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Design of primary health centre

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ABSTRACT

The concept of primary health care emerged in the 20thcentry as a strategy to comprehensive, effective health services for populations. Many forces and historic events shaped the evolution of primary health care. The duty of a civil is not only the building but also to design of aesthic appearance and interior decoration. The design of landscaping and interior rendering is the most important aspect of the design to give good appearance of the building. The architectural effect improves the elevation of the structure. Proper design of interior decoration depending on the actual use of different rooms and areas inside the building is very important in the space planning and building We have chosen this project specially to follow the principles of interiors decoration and landscaping for the design of a "Planning, Designing Of Primary Health Centre**".**

KEY WORDS: Primary, design, health, concept.

1. INTRODUCTION

The Primary Health Centre (PHC) is the basic structural and functional unit of the public health services in developing countries. PHC's were established to provide accessible, affordable and available primary health care to people, in accordance with the Alma Ata Declaration of 1978 by the member nations of the World Health Organisation WHO. The village health nurse provides service at the point of care, often in the patient's home. If additional diagnostic testing or clinical intervention is required, the patient is transported to the PHC to be evaluated by the Medical Officer. Under the national rural health mission, PHCs are rapidly being upgraded. Presently there are 23,109 PHCs in India.

1.1. History: The advancement of the Indo-Aryans the Dravidians were epushed south. The Sangam literature is the basis of Tamil History, culture and organisations from the 3rd century AD. The Cholas, the Pallavas, the Pandyas and the Cheras had their influence on Tamil Nadu and established their kingdoms. The Pallavas established their reign at kanchipuram in about the 4th century Ad. They held power over the land of the Tamils from 6th and 9th centuries. At the end of the 9th century the Cholas established themselves and they extended their empireand also establishedcontact withSouthEastAsia. In the 13th the century the Pandyas dominated.

The establishment of the VijayanagarEmpire brought the downfall of the Pandyas. This empire ruled till the 16th century preserving and promoting Hindu culture. The Muslim powers influenced this region politically. The Marathas also influenced Madurai and Thanjavur till the advent of the English who wrested power from the French. During the 17th and the 18th centuries, conflicts started between the trading companies of Europe for control of the major parts in the east. The British managed to control this region in the 19th century.

This region was under the domain of the East India Company and continued till independence after which the three states of Tamil Nadu, Andhra Pradesh and Orissa were formed. The region under the jurisdiction of the Madras Presidency formed into a single unit and named TamilNadu in1969 the state of Tamil Nadu has an area of 130058 sq. km. and a population of 62.41 million. There are 30 districts, 385 blocks and 16317 villages. The State has population density of 479 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 11.72% (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

1.2. Application: The application of primary care that many participants share involves a system where the physician is not the only gatekeeper: nurses, nurse practitioners, chiropractors, naturopathic physicians and other practitioners could also play this role. They suggest, an effective primary care system focuses on maintaining and improving the health of the population. This means reaching out to all of the citizens to ensure they are receiving the social services and health supports they require to get and stay healthy. Patients are dealt with in an integrated team environment, where practitioners work together to provide the best possible care plan for each individual.

Links to the community are important as it is through these links that participants see opportunities to focus on population health.To avoid the heart disease, asthma, diabetes, depression and other chronic illnesses do much better when they have access to primary health services that include on-going support, education, nursing and outreach services along with health promotion strategies. Many of these services are funded outside doctors'

1.3. Primary health care (**PHC**) refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal health care universally accessible to individuals and families in a community. It is through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

In other words, PHC is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy. PHC includes all areas that play a role in health, such as access to health services,

environment and lifestyle. Thus, primary health care and public health measures, taken together, may be considered as the cornerstones of universal health systems

1.4. Need for the study: That governments give high priority to the full utilization of human resources by defining the role, supportive skills, and attitudes required for each category of health worker according to the functions that need to be carried out to ensure effective primary health care, and by developing teams composed of community health workers, other developmental workers, intermediate personnel, nurses, midwives, physicians, and, where applicable, traditional practitioners and traditional birth attendants. This recommendation sets forth a clear mandate for governments to define the role traditional practitioners and birth attendants can play in communities as members of the primary health care team.

Because of the critical need for primary health care throughout the world, and WHO's recommendations that traditional practitioners be utilized as a component part of this primary health care team, there is a need to review studies and projects that have used traditional practitioners in some aspects of promoting community health.

By evaluating the results of these studies and projects, we may be able to identify the positive outcomes and potential of using traditional practitioners in local communities, as well as to define the problems and limitations involved.

2. OBJECTIVE

- To promote community health with the construction of chemical treatment.
- To provide better primary health care available for poor people.
- To promote sanitation, maternal and child health care.
- To evaluate the quality of clinical care.

2.1. Review of literature: The following represents a summary of information about projects which were identified in the review of the literature. Our intent has been to review projects which have been planned or organized to use traditional practitioners (TPs) as community workers in one or more aspects of primary health care.

The following groups of "projects" include situations where TPs were organized and trained to perform specific primary health care (PHC) tasks in communities and where an attempt was made to evaluate or measure the outcomes of the activities. The criteria we used to define a traditional health practitioner was a person who is recognized as practising under various designations that included one or more of the following titles or disciplines:

3. SUMMARY

A final objective of the evaluation study was to develop training guidelines which could be used by other organizations to prepare Traditional Health Practitioners (THPs) to provide PHC services to communities. These guidelines were prepared from data collected from interviews with training staff and healer participants in the four projects in Ghana, Mexico, and Bangladesh; from observations of actual training sessions in these projects; and from other publications (handbooks and training manuals) dealing with the preparation and training of community health workers and traditional health practitioners.

An attempt was made to identify lessons learned from previous training projects and to select specific methods and materials that have worked successfully in these projects.This information was then compiled and put into practical guidelines which hopefully can be used by local health agencies for training THPs in their own countries and regions.This summary is a condensed version of the complete guidelines and is included here to give the reader a general idea of the contents of the complete edition. A few examples of the visual aids from the complete edition are included in the Appendices. The complete version of these training guidelines is available as a separate publication, entitled guidelines for training traditional health practitioners in primary health care. (In process of publication by WHO, Geneva, 1995).

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