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Primary Health Care and Healthcare Delivery System

Community Health Nursing

Principles and elements of primary healthcare, healthcare delivery system in India, levels of healthcare, referral system, sub-centres, Ayushman Arogya Mandirs, Primary Health Centres (PHCs), Community Health Centres (CHCs) and district hospitals.

For educational purposes only.

CHAPTER 03 / COMMUNITY HEALTH NURSING 03. Primary Health Care and Healthcare Delivery System

1. Introduction and definition

Primary health care (PHC) is an inclusive approach to health that combines accessible first-contact clinical services, public health, community empowerment and action across sectors. Primary care is the clinical service component; PHC is the broader approach. Alma-Ata (1978) and Astana (2018) are key milestones.

2. Principles and classical elements

Principles: equitable distribution, community participation, intersectoral coordination and appropriate technology, supported by prevention, affordability and continuity.

The eight classical Alma-Ata elements are education about major health problems; food supply and nutrition; safe water and basic sanitation; maternal and child care including family planning; immunisation; control of endemic diseases; appropriate treatment of common diseases and injuries; and access to essential medicines.

3. Levels of care in India

Level	Facilities	Core function
Primary	AAM/sub-health centre, PHC, UPHC	Prevention, screening, basic care and referral
Secondary	CHC, subdistrict/district hospitals	Inpatient, emergency and general specialist services
Tertiary	Medical colleges and specialist institutes	Advanced diagnostics, complex treatment and specialist care

Public services operate through central and state authorities, district administration, blocks and community facilities. Private, charitable and AYUSH services also contribute. A patient with an emergency may bypass a lower facility if necessary.

4. Rural population norms (IPHS 2022)

Facility	Plains	Hilly/tribal/difficult areas
Sub-health centre	5,000	3,000

PHC	30,000	20,000
CHC	120,000	80,000

These are planning norms, not guaranteed patient loads. Geography, travel time and state policy can modify facility planning. [1]

5. Functions and staffing

Sub-health centre/AAM: Household registration, MCH, immunisation, screening, first aid, follow-up, health education and referral; ANM/MPW, CHO and ASHA link services according to staffing model.

PHC: Medical assessment, treatment, basic laboratory care, preventive services, supervision of linked centres and referral. Some PHCs operate around the clock according to designation.

CHC: Referral-level inpatient and emergency care, laboratory and specialist services where available. A First Referral Unit (FRU) must meet defined emergency obstetric/newborn care capabilities; not every CHC is an FRU.

NURSE'S CONTENT / COMMUNITY HEALTH NURSING 9

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District hospital: Secondary and sometimes advanced specialist care, diagnostics and district clinical support.

6. Ayushman Bharat and comprehensive PHC

Ayushman Arogya Mandirs (formerly Health and Wellness Centres) extend primary care beyond traditional MCH and infections to NCDs, mental health, palliative and elderly care, oral/eye/ENT care and basic emergencies. PM-JAY is a separate financial-protection component for eligible covered hospital care; it is not a substitute for primary care. [19]

7. Referral and back-referral

Assess urgency; stabilize within competence; contact receiving team; arrange safe transport; send concise clinical history, findings, treatment and reason; confirm receipt; obtain follow-up advice. Back-referral returns ongoing care to the local team. Example: a pregnant woman with bleeding requires emergency referral, not routine appointment scheduling.

8. Role of nurses

Deliver approved preventive and primary services, maintain drug and vaccine stocks, supervise outreach, track missed care, screen and refer, maintain records, ensure infection prevention, coordinate with community workers and monitor service quality.

9. Comprehensive primary care service packages

Primary care is not limited to minor illness. The Indian comprehensive primary healthcare model includes reproductive and maternal care, neonatal and infant care, childhood and adolescent care, family planning, communicable diseases, outpatient care for common illnesses, non-communicable diseases, oral health, eye and ENT care, elderly and palliative care, emergency care and mental healthcare. Exact facility capacity and referral arrangements depend on the current IPHS and state implementation.

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Village-to-district service coordination

Worker or service	Key contribution
ASHA	Community mobilization, health education, due-list tracking and linkage to care.
ANM	Maternal-child services, vaccination, outreach and authorized primary care.
CHO	Team-based comprehensive primary healthcare and continuity at designated facilities.
Medical officer	Clinical assessment, treatment, referral, supervision and programme coordination.
Anganwadi worker	Nutrition, early childhood services and coordination with health staff.

10. Referral case study

A pregnant woman with severe headache and visual changes presents to an outreach session. The nurse checks immediate condition, recognizes a potential obstetric emergency, alerts the medical team, arranges safe transport to an appropriate facility and sends a concise referral note. The receiving institution provides definitive assessment; back-referral communicates ongoing medicines, follow-up dates and warning signs. The nurse checks whether care was actually received. Routine paperwork must not delay urgent referral.

11. Important Examination Questions

Long Answer Questions

1. 1. Describe PHC principles and elements; explain Indian healthcare delivery and referral facilities.

NURSE'S CONTENT / COMMUNITY HEALTH NURSING 10

B.SC. NURSING / STUDY NOTES

2. 2. Describe the comprehensive primary healthcare service packages and the referral continuum.
3. 3. Explain the roles of frontline workers in rural primary care.

Short Answer Questions

1. 1. AAM
2. 2. PHC vs CHC
3. 3. referral system
4. 4. roles of ASHA, ANM and CHO
5. 5. Back-referral.
6. 6. Comprehensive primary healthcare versus primary medical care.
7. 7. First referral unit.

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Very Short Answer Questions (with answers)

1. 1. Alma-Ata? 1978.
2. 2. Rural PHC plains norm? 30,000.
3. 3. CHC difficult-area norm? 80,000.
4. 4. What does CHO stand for? - Community Health Officer.
5. 5. What is back-referral? - Communication returning the patient to appropriate follow-up care.

12. Quick Revision

- Alma-Ata emphasized equity and participation.
- Arogya Mandirs provide comprehensive primary care according to facility capacity.
- IPHS specifies service and infrastructure standards.
- Referral includes transport, handover and follow-up.

Conclusion

Comprehensive PHC is the foundation for equitable, continuous healthcare. [1,2]

NURSE'S CONTENT / COMMUNITY HEALTH NURSING 11

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. What is the main purpose of back-referral after specialist assessment?

A. Replace the emergency handover
B. Repeat the initial screening without a care plan
C. Return ongoing care to the local team
D. Transfer all future care to a tertiary hospital

2. Which worker primarily contributes nutrition and early childhood services to village-to-district coordination?

A. Medical officer
B. Community Health Officer
C. ASHA
D. Anganwadi worker

3. Which service best represents tertiary care?

A. Complex treatment at a specialist institute
B. Household vaccination tracking at a sub-health centre
C. Basic screening at a PHC
D. Routine inpatient care at a CHC

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Answer key and explanations

1. C - Return ongoing care to the local team

Back-referral connects specialist care with local follow-up.

2. D - Anganwadi worker

Anganwadi workers coordinate nutrition and early childhood services with health staff.

3. A - Complex treatment at a specialist institute

Tertiary facilities provide advanced diagnostics and complex specialist treatment.

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