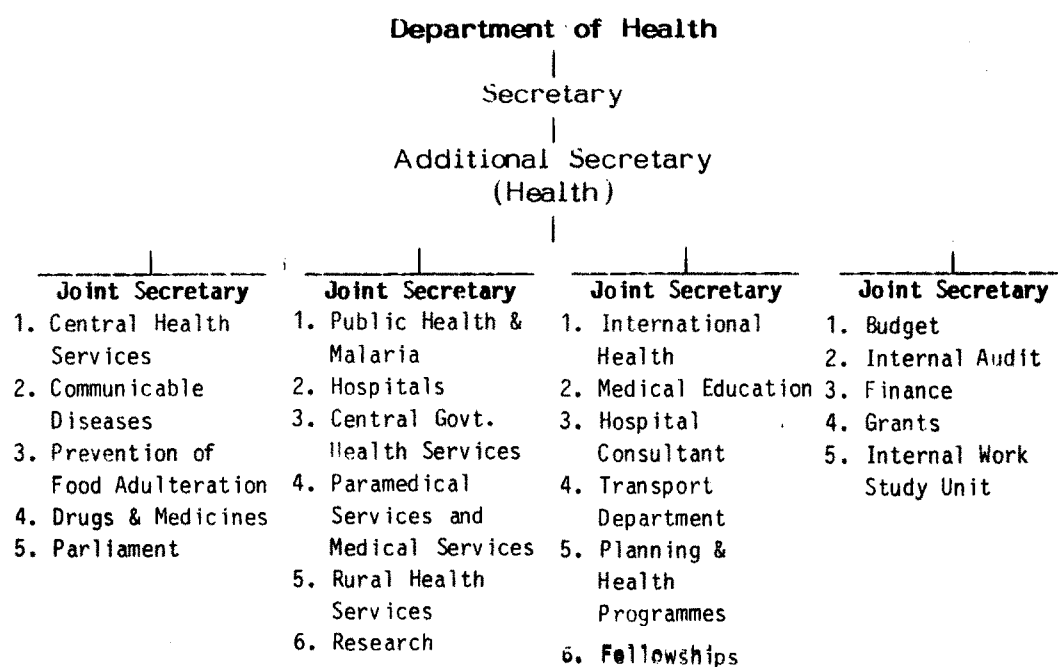
The Ministry is divided into two parts, viz. (1) Health, and (2) Family Welfare, for the purpose of administrative convenience and each has been assigned specific functions, which are discussed below in brief.

3.1.1 Department of Health:

The Head of the Department is a Secretary. He is assisted by an Additional Secretary. An Additional Secretary is assisted by four Joint Secretaries. The Department of Health deals with the medical and public health matters. It looks after drugs-control and prevention of food adulteration. It functions through the Director General of Health Services which has one head-office and 70 subordinate offices.

Chart 3.1

MINISTRY OF HEALTH AND FAMILY WELFARE



3.1.2 Department of Family Welfare:

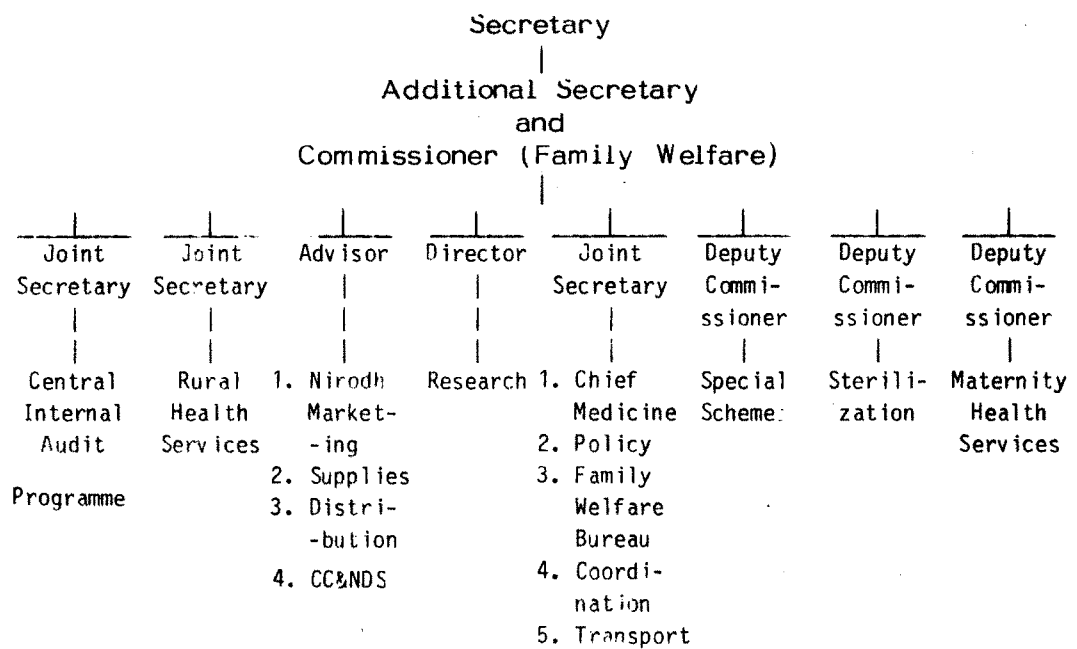
The Department deals with all matters relating to Family Welfare. It is headed by a Secretary. He is assisted by an Additional Secretary and Commissioners. The Additional Secretary and Commissioners are assisted by a number of Joint Secretaries, Deputy Commissioners and an Advisor and a Director.

The main function of the Department is to advise necessarily and to supervise the implementation of the Family Welfare Programmes in the State.

Chart 3.2

MINISTRY OF HEALTH AND FAMILY WELFARE

Department of Family Welfare



3.2 State Level:

The State Government is responsible to provide medical and health-care services to the people living in their jurisdictions. There is no specific organizational set-up followed in all the States of the country.

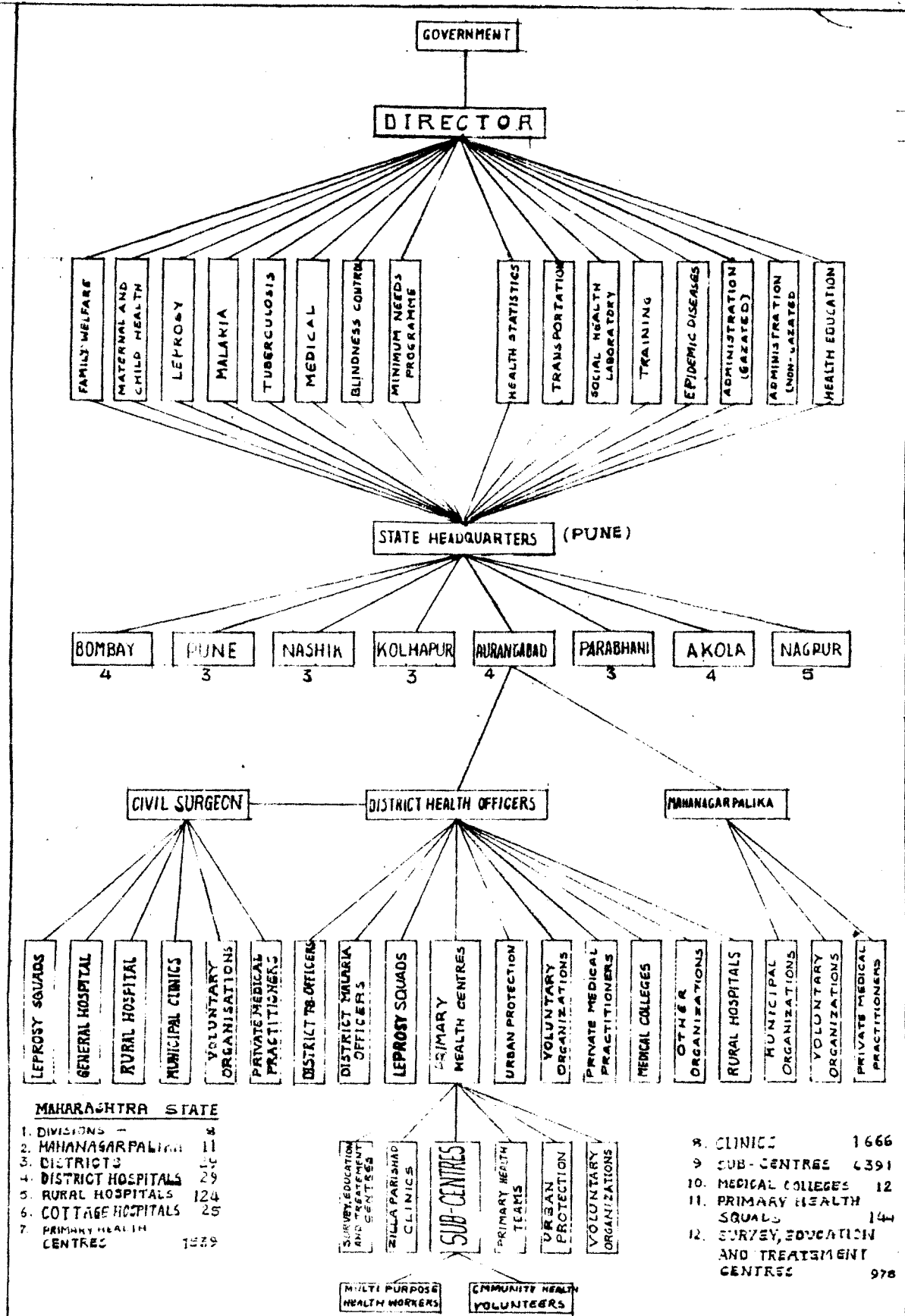
In the State of Maharashtra, administration machinery functions at four levels, viz. the directorate, the regional, the district and the Primary Health Centre. It is clear from Chart 3.3

3.2.1 Directorate Level:

At the Directorate level, mainly the formulation of policies, health legislations, coordination of various programmes and policies, preparation of budget for a whole Department, issue of instructions to the Joint Directors have been done. As it is a staff agency, it acts as the Directorate. These Directors are various professionals with varied experience in different areas of health, medical and health-care services. They operate from the State Headquarters. They provide necessary data to the Secretariate for the purpose of policy formation. At the same time, they are held responsible for the implementation of the policies in the State. They provide proper guidelines to the regional, district and the field levels.

CHART-3.3

ORGANIZATIONAL SET UP OF HEALTH CARE FOR THE STATE OF MAHARASHTRA



3.3 Regional Level:

The entire State of Maharashtra has been divided into eight regions, viz. Bombay, Pune, Nashik, Kolhapur, Aurangabad, Parbhani, Akola and Nagpur. Each region is headed by a Deputy Director. The Deputy Directors are responsible for the development of health and family welfare services in their regions. All Primary Health Centres and Hospitals function under the control of the Deputy Directors. A Deputy Director is assisted by District Health Officers and the concerned authorities in his jurisdiction.

3.4 District Level:

At the district level, the District Medical and Health Officer is the Chief Administrative Officer of the Medical and Health Department. He is responsible for the implementation of health-care programmes in the district. He exercises all the health-care programmes in the district.

All the Civil Hospitals, dispensaries, Primary Health Centres and sub-centres in the district are working under the administrative control of the District Medical and Health Officer. A number of functionaries assist him in the discharge of his duties.

He tenders advice to the medical personnel at various hospitals, Primary Health Centres and sub-centres for the efficient implementation of the health programmes

in the district. He is empowered to make surprise-visits to all the health-care units functioning in the district. But the study revealed that he is over-burdened with a number of functions. Hence, he is not in a position to exercise proper control on health-care units in the district. For want of time, the officer does not pay even a single visit to many health-care units; and that is why the quality of services rendered by the health-care units in the rural area is very poor.

3.5 Primary Health Centre:

In Chandgad taluka, there are six Primary Health Centres (Kowad, Chandgad, Mangaon, Tudaye, Here and Adkur), thirtytwo sub-centres and one rural hospital. As stated in the earlier Chapter, the hospital is functioning in the premises of the Primary Health Centre at Chandgad. The main Primary Health Centre is located at Kowad, which is called Mother PHC (Primary Health Centre), 30 kms. away from the Taluka Headquarters.

The scope of this study is restricted to cover three Primary Health Centres, three sub-centres and one village having neither Primary Health Centre nor a sub-centre. An attempt has been made to give a brief account of the personnel employed in the Primary Health Centre and the sub-centre, their powers and functions, to assess the output in terms of the services rendered in different areas of health-care.

The Kowad, Adkur and Chandgad Primary Health Centres; Amroli, Naganwadi and Shivanage sub-centres and Motanwadi village, without a Primary Health Centre or a sub-centre, have been undertaken for the convenience of the study. Kowad Primary Health Centre is the biggest and the first Primary Health Centre in Chandgad taluka, which was established in the year 1962, with a bed strength of six. The health centre has its own pucca building. The staff-quarters are provided in the premises of the centre. The Primary Health Centres of Chandgad and Adkur are established in the years 1982 and 1985, respectively. The Chandgad Primary Health Centre has its own building, which is inconvenient and inadequate, whereas the building of Adkur Primary Health Centre belongs to the Village Grampanchayat, which also has only two rooms. Construction of new buildings for these two Primary Health Centres is in progress.

There are six sub-centres under the Kowad Primary Health Centre, five under the Chandgad and four under the Adkur Primary Health Centre. Each sub-centre consists of an Auxiliary Nurse Midwife.

The Primary Health Centre is a multi-functionary agency. It is responsible for discharging the following types of functions:

- (a) Medical care,
- (b) Maternal and Child Health-care,
including Family Welfare.

- (c) School-health,
- (d) Protection and improvement of
environmental sanitation,
- (e) Control and surveillance of
communicable diseases,,
- (f) Collecting and reporting of statistics
relating to health-care, and
- (g) Implementation of health-care programmes like
immunization, eradication of communicable
diseases in the rural area.

A Senior Medical Officer of the Primary Health Centre is the top authority in the Primary Health Centre. He works as an administrator and a doctor simultaneously. The efficiency and effectiveness of the Primary Health Centre depends on his skill as an administrator and a doctor. He is fully responsible for the working of the Primary Health Centre, for the implementation of various health-care programmes like immunization, control of communicable diseases, nutrition, maternal and child health-care and family welfare.

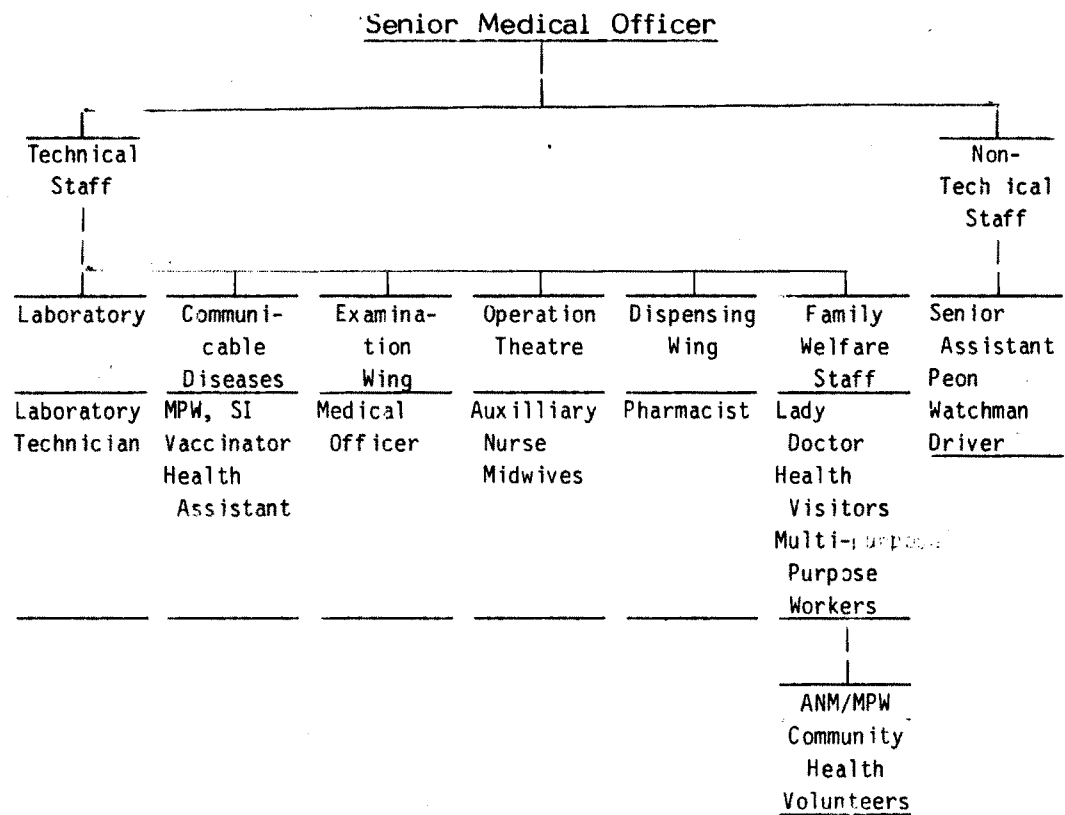
He provides drugs, medicines and essential instruments to the health personnel and advises them on the smooth working of the health-centre. He undertakes supervision and exercises control on the working of the health personnel of the health centres. He sanctions the leaves of all staff members of the health centre and conducts a monthly staff

meetings. He is responsible for sending monthly reports about the work done to the district level authority.

The Senior Medical Officer is assisted by a number of health personnel in discharging his duties. This is visualized in Chart 3.4.

Chart 3.4

Organizational Structure of a Primary Health Centre



The personnel working under the control and supervision of a Senior Medical Officer can be classified into two main groups: (1) Technical Staff, and (2) Non-technical staff.

3.5.3 Technical Staff:

The technical staff consists of various technical personnel functioning in the various departments of a Primary Health Centre. These are discussed below:

1. Doctors:

The Primary Health Centre consists of two doctors, one of them (probably a male doctor) is supposed to look after the medical care services and another doctor (a lady doctor, if available) attends to Family Welfare and Maternal and Child Health Services. Both the doctors are required to undertake tours to the villages within the jurisdiction of the Primary Health Centre. When one doctor is on a tour, another stays in the headquarters to attend to the functioning of the Primary Health Centre and vice-versa. They are supposed to have the tours for 15 days in a month.

2. Pharmaceutical Staff:

The Primary Health Centre consists of a pharmacist, who attends to the dispensing unit of the health centre. He works under the overall supervision and control of the Medical Officer, who looks after the medical care services. The pharmacist is held responsible for the maintenance of the medical stores of the health care centre and all the registers and files concerning the unit. He issues the drugs to all the health-visitors, auxiliary nurse midwives according to the instructions of the Family Welfare Doctor. He prepares,

with the help of medical officers, orders for various drugs, medicines and equipments.

3. Health Inspectors:

Each Primary Health Centre has one Health Inspector who works under the supervision and control of the Medical Officer of the Primary Health Centre. He tours for 20 days in a month, alongwith Health Visitors and Auxiliary Nurse Midwives. He imparts health education to the people, either to adopt or to practise the family welfare methods. He educates, motivates and convinces the eligible couples (persons between 15 to 45 years of age) to undergo the family welfare methods. Each Health Inspector has to register atleast six cases in a month for undergoing the family welfare operations.

4. Family Welfare Staff:

The Family Welfare Staff consists of a lady doctor (unfortunately, there is no lady doctor in any of the Primary Health Centres in Chandgad taluka), health visitors, auxiliary, nurse midwives. These members are supposed to visit the villages with a Family Welfare Doctor to attend the work related to Family Planning and Maternal and Child Health-care Services.

5. Family Welfare Doctor:

The Family Welfare Doctor is responsible for the implementation of the family welfare, maternal and child health care services within the jurisdiction of the health centre.

6. Health Visitors:

The Health Visitors work under the control of family welfare medical officers. The Health Visitors are responsible for the implementation of the family welfare and maternal and child health-care programmes in the rural areas. Each Health Visitor is required to cover 20,000 population and to look after three or four sub-centres of family welfare. He has to visit every sub-centre fortnightly and supervise the work of the auxiliary nurse midwives. He guides the auxiliary nurse midwives in the implementation of the family welfare and nutritional programmes in the villages. He also visits the villages and inspects the kids and pre-school going children and gives the guidelines to their parents to improve the health status of their children. He motivates the people for undergoing family planning operations. Each Health Visitor has to register six cases in a month and to motivate them for family planning operations. He attends the monthly staff meeting of the Primary Health Centre and reports the target and achievements made by him to the Medical Officer.

7. Auxiliary Nurse Midwives:

there are six sub-centres within the jurisdiction of the Kowad Primary Health Centre, five and four in the jurisdiction of Chandgad and Adkur Primary Health Centre, respectively. Each sub-centre consists of one Auxiliary Nurse Midwife. They work under the supervision of a Health Visitor. The

Auxiliary Nurse Midwife tours for 20 days in a month. She attends to the care of patients, family planning follow-up, nutritional and educational activities. The Auxiliary Nurse Midwife maintains various registers, viz. Anti-natal, birth, clinical, infant mortality, child-health and iron tablets, immunization and vitamin-A medicines, motivation and follow-up registers. She prepares reports on monthly target and achievements and submits it to the Family Welfare Medical Officer at the time of the monthly staff meeting of the Primary Health Centre

8. Eradication of Communicable Diseases/Immunization:

This unit consists of a Sanitary Inspector, Health Assistant and Multi-purpose Workers. These personnel are shouldered with the responsibility of the implementation of the immunization programme in the villages. The immunization programme consists of six diseases; from the year 1990-91, the list has been increased to 15.

9. Sanitary Inspector:

Each Primary Health Centre consists of a Sanitary Inspector. He works under the control and supervision of the Senior Medical Officer of the Primary Health Centre. He is responsible for the implementation of immunization programme in the jurisdiction of the Primary Health Centre. He is assisted by Health Assistants. He supervises the work of the Health Assistants and reviews their progress. He prepares statistical

reports on immunization programmes, with regard to the objective set up and the achievements made. He presents the report to the District Health Officer, who exercises, technically, the control over him, through the Medical Officer of the Primary Health Centre.

10. Health Assistants:

Health assistants are also known as Vaccinators. The Sanitary Inspector supervises their work. Health Assistants are supposed to attend to the immunization functions in the villages. They visit for 15 days in a month. They prepare progress report at the end of each month and present it to the Sanitary Inspector at the time of the monthly staff meeting of the Primary Health Centre.

11. Laboratory Technician:

Each Primary Health Centre has a Laboratory under the control of a technician. He is also called as a microscopist. He stays at the headquarters of the Primary Health Centre. He has to examine all blood smears collected by the Surveillance Inspectors. He is to report it to the Surveillance Inspectors and the District Malaria Officer. He provides the necessary equipments and slides to the Surveillance Inspectors and Surveillance Workers. Besides this, he also examines the blood smears of TB patients. He prepares the monthly report and sends it to the District Officer. The Laboratory Technician prepares the blood-smears receipt and examination register and epidemiological evaluation muster.

3.5.2 Non-Technical Staff:

The Primary Health Centre consists of a senior assistant who assists the Senior Medical Officer in official correspondence, maintenance of files and a number of registers like expenditure, tour-allowance, budget-control, cash-book, permanent staff position, service register and establishment. Peon, Jeep-Driver and watchman are also included in the non-technical staff.

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