



National Health Programmes

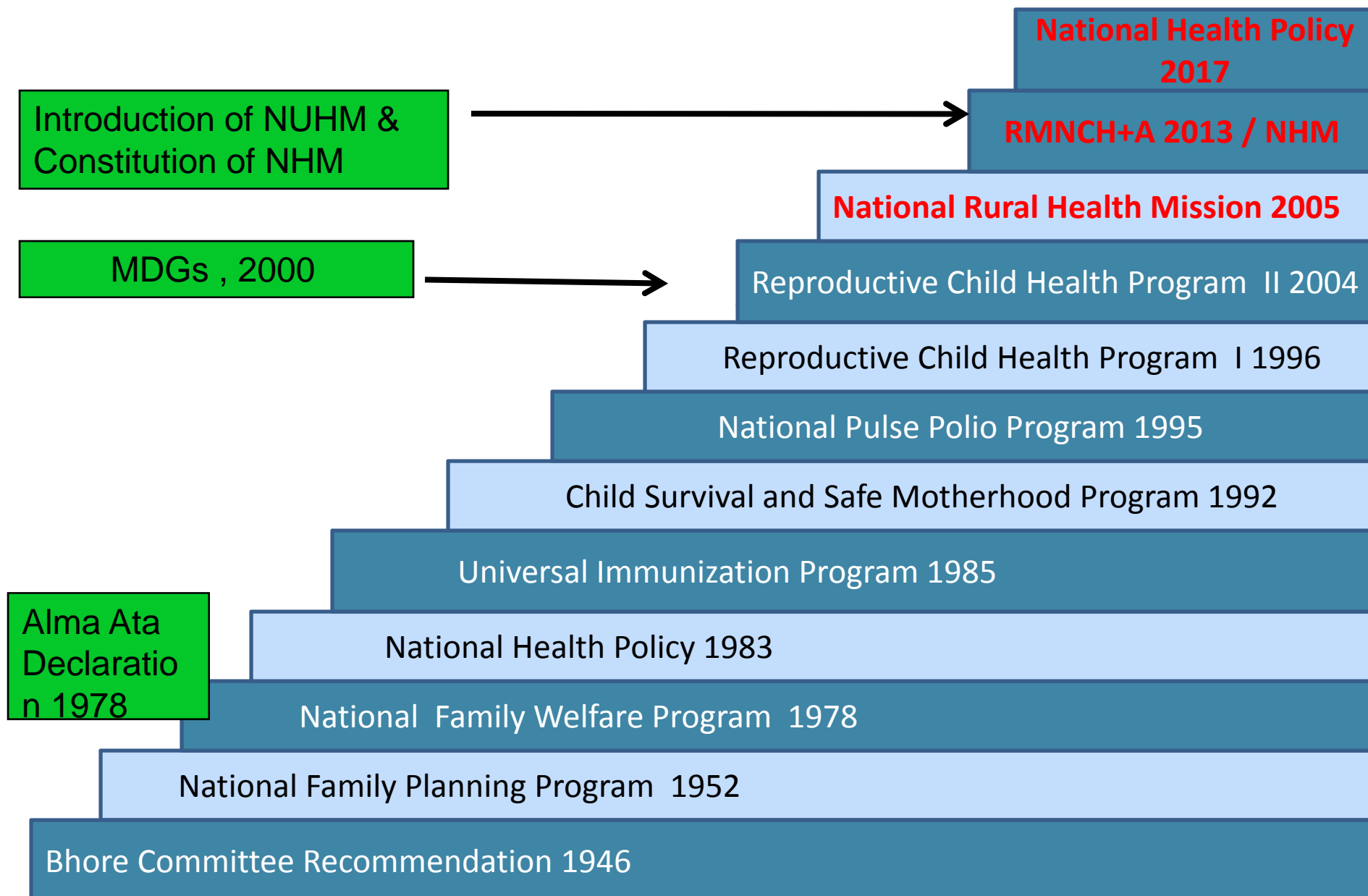
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Outline of Presentation

- Introduction
- Classification of National Health Programmes
- Salient features of the recent National Health Programmes
- Role of the PHC in Implementation of in National Health Programmes

Major Milestones in Health Sector in India



National Health Mission



**NRHM-
RMNCH+
A**

**National
Urban
Health
Mission**

**Commu-
nicable
Diseases**

**Non-
Commu-
nicable
Diseases**

**Infra-
structure
Maintenance**

1. Maternal Health
2. Child Health
3. Family Planning
4. Immunization
5. 104/108 ambulances(Integrated Ambulance System)
6. PCPNDT
7. Rashtriya Bal Swasthya Karyakram
8. Rashtriya Kishore Swasthya Karyakram
7. ASHA/VHSNC/Civil works/untied funds etc

**RNTCP (TB)
NLEP(Leprosy)
NVBDCP
IDSP (Disease
Surveillance)**

**NPCDCS(cancer diabetes &
stroke)**

**NPCB (Blindness)
NTCP (Tobacco)
NMHP (Mental Health)
NPHCE (Elderly)
NPPCD (Deafness)
NOHP (Oral Health)**



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



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

- Accredited Social Health Activist (ASHA)
- 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

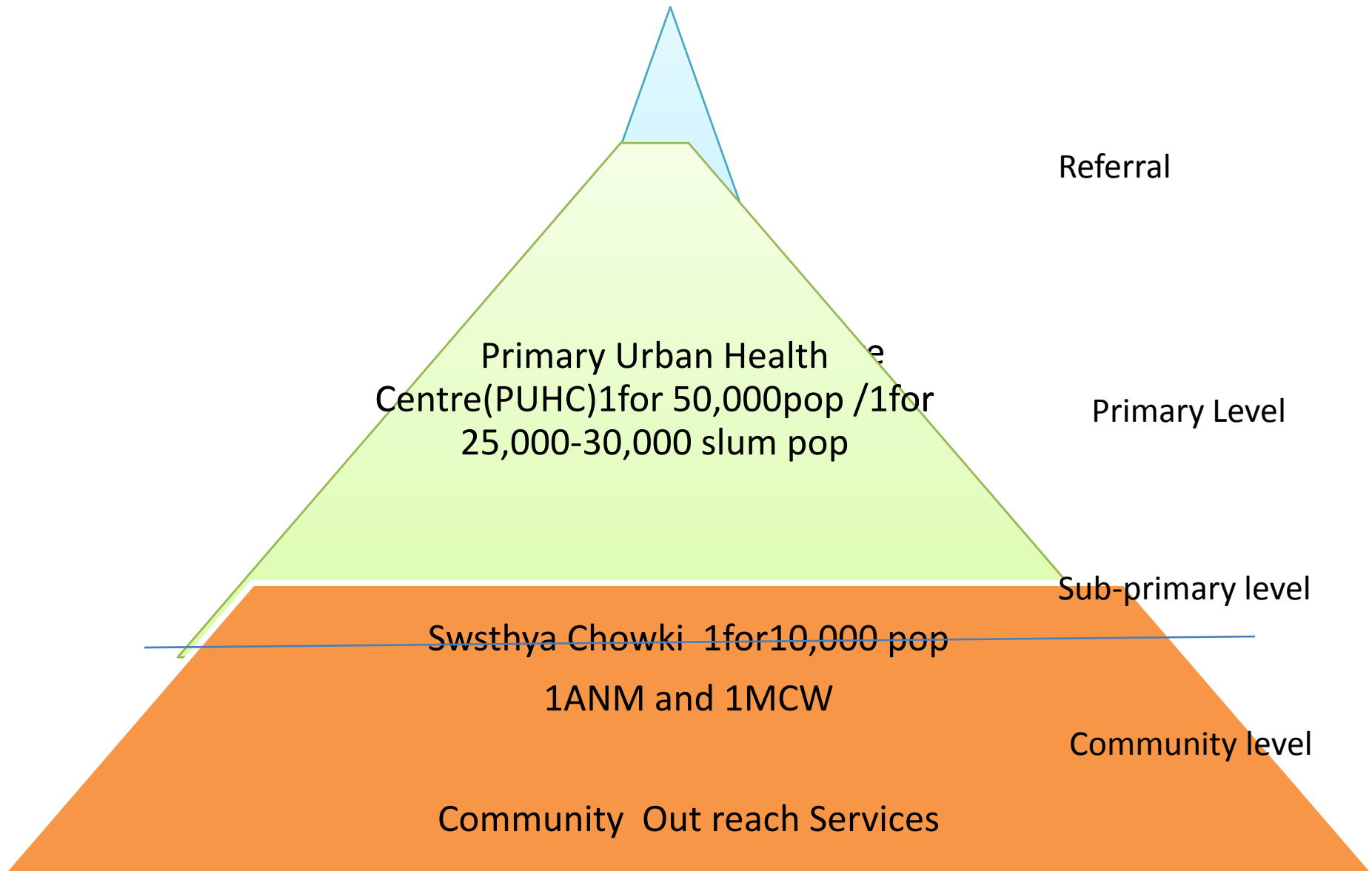


National Urban Health Mission

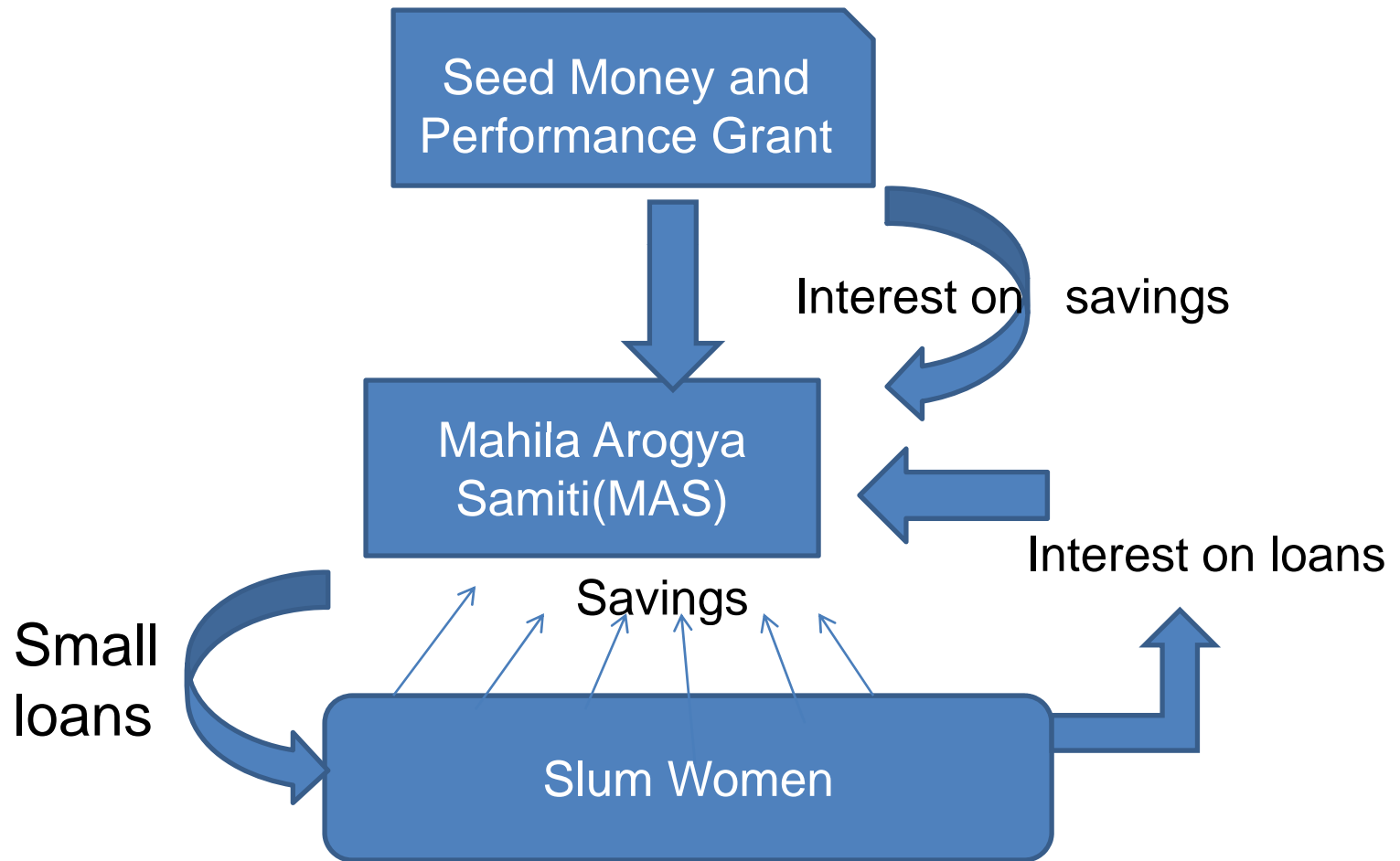
- Aim : Address the health concerns of the urban poor by rationalizing and strengthening the existing facilities.
- Ensuring Community Participation in planning and management of health services by community Institutions like Mahila Arogya Samiti (20-100 households and Rogi Kalyan Samiti.
- Urban Social 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. Integrated Disease Surveillance Project

1. National Vector borne diseases Control Programme (NVBDCP)



- This program is concerned with the prevention and control of vector borne diseases namely Malaria, Dengue, Kala azar, Filariasis, Chikungunya fever and Japanese Encephalitis.
- Launched in 2003-04 by merging NAMP, NFCP & Kala Azar Control programmes. Japanese B Encephalitis and Dengue/DHF have also been included in this Program
- Directorate of NAMP is the nodal agency for prevention and control of major Vector Borne Diseases

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)



Essential in endemic areas

- Diagnosis and Management of Vector borne Diseases is to be undertaken as per NVBDCP guidelines for PHC/CHC:
- Diagnosis of Malaria cases, microscopic confirmation and treatment.
- Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case management as per the protocols.
- Complete treatment to Kala-azar cases in Kalaazar endemic areas as per national Policy.
- Complete treatment of microfilaria positive cases with DEC and participation in and arrangement for Mass Drug Administration (MDA) along with management of side reactions, if any. Morbidity management of Lymphoedema cases.



NATIONAL LEPROSY ERADICATION PROGRAM



Milestones Of Leprosy Eradication

- 1848 – Leper Act , British India abolished later.
- 1948 – Hind Kusht Nivaran Sangh
- 1955 – National leprosy Control Program
- 1980 – Dapsone
- 1982 – MDT
- 1983 – National Leprosy Eradication Program(MDT started)
- 1991 – World Health Assembly resolution to eradicate leprosy by 2000AD.
- 1998-2004 – Modified Leprosy Elimination Program
- 2005 Dec – Prevalence rate 0.95 /10,000 and government declared achievement of elimination target.
- 2005 – NRHM covers NLEP .
- 2012 - Special action plan for 209 high endemic districts 16 States/UTs



Objectives Of NLEP

1. To achieve elimination
2. To accomplish integration
3. To proceed with endemic states



Strategies in NLEP

- Early detection
- Regular treatment
- Public awareness campaigns
- Medical rehabilitation



Essential

- Health education to community regarding Leprosy.
- Diagnosis and management of Leprosy and its complications including reactions.
- Training of leprosy patients having ulcers for self-care.
- Counselling for leprosy patients for regularity/ completion of treatment and prevention of disability

Revised National TB Control Program (RNTCP)



- Launched in 1997 based on WHO DOTS Strategy
 - Entire country covered in March'06 through an unprecedented rapid expansion of DOTS
- Implemented as 100% centrally sponsored program
 - Govt. of India is committed to continue the support till TB ceases to be a public health problem in the country
- All components of the STOP TB Strategy-2006 are being implemented



Objectives of RNTCP

- To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases
- To achieve and maintain detection of at least 70% of such cases in the population



contd.

- Augmentation of the peripheral level supervision through the creation of a sub district supervisory unit
- Ensuring a regular uninterrupted supply of drugs up to the most peripheral level
- Emphasis on training, IEC, operational research and NGO involvement in the program



Core elements of Phase I

- The core element of RNTCP in Phase I (1997-2006) was to ensure high quality DOTS expansion in the country, addressing the five primary components of the DOTS strategy
 - Political and administrative commitment
 - Good Quality Diagnosis through sputum Microscopy
 - Directly observed treatment
 - Systematic Monitoring and Accountability
 - Addressing stop TB strategy under RNTCP



RNTCP Phase II(2006–11)

- The RNTCP phase II is envisaged to:
 - Consolidate the achievements of phase I
 - Maintain its progressive trend and effect further improvement in its functioning
 - Achieve TB related MDG goals while retaining DOTS as its core strategy



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



Essential

- All PHCs to function as DOTS Centres to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines. Facility for Collection and transport of sputum samples should be available as per the RNTCP guidelines



National AIDS Control Programme (NACP)

1992-NACP-I

1998 NACP II

2007-2012 NACP III (with an objective to "halt and reverse the HIV epidemic In India" by the end of the project.

There is a steady decline in overall prevalence and nearly 50 percent decrease in new infections over the last ten years. NACP IV aims to consolidate the gains of NACP III.



Objective of NACP IV

- Reduce new infections by 50 percent (2007 Baseline of NACP III).
- Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

This will be achieved through the following strategies:-



- Intensifying and consolidating prevention services with a focus on (a) high-risk groups and vulnerable population and
(b) general population.
Expanding Information, Education and Communication (IEC) services for (a) general population and (b) High-Risk Groups (HRGS) with a focus on behaviour change and demand generation.
Increasing access and promoting comprehensive Care, Support and Treatment (CST)
Building capacities at National, State, District and facility levels
Strengthening Strategic Information Management Systems.



Essential

- IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- Organizing School Health Education Programme.
- Condom Promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

Desirable



- Integrated Counseling and Testing Centre, STI services.
- Screening of persons practicing high-risk behaviour with one rapid test to be conducted at the PHC level and development of referral linkages with the nearest ICTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states.
- Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital for PPTCT services in the six high HIV prevalence states (Tamil Nadu, Andhra Pradesh, Maharashtra, Karnataka, Manipur and Nagaland) of India.
- Linkage with Microscopy Centre for HIV-TB coordination
- Pre and post-test counseling of AIDS patients by PHC staff in high prevalence states.

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



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



Cancer

- Essential
- IEC services for prevention of cancer and early symptoms.
- Early detection of cancer with warning signals like change in Bladder/Bowel habits, bleeding per rectum, blood in urine, lymph node enlargement, Lump or thickening in Breast, itching and/or redness or soreness of the nipples of Breast, non healing chronic sore or ulcer in oral cavity, difficulty in swallowing, obvious change in wart/mole, nagging cough or hoarseness of voice etc.
- Referral of suspected cancer cases with early warning signals for confirmation of the diagnosis. Desirable PAP smear



Other NCD Diseases

- Essential a. Health Promotion Services to modify individual, group and community behaviour especially through;
 - i. Promotion of Healthy Dietary Habits.
 - ii. Increase physical activity.
 - iii. Avoidance of tobacco and alcohol.
 - iv. Stress Management.
- Early detection, management and referral of Diabetes Mellitus, Hypertension and other Cardiovascular diseases and Stroke through simple measures like history, measuring blood pressure, checking for blood, urine sugar and ECG. Desirable Survey of population to identify vulnerable, high risk and those suffering from disease.



National Programme for Control of Blindness (NPCB)



Chronological developments

1963: Started as National Trachoma Control Program

1976: Renamed as National Program for prevention of Visual Impairment and Control of Blindness(100% Centrally Sponsored)

1982: Blindness included in 20-point program

“2020-the right to sight”.



Objectives

- Reducing the Blindness prevalence **from 1.4% to 0.3%** by 2020
- Provide high quality of eye care
- Expand coverage of eye care to the affected population & under-served areas
- Reduce backlog of blindness
- Develop institutional capacity for eye care services



- Cataract operation in bi-lateral blind.
- Cataract surgery in female.
- Cataract surgery in SC/ST population.
- Cataract surgery in different facilities.
- Cataract surgery in different age groups.



Initiatives

- Free surgery for cataract cases in rural areas.
- Free transportation for patients.
- Free medicine for all types of eye ailments.
- Free spectacles for post operative care.
- Free spectacles for poor school students.
- Treatment of backlog cataract cases.
- All schools would be covered for SES.



Initiatives

- Vit- A supplementation and immunization coverage.
- Modern treatment at Medical College and DH.
- one Eye Bank & 2 Eye Donation Centres
- Establishment of one RIO, Cuttack.
- ASHA: be trained and assigned to create awareness. incentive of Rs 175/- per cataract case, out of the fund earmarked under Cataract Operation.
- Contractual Ophthalmology Assistants created



National Tobacco Control Programme (NTCP)

- Essential
- a. Health education and IEC activities regarding harmful effects of tobacco use and second hand smoke.
- b. Promoting quitting of tobacco in the community.
- c. Providing brief advice on tobacco cessation to all smokers/tobacco users.
- d. Making PHC tobacco free. Desirable Watch for implementation of ban on smoking in public places, sale of tobacco products to minors, sale of tobacco products within 100 yards of educational institutions.



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.



Essential

- Early identification (diagnosis) and treatment of mental illness in the community.
- Basic Services:
- Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and epilepsy and referral).
- IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation/role of Community for primary prevention of mental disorders.



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



Essential

- Early detection of cases of hearing impairment and deafness and referral.
- Basic Diagnosis and treatment services for common ear diseases like wax in ear, otomycosis, otitis externa, Ear discharge etc.
- IEC services for prevention, early detection of hearing impairment/deafness and greater participation/role of community in primary prevention of ear problems.

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.



- Essential Oral health promotion and check ups & appropriate referral on identification.



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



Essential

- a. Weekly reporting of epidemic prone diseases in S, P & L forms and SOS reporting of any cluster of cases (formats for the data collection are added in Annexures 11, 11A, 11B, 11C).
- b. PHC will collect and analyse data from Sub-Centre and will report information to district surveillance unit.
- c. Appropriate preparedness and first level action in out-break situations.
- d. Laboratory services for diagnosis of Malaria, Tuberculosis, and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

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



- Essential IEC activities on healthy aging.
Desirable
- ‘Weekly geriatric clinic at PHC’ for providing complete health assessment of elderly persons, Medicines, Management of chronic diseases and referral services.



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 Programme for Prevention & Management of Burn Injuries (NPPMBI)-

- The programme is being implemented through State Government Medical Colleges and District Hospitals





Objectives of the programme

- To reduce incidence, mortality, morbidity and disability due to Burn Injuries.
- To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- To establish adequate network of infrastructural facilities along with trained personnel for burn management and rehabilitation.
- To carry out research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based program planning for Burn Injuries, monitoring and subsequent evaluation.



Focus areas of the programme

- (i) Prevention
- (ii) Treatment
- (iii) Rehabilitation and
- (iv) Training.



Prevention

- Activities related to electronic media will be undertaken through Doordarshan, Cable TV, Internet, Mobile phone SMS, CCTVs at the railway stations, hospitals, schools and other public places.
- Activities for print media will be taken up through newspapers, advertisements, magazines, posters, charts, folders for disseminating information.
- Conventional methods like melas, rallies and quiz, folk dance etc will also be utilized.
- Awareness campaign for school children and college students will be organized.
- Outdoor publicity will be done in form of Hoardings, Wall Paintings, Neon Signs, Kiosks, Bus Panels, etc.



Treatment

- The burn unit in a District Hospital will have 6 beds (4 general beds + 2 acute care beds) and other facilities.
- In order to prevent infection, there will be packaged type air cooled/water cooled units with requisite number of air changers.



Rehabilitation

- Follow up and rehabilitation services will be provided to restore functional capacity of burn patients thereby, enabling the patients to achieve functional independence and better quality of life.
- Existing Physiotherapy units will be strengthened by adding more equipment, and by providing Physiotherapists and Community Based Rehabilitation Workers for rehabilitation of burn victims.



Training

Under this component, surgeons, medical officers, paramedics and multi-disciplinary workers will be imparted hands on training in “Burn Injury Management” at the identified Central and State Training Centres.



National Iodine Deficiency Control Program



Problem Statement

- World's single most significant cause of preventable brain damage and mental retardation.
- 261 million suffering from brain damage (10 million cretins)
- 130 countries, 13% of world's population.
- 9 million persons affected.
- 2.2 billion people live in ID areas
- 167 million at risk of IDD
- Goiter- 54.4 million



Problem Statement

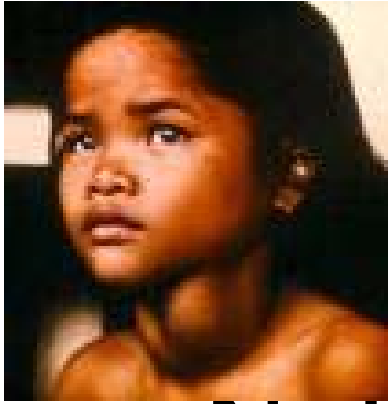
- IDD mental/motor handicaps - 8.8 million
- 1984-86: ICMR multi centric study
 - 14 districts in 9 States
 - Goiter prevalence 21.1%
 - Endemic cretinism : 0.7%
- India : 241 of 617 Districts are Goiter endemic
- 140 million people are estimated to be living in goiter endemic regions
- 51% HH consuming iodized salt (State of World's Children 2009-UNICEF)



Turning point of the program : 1983

➤ Questions asked by Mrs. Indira Gandhi

- What is Iodine Deficiency?
- Why should I be interested in National Goitre Control Program (NGCP)?
- How is it going to contribute towards PM's 20 point Program?



National Iodine Deficiency Control Program





Program Developments

- 1962: NGCP launched
- 1984 : Policy of Universal salt Iodization(USI)
 - : Private sector to produce iodized salt
- 1992: NGCP renamed as NIDDCP
- 1995: Independent survey evaluation of USI in MP, New Delhi and Sikkim
- 1997: sale and storage of common salt banned
- 1998-99: NFHS II
 - : 71% using iodized salt
- 13th Sept 2000: ban on sale of common salt



Goal :

To decrease overall IDD prevalence (goiter) to <5% in the school children 6-12 years.

Objectives :

- Surveys to assess the magnitude of the IDD.
- Supply of iodated salt in place of common salt
- Resurvey after every 5 years to assess the extent of iodine deficiency disorders and the Impact of iodated salt.
- Laboratory monitoring of iodated salt and urinary iodine excretion.
- Health education & publicity.



Spectrum of IDD

Fetus: Abortion, Still Birth, Congenital Anomalies, Prenatal mortality, Infant mortality, Neurological cretinism (mental deficiency, deaf mutism, squint)

Neonate: Neonatal Goiter, Neonate Hypothyroidism

Child and adolescent: Juvenile Hypothyroidism, Impaired Mental function, Growth retardation

Adult: Goiter, Hypothyroidism, Impaired mental function



Strategy

A. Essential components of IDDCP

- Ensuring availability of iodized salt
 - 30 PPM at production level
 - 15 PPM of iodine at consumer level
- Awareness generation to increase consumption level up to 90%
- Iodized salt is most economical convenient and effective means of mass prophylaxis



B. Iodine monitoring through lab

- Iodine excretion determination
- Determination of iodine in water, soil and food
- Determination of iodine salt

Fortified salt with iron and iodine neonatal hypothyroidism is a sensitive point to environmental iodine deficiency

C. Manpower training

D. Mass communication



Comprehensive Action Plan

- Creating Demand for iodized salt in Community
- Improving Monitoring of quality of iodized salt
- Increasing outlets and access to low cost adequately iodized salt
- Improving iodized salt production
- Advocacy with Policy Makers and Program Managers