8.1) Health Planning in India

- It is an integral part of national Socio-economic planning.
- The Guidelines for national health planning was given by different Committees started from Bhore committee in 1946.
- There were appointed to review the health situations and to take recommended measures for future.
- The Alma-Ata Declaration on PHCare and National health policy of the Government gave a new direction to health planning focussed on Primary Health care; Goal of which is to attain Health for all by the year 2000.

1) Bhore Committee - 1946.

PH, 8

- Government of India appointed Sir Joseph Bhore as the Chairman for the Health Survey and Development committee to make health survey and to make recommendation of the development of Primary health centres in a stage.

Important recommendations → PH.

① Integration of Preventive and curative services at all administrative levels.

② Visualizing development of the Primary health centres in a stage

i) Short term → PHC for every 40,000 population, with a sub centre.

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and 2 medical officers and 30 beds.

ii) Long term - (3 million plan):

→ Primary health units with 6 beds for 10,000 - 20,000

→ Secondary units with 650 bedded.

→ Regionalized with 25000 beds.

3. i) Major changes in health education.

↳ 2 months training in Preventive and and social medicine to Prepare "Social Physicians".

2) Mudaliar Committee, 1962 → 6 strength district, IAS,

- Government of India appointed another committee with A.L Mudaliar called as Health Survey and Planning Committee to make health survey the progress made after the submission of those committee and for the future development.

- The Mudaliar Comitte found the quality of services provided by the PHCs are inadequate, so it adviced

i) strengthening of the existing primary health centre before new centres are established

ii) Strengthening of subdivisional and district hospital so it may effectively function as referral centres.

Important Recommendation

① Consolidation of advances made in First two Five year Plans.

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② Strengthening of the district hospitals with specialist services.
③ Regional Organization in each state.
④ Each Primary centre not to serve more than 40,000 population.
⑤ Improved the quality of Health Care by PHC.
⑥ Integration of Medical and Health Services as recommended by Bhore committee
⑦ Constitution of an All India Health service on pattern of IAS.

③ Chadah committee - 1963 ⇒ Chaddi ⇒ Mosquito Family Plan Bite

- Committee was appointed by Government of India, under Chadah, to study the arrangements necessary for the National Malaria Eradication Programme:

- Important Recommendations

① "Vigillance" operations in Respect to NMEP should by the responsibility of PHC.
② Vigilance operation through home visits through Basic health workers"
③ Basic health workers are per 10,000 popula
④ Basic health workers are multipurpose workers who see additional duties like vital statistics and Family planning
⑤ Family Planning Health assistants Supervise 3 or 4 Basic health workers

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(4) Mukerji Committee 1965 ⇒ Muku = Family planning.
- Within couple of years after implementation of the Chadar - it was found that Basic health workers could not function effectively as multipurpose worker, so the malaria vigilliance has suffered. So Government published a Comitee under Mukerji.
- Separate staff for Family planning and Health workers were used for the other than Family planning.
- Delink the Family planning and malaria activity.

(5) Mukerji Committee, 1966
- As they were finding difficult to take over burden of malaria and other main programme like family planning, smallpox, leprosy, trachoma etc. due to funds they formed a new Comitee.
- It was worked out at the Basic health services to be provided at Block level.

(6) Jungalwalla Committee 1967 ⇒ Jungle ⇒ Integration, No Private prac.
- Committee of Integration of Health services.
① Unified approach instead of the segmented approach (All in one place)

Recommendations:
1) Unified cadre
2) Common seniority
3) Recognition for extra qualification
4) Equal pay for equal work
5) Special pay for special work
6) No Private practices

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⑦ Kautau Singh Comitee 1973 (Jawaja Singh
- Comitee on Multipurpose Workers und
Health and Family planning
Recommendations
① Auxillary Nurse Midwife to be replaced
by Female Health workers.
② Basic Health workers. Malawa, Suvillans
workers. Health Education activities, Family
planning are replaced by Male Health Wor
③ Male health supervisor for 3-4 lo male
health workers and same for Female.
④ One Primary health centre for 50,000 popul
⑤ Each PHC is divided into 16 sub centre,
with 3,000 to 3,500 population
⑥ Each Sub-Centre has 1 male & 1 female healt
workers.
⑦ Doctors in charge of PHC, Health Workers
Supervisors.
⑧ Shrivastav Comitee (1975). Sri Sri → Medical
Education →
"Group on Medical Education and wants to
Support Man Power". be replaced
Recommendations
① Band of para-professional, or semi
professional health workers from community
itself (Teacher, Postmasters, Gram sevaks).
to provide simple, promotive, prevention
curative health services needed in commun
② 2 Cadres of Health workers
multipurpose
① Health Workers & Health assistant in Com
② Doctors in PHC.

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(3) Development of 'Referral Service Complex' by developing linkage between the PHC and higher level referral centres. (District, regional, college)

(4) Establishment of Medical and Health Education Commission.

9) Rural Health Scheme, 1977

- Most important recommendation of the Srivastav Committee was that PHC should be provided by & within the community itself by workers. so that health of people is placed in the hands of the people

1) Reorienting medical college education to the rural people.

2) Reorientation inb training the ~~coach~~ multipurpose workers into unipurpose.

10) Health for all By 2000 AD. in 1981.

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