

05. Towards Developing a Rational First Line Health Infrastructure – Dr. Tony Colaco, M.D. (Sep 1993)

INTRODUCTION

The First Line health service has a narrower definition than Primary Health Care. It is the most decentralised service (the one closest to the population) capable of providing health care for all the individuals in a community for which they are responsible. This responsibility implies a commitment to provide continuous, integrated and comprehensive care.

To the First Line are attached three specific functions:

- Contact with the population, specifically in episodes of illness or risk, more generally by registration of the population with the health service or through committees or groups established to promote the participation of the population. This is the point of entry into the health system.
- The bringing together of information (synthesis) which leads to the decision, reached in agreement with the patient or the population, on the treatment or care to be provided. When a case is referred elsewhere, the information should finally remain at the First Line and not at the reference level.
- The responsibility for individual health by surveillance of the regularity of care, of persons at risk and of the environment. Here too if the problem goes beyond the scope of the First Line, recourse can be had to specialised services.

The First Line health service should first of all contribute to develop a healthy relationship between the service and the people, based on mutual confidence. That is why it is important that the service does actually respond in priority to the needs felt by the community.

Curative care, continuous care of chronic patients -including their follow up- and preventive care plus follow up of high risk persons are the three basic services responding to the felt needs of the community. A First Line health service responding in this way to the felt needs inspires the confidence required for building an interface with the community.

The referral level or second tier must be defined not in itself but in relation to the First Line. Conceptually, the primary level is not an “extension” of the second level; the second level is complementary to the first level. Its role is to ensure continuity of curative care for patients who cannot be treated on an outpatient basis or require techniques not available at the primary level.

THE PRESENT HEALTH INFRASTRUCTURE AT ADATS/BCS

The “decentralised health budget” of ADATS/BCS is a rather unique feature in the health system, in that control is vested in the people who are directly and immediately affected by the problem. The grants from ADATS/BCS are handed over to the CSUs, and it is at the Mahila Meetings that decisions regarding the appointment of the VHW are taken. They allocate the money, as they see fair, depending on the illness, the kind of treatment required etc.

This system, therefore, provides an in-built check to ensure that non target population do not corner most of the benefits from the proposed health infrastructure.

The infrastructure at present consists of Village Health Workers (VHWs) who are illiterate women of the village and have undergone some amount of training in health.

Her functions include:

At the preventive level

Encouraging parents to get their children immunized, stressing the importance of pre natal care – especially the three tetanus injection an expectant mother ought to take – and educating parents about simple but effective ways of preventive methods like ORT.

At the curative level

Besides dispensing some of the basic drugs for common illnesses, she is also trained to administer first-aid.

Referrals

In case of any chronic or major illness she refers the patient to government hospitals.

Registering all births and deaths also form part of her duties.

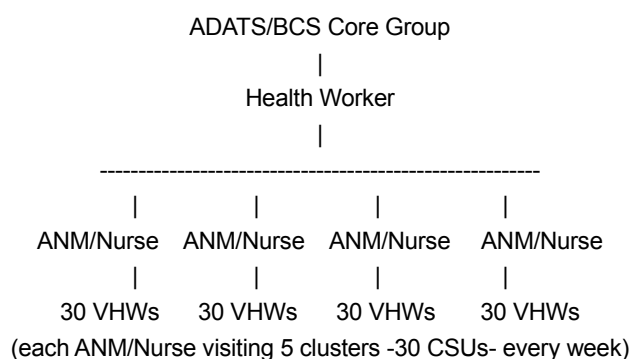
Besides all this the VHW proves to be a “friend” to the patient -a psychological support during a crisis. She is also partially responsible for bringing up “health issues” for discussion at the Mahila Meetings.

THE PROPOSED HEALTH INFRASTRUCTURE

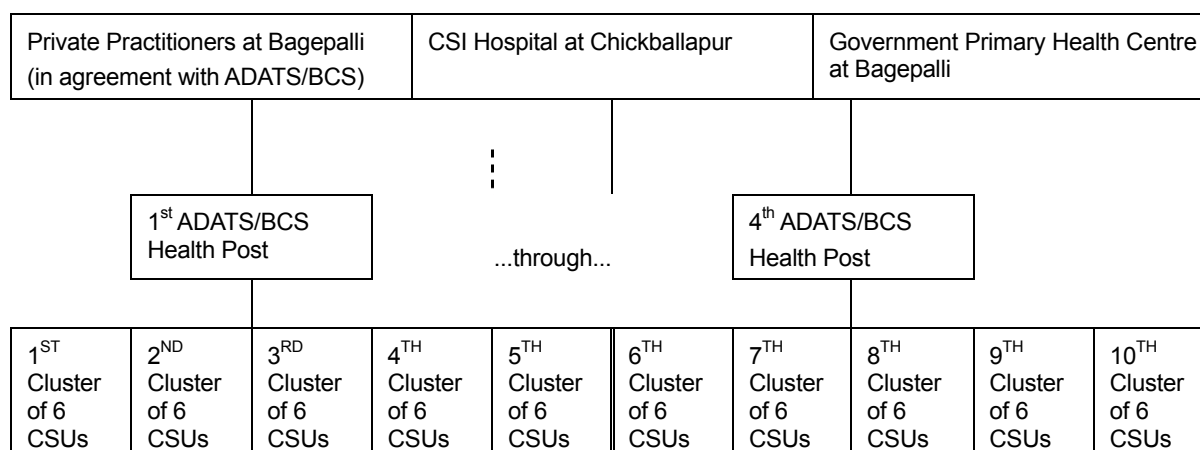
The proposed infrastructure aims at:

- Providing guidelines to the VHWs -and thereby the Coolie Sanghas- on how to utilise the decentralized health budget maximally.
- Increasing the technicity of the existing health service so as to provide rational health care.
- Creating a system of health care delivery which offers:
 - a) Basic curative care,
 - b) Preventive care,
 - c) Care of the chronically ill,
 - d) An effective referral system,
- Supplementing the work of the government Primary Health Centre with the view of assisting in it's coverage of health activities.
- Reducing ‘out of pocket’ expenditure on health by the community.
- Developing an information system that collates, analyses and uses information at it's own level before passing on what is relevant to the next level.

ADMINISTRATIVE FLOW CHART



OPERATIONAL FLOW CHART



At ADATS/BCS, the villages are grouped into clusters of 5 to 6 CSUs. At the village level the VHWs will perform the following:

- Provide curative care for minor ailments.
- House visits to:
 - e) Create empathy between the health services and the community.
 - f) Register births and deaths.
 - g) Register and follow up ante-natal and under fives for immunization.
 - h) Register and follow up eligible couples and educate them about family welfare methods available.
 - i) Ensure that members of the community suffering from chronic diseases such as leprosy and tuberculosis do not default on drug collection and consumption.
 - j) Liaise with the responsible ANM/Nurse at the Health Post in such a manner as to ensure that the ante-natal, postnatal and under fives in her village attend the appropriate session at the Health Post.
 - k) Refer to the Health Post all cases that she is unable to manage. and
 - l) Provide First Aid in emergencies.

Note: It must be understood that the VHW is the ‘gateway’ to the proposed First Line health system and therefore all individuals must ‘pass’ through her before accessing the ANM/Nurse at the Health Post. This is essential as otherwise the Health Post will be unnecessarily burdened with cases which could and should be handled by the VHW.

The second level is the Health Post. At the outset it should be remembered that this unit is NOT meant to replace the government Primary Health Centre but rather to draw on the resources available there and assist it to achieve greater coverage for its programmes.

The principal functionary of the Health Post will be the ANM/Nurse. Her major functions will be the following:

- To attend to those cases for curative care which have been referred by the VHWs to the Health Post and to refer to the next level those that she is unable to manage.
- To conduct antenatal, postnatal and under five clinics so as to ensure that high risk cases are detected early and referred appropriately.

- To arrange with the government PHC that immunization of antenatal and under fives of her area is carried out. Alternately, she can collect the vaccines from the PHC in a vaccine carrier and conduct vaccination sessions herself at the Health Post.
- To supervise and continuously train the VHWs who are in her jurisdiction.
- To act as a bridgehead between ADATS/BCS and the government PHC by participating in the monthly meetings and constantly seeking out areas where the two can collaborate in providing better health care to the community.
- To provide feedback to the VHWs regarding their work performance and referrals.

The Health Post will at it's lowest level of technicity be able to carry out all the functions listed above.

The next level in the proposed health system is the referral level. At present in Bagepalli there are several options available. These are:

- Referral to the government Primary Health Centre and from there if need be to the taluk hospital.
- Referral to the CSI Hospital at Chickballapur.
- Referral to identified doctors at Bagepalli. The referral level should only be accessed by patients who have been referred by the ANM/Nurse at the Health Post except in emergencies.

The role envisaged for this referral level would be:

- Management of those cases which have been referred from the Health Post.
- Handling of emergencies.
- Provide feedback on referred cases to the ANM/Nurse so as to enable her to follow up such individuals.
- Assist in the supervision and training of the ANM/ Nurse.

The foregoing is a brief outline of the way the proposed First Line Health Service for ADATS/BCS will operate and is not exhaustive. Further details will be furnished if required.