

## HEALTH, LEGAL &amp; SAFETY

# Primary Health Centre (PHC) / Community Health Centre (CHC)

## WHAT THIS INSTITUTION IS

A Primary Health Centre (PHC) is the first rural health institution staffed by a Medical Officer. The Indian Public Health Standards 2022 set its population norm at 30,000 in the plains and 20,000 in hilly, tribal and difficult areas. A Community Health Centre (CHC) is the block-level referral hospital above the PHC, with a norm of 1,20,000 in the plains and 80,000 in hilly and tribal areas; it has 30 beds and four specialists (surgeon, physician, obstetrician-gynaecologist, paediatrician). Between them, PHCs and CHCs form the backbone of the public health system in rural India. For a young person, these are where maternal care, immunisations, tuberculosis and non-communicable disease treatment, snakebite and road-accident trauma care, and referral to district hospitals actually happen. Operational standards are set by the Indian Public Health Standards (IPHS, revised 2022) under the National Health Mission.

### WHY THIS MATTERS TO YOU

If someone in your family needs medical care and cannot afford a private clinic, the PHC and CHC are what the public system provides. Knowing whether they actually work – whether the doctor is present, whether medicines are in stock, whether the ambulance comes – is the difference between a health crisis that is managed and one that is not.

## GOVERNANCE

LAW / POLICY	SCOPE
National Health Mission (NHM) Framework	Integrated rural and urban health missions; flexible financing pool for states
Indian Public Health Standards (IPHS), revised 2022	Staffing, infrastructure, and service norms for PHCs, CHCs, and sub-centres
Ayushman Bharat: Ayushman Arogya Mandir (AAM, formerly Health & Wellness Centre or HWC)	Upgrading sub-centres and PHCs into AAMs delivering a comprehensive primary care package
Pradhan Mantri Jan Arogya Yojana (PM-JAY)	Rs 5 lakh per family per year cashless secondary and tertiary care; empanels CHC and district hospitals
Mental Healthcare Act, 2017	Mandates mental health services at district level; PHCs and CHCs increasingly expected to screen

- **Centre:** Ministry of Health and Family Welfare → National Health Mission
- **State:** State Health Department → Directorate of Health Services
- **District:** Chief Medical Officer (CMO) / Civil Surgeon
- **Block-level (CHC):** Block Medical Officer
- **PHC:** Medical Officer in charge
- **Village:** Health Sub-Centre staffed by Auxiliary Nurse Midwife (ANM); ASHA worker at habitation level
- **Funding:** National Health Mission: 60:40 Centre:State (90:10 for NE / Himalayan); PM-JAY: 60:40



## KEY POSITIONS

POSITION	RESPONSIBILITY
Medical Officer (PHC)	Curative care, referrals, immunisation, public health surveillance
Block Medical Officer (CHC)	Administrative head of CHC + supervision of PHCs and sub-centres in the block
Specialists (CHC)	Surgeon, physician, obstetrician-gynaecologist, paediatrician – IPHS mandates four but many CHCs run with fewer
Staff Nurses, Lab Technician, Pharmacist	Essential clinical and diagnostic roles
Auxiliary Nurse Midwife (ANM)	Based at sub-centre; handles antenatal, immunisation, family planning
ASHA (Accredited Social Health Activist)	Community-level incentive-based worker linking households to the system
Rogi Kalyan Samiti (RKS) / Hospital Management Society	Governing body at PHC / CHC – CMO or BMO as chair; local elected representatives, users, and health staff

## MANDATED SERVICES

- Out-patient department for general curative care, at least during notified hours
- Round-the-clock emergency care at CHC; 24x7 delivery and basic emergency obstetric care at designated PHCs
- Antenatal, natal, and postnatal care including institutional deliveries and referral for complicated cases
- Universal Immunisation Programme for children; routine Mission Indradhanush catch-up rounds
- National disease control programmes: TB (NTEP), malaria, leprosy, vector-borne, NCDs, mental health screening
- Laboratory diagnostics, blood tests, urine, sputum microscopy; some with digital X-ray at CHC
- **Free Diagnostics Service Initiative (FDSI):** NHM operational guidelines issued in July 2015 to cut out-of-pocket spending on tests. Standard test menus by facility level: 63 free tests at AAM-PHC (the upgraded PHC tier), 97 at CHC, 111 at Sub-District Hospitals, 134 at District Hospitals
- **Free Drugs Service Initiative:** NHM operational guidelines issued in July 2015 to provide essential medicines free of cost at all public health facilities including PHC and CHC. State-specific Essential Drug Lists are notified under the scheme
- AAM package (where upgraded): chronic-disease screening, NCD follow-up, oral and mental health
- Referral and transport – 102 / 108 ambulance linkage

## LINKED SCHEMES

- **National Health Mission** – flexi-pool funding for infrastructure, drugs, human resources
- **PM-JAY (Ayushman Bharat)** – empanelment for secondary and tertiary cashless care
- **Janani Suraksha Yojana (JSY) / Janani Shishu Suraksha Karyakram (JSSK)** – cash incentives for institutional delivery; free medicines and diagnostics for pregnant women and sick newborns
- **Rashtriya Bal Swasthya Karyakram (RBSK)** – mobile health teams screening children at schools and Anganwadis
- **National TB Elimination Programme** – diagnosis and free treatment including Nikshay Poshan Yojana nutrition support



## HOW TO LOCATE

**Portal:** [nhm.gov.in](http://nhm.gov.in) and state health department dashboards; Ayushman Bharat AAM locator on [abhwc.nhp.gov.in](http://abhwc.nhp.gov.in)

**Also:** Every block headquarters has a CHC; ask ASHA / ANM / Anganwadi worker for nearest PHC. Facility locations are also on the district NIC website.

## KEY FACILITIES

A functioning PHC should have: consultation rooms, labour room (where 24×7 delivery is designated), pharmacy with essential drugs, basic lab, observation beds, drinking water, separate toilets, boundary wall, functional ambulance linkage. A CHC additionally should have: 30-bed inpatient ward, operation theatre, ultrasound and digital X-ray, new-born stabilisation unit, separate labour room, blood storage or linkage, generator or solar backup, functional lift where multi-storey.

## WHAT A FUNCTIONING PHC / CHC LOOKS LIKE

- Medical Officer is present during posted hours; roster displayed on notice board
- OPD footfall register is current; visitors are being attended to
- Essential drugs list is displayed and items are in stock today
- Immunisation schedule is posted and last cold-chain audit is recent
- 108 / 102 ambulance response time is under an hour on average
- Institutional delivery count and infant-mortality data from the last quarter are available at the facility
- RKS / HMS has met in the last quarter with community representatives attending

## GRIEVANCE REDRESSAL

**During service delivery.** The first point of contact is the Medical Officer at the PHC or Block Medical Officer at the CHC. Drug shortages, absent staff, and denied services are raised here first.

**After service.** Unresolved issues go to the Chief Medical Officer (CMO) / Civil Surgeon at the district level. Every PHC and CHC is required to display the CMO's contact number alongside a grievance box. Rogi Kalyan Samiti meetings are a formal complaint-review forum.

**External.** The National Health Mission operates an online grievance portal ([nhm-gms.nhp.gov.in](http://nhm-gms.nhp.gov.in) in many states) and state-specific health helplines (e.g., 104 in several states). Centralised Public Grievance Redress and Monitoring System (CPGRAMS) at [pgportal.gov.in](http://pgportal.gov.in) handles grievances against the MoHFW. For PM-JAY denial or claim issues, the National Health Authority's grievance portal ([pmjay.gov.in/grievance](http://pmjay.gov.in/grievance)) is the route. The District Consumer Disputes Redressal Commission has jurisdiction for negligence claims.

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