



Welcome

# PLANNING, BUDGETING MATERIAL MANAGEMENT OF PHC, CHC, SC

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# Content

- Primary health centre
- Types of PHC
- Staffing pattern of PHC
- Services provided by PHC
- Community health centre
- Function of CHC
- Planning of PHC,CHC,SC
- Budgeting of PHC, CHC SC
- Material management
- Objective of material management

# Primary health centre

- The primary health centre (PHC) is the basic structural and functional unit of the public health services in developing countries to provide accessible, affordable & available of primary health care to people.
- -Bhore committee in 1946 gave the concept of a PHC as a basic health unit.
- -Under each PHC has 6 subcentre.
- It cover a population of 30,000 population in plain area and 20,000 in hilly and tribal area.
- PHC at block level have 6 bed.

# Types of PHC

- From service delivery angle .PHC may be of two types, depending upon delivery case load
- Types “A”PHC :PHC with less than 20 deliveries per month.
- Type”B”PHC :PHCwith 20 or more deliveries per month .

# Staffing pattern of PHC

Staff	Existing	Recommended
Medical officer	1	3 ( at least 1. Female)
AYUSH practitioner	Nil	1
Accountant cum Data entry operator	Nil	1
Pharmacist	1	2
Staff nurse	1	5
Health worker (F)	1	1
Health educator	1	1
Health assistants ( one male and one female)	2	2

Clerks	2	2
Laboratory technician	1	2
Driver	1	Optional
Class – IV workers	4	4
Total	15	24/25

# Services provided by PHC

■ Medical care 24 x 7

Maternal and child health care including family planning

Medical termination of pregnancy

Management of RTI and STI.

Nutrition services

School health

Adolescent health care

Promotion of safe drinking water

Prevention and control of locally endemic disease.





# Community health centre

It is also known as first referral unit or FRU.

- One CHC covers 80,000-120,000 population .
- It has 30 beds.
- It provide basic services in the area of General medicine, Pediatrics, surgery, Obstetrics & gynecology.
- It has 30 inpatient bed, 1 operation theater, 1x-ray lab, a labor room for delivery & all laboratory facilities.
- CHC function are designed to function as "block level health administrative unit.
- One CHC may be set up for 4-5PHC



# Function of CHC

- Provides in- and outpatient services in general fields of allopathy and AYUSH services.
- Emergency and routine care cases in medicine
- Maternal health
- Newborn care and child health
- Family planning
- Eye specialist services (at one for every 5 CHCs)



# Planning of PHC,CHC,SC

- Planning is a technical, managerial function that enables dealing with present and future challenges.
- It is a blue print.

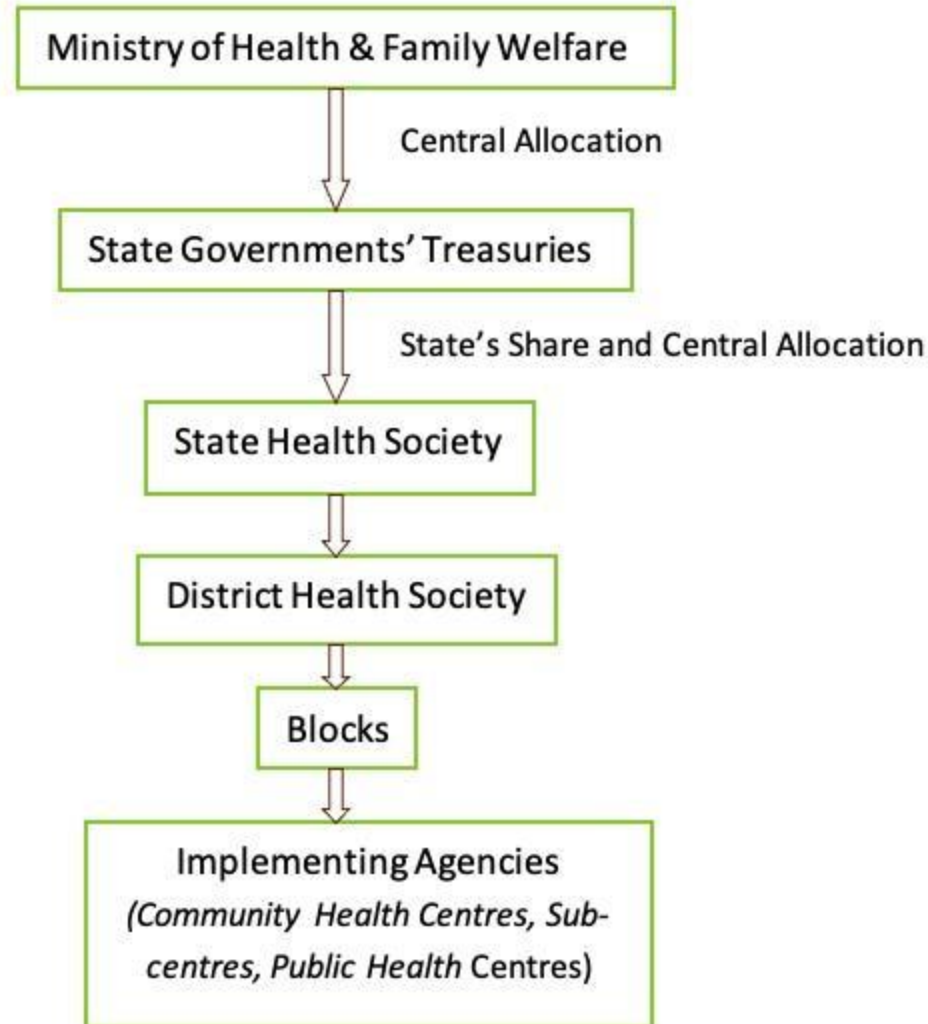
## ■ Rules of Planning

Top level initiatives

- Flexibility
- Careful consideration
- Alignment

# Planning Process

- Under NRHM planning & budgeting follow a Bottom up approach.
- In bottom up approach the planning process begin at block level.



# Program management unit

- Program management unit function at village/block/district & ward level.
- Program management head at each level responsible to coordinate the activities of assessment & situational analysis to prepare effective planning at each level.

## ■ Village health plan

- **Village** level health sanitation committee would be responsible for village health plan.
- ASHA, Anganwadi, Panchayat representative would be key person responsible for household survey.

# Subcentre level

- Gram level health plan will be worked at subcentre level .
- The Gram panchayat Pradhan, ANM, a few people of village health and sanitation committee representative will be responsible for Gram panchayat health plan.
- Method of collection information:

House to house survey ,from village health register, and from Village health camps.

# Primary health centre level

- PHC well leads cluster level.
- The block consists of 1-4 cluster.
- Medical officer incharge of PHC will work in close coordination with pradhan of gram panchayat.
- The cluster level would be responsible for overseeing the sub centre , gram panchayats.



## Block level

At this level block or CHC ,the planning and monitoring committee take up the planning work .

The committee is formulated by block panchayat adhyaksh,BMO, NGO representative ,head of CHC ,Rogi kalayan samiti (PKs).

Block program management (BPM) serve as responsible head for collecting required information for planning.

## Method of collection information

This is done by PHC,CHC record, discussion and interview of CHC RKs members, quarterly feedback from village and PHC health committee.



# District level

Collect the resources requirement from various sub district level unit .

District program manager (DPM) serve as the person responsible to collect information for district health plan.

District health monitoring & planning committee Contribute to development of district health plan based on an assessment of situation & priorities for district.

## Method to assess situation and priorities

Report from PHC health committee.

DPM coordinate with stakeholders a for preparation of DHAP.

DPM consult and assist chief medical officer

DPM support block program manager.

## State level

- DHAP submit concerned state.
- The state may also have constitute to-15, members District Plan Appraisal Team for appraisal of Draft district plan for checking quality, standard.
- State Prepare their program implementation Plan (PIP) submit to MoHFW.

# Planning for PHC

- Needs Assessment
- setting objective
- Infrastructure planning
- Human resources planning
- services Planning
- Financial Planning
- Implementation and monitoring

# Planning for PHC

## ■ Step 1: Needs Assessment

- 1. \*Conduct community survey\*: Identify healthcare needs and priorities of the local population.
- 2. \*Analyze health data\*: Review existing health data to understand disease patterns and health trends.

## Step 2: Setting Objectives

1. Define PHC goals
2. Identify target population

## ■ Step 3: Infrastructure Planning

### ■ 1. \*Select location\*:

- Choose a location that is easily accessible to the target population.

### ■ 2. \*Design and layout\*:

- Plan the physical layout of the PHC, including space for consultation rooms, laboratory, pharmacy, and other essential facilities.

### ■ 3. \*Equipment and supplies\*:

- Identify necessary equipment and supplies, such as medical equipment, furniture, and consumables.

## **Step 4: Human Resource Planning**

### **1. \*Staffing\*:**

**Determine the number and type of healthcare professionals needed, such as doctors, nurses, and support staff.**

### **2. \*Training and capacity building\*:**

**Plan for training and capacity building of staff to ensure they have the necessary skills and knowledge.**

## Step-5 Services Planning

### ■ Define services;

Determine the range of services to be offered by the PHC, such as general medical care, maternal and child health services, and disease prevention and control.

### Develop service delivery protocol.

Establish protocols for service delivery, including patient flow, appointment systems, and referral procedures.

## Step -6 financial planning

### ■ 1. Estimate costs

Estimate the costs of establishing and operating the PHC, including infrastructure, equipment, staffing, and supplies.

### 2. Identify funding resources

Identify potential funding sources, such as government grants, donations, or user fees..

## Step-7 Implementation and monitoring

### 1 Establish PHC

Set up the PHC, including infrastructure, equipment, and staffing.

### 2 monitor and evaluate

**Regularly monitor and evaluate the PHC's performance, including service utilization, health outcomes, and patient satisfaction.**



# Budgeting for Primary Health Centre (PHC) and Community Health Centre (CHC)

# ■ Budgeting planning occurs as two –ways process

- 1. “Budgetary demands” running from blocks to the MoHFW, Government of India.
- 2. “Budgetary approvals/allocations” running MoHFW, Government of India to blocks.

## ■ Revenue Sources

- 1. \*Government grants\*: Funding from local, state, or national governments.
- 2. \*Donations\*: Contributions from individuals, organizations, or foundations.
- 3. \*User fees\*: Charges for services provided to patients.
- 4. \*Insurance reimbursements\*: Payments from insurance companies for services provided to insured patients.



## ■ Budget Allocation

- 1. Infrastructure (30-40%)
- 2. Staffing (20-30%)
- 3. Equipment and supplies (15-25%)
- 4. Services (10-20%)
- 5. Administration (5-10%)

## ■ Budgeting Tools

- 1. \*Zero-based budgeting\*: A budgeting approach that requires justification for every expense.
- 2. \*Incremental budgeting\*: A budgeting approach that involves increasing or decreasing the previous year's budget by a certain percentage.
- 3. \*Activity-based budgeting\*: A budgeting approach that involves allocating resources based on specific activities or service .

# MATERIAL MANAGEMENT



- The basic principle of material management is the same for a SC or a PHC or a CHC.
- Only the number of items to be taken care varies based on their capacity to render services .
- The provision of untied fund to subcenter, PHC, etc. help them carry out any repair or maintenance work.

# Objectives of Material Management:

- Ensure availability of essential supplies at all times.
- Maintain quality and safety of drugs and equipment.
- Reduce wastage .
- Optimize inventory and costs.
- Ensure timely replenishment of stock.





# Management of Store

- Store should be locked
- Great care to hygiene and cleanliness
- Monitor the temperature of the store room. It should be maintained below 25 °-30 °C, not too hot or cold
- Well lit and ventilated
- No exposure to direct sunlight in the store. Place curtains to avoid direct sunlight.



- The store room should have adequate space and cupboards to store medical supplies.
- Arrange the items in a logical way so that it would help you in finding items quickly and easily.
- The supplies should have a place in open shelves or in cupboards to prevent moisture and pests.
- Organize the stock into different sections like, drugs, cotton and dressings, instruments, stationery items, equipment, spare parts, laboratory supplies.
- Apply FIFO ( first in first out).

# FIFO

FIRST IN, FIRST OUT

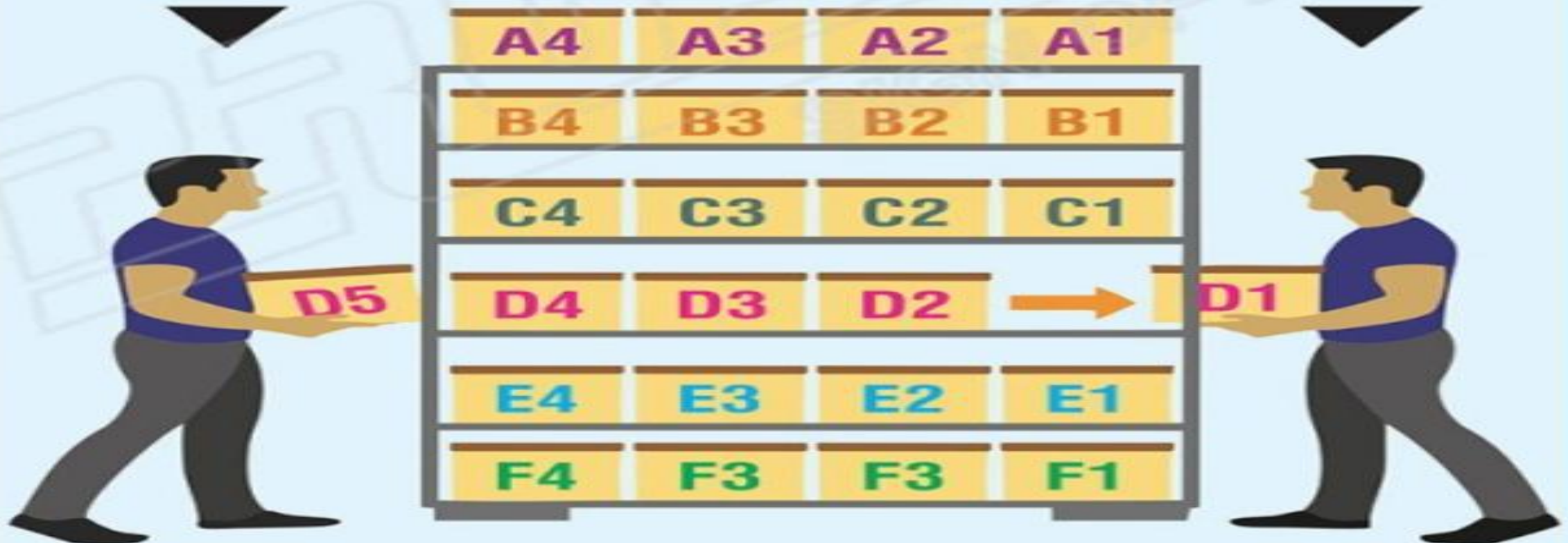
**IN**

New items replace  
The empty spaces



**OUT**

Old items are  
taken out



Provide label to each section of the store. Everything has its place and everything in its place.

Arrange items of large supplies and dressing materials, alphabetically.

Unity Health Se Supplies should be divided into (1) regular use and (2) reserve stocks.

- Regular use stock should be placed in the front portion of the shelves.
- Reserve stock, for example, instrument reserve stock such as artery forceps, episiotomy scissors, and needle holders should be placed at the back of the shelves
- Dispose the expired and damaged items as per approved internal policies and procedures

- Routine check on items

- Keep items and instruments clean and dry. Check for damage or defects and report promptly.
- • Switching off and unplugging the electrical items when they are not in use.
- Checking screws and tightening loose screws.
- -Replacing any lost/worn/cracked/broken parts, e.g., thermometer, stethoscope earpieces and diaphragms



ANY  
QUESTIONS



# Summary

- Here in this topic ,we will discuss about the , Primary Health Centre it's types, staffing pattern, services, community health centre it's services, planning, budgeting , material management for PHC,CHC,SC

# Conclusion

Effective budgeting , planning, material management are crucial for efficient operation of SC,PHC,CHC. This process ensure that resources are allocated appropriately to delivery necessary health care services,minimal wastage, optimal utilization of resources.



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- Dash vijayalaxmi, A Comprehensive textbook of Community health nursing, 1<sup>st</sup> edition, 2017.
- Park.k, essential of community health nursing, volume -8<sup>th</sup> edition 2021.

A rustic, handmade tag made of light brown cardboard or paper, featuring the words "Thank you!" written in a black, cursive script. The tag is tied with a dark, thin cord on the left side. It is placed on a weathered wooden surface. Three white daisies with bright yellow centers are scattered around the tag: one is in sharp focus to the right of the tag, while two others are in the background, slightly out of focus. The overall scene is warm and natural, with soft lighting and a textured background.

Thank  
you!