

National programmes related to child health and welfare

presented by-
Mr. Chetan Rathore

Outline of Presentation

- Introduction
- Classification of National Health Programmes
- Salient features of the recent National Health Programmes
- Salient features of important State Health Schemes
- Role of the Nursing faculty in National Health Programmes and State Health Schemes

Introduction

“Let diseases and their causes be found and treatment effected accordingly”.

Thirukkural

“Those who would benefit most from a service are least likely to obtain it”

Introduction

- ~~1919 - Montague - Chelmsford reforms~~
- 1946- Health Survey and Development Committee(Bhore Committee)
- 1950 – Constitution of India
- 1951-The Five Year Plans
- 2002- National Health policy
- 2002- 2007- Tenth Five year plan
- 2007-2012- Eleventh Five year plan

Classification of National Health Programmes

- I. Programmes related to provision of health care
- II. Programmes aimed at controlling communicable diseases
- III. Programmes aimed at controlling non-communicable diseases
- IV. Programmes related to Maternal and Child Health and Special Groups

Classification of National Health Programmes cont.....

V. National Nutritional Programmes

VI. National Emergency Preparedness Plan

VII. Programmes related to Environmental Sanitation

VIII. Poverty Alleviation Programmes

IX. Minimum Needs Programme

(Basic Minimum Service Programme)

I. Programmes related to provision of health care

❖ National Health Mission

1. National Rural Health Mission (NRHM)
2005-12
2. National Urban Health Mission (NUHM)
2008-12

1. National Rural Health Mission

- NRHM - development of State Health System.
- NRHM - organized around Five pillars
 - i. Increasing Participation and Ownership by the Community
 - ii. Improved Management Capacity
 - iii. Flexible Financing
 - iv. Innovation of Human Resources Development for the Health Sector
 - v. Setting of standards and norms with monitoring

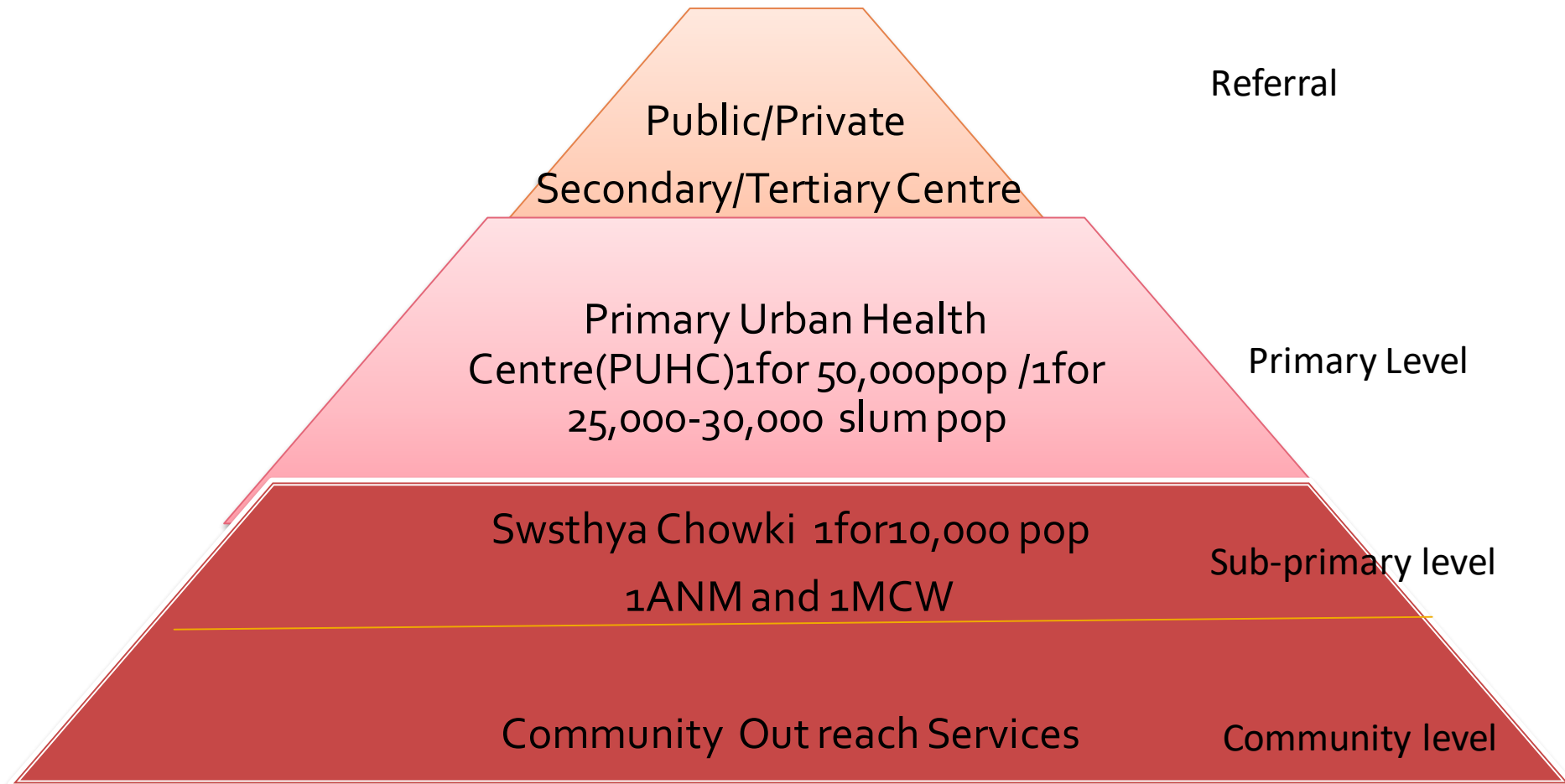
Plan of Action under NRHM

-
- Strengthening of Health Sub Centres
- Strengthening of Primary Health Centres
- Strengthening of Community Health Centres
- District Health Plan
- Converging Sanitation and Hygiene
- Strengthening Disease Control Programme
- Public Private Partnership
- New Health Financing Mechanism
- Reorienting Health and Medical Education

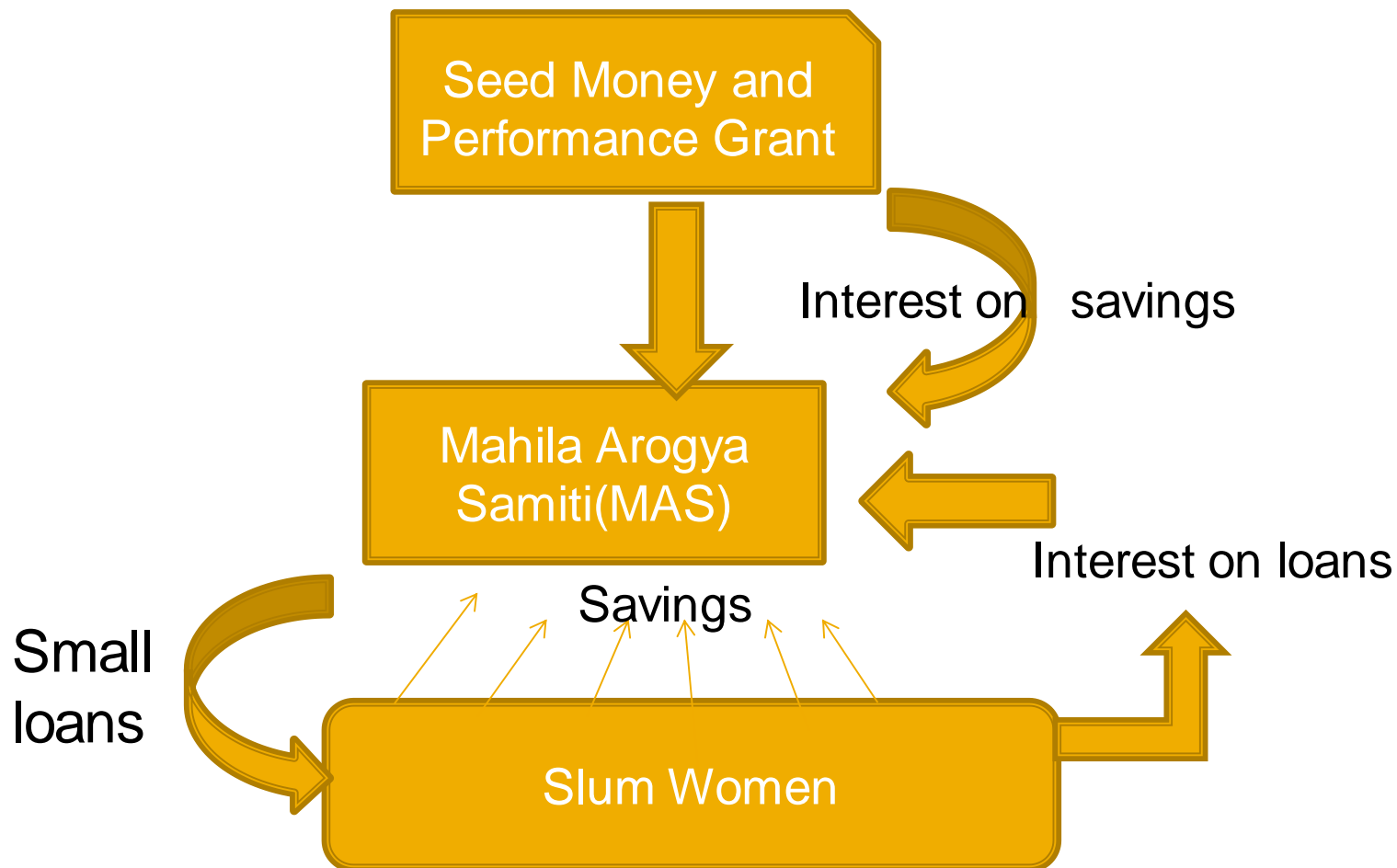
2. National Urban Health Mission

- Aim : Address the health concerns of the urban poor by rationalizing and strengthening the existing facilities.
- Ensuring Community Participation in planning and management of health services by community Institutions like Mahila Arogya Samiti (20-100 households and Rogi Kalyan Samiti.
- Urban Social Health Activist (USHA) 1for1000-2500 urban poor population in 200-500households

Urban Health Care Delivery Model



Community Risk Pooling under NUHM



II. Programmes aimed at controlling Communicable Diseases

1. National Vector borne diseases Control Programme (NVBDCP)
2. National Leprosy “Eradication” Programme (NLEP): National Action Plan
3. Revised National Tuberculosis Control Programme (RNTCP) Phase II
4. National AIDS Control Programme Phase III
5. Rabies Control Programme
6. Integrated Disease Surveillance Project

1. National Vector borne diseases Control Programme (NVBDCP)

- It is one of the most comprehensive and multi-faceted public health activities in the country.
- It is concerned with the prevention and control of vector borne diseases namely Malaria, Dengue, Kala azar, Filariasis, Chikungunya fever and Japanese Encephalitis.

Three Pronged Strategy under NVBDCP

1. Disease management
2. Integrated Vector management (for transmission risk reduction)
3. Supportive Interventions
 - Behaviour Change Communication(BCC)
 - Public Private Partnership(PPP)

2.NLEP: National Action Plan

1. Decentralization and Institutional Development
2. Strengthening and Integration of Service Delivery
3. Disability Prevention ,Care and Rehabilitation
4. Information Education and Communication (IEC)
5. Training of staff of General Health Services

3. RNTCP Phase II

- Access services to hard-to-reach areas.
- Strengthen intersectoral coordination and involving Medical colleges
- IEC activities.
- Improving laboratory facilities for sputum culture and drug sensitivity
- Implementation of DOTS –Plus strategy for Multi Drug Resistant Tuberculosis (MDR-TB)
- Paediatric patient-wise drug boxes

4.National AIDS Control Programme (NACP) Phase III

1. Prevention of new infection in high risk groups and general population
2. Providing greater care ,support and treatment to a large number of people living with HIV/AIDS.
3. Capacity building
4. Monitoring and Evaluation

5. Rabies Control Programme -Components

1. Effective Co-ordination
2. Post-Exposure Treatment with recommended vaccines and immunoglobulin
3. Enhancement of indigenous production of tissue culture vaccines
4. Health Education
5. Prophylaxis of people engaged in Anti-rabies work
6. Augmenting laboratory services

III. Programmes aimed at controlling Non-Communicable Diseases (NCDs)

1. National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke
2. National Programme for Control of Blindness (NPCB)- New Initiatives
3. National Mental Health Programme (NMHP)
4. National Programme for Prevention and control of Deafness
5. National Oral Health Programme
6. Integrated Disease Surveillance Project

1. National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke - Components

1. Health Promotion for general population
2. Professional Education
3. Diagnosis and Management
4. Surveillance of Risk factors
5. Community Participation

2.National Programme for Control of Blindness (NPCB)- New Initiatives

- Construction of dedicated eye wards and eye operation theatre in district and sub-district hospitals in north-eastern states.
- Ophthalmic Surgeons and Ophthalmic assistant
- Eye donation Counsellors
- Grant-in-aid for NGOs
- Vitamin A supplementation and MMR vaccination

3. National Mental Health Programme (NMHP) –Thrust areas

1. District Mental Health Programme to cover the entire country and be more effective
2. Modernization /Streamlining of Mental Hospitals
3. Upgrading Dept of Psychiatry in Medical Colleges and enhancing the psychiatric content.
4. Research and Training in the field of community mental health, substance abuse and child adolescent psychiatric clinics.

4. National Programme for Prevention and control of Deafness- Activities

- Training of all the manpower
- Infrastructure building
- Screening, Early diagnosis and Management
- Provision of Surgical and Rehabilitative services as well as provision of hearing aid
- IEC activities

5. National Oral Health Programme Components

1. Oral Health Education
2. Formulation of Basic Package on oral Health should be locally developed
3. Manpower and Infra structure requirement for Primary and Secondary Prevention of Oral Diseases.

6. Integrated Disease Surveillance Project (IDSP) - Activities

1. Decentralizing and Integrating Surveillance Mechanism
2. Upgradation of laboratories
3. Information Technology and Communication
4. Human Resources and Development
5. Operational Activities and Response
6. Monitoring and Evaluation

IV. Programmes related to Maternal and Child Health and Special

Groups

1. Reproductive and Child Health (RCH) Programme Phase –II 2005
2. National Programme of Health Care of Elderly
3. National Programmes and Schemes for Disabled persons
4. National Programme for Control and Treatment of Occupational Diseases

1.Reproductive and Child Health (RCH) Programme Phase –II 2005: Strategies

1 .Essential Obstetric Care

- Institutional Delivery
- Skilled attendance at delivery

2.Emergency Obstetric Care

- Operationalising First Referral Units
- Operationalising PHCs and CHCs for round the clock delivery services

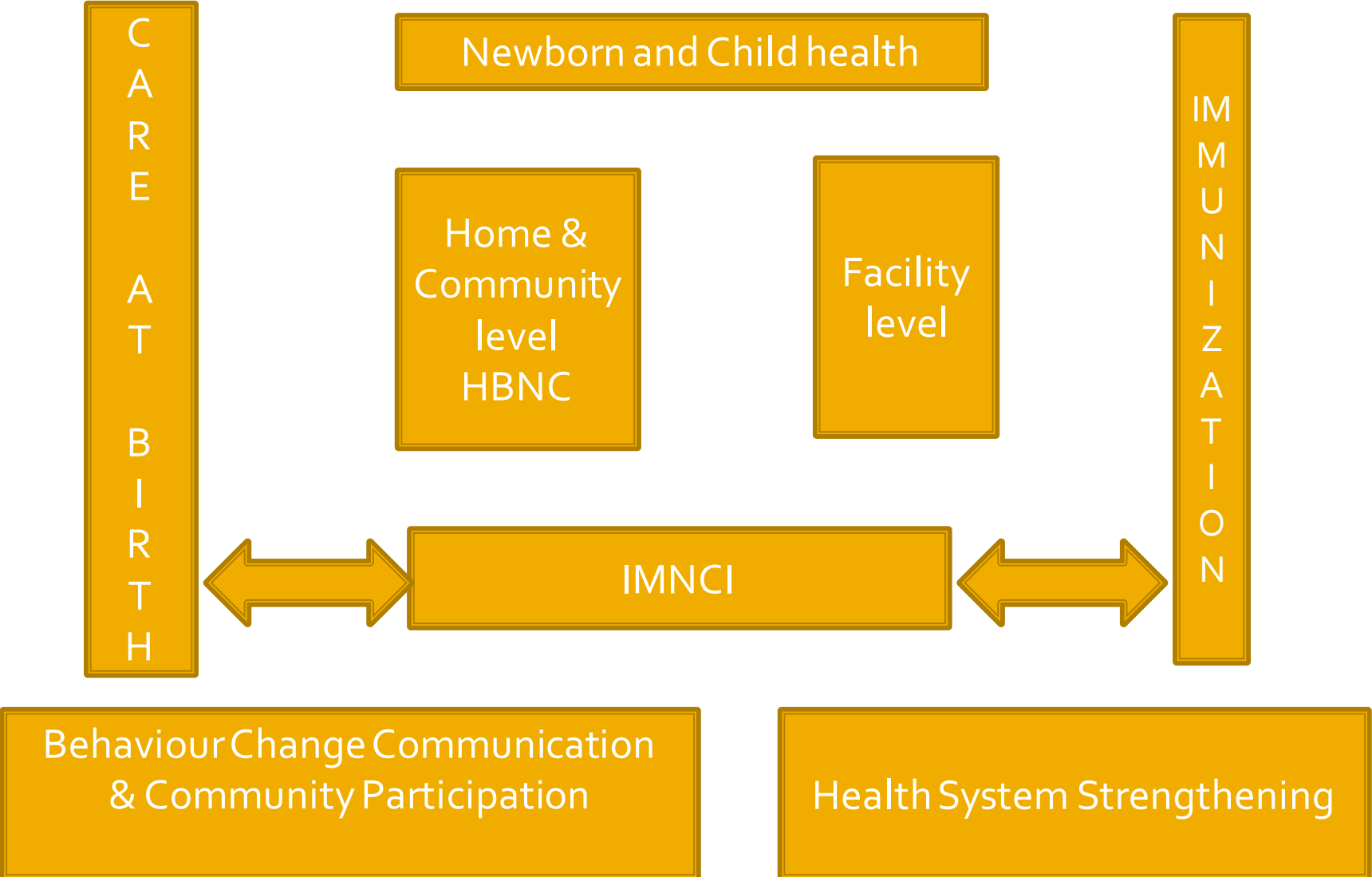
3. Strengthening Referral system

4. Adolescent Health

Emergency Obstetric Care (EmOC)

- First Referral Units (FRUs) – availability of surgical interventions, new born care and blood storage facility on a 24 hr basis.
- Training MBBS doctors in life saving anaesthetic skills.
- Janani Suraksha Yojana (JSY)- reduce maternal mortality, institutional deliveries, focusing on BPL families.
- Vandemataram Scheme - any obstetric and gynaecology specialist, maternity home, lady MBBS doctor can volunteer for providing safe motherhood services.

IMNCI- Plus strategy in RCH II



2. National Programme of Health Care of Elderly : Strategies

1. Home Based Health Service – early warning system and Psychological support
2. Community based Health Centre for the elderly providing a base for Educational and Preventive activity
3. Improved Hospital based Support Service with focused health care needs

4. National Programme for Control and Treatment of Occupational Diseases

- Data base generation, documentation and information dissemination on hazardous process
- Capacity building
- Health Risk Assessment
- Prevention and Control of Occupational health Hazards

■ National Emergency Preparedness Plan: Disaster Management

- Medical Preparedness for Mass Casualties Management
- Emergency Medical Relief (EMR)
- Bioterrorism/ Biological warfare
- Severe Acute Respiratory Syndrome (SARS)
- Influenza Pandemics

State Health Schemes

Introduction

- The Government of Karnataka is committed to provision of quality medical service.
- Based on this commitment, innovative schemes are formulated for implementation.
- There is no slackness in the implementation of people's welfare schemes .
- The implementation of the welfare schemes will meet the medical needs of the poor and down trodden people.
- The details of some of the important schemes are discussed .

Chief Minister Kalaignar Insurance Scheme for life saving treatments

- This is one of the foremost schemes of this Government brought for the benefit of the poor people.
- So far 1.44 crore families have been enrolled under the scheme.
- The scheme provides specialist treatment for 51 life threatening diseases in the 565 empanelled Government and Private Hospitals.
- Entire insurance premium is paid by the Government

Reproductive and Child Health Schemes

- Improvement of Quality of Health services in HSCs, PHCs and Referral centres
- Provision of Diet to Antenatal women , Post natal mothers, and women who had undergone Sterilization
- Dr. Muthulakshmi Reddy Maternity Benefit Scheme
- “108” Emergency Ambulance Service
- Provision of Specialist services Obstetricians, Anaesthetists for Emergency Obstetric Care and Paediatrician for Emergency Newborn care
- Gestational Diabetes Control Programme:

Improvement of Quality of Health services in HSCs, PHCs and Referral centres

- All the 1539 Primary Health Centres in Tamil Nadu have been made 24X7 Primary Health Centres with the appointment of 3 Staff Nurses.
- Primary Health Centres infrastructure were strengthened which enabled the Primary Health Centres to do more deliveries.
- Prompt Referral system has improved Institutional deliveries to 99.7% in Tamil Nadu.
-

Provision of Diet to Antenatal women , Post natal mothers, and women who had undergone Sterilization

- Implemented from 15th Sep 2008
- The scheme of providing diet to the delivery women, those who have undergone sterilization (Three times a day for two days).
- Antenatal Mothers in Tribal areas (Three times a day for 7 days with a female attendant.
- Antenatal Mothers (for one time) coming to Primary Health Centre for Scan, Blood test etc.
- So far 9, 30,794 Postnatal Mothers, Sterilization Mothers and AN Mothers were benefited by the Scheme.

"108" Emergency Ambulance Service

- It is one of the laudable schemes widely appreciated by the public.
- At present, 385 ambulances are deployed throughout Tamil Nadu and this will be increased to 445 ambulances soon.
- Ambulance Services benefited 3, 80,840 persons and saved the lives of 17,000 persons who were in critical condition.

Provision of Specialist services Obstetricians, Anaesthetists for Emergency Obstetric Care and Paediatrician for Emergency Newborn care

- The lack of manpower in the FRUs has been managed through hiring of Obstetricians and Anaesthetists and Paediatrician for emergency obstetric care services and emergency newborn care.

Gestational Diabetes Control Programme

- A scheme for early detection of gestational diabetes using the Glucose Challenge Test approach has been functioning at the block PHC level using the semi auto analyzers provided under RCH.
- It is now proposed to extend the scheme to all PHCs using the services of trained staff nurses wherever lab technicians are not available.

District Mental Health Programme:

- District Mental Health Programme is implemented in 16 Districts of Tamilnadu.
- Awareness on mental illness and remedies available under this programme is being disseminated among the public through various IEC activities.
- 10 bedded Psychiatric wards are available in all the Programme districts.

Schemes for protection of Girl Child

- Introduced in Tamilnadu in 1992
- Cradle Baby Scheme - allows families to hand over unwanted female babies to the government, legal action against perpetrators of infanticide
- Girl Child Protection Scheme (GCPS) which provide financial incentives to families with only daughters

Urban Health programme:

- Urban PHCs will be set up very shortly in the 60 municipalities
- A novel programme is implemented through the Community Medicine department of 14 Medical colleges by adopting one urban health post from where the medical colleges are getting large number of primary referrals.
- These adopted Urban health centres have been provided with necessary equipments, materials as well as specialist manpower for specified days through the medical college.

Pilot project for NCDs

❖ **Cardio Vascular Diseases**

- Two districts Sivagangai and Virudunagar
- BCC
- School level, Work place, Community based

❖ **Screening of Cervical Cancer**

- Two districts- Theni and Thanjavur
- Women 20-60 yrs
- VIA and VILI and if positive
- Colposcopic examination

Role of Nursing Faculty in National Health Programmes and State Health Schemes

Programmes related to provision of Health Care- NRHM/ NUHM

- ❖ Important role in strengthening the functions of HSCs, PHCs, UPHCs and CHCs for First Referral Care
- ❖ Availability of nurses 24hrsx7 days in PHC
- ❖ Important role in Secondary and Tertiary levels of health care
- ❖ Disease control programmes
- ❖ Reorienting health /medical and para medical education

Programmes aimed at controlling Communicable Diseases

- ❖ Early Diagnosis of the disease
- ❖ Administration of correct drug in the specified dose
- ❖ Patient Counselling and building up of rapport
- ❖ Health Education –individual level, group level and Mass level
- ❖ Care of seriously ill patients

Programmes aimed at Controlling Non- Communicable Diseases(NCDs)

- ❖ Early detection of Risk factors of NCDs in the community
- ❖ Screening of individuals for NCDs in the community.
- ❖ School Health Programme for early detection of Rheumatic fever
- ❖ Administration of correct dose of drugs
- ❖ Care of seriously ill individuals with complications
- ❖ Psychosocial support

Programmes related to Maternal and Child Health and Special groups

- Essential Obstetric Care, Postpartum care
- Essential Newborn Care- HBNC
- Emergency Obstetric Care
- Emergency New born Care
- Immunization and Vit A administration
- Growth Monitoring & Diet Counselling
- Family Welfare activities
- Maintenance of Registers
- Psycho social support

Role of Nursing Faculty in State Health Schemes

- Crucial Role in Reproductive and Child Health Programme
- Availability of nurses in PHCs 24 hours X 7 days on shift duty by Three Staff nurses
- Crucial Role in Emergency Obstetric Care and Emergency Newborn Care at FRUs, District hospital and Medical college Hospital
- Conducting normal delivery in PHC
- Providing New born care
- Family welfare activities in Community , HSCs and PHCs

Summary

- I. Programmes related to provision of health care
- II. Programmes aimed at controlling Communicable Diseases
- III. Programmes aimed at controlling Non- Communicable Diseases(NCDs)
- IV. Programmes related to Maternal and Child Health and Special Groups
- V. State Health Schemes
- VI. Role of Nursing Faculty in National Health Programmes and State Health Schemes

PICO

- **Author-** Lawan UM₁, Amole GT₁, Jahum MG₂, Sani A₃.
- **Title-** Age-appropriate feeding practices and nutritional status of infants attending child welfare clinic
- **Web-**
<http://www.ncbi.nlm.nih.gov/pubmed/24696628>

Problem/population	Intervention	Comparison	Outcome
<p data-bbox="48 201 409 591">Age-appropriate feeding practices and nutritional status of infants attending child welfare clinic at a Teaching Hospital</p> <p data-bbox="48 772 278 818">Population</p> <p data-bbox="48 886 413 1046">300 sets of infants (age ≤ 12 months) and caregivers</p>	<p data-bbox="513 201 937 868">Using a cross-sectional descriptive design, a sample of 300 sets of infants (age ≤ 12 months) and caregivers was systematically selected and studied. The data were analyzed using the MINITAB 12.21 (USA) statistical software.</p>	<p data-bbox="975 201 1398 811">Most caregivers (88.7%) had "fair" to "good" infant feeding practices. The practices were significantly associated with their level of education, and their relationship with the infants.</p>	<p data-bbox="1437 201 1850 701">Formulate and implement a strong community-based public health intervention program to improve the knowledge and practices of mothers on infant feeding.</p>

THANKYOU