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PATTERN OF HEALTH SERVICES TO RURAL COMMUNITIES  
CONTRIBUTING ORGANIZATIONS, PLANS FOR FUTURE DEVELOPMENT

By

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The Rural Health Services have been initiated in India as a part of the general rural upliftment scheme by community development programme through simultaneous measures taken in respect of agriculture, public economy, education, etc. The rural health services function through the primary Health Centres which aim at providing integrated curative and Preventive Health Services to the people.

The centre is designed not only to act as a nucleus from which all other health services should radiate, but also to provide base for erecting super structure of other health programmes.

In its present set up, the Centre has no primary responsibility over large number of nation-wide public health programmes, like the National Malaria Eradication Programme, National Filaria Control Programme, National Programmes for the Control of Tuberculosis, Leprosy, etc., as these problems are far too gigantic and thus well beyond the capacity of the Primary Health Centres. Separate organizations and establishments have been built up for these major problems. However, close liaison is maintained between these organizations and the primary health centres.

As and when the major public health problems are reduced to much smaller size and thus manageable, it is the intention that ultimately the centres will take over the responsibilities of the activities required at that stage.

There are at present 3,000 such centres each covering a population of 66,000 within its ambit of operation, and they are under the administrative and technical control of the States, and thus operate in most parts under the District Health Officer. The Central Government assists the programme on technical and financial matters.

Each centre has three sub-centres suitably located in different areas to suit the vest interest of the community. The present staff pattern includes a medical officer, a sanitary inspector, midwives, health visitors, etc. The essential function of each centre is indicated as follows:

1. Medical relief
2. Prevention of communicable diseases
3. Maternity, Child Health and School Health
4. Family planning
5. Health education
6. Environmental sanitation
7. Improvement of vital statistics

For medical relief each centre is provided with six to ten beds, for treatment of emergency as well as obstetrics cases. Over these organizations are referral hospitals and laboratories at present at district levels.

The plan envisages establishment of a total of 5,000 Primary Health Centres before the end of the Third Plan period (1965/66) to cater for 330 million people. Subsequently the number would be increased considerably, so much so, that not only the entire population would be covered shortly, but the workload of each centre is to be limited to 20,000 to 25,000 people for better attention. Besides there will be further augmentation of staff including a technician at the centre and one auxiliary health personnel for each of the sub-centres. The referral hospitals will be located at sub-divisional levels thus providing several such hospitals per district.

It would thus be evident that the rural health organization in the country is well under-way and that over 75% of the people would be covered within the course of the next two to three years. In view of the existing organization and future expansion the prospect of integration of the National Malaria Eradication Programme under the general health plan during the maintenance would appear to be bright. However, in order that the health centres become effective organization for vigilance operation suitable staff like microscopists, house visitors, malaria inspectors etc., would be required to be provided. A detailed plan for transfer of such activities in the maintenance phase is under preparation.

The centres are also playing an important part under the passive surveillance operation in the attack and consolidation phases of the programme. All such centres and referral hospitals receive micro-slides, antimalarials, etc., through the National Malaria Eradication Programme organization where facilities for microscopic examination are not available blood smears taken from fever cases are collected periodically by the surveillance staff. Besides communicating the results quite often the surveillance inspectors are required to locate and institute radical treatment of the positive cases.