HEALTH PLANNING IN INDIA

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Planning :

*An organized, conscious & continuous attempt to select the best available alternatives to achieve specific goals .

Health Planning :

*The orderly process defining national Health problems, identifying the unmeet needs, surveying the resources to meet them, and establishing the priority goals to accomplish the purpose of proposed Programme.

Bhore Committee (Health survey and Development Committee,1946)

- Chairman : Sir Joseph Bhore
- To survey the existing health condition. Submitted report – 1948

RECOMMENDATION :

1. Integration of preventive & curative services at all administrative level.
2. Dev. Of Primary health centres in 2 stages
   *short term measures in rural area &
   *long term measures
3. Change in Medical education - 3 month trainining in SPM –Social Physicians

Short term measures :

*Each PHC should cater a population of 40,000 and a sec. health centre as supervisory, coordinating and referral institution.

*In PHC 2 medical officer,4 public health nurses, one nurse, 4 midwives, 4 trained dhais, 2 sanitary inspectors, 2 health assistants, one pharmacist & 15 class IV employees.

Long term measures:

*Primary health units with 75 bedded hospital for each 10,000-20,000 population

*Secondary units with 650 bedded hospital

Mudaliar Committee (Health survey and planning committee,1962)

- Chairman : Dr. A. L. Mudaliar
- To survey progress made in health since submission of Bhore Committee report

Recommendations

- Consolidation of First Two Five Year Plan activities.
- Strengthening district Hospitals with specialists.
- Regionalizing State Health Organization
- Each PHC with maximum of 40,000 population.
- Integration of Medical and Health Services.
- Formation of All India Health service on the pattern of Indian Administrative Services.

Chadah Committee,1963

- Chairman: Dr.M.S.Chadah
- the arrangement for maintenance phase of National Malaria Eradication Programme.

RECOMMENDATION:

1.vigilance of NMEP-PHC at Block level

2.Monthly home visit- basic health worker

3.One Multipurpose worker – 10,000 population

4.They work in Malaria EP , also in vital statistics and Family Planning work.

Mukerji Committee, 1965

- Separate staff for family planning Programme and separate staff for Malaria Eradication Programme. Delink Malaria Activities from Family Planning
- The Family planning assistant were to do the family planning duties only.
- Basic health workers were to be utilized for purposes other than Family planning like maintenance phase of Malaria, smallpox, leprosy and trachoma.

Jain Committee 1966

- One bed per 1000 population.
- One 50 beds hospital at Taluka level.
- Enhancing maternity facilities at each level.
- Health insurance for larger population coverage.

Jungalwalla Committee, 1967

- To examine problems of service condition in health.

- Defined "Integrated health service" i.e a service with a unified approach for all problem instead of segmented approach for different problems.

Recommendations

Unified approach for Medical Care and conventional public health

- Unified cadre
- Common Seniority
- Recognition of extra qualification
- Equal pay for equal works
- Special pay for specialized works
- No private practice and good service conditions

Kartar Singh Committee,1973

Committee on Multipurpose workers under Health & FP

To study

- the Structure for integrated services
- Feasibility of multipurpose and bi-purpose workers.
- Training requirement of such workers.
- utilization of mobile services for integrated medical, public health,& family planning

Recommendations

1. ANM newly designated as "female health workers" and Malaria worker, vaccinator etc. as "male health workers".
2. 1 PHC for 50,000 population & each PHC is devided into 16 subcentre with 3000-3500
3. Each sub-center should have 1 MPHW female + 1 MPHW male.
4. Multipurpose Health Supervisor to be created.
5. The Doctor incharge of PHC is the overall charge of all workers &supervisors.

Shrivastav Committee, 1975

Group on Medical Education & Support Manpower

- To devise curriculum for Health Assistant
- To suggest improving existing medical education process.

Recommendations

- Creation of bands of para-professionals and semi-professional health workers (School Teacher, Gram Sevak, Post Master)
- Two cadres of Health Workers – MPHW and Health Assistant between community and PHC doctor.
- To develop referral services complex.
- Establishment of Medical and Health Education commission in line with UGC.

Rural health scheme,1977

- Primary health care should be provided within the community through Specially trained worker ,so that the health of the people is placed in hand of people themselves.
- Reorientation Training of multipurpose workers engaged in communicable disease program.
- Involvement of Medical colleges in the selected PHC with objective of re-orienting medical education to the need of rural people.

Health for all by 2000 AD

(Report of working group 1981)

To identify goals for health for all by 2000 AD and to outline specific programs for the VIth Five years plan.

Five Year Plan

- Formulated by Planning Commission.
- To re-build rural India, to secure balanced development of all parts of India.

BROAD OBJECTIVES:

- Control or eradication of major communicable diseases
- Strengthening of basic health services through establishment of PHC & SCs.
- Population control
- Development of health manpower resources

Five year Plan

Planning Commission of India – 1950

→ Assessment of Material, capital, Human Resource

→ Draft Development plans for effective utilization of resources.

→ Different Planning divisions with Program advisors, Technical Divisions of Planning Commission.

→ First Five Year Plan 1951 – 56.

- Health Sector Planning includes following sectors.
  - Water supply and sanitation
  - Control of Communicable disease
  - Medical Education Training and Research
  - Medical Care including Hospitals, Dispensaries and PHCs
  - Public Health Services
  - Family Planning
  - Indigenous system of Medicine

Eleventh Five Year Plan (2007- 2012)

Goals :-

MMR – 1 per 1000 live births

IMR – 28 per 1000 live births

Total Fertility Rate – 2.1

Providing clean Drinking Water for all by 2009

Reducing Malnutrition (0 – 3 yrs) by half.

Reducing Anaemia (women and girls) by 50%

Raising sex ratio → 0 – 6 yrs – 935 by 11 – 12

-- 950 by 16 – 17

Thrust Areas during Eleventh Plan

- Improving Health Equity (NRHM, NUHM)
- Adopting system-centric approach then disease centric.
- Increasing survival by improving maternal and child health
- Taking advantage of local enterprise for solving health problems
- Protecting poor from health expenditure
- Decentralizing governance
- Establishing E-health
- Improving access to and utilization of essential and quality health care.
- Focus on health human resources
- Focus on excluded/ neglected areas
- Enhancing efforts at disease reduction
- Health system and Bio-medical research

Achievements during the plan periods

ACHIEVEMENTS	1st plan (1951-56)	11th plan (2007-12)
PHCs	725	23,887
Subcentres	NA	148,124
CHCs	-	4,809
Total beds (2002)	125,000	914,543
Medical colleges	42	335
Annual admissions in MCs	3,500	41,569
Dental Colleges	7	290
Allopathic doctors	65,000	757,377
Nurses	18,500	1,237,964
ANMs	12,780	602,919
Health Visitors	578	52,653
Health workers(F)	-	207,868
Health workers(M)	-	2,480
BEE	-	2,480

References

- Park's Textbook of preventive and social Medicine – 17th edition
- Textbook of PSM, by B.K. Mahajan – 3rd edition
- National Programme of India, J. Kishore

thank you