



THE MEDICAL OFFICER AND HIS/HER DEPARTMENT

The medical officer is a graduate in any system of medicine (allopathic, ayurveda, unani, siddha or homeopathy). He may be working in public sector in any one of the following:

- ⊙ State government health and family welfare department
- ⊙ Central Government Health Services (CGHS)
- ⊙ Employee State Insurance corporation (ESI)
- ⊙ Railways
- ⊙ Municipal corporations etc.,
- ⊙ Arm force medical officers

S/he may also be working for private sector like an NGO hospital or a factory or a private nursing home. The scope of this manual is broadly pertains to those in public sector.

The medical officer is perhaps the most qualified person working in remote rural areas. A person with equivalent qualification in any other department would be working in taluk level and above. S/he is equal in rank to the Assistant Commissioner of Revenue Department and Deputy Superintendent of Police in Police Department. But since health department is service oriented as envisioned by British there is no power or authority attached to this department.

The medical officer lands in this department more out of chance than choice. The attrition rate is high now-a-days due to emphasis on the need for a post-graduation degree. Those who get greener pastures leave this department at once. Health and family welfare department is the second largest department in terms of its network and reach, education department being the largest. The morale of both these departments is at very low ebb and a revitalization drive of massive scale is the need of the hour.

THE MEDICAL OFFICER IS A CLINICIAN,
SUPERVISOR, COORDINATOR, TRAINER AND
LEADER

The WHO considers medical officer as a **Five Star Doctor**

- ⊙ **Care provider:** A person who considers the patient holistically as an individual and as an integral part of the family and the community and provides high quality, comprehensive, continuous care.
- ⊙ **Decision maker:** A person who chooses which technologies to apply ethically and cost effectively while enhancing the care he or she provides.
- ⊙ **Communicator:** A person who is able to promote healthy lifestyles by effective explanation and advocacy, thereby empowering individuals and groups to enhance and protect their health.

- ⊙ Diagnosis and treatment
- ⊙ Surgical procedures
- ⊙ Counseling patients
- ⊙ Preventive and promotive services
- ⊙ Giving clinical training to his staff

As a manager, the MOH performs the following duties.

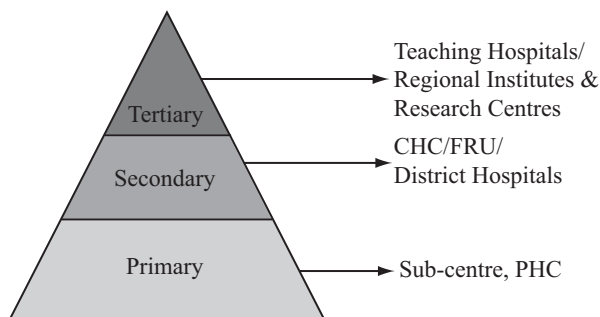
- ⊙ Planning, organizing and evaluating the activities of the PHC
- ⊙ Supervising the staff
- ⊙ Maintaining adequate supplies of drugs
- ⊙ Health management information system
- ⊙ Financial responsibilities
- ⊙ Motivating the staff and providing leadership
- ⊙ Training activities
- ⊙ Quality of services
- ⊙ Developing good rapport with the community and ensuring its participation in PHC activities and programmes.

One of the problems a MOH faces in being a PHC manager is a sense of frustration that he is not accomplishing as much in his managerial role as he is accomplishing in his technician's role. Some get so frustrated that they develop negative attitude towards administrative and managerial functions. Others tend to ignore management responsibilities and feel comfortable only treating patients. Still other medical officers delegate all managerial responsibilities to their staff. Though doctors are blamed as very poor administrators there are examples of excellent administrators in the department of health and family welfare.

PRIMARY HEALTH CARE

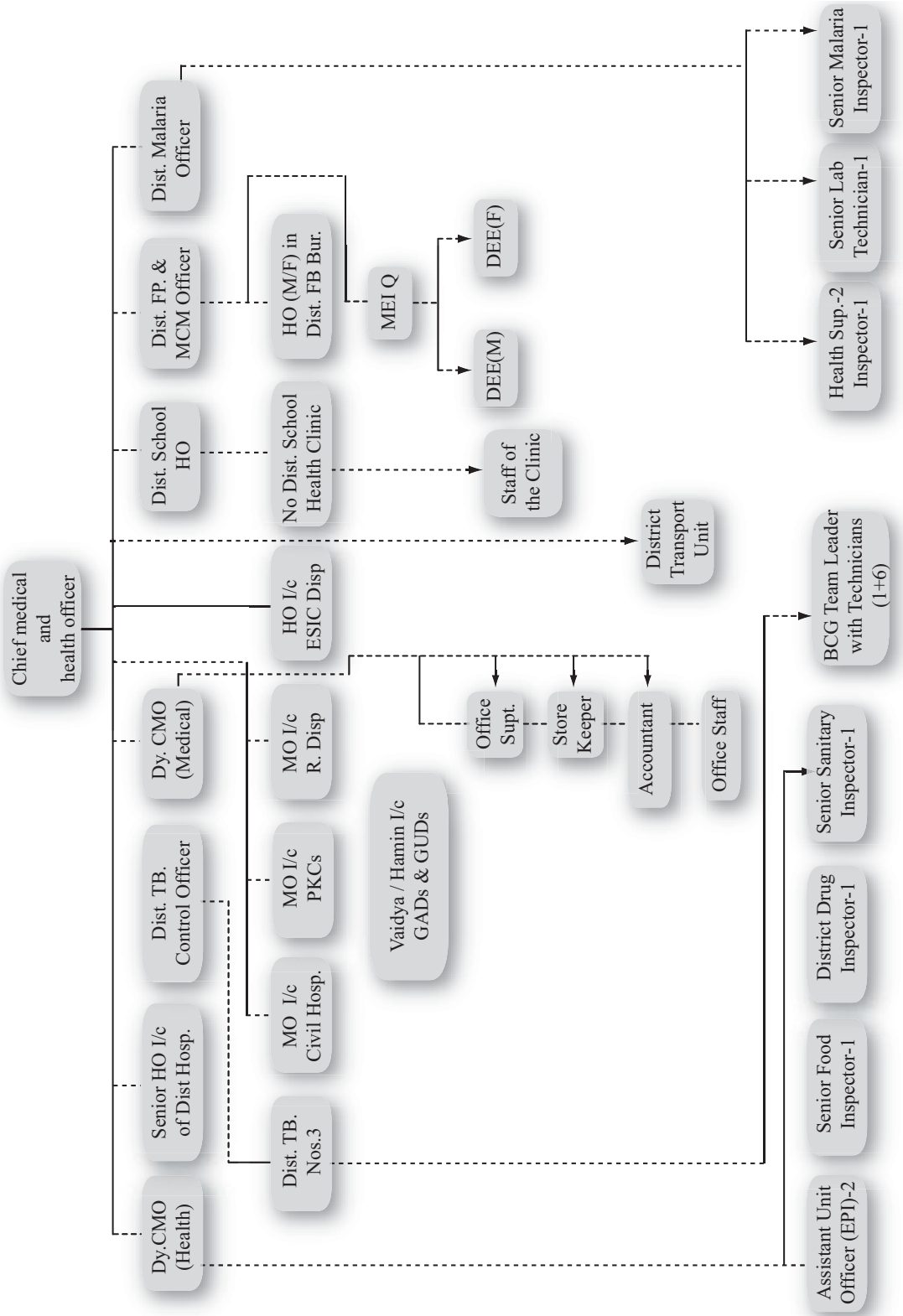
It is essential healthcare made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford.

The hierarchy of healthcare delivery system in India is as follows.



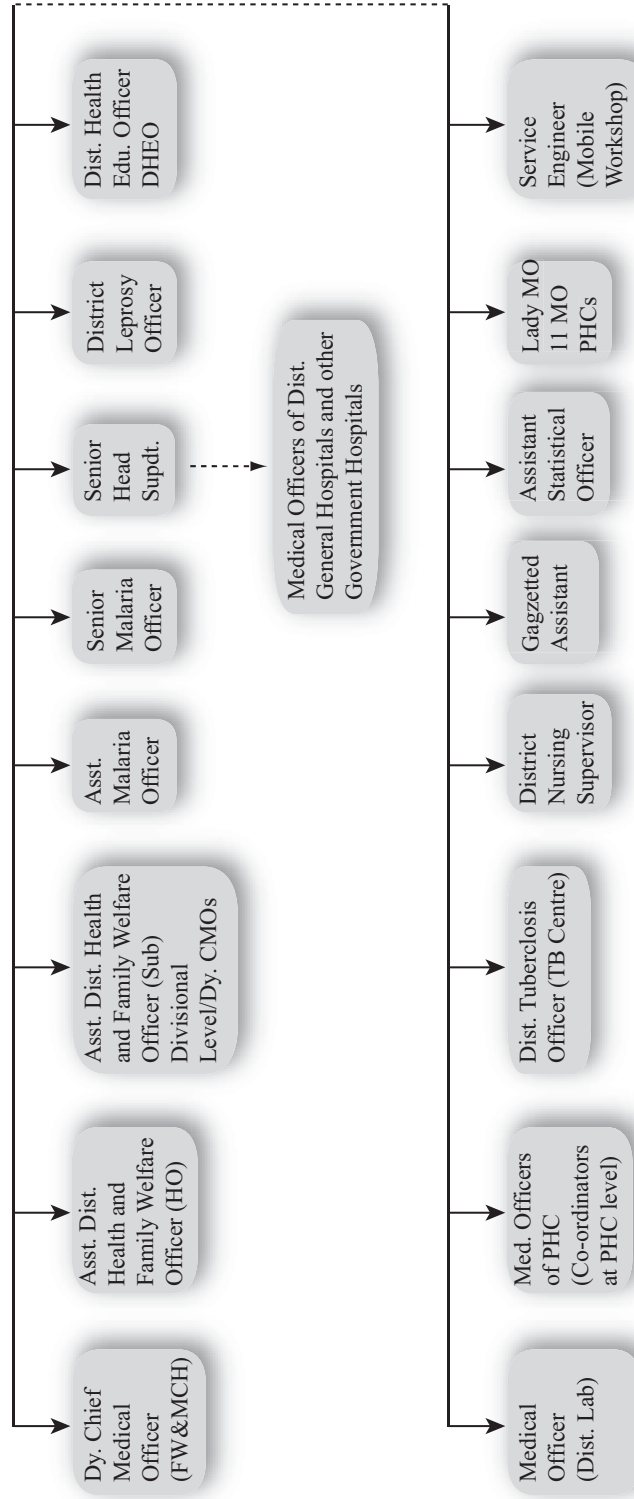
The following charts show the organizational hierarchy from state level to the PHC level. There are minor variations from state to state.

Organizational Chart of the District Health Administration



DISTRICT HEALTH AND FAMILY WELFARE OFFICER/CMO

Co-ordinator at District Level



FUNCTIONS OF PHC

1. Medical Care
2. RCH Services
3. Safe water supply & sanitation
4. Prevention & control of locally endemic diseases
5. Collection and reporting of vital statistics
6. Education about health
7. National Health Programmes – as relevant
8. Referral services
9. Training of ASHA/Anganwadi workers/Dais etc
10. Basic Laboratory services

STAFFING PATTERN

A. At the PHC Level

Medical officer	– 1+1
Pharmacist	– 1
Nurse mid-wife	– 1
Block extension educator	– 1
Health assistant (Male/Female)	– 1+1
Health worker (Female/ Male)	– one for each subcentre
Clerk	– 1
Lab technician	– 1
Driver (subject to availability of vehicle)	– 1
Class IV	– 4

Each PHC caters to a population of 30,000 and sometimes provided with 5 beds which are called as family welfare beds in some states.

B. Community Health Centre Level

It caters to a population of around one lakh (one in each community development block). It is provided with 30 beds and specialists in surgery, OBG, Medicine, Paediatrics and anaesthesia. It will have X- ray and laboratory facilities.

Medical officer	– 6
Staff nurse	– 7-10
Pharmacist	– 1
Lab technician	– 1
Radiographer	– 1
Dhobi	– 1
Group IV	– 10-15