

Community Health Nursing

GNM-3 year.

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Health Planning in India

National Health Policy 1983

The NHP-1983 gave a general exposition of the policies which Required Recommendations in the circumstances then prevailing in the Health Sector. The Noteworthy initiatives under the policy were:-

- (i) A phased, time bound programme for setting up a well-dispersed network of comprehensive primary health care services, linked with extension & health education, designed in the context of the ground reality that elementary health problems can be resolved by the people themselves.
- (ii) Intermediation through "Health Volunteers" having appropriate knowledge, simple skills & requisite technologies.
- (iii) Establishment of a well-worked out referral system to ensure that patient load at the higher levels of the hierarchy is not needlessly burdened by those who can be treated at the decentralized level.
- (iv) An integrated network of evenly spread speciality & super-speciality services; encouragement of such facilities through private investment for patient who can pay, so that the draw of Govt facilities is limited to those entitled to receive

Govt initiatives in the public health sector have recorded some noteworthy successes over time, smallpox & Guinea worm diseases have been eradicated from the country, Polio is on the verge of being eradicated, Leprosy, Kala Azar & Filariasis can be expected to be eliminated in the foreseeable future.

New National Health Policy 2002

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The policy is focused on those diseases which are principally

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This policy look at problems & solutions in health & under-served areas with private sector as strategic partners.

- Four drawing
- Four emergency services in PSU
- Proactive engagement with the private sector
- Raise GDP contribution 2.5% of public expenditure
- Voluntary services in rural & under-served areas

Proposed:

- Professionalism
- Integrity & Ethics
- Equity
- Accountability
- Universality
- Patient centered & Quality of care
- Accountability
- Pluralism

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Principles

NATIONAL HEALTH Policy, 2017

Principle - Universal Health Coverage & Health services to all.

Placing importance would be given to ensuring a more equitable access to health services. Burden such as tuberculosis, malaria, blindness & HIV/AIDS. over

(Five year plan)

- ① First FYP (1951-1956)
- ② Second FYP (1956-1961)
- Third FYP (1961-1966)
- Fourth FYP (1966-1971)
- Fifth FYP (1971-1976)
- Sixth FYP (1976-1981)
- Seventh FYP (1981-1985)
- Period b/w 1985-91
- Eight FYP (1992-1997)
- Ninth FYP (1997-2002)
- Tenth FYP (2002-2007)
- Eleventh FYP (2007-2012)

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Timeline :-

Jawahar Lal Nehru period

problem were there :-
(Independence etc)

unequality distribution of Land
Low productivity
Lack of access to market
water issues
Outdated technologies.

(Achievement)

Majorly Focus on "Agriculture"

- GDP 3.6 per annum Achieved
- Irrigation projects :- Mettur Dam,
Hirakund Dam
Bhakra Dam
Tungabhadra DAM.

- Soil conservation.
- In Equity :- UGC (University grant Commission)
Universal Health

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Land Reforms: (equality distribution of land)

- Zamindari Abolition. Tillers have their own land
- Land ceiling → to promote equity in Agriculture sector. Abolish of Bhermis system.

Second FYP (1956-1961)

Problem Agriculture could not transfer in (2 YP)

Focus approach →

- Rapid Industrialisation
- To Achieve self reliance in key sectors like steel, cement, power.

Marshallian Model

↳ Focused to determine the optimal allocation of investments.

was propounded by Prasanta Chandra Mahalanobis.

Plan: under the Model

- Power & irrigation
- Social services
- Communication & Transport.

Adopted Industrial Policy Resolution

Program of Licence Raj

Achievements

- Steel Mills, at Bhilai
- Hydro electric power plant.
- Coal production
- Railway line were added in the Northeast.

Atomic Energy Commission was formed in 1957. with Homi J. Bhabha

Tata Institute of Fundamental Research was born

Consequence of the Disaction

- ① Diminishing the importance of consumer goods
- ② Import substitution → High tariffs & Low quotas
- ③ Licence Raj lead to Bureaucratic control which further

- lead to corruption

④ Excessive foreign debt

⑤ Rapid shift of focus from agriculture to Industry

Third FYP (1961-1966)

Again shift to Agriculture like staple crops like Rice ^{cotton} crops...

This period also called Green Revolution By. Dr. Norman Borlaug

Gen. green Revolution in India refers to the period of time when agriculture in India changes to an industrial system due to the adoption of Modern Methods & yielding variety seeds, pump etc.

Because ③ challenges faced by India

① Lack of Better water availability

② High yielding seeds

③ Fertilizer

Sino-India War 1962

The war led to inflation & the priority was shifted to rice stabilization.

Indo-Pak War 1965

& Famine in India 1966 to 68.

Plan Holidays.

Impact: Green Revolution Didn't increase in equality Rich farmer became Richer.

Achievements

- Punjab began producing an abundance of wheat
- Many Primary Schools were started in rural areas.
- Panchayat elections were started & the states were given more development responsibilities
- state electricity boards.

Fourth FYP (1969-1974)

(Indira Gandhi period)

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- Needs:-
- India had to Reform after attack.
 - Due to Recession, famine & drought, India did Not pay much heed to long term goals.
 - The Need for foreign reserves wasteful.

(1971) → **Drought**, **Famine**

- Prevaling crisis in Agriculture
- 14 Banks Nationalised.
 - wide-spread distribution of High yielding varieties of seeds
 - Exploitation of irrigation potential soil conservation.

Smiling Buddha test

(1974) (Nuclear test)

(FERA Act) Foreign Exchange Regulation Act (1973)

↳ Foreign regulate the foreign payments

Also called (Draconian Act) which hindered growth & modernization of Indian Industries.

Need for (Rodonk's Big Push Model)

A big push or a Big & Comprehensive investment package can be helpful to bring economic development

Fifth FYP (1974-1979)

Janta party → (Gandhi Hoto)

25th June, 1975 (Emergency)

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Achievements! (Electricity supply Act 1975)

labour intensive production technology
import substitution.

India became small pox free on 5th July

ICD launched 3rd October

India Factor Act of 1948.

Health For All.

Rome Scheme started

(Child Marriage Restraint Act)

The Seventh Five year Plan (1985-1990)

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Aim

- Health For All
- Plan For community participation
- Health Services in Rural, tribal & hilly area under Minimum Need Programme
- Universal Immunization Programme.
- 20 Point programme.
- Juvenile Justice Act started working
- National Diabetes Control Programme was launched

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8th Five Y.P. (1992-1997)

It was Beginning of privatisation & liberalisation in India

This plan can be termed as Road & ManMohan Model of Economic development.

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Objective:-

Modernization of Industries was a Major highlight of the Eighth Plan

Containing population growth, Poverty Reduction

Employment generation, strengthening the infrastructure. Industrial building.

Human Resource development.

Achievements.

- Production of goods increasing

- The declaration of Alma-Ata on Primary Care strategy was endorsed by WHO.

The sixth Five year plan (1980-1985)

Aim 1: National Health system with Primary Health Services.

Control of Communicable & other Diseases,

Medical Research

Drug control

Nutrition

1980 → WHO declared eradication of small pox from the world.

1981 → Primary Health care strategy for Health for All was evolved by WHO

1982: National Health Policy was announced & placed in the parliament.

Rajiv Gandhi period

→ He aimed for rapid industrial development.

→ Achievements:

- India National Highway system

- Tourism expand.

- Flaming Planning

- Price Control.

The 20 point programme was announced:-

National Guinea worm Eradication programme was started

1984:- Bhopal gas tragedy, a devastating industrial accident, occurred.

The ESI Bill (1984) was passed by the parliament

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- Energy was given priority
 - India became a member of the World Trade Organization
- Annual growth rate of 6.7%.

Priorities :-

- Developing Rural Health Infrastructure
- Medical education & training
- Control of communicable diseases.
- Medical Research
- MCH & family welfare
- Safe water supply & sanitation

(Major Developments)

- CGSI was started on 20th August
- A Revised strategy for National Tuberculosis Program with DOTS,
- Integrated Child Development Service Scheme (ICDS) to
- Integrate Mother & Child Development (MCD) services
- Nationalwide Pulse Polio- Immunization. Family Planning Programme was made target.

The Ninth Five YP (1997-2002)

To prioritize agricultural sector & on the rural development.

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- Employment Opportunities
- Food security
- Basic facilities like education.
- growing population
- To check the growing population
- To encourage social issues like women Empowerment, Conservation of certain benefits for the special groups of the society

Activities:-

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- Improvement of Referral linkages
- Improvement & strengthening of existing infrastructure
- Involvement of practitioners from Indigenous System of Medicine, Voluntary & private organizations.
- Intersectoral - coordination
- Reproductive & Child Health Programme was launched.
- Govt of India announced National ^{population} policy 2000.
- National Family Health Survey-2 was undertaken in 1998-1999.
- Phase II of National AIDS control programme
- Census 2001 was completed.
- Govt of India announced National Health policy 2002.

Tenth FYP (2000-2007)

- All villages to have sustained access to potable drinking water
- cleaning of all major polluted Rivers by 2007
- Economic growth further accelerated & cross over 8% by 2006
- High quality employment
- All children in India in school by 2003 to complete 5 year of schooling by 2007

Objectives:-

- increase GDP growth to 10%.
- Create 70 Million new work opportunities
- Augment minimum standards of education in the primary school
- Reduce infant mortality rate to 28 & malnutrition among children of age 0-3 to half of its present level.
- Ensure electricity connection to all villages & tree cover by five percentage points & increase forest

Measurable Targets:-

- Reduction of poverty
- genuine employment.

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- Reduce of infant Mortality Rate.
- Reduce of Maternal Mortality Ratio.
- Increase infant & coverage.
- Major polluted Rivers

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Eleventh Five YP (2007-12)

India Has built up a vast Health infrastructure & Health personnel at primary, secondary, & tertiary care in public, voluntary & private sectors. The onset of a long & expensive illness can drive the Non-poor into poverty.

Special Attention of Marginalized group.

- Adolescent
- Women of all ages
- Children below 3 years
- Older persons
- Disabled
- Primitive tribal group.

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Moxorable

- ① Reduce Maternal Mortality Ratio.
- ② Reduce infant Mortality Ratio.
- ③ Reduce total fertility Rate.

- Provide clean drinking water
- Reduce anemia among women
- Raising the Sex Ratio, for the Age 0-6 to 935 by 2011-12.

[The Thrust Areas to be Pursued]

- Improving the Health equity
 - NRHM
 - NUHM
- Adopting a systemic - Centric Approach rather than a disease centric approach

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◦ Increasing Survival

Reducing Maternal Mortality & Improving Child sex.
Reducing infant & child Mortality.

◦ Taking full Advantage of local enterprise for solving local health problems.

- Integrating AYUSH in Health system.

- Increase the role of RMPs

- Training the TBAs & Make them SBAs

- Propagating Low cost & indigenous technology

[Preventing indebtedness due to expenditure on health program for the poor.]

↓
Decentralizing governance

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↓
Establishing e-Health.

↓
Improving access / access to & utilization of essential & quality Healthcare.

↓
Increasing focus on health & human Resources.

→ Re-orienting AYUSH

→ Re-introducing licentiate course in M.Citic

Improving Medical, para medical, Nursing, & dental education

• Focusing on Excluded / Neglected area:

- Older population care
- Disability & Integrating disabled education.
- Oral Healthcare

↓
Enhancing efforts at disease Reduction.

↓
Providing focus to Health System & biomedical Research.