1) NHM (National Health Mission) → NUHM (National Urban Health mission) / → NRHM (National Rural Health Mission) } under Ministry of Health & Family welfare } working at District level

2) ICDS (Integrated child development Scheme) → under Ministry of Women & Child development } working at Block level

[National Rural Health Mission]

CENTRE	Specialities Available	No. of People
District Hospital ↓	All clinical specialities	
Community Health Centre (CHC) i) & ii) ↓	Medicine, Surgery, Pediatric, Obs-Gyn, Anaesthes., Opthalm + Pharmacist, ANM, Lab Tech	i) 80K, ii) 1.2 lac.
Primary Health Centre (PHC) i) & ii) ↓	Medical Incharge officer (& Ayush) + Health assistant + Pharmacist, ANM, Lab Tech.	i) 20K, ii) 30K
Subcentre (i. Hilly, Tribal; ii. Plain areas) ↓	MPW (Male & Female)	i) 3K; ii) 5K
Grass Root level (village) (Grass root level workers :- USHA + ASHA + MPW + Angan wadi)	ASHA workers	1K

[N. Urban Health Mission]

No. of People	CENTRE
	District Hospital ↓
2.5 lac & 5 lac - Metro	Urban - CHC ↓
50K	Urban - PHC ↓
10K	Urban - ANM ↓
1K - 2.5K	USHA

[Integrated Child development scheme]

Name of OFFICERS/WORKERS	No. of People
(Works at Block level)	
Child development Project officers	1 lac.
↕ Mukhyasevika (Anandwadi Supervisor)	25K
Anandwadi Workers	800 - 1000
(mini-Anandwadi)	< 150

1) ASHA workers :- a) Launched under NRHM in 2005 ; b) Incentive based voluntary workers ; c) 25-45 years ; d) 10th pass ; e) Married / Divorced / widow . f) permanent resident of the village ; g) members of VHSNC (Village Health Sanitation & Nutrition) ⇒ Implementation of various National Health programs & Health related Policies.

2) MPW male :- a) National Vector Borne Disease control program (NVBDCP) ⇒ making malaria slides + Treatment for malaria & Spray.
b) H_2O sanitation ⇒ Chlorination ; c) Records & Register for survey ; d) Drug Stock ; e) Family planning ; f) Conduct OPD at Subcentre ;
g) Survey at Village.

MPW female :- a) ANC & PNC ; b) Family Planning ; c) OPD & Survey ; d) Immunisation of Mother & Child.

*) Indian Public Health standards (IPHS) ⇒ Decides Norms for Health Care Centres in India

*) Subcentre → A → No delivery ; No Beds
→ B → For Birth + extra ANM + Delivery facility available. + 2 Beds

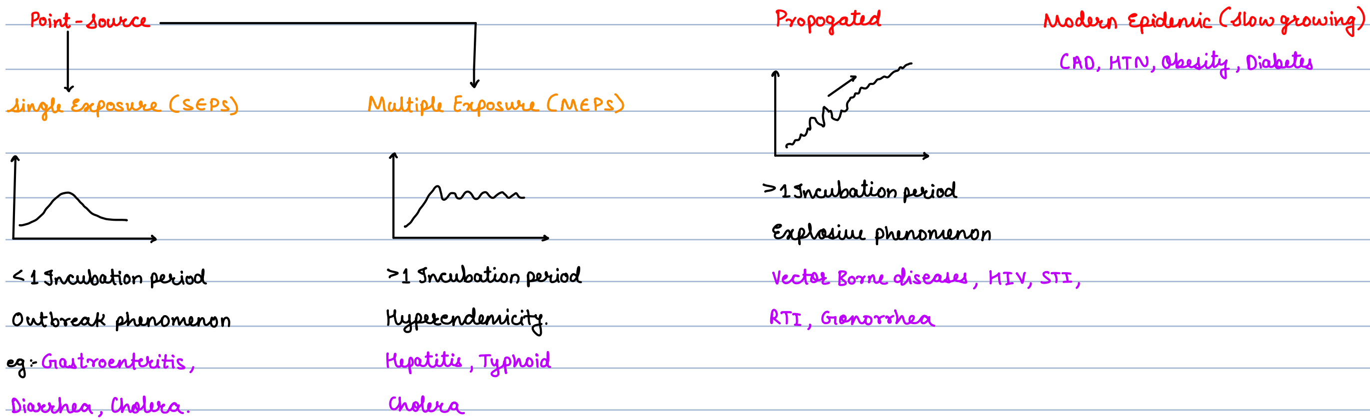
*) PHC → 4-6 Beds ; CHC → upto 30 Beds

3) Health Assistant → a) Grass root level workers supervisor + b) Record Maintainance at PHC levels.

*) BASICS OF NATIONAL HEALTH PROGRAMS :-

*) NHP → Any disease which is a **Public Health Problem**, has an **Economic Impact**, has **Good Screening tool** & **Good Cure & prevention strategy**.

1) Epidemic → Rise in no. of cases which is clearly in excess & which is in Excess & which is a) > 2 SD of Normal frequency & b) > 80% of Expected frequency.



2) Sporadic → Scattered cases which are not epidemiologically linked eg. Tetanus, Herpes zoster & meningococcal meningitis. It may act as a starting point of an Epidemic under fav. condⁿ. Zoonotic diseases are characterised by sporadic transmission to man.

3) Endemic → Persistent presence of disease in an Area within expected or usual frequency. ⇒ Common Cold ⇒ May lead to an epidemic under fav. condⁿ
⇒ Typhoid fever, Hepatitis A.
"Hyperendemic" → Disease which is present at high Incidence/Prevalence rate & affects all age groups equally.
"Holoendemic" → High level of infec. beginning early in life affecting mostly child population ⇒ Malaria

4) Pandemic → When disease crosses 2 continents or 2 WHO regions (Total 6 WHO regions in World) ⇒ Influenza, Cholera, Plague, Polio & YF (Notifiable diseases under International Health Regulations)

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1) Control → Lower the no. of Cases so that it is not a Public Health Problem. ⇒ Temporary phase

2) Elimination → Temporary phase ⇒ Agent-Host-Environment Interaction ⊖ ⇒ Interruption in Transmission of Diseases ⇒ Very low ≈ No New Cases.
On Verge of Eradication but now in Elimination phase → Yaws, Maternal & Neonatal Tetanus, Childhood Trachoma

3) Eradication → Permanent phase ⇒ No new cases ⇒ Complete Extermination of the agent ie. Agent, Pathogen, Microorganism not existent in an Area.
eg. Small pox, Dracunculosis (Guinea worm disease), Wild poliomyeletis (P_2)
"Potentially" Eradicatable disease → Leprosy (Theroticaly coz practically there is no Vaccine, has long incubation period, No Culture technique for isolation), Malaria (eradicated in Sri-Lanka), Measles (coz very effective vaccine ∴ Eradicated in Germany & USA)

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1) Goal → Desired End-point of all activities which is usually not acheivable
↑
2) Target → Quantifiable, mid-term milestone
↑
3) Objective → Short-term, always Quantifiable, Short-term milestone

} Impact Indicators (Target > Objective)

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1) Monitoring → Continous watch for Evaluation ⇒ To refine future activities

2) Surveillance → Continous watch c̄ feedback, positive support, scrutiny ⇒ To achieve desired Target/Objective.

1) **Efficacy** → Potency / Effect of a drug or Vaccine

2) **Efficiency** → The ability of a System / Program to perform under Ideal circumstances i.e. Input - Output analysis of a system under Ideal situation

3) **Effectivity** → The ability of a System / Program to perform under practical or Real situation.

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*] Health Committees & Recommendations

Committee	Recommendations
1] Bhore committee (1946) Health survey & development committee	a) Short term :- 1 PHC → 40K ; Long term :- 3 million plan (1°, 2° & Regional health units) b) Social physicians (3 months training in PSM), School health & Comprehensive Health care concept
2] Mudaliar committee Health survey & planning committee	a) 1 PHC → 40K & strengthen district hospitals & specialist services b) 'All Indial Health service'
3] Chadah committe	a) Maintainance phase of NMEP b) Family planning health assistants —supervise→ 3-4 Basic health workers (1 BHW → 10K for malaria & family planning)
4] Mukherji committee	Delink malaria from family planning
5] Mukherji committee	Basic Health service provided at Block level
6] Jungalwalla committee Committee on Integration of Health services	Equal pay for equal work, special pay for special work & No private practice
7] Kartar singh committee Committee on Multipurpose workers	a) ANM replaced by 'Female Health workers' & rest all by 'Male Health worker' b) 1 PHC → 50K [Doc. incharge] & 1 Subcentre → 3K to 5K [One Male & One Female Health worker] [1 Male Health Supervisor → 3-4 Male Health workers & 1 Female Health Supervisor → 4 Female Heath workers]
8] Srivastava committee Group on Medical Education & Support manpower	a) Bands of Para & Semi professional Health workers b) Village Health guides & Health assistants c) Medical & Health Eduⁿ Commission, ROME scheme & Village guide (Community Health worker) scheme d) 3-tier system for Health Care delivery [SC, PHC & CHC]
9] Krishnan committee	Urban revamping scheme
10] Bajaj committee	'National Medical & Health Eduⁿ Policy' & 'National Health Manpower Policy'