

(8 June 2020) (Community Health Nursing)

(GNM 3rd year)

Health Planning in India

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Timeline

NATIONAL PLANNING COMMITTEE NPC

was set up in 1938 when Subhas Chandra Bose was the President of Indian National Congress.

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BHORE COMMITTEE
1946

"Health & Survey and Development Committee"

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GOPRA COMMITTEE
1947

"Suggested an integrated system of medical education"

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MUDILIAR COMMITTEE
1962

"Health Survey & Planning Committee"

↓
CHADHA COMMITTEE 1963

"To study requirement of PHC, their planning priorities"

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MUKHERJEE COMMITTEE 1966

"To Review Family Planning Programme"

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JAIN COMMITTEE (1966-67)

Develop sound medical care & to Review working of the Central Government Health Schemes

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JUNGALWALLA COMMITTEE 1967

"Committee on Integration of Health Services"

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KARTAR SINGH COMMITTEE 1973

To suggest suitable structure for integrated services, to have the multipurpose workers for delivering the Health, family planning & Nutrition Services to Rural committees, etc

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SHRIVASTAVA COMMITTEE 1974

Focusing area:- Medical education & Support
Manpower



MEHTA COMMITTEE (1983)

Medical education & Support
Manpower.



Bajaj Committee 1986

For "Health Manpower" planning, production
Management.

Important :-

Fill in the Blanks :-

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- ① The Target year to Reduce mortality By 50% on account of TB, Malaria, & other vector & water Borne diseases is _____.
- ② The Target year to increase utilization of public Health facilities from level of <20% to >75%. is _____.
- ③ At least _____ of the 20 points are Related to Health.
- ④ The Govt of India set up a planning Commission in _____.

5) The Duration of First Five year Plan was from _____ to _____.

6) During the First FYP, the central social welfare Board was set up, National Water Supply & Sanitation Programme was launched, & Shetty Committee was appointed in the year _____.

7) The demographic Research centers in Delhi, Kolkata, & Madras (Chennai) were established in the year _____ during the second FYP.

8) Lippe loop has been introduced in the year _____ during Third FYP.

9) A separate department of Family Planning was set up in Union Ministry during the Annual plan of the year _____.

10) Family Pension scheme (FPS) for industrial workers was introduced in the year _____ during 4th FYP (1969-74).

11) India became small pox free on 5th July & ICDS scheme was launched on 3rd October in the year _____ during 5th FYP.

12) Committee on "Integration of Health Services" is the Name of _____ Committee.

8-June-2020

(GNM-3 yr)

Health Committees and Reports: National Health Committee

An important feature of Health Policies, plans & programmes in India ~~originated~~ originated during the National Movement against colonial rule. The National Planning Committee (NPC) was set up in 1938 (Subhas Chandra Bose was the president of Indian National Congress).

Name List of Committees :-

- ① Bhowe Committee 1946
- ② Chopra Committee
- ③ Mudliar Committee 1962
- ④ Chandra Committee 1963
- ⑤ Mukherjee Committee 1966
- ⑥ Jungalwala Committee 1967
- ⑦ Kaurav Singh Committee 1975
- ⑧ Shivastav Committee 1975
- ⑨ Bajaj Committee 1986
- ⑩ Mehta Committee 1983
- ⑪ Jain Committee (1966-67)

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Bhowe Committee 1946

The Bhowe Committee is also known as the "Health survey & Development Committee" & was appointed by the British govt of India 1943, Sir Joseph Bhowe as its Chairman.

Emphasis on: Integration of curative & preventive medicine at all levels & Recommended Network of primary Health centers.

Recommendations are:-

- ① Integration of all services at all administrative levels.
- ② Development of primary Health centers in **2 Stages.**
 - (a) short term measures in PHC should cater to a population of 40,000.
 - (B) Long term programs - PHC with 75 bedded Hospital for each 10,000 to 20,000 population.
 - Major changes in Medical education for preparation of Social Doctors.
 - Village Health Committee is to be established having Representative from public & district Health officials.
 - To provide proper Housing, sanitary environment, safe drinking water supply, unemployment reduction etc.

Chopra Committee:-

The Chopra Report had drawn an elaborate plan for integrating the several systems of medicine with allopathic system, even going to the extent of suggesting the manner in which an integrated system of medical education could be evolved.

Mudhawan Committee 1962

Features:-

- ① Upgrading PHU & District Hospital
- ② Mobile Service Units in Rural Areas
- ③ Health insurance policies
- ④ Undergraduate course education → Medicine
Engineering
Agriculture.
Veterinary Sciences.
- ⑤ Integration of Medical & Health services.
- ⑥ Upgrading the Nursing sector into 3 grades of Nurses.
Basic Nursing (4 years training)
GNM Nursing (3 years training)
ANM (2 years / 18 months training)

Chadha Committee 1963

- ① Requirement Related to the Primary Health Centers.
- ② Maintenance phase of Malaria Eradication Programme.
- ③ Supervisory staff of National Malaria Eradication Programme in achieving the target.
- ④ vigilance through govt & NGO's
- ⑤ Small Health programmes → on Health education
- ⑥ Multi-purpose Domiciliary Health service Programme must be development.

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5) Mukherjee Committee 1965

The Basic workers could do justice Neither to malaria work & Nor to family planning work.

6) Mukherjee Committee 1966 :-

- 1) Review the family planning programme
- 2) Different levels from primary Health units
- 3) Basic Health services at Block level.
- 4) One lady Health visitor (extra post) is available for 40,000 population.

7) Jungalwalla Committee - 1967

Director of National Institute of Health Administration & Education) currently NIHFW.

Main Recommendation steps :-

- 1) Unified case
- 2) Common seniority
- 3) Recognition of extra qualifications
- 4) Equal pay for equal work
- 5) Special pay for specialized work
- 6) No private practice.

⑧ Goodservice Conditions

⑧ Kautau Singh Committee, 1973

Recommendations:-

- ① Adopting Multipurpose / bipurpose
- ② Mobile service Unit's
- ③ Programme for the integrated:-
 - Medical
 - Public
 - Family Planning services operating from taluk (tehsil) level.
- ④ One Primary Health centre for the population of 50,000.
- ⑤ Adaptation of integrated training programme for all the workers
 - Health
 - Family Planning
 - Nutrition

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⑨ Shrivastava Committee 1974-75

Medical education & Support Manpower

- ① ROME :- in accordance with National Needs
- ② Develop the curriculum for health assistants.
- ③ Selection of the semi professional Village Health workers within the Community.

• The workers should be recruited from amongst community

- School Teachers
- Post Nosters
- Gram Sewaks
- Social workers

• Subcentre level → 2 Male & 2 female Health workers

(10) Bajaj Committee 1986:

- For Health manpower planning
- National Medical & Health education policy
- Formulation of National Health Manpower policy
- Education on UGC
- Health Scheme Universities.

(11) Mehta Committee (1983)

• Medical Education Review Committee

Reports Medical education

Manpower projection for Doctor, Nurse.

(12) Jain Committee 1966-67

① Review Central govt Health Schemes

② To study the different & the study Hospital categories

(JSSK)

Janani Shishu Suraksha Karyakram JSSK

JSSK (7th June 2011)

Aim:- Cashless & Free services to all pregnant & sick Neonates

Implementation

In all state / UTs of India:-

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- ① Free entitlement order from govt.
- ② No user charges for pregnant women & sick (30 days)
- ③ Availability of funds
- ④ Nomination of state & district nodal officers.
- ⑤ Dissemination of information through print & electronic media in public.
- ⑥ Availability of drugs & supplies.
- ⑦ Ensure lab & diagnostic services & Manpower for running these diagnostic services
- ⑧ Adequate stock of each blood group
- ⑩ Provision of diet at all health facilities
- ⑪ Adequate referral transport
- ⑫ Help desk / Complainant boxes at public health.

facilities.

- Continuous Monitoring & Surveillance at all levels to Review the progress of JSSK.

non.

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At = 9/8/20