



**RAMA**  
**UNIVERSITY**

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**FACULTY OF NURSING**

**NATIONAL HEALTH  
PROGRAMME RELATED TO  
CHILDREN**

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# **INTRODUCTION**

The ministry of health , government of India , control health council launch programs aimed at controlling or eradicating disease which causes considerable morbidity and mortality in India.

# **HEALTH PROGRAMME**

- National rural health mission.
- National programs related to mother to mother and child care.
- Maternal and child health programme.
- Integrated child development services scheme.
- Child survival and safe motherhood programme.
- Reproductive and child health programme.
- Integrated management of neonatal and childhood illness.

# **NATIONAL PROGRAMS RELATED TO COMMUNICABLE DISEASE**

- National program of immunization.
- Acute respiratory infection control programme.
- Diarrheal disease control program .
- Revised national tuberculosis control program.
- Leprosy eradication programme.
- National vector borne disease control programme.
- National malaria eradication programme.
- KALA-AZAR control programme.
- National AIDS control programme.

# **NATIONAL PROGRAMME RELATED TO CONTROL OF NUTRITIONAL DEFICIENCY DISORDER**

- Special nutritional programme 1970.
- Mid-day meal programme 1957.
- Anemia prophylaxis programme 1970.
- national iodine deficiency disorder control programme 1962.

# **NATIONAL PROGRAMS RELATED TO CONTROL OF NON COMMUNICABLE DISEASE**

- National school health programme .
- National mental health programmed.
- National programme for control of blindness.
- Vitamin A deficiency control programme.
- national cancer control programme.
- National diabetes control programme .
- Child welfare programme for disable children.
- National water supply and sanitation programme.
- National family welfare programme .
- Minimum needs programme.

# **NATIONAL RURAL HEALTH MISSION**

## **12 April , 2005**

### ***GOAL-***

- Reduction in IMR & MMR.
- Universal access to public health services.
- Prevention and control of communicable and non communicable disease .
- Access to integrated comprehensive primary health care.
- Population stabilization , gender and demographic balance
- Revitalize local health tradition and mainstream AYUSH .
- Promotion of healthy life styles.



## ***Strategies***

- Enhance capacity of penchant raj institutions to own, control and manage public health services.
- Promote access to improve health care at house hold level through the ASHA .
- Health plan for each village through village health committee of the panchayat .
- Strengthening sub centre through an united fund to enable local planning and action and more multi-purpose workers .

- Prepared by the district health mission , including drinking water , sanitation and hygiene and nutrition.
- Technical support to national , state block and district levels traditions.
- Reorienting medical education to support rural health issue including regulation of medical care and medical ethics.
- Mainstreaming AYUSH revitalization local health.

# **NATIONAL PROGRAMMS RELATED TO MOTHER AND CHILD CARE**

## ***Maternal and child health programme***

- To reduce maternal , infant and childhood mortality and morbidity.
- To promote reproductive health.
- To promote physical and psychological development of children and adolescent within the family.

## **SERVICES-**

- Record of occurrence of pregnancy.
- Identify women with anemia.
- Administered 2 doses tetanus toxide.
- Provide iron and folic acid tablets to pregnant women.

## **Screen women identified as pregnant for any of the risk factor.**

- Age less than 17 years as over 35 years .
- Height <145 cm.
- Weight <40 kg or >70 kg.
- History of bleeding in previous pregnancy.
- History skill birth.
- History of cesarean section.

## ***Care of children***

- Monitoring of growth of children to detect malnutrition
- Immunization .
- Treatment of common aliment.
- Referral cases to higher centre .
- Implementation national health policies .
- Non formal preschooler education.
- Supplementary nutrition.

# **CHILD SURVIVAL AND SAFE MOTHERHOOD PROGRAMME 1992**

## ***AIMS-***

- to reduce infant mortality .
- Provide antenatal care to all pregnant women.
- Ensure safe delivery services.
- Provides basic care to all neonates.
- Identify and refer these neonates who are at risk.

# **REPRODUCTIVE & CHILD HEALTH**

- Family welfare .
- CSSM.
- 1997 RCH

## ***OBJECTIVE-***

- The program integrates all interventions of fertility regulation , maternal and child health with reproductive health for both men and women.
- The services to be provided are client orient demand driven, high quality and based on needs of community through decentralized participatory planning and target free approach.
- facilities of obstetric care, MTP and IUD insertion in the PHC level are improved.
- specialist facilities for STD and RTI are available in all district hospital and in a for number of sub district level hospital.

# ***COMPONENTS***

- Safe motherhood .
- Family welfare and planning.
- Prevention of RTI /STD.
- Adolescent .
- Child survival.



# ***SERVICES PROVIDED***

For the children.

- Essential newborn children.
- Exclusive breastfeeding.
- Immunization
- Appropriate management of ARI.
- Vitamin A prophylaxis.
- Treatment A prophylaxis.
- Treatment of anemia .

## FOR THE MOTHER

- Tetanus toxic immunization .
- Prevention and treatment of anemia.
- Delivery by trained personnel.
- Promotion of institutional deliveries.
- Management of obstetrical.
- Birth spacing.

## FOR THE ELIGIBLE COUPLE

- Prevention of pregnancy.
- Safe abortion.

## FOR RTI /STD

- Prevention and treatment of reproductive tract infection and sexually transmitted disease. RCH program is a target –free program with voluntary participation.

# **RCH phase -2<sup>nd</sup> , 1<sup>st</sup> april2005**

## ***STRATEGIES***

- Essential obstruct care.
- Institutional delivery.
- Skilled attendance at delivery.
- Emergency obstetric care .
- Operational delivery .
- Strengthening referral system.
- Operational PHC CHS for round the clock delivery services.

# **THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMNCI)1992**

## **COMPONENTS-**

- Improvement of the case management skills of health providers.
- Improvement in the overall health system.
- Improvement in family and community health care practice .
- Collaboration /co-ordination with other departments.

## **IMNCI beneficiaries**

- Care of newborn and young infants.
- Care of infant

# PRINCIPAL OF IMNCI GUIDELINESS

- All sick young infants up to 2 month of age must be assessed of “possible bacterial infection jaundice” and diarrhea.
- All sick children age 2 month up to 5 year must be examined for general danger signs and then for cough or difficult breathing , diarrhea , fever or ear problem.

- All the sick young infant and children 2 months up to 5 year must also routinely be assessed for nutritional and immunization status and feeding problems .
- Based on sign the child is assigned to color coded classification
  - ✓ Pink color- urgent hospital referral or admission.
  - ✓ Yellow color-specific medical Rx or advice.
  - ✓ Green color – home management.

# **NATIONAL PROGRAMMS RELATED TO CONTROL OF COMMUNICATION DISEASE**

- National program of immunization 1985.
- Acute respiratory infection control program.
- Diarrheal disease control programme 1971.
- Revised national tuberculosis control programme 1962.
- Leprosy eradication programme 1955.
- National vector borne disease control programme.

# **NATIONAL PROGRAMME ON IMMUNIZATION -1974**

- 1974 WHO launched “expanded programme of immunization”.
- 1978-govt of India launched the same EPI programme in India .
- 1985 ,EPI renamed as universal immunization programme .

## ***OBJECTIVE-***

- To increase immunization coverage.
- To improve the quality of service.
- To train health personal.
- To ensure district wise monitoring.
- To supply cold chain equipment and establish good surviveillance network.



# ACUTE RESPIRATORY INFECTIONS CONTROL PROGRAMME

- 1990 programme launched.
- 1992- the programme was implemented as part of CSSM

The WHO protocol puts two signs as the “entry criteria for a possible diagnosis of pneumonia”.

- ✓ Cough
- ✓ Difficult breathing.

Patient treated with antibiotics-

- ✓ Ampicillin 25-50 mg/kg/day
- ✓ Gentamicine 5.0 mg/kg/day

# **REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME 1962**

## ***GOAL-***

- The goal of TB control programme is to decrease mortality and morbidity due to TB and cut transmission of infection until TB ceases to be a major public health problems in India.

## ***OBJECTIVE-***

- To achieve at least 85% cure rate of the newly diagnosed sputum smear –positive TB patients.
- To detect at least 70% of new sputum smear positive patient after the first goal is met

# **CONTROL OF DIARRHEAL DISEASE PROGRAMME 1971**

- To train medical and other health personnel in standard case management of diarrhea.
- Promote standard case management practice amongst private practitioners.
- Make available the ORS packets free of cost.

## ***TREATMENT-***

- The rational treatment of diarrhea consist in prevention of dehydration in a by oral rehydration theory .
- Breastfeeding should be continued.
- Any problem for diarrheal disease control must include provision of portable water.

## ***PARENT MUST BE EDUCATED REGARDING-***

- Storage of water and food in clear utensil.
- Continue of breastfeeding.
- Using of only freshly prepared weaning foods .
- Washing of hand with soap before handling food.

# **NATIONAL LEPROSY CONTROL PROGRAMME 1955**

- 1955- national leprosy control programme .
- 1983- national leprosy eradication programme.

## **SERVICES-**

- Provide domiciliary treatment.
- Organize health education .
- Deformity and ulcer care and medical rehabilitation services.
- Provide domiciliary treatment.

# **NATIONAL AIDS CONTROL PROGRAMME 1987**

- 1987-NACP
- 1991-NACP PHASE 1
- 1992-national AIDS control organization.
- 1999-NACP PHASE 2
- 2011-NACP PHASE3

## *OJECTIVE-*

- Prevention infection .
- care , support and treatment.
- Strengthen , infrastructure, system and human resources .
- Strengthen the strategic information management system.

## *STRATEGY –*

- Surveillance of HIV infection as indicated by serum positivity.
- Surveillance of aids cases showing clinical signs & symptoms.
- Disease control strategies are target at three main modes of spread .
- ✓ Sexual activity .
- ✓ Self injection by drug addicts .
- ✓ HIV infected blood transfusion.

# **National vectored borne disease control programme**

- 2003-NABDCP is an umbrella programme for prevention and control of vectored borne disease.
- Malaria
- Dengue.
- Chickengunia .
- Japanese encephalitis.
- KALA-AZAR
- Filaria.

# **National malaria eradication programme 1953**

- 1953 –national malaria control programme.
- 1958- national malaria eradication programme.
- 1977 modified plan of operation .
- 1995 implementation of malaria action plan.
- 1997 enhanced malaria control project in tribal districts of the state.
- 2000 national anti malaria programme.

## ***OBJECTIVE-***

- To prevent death due to malaria .
- Reduction in the period of sickness.
- Health education and community participation .
- Vectored control by house to house spray in rural areas with appropriate insecticide and by recurrent anti larval measures in urban areas .



# **National Filaria control programmes -1995 activities**

- Delimitations of the problems in unsure area.
- Control in urban area through.
- ✓ Recurrent anti larval measures.
- ✓ Anti parasitic measures .
- Control in rural areas through and treatment of microfilaria carries.
- Sources reduction through environmental and water management .
- Anti parasitic measure –diagnosis and treatment.

# **National programmes related to control of nutritional deficiency disorder**

- Special nutritional programme 1970.
- Mid-day meal programme 1957
- anemia prophylaxis program 1970.
- National iodine deficiency disorder control programme.

# **Special nutrition programme**

**OBJECTIVE-** to improve the nutritional status of preschool children , pregnant ,and lactating mother of poor socio-economic group in urban slums, tribal area and drought prone rural area.

## **MIDDLAY MEAL PROGRAMME 1961**

- To raise the nutritional status of primary school children.
- To improve attendance and enrolment in school .
- To prevent dropouts from primary school, children belonging to back ward classes , schedule cast, and schedule tribe families are given priority .

## ***Principles***

- Should be a substitute.
- 1/3 total energy and 1/2 total protein.
- Provide at the low cost .
- It is easily prepared.
- Locally available food .
- Change menu frequently.

## ***Beneficiary***

- School children in the age group 6-11 year .

## ***Services***

provides 300 calories and 8-12 gram protein /day for 200day in year.

# **SCHOOL HEALTH PROGRAMME 1977**

## ***Aims and objective***

- Promotion of positive health .
- Prevention of disease .
- Timely diagnosis , treatment and follow up.
- health education to include awareness about good and bad health .
- availability of healthful environment.

# **NATIONAL IODINE DEFICIENCY DISORDER CONTROL**

- 1962-NGCP launched.
- 1984- the central council of health approved the policy of universal salt iodization, private sector to produce iodized salt.
- 1992 NGCP renamed as NIDDCP
- 1997 sale and storage of common salt banned

# ***OBJECTIVE***

- Survey to assess the magnitude of the IDD .
- Supply of iodated salt in place of common salt.
- Laboratory monitoring of iodated salt and urinary iodine excretion.
- Health education and publicity.

# **National programme related to control of non communicable disease**

- National school health programme 1977
- National mental health programme 1982
- National programme for control of blindness-1963
- National cancer control programme 1975-1976
- National diabetes control programme
- Child welfare programme for disabled children
- National water supply and sanitation programme 1954
- National family welfare programme 1952
- Minimum needs programme 1974-1978



# **National mental health programme - 1982**

## ***Components***

- Treatment of mentality ill.
- Rehabilitation.
- Prevention and promotion of positive mental health

## ***Objective***

- Provision of mental health services at district level.
- Improvement of facilities in mental hospital
- Programme for substance use disorder.

# **National programme for control of blindness 1976**

- 1963- started as national trachoma control programme
- 1976- renamed as national programme for prevention of visual impairment and control of blindness.
- 1982- blindness include in 20 point programme.

## ***Objective-***

- Dissemination of information about eye care.
- Augmentation of ophthalmic services so that eye care is promptly availed off.
- Establishment of a permanent infrastructure of community oriented eye health care.

# **Vitamin A deficiency control programme 1976**

## *BENIFICERY-*

- 6 month ,5 year children.

## *STREATGY-*

- Administration of vita A dose at a regular 6 month interval.

## Vita A ADMINISTRATION SCHEDULE

- 6-11 month -100000 IU
- 1-5 year ,200000 IU/6 MONTH
- Child must receive total 9 dose.

## *PREVENTION VITA –A DEFICIENCY THROUGH*

- Promotion of breastfeeding and feeding of colostrums.
- Encourage the intake of green leafy vegetable and yellow colored fruits.
- Increase the coverage of with measles.

# **National cancer control programme**

- 1975-76 national cancer control programme launched.
- 1984-86 strategy revised and stress on primary prevention and early detection of cancer cases.
- 1991-92 district cancer control programme.
- 2000-01 modified district cancer control programme initiated.
- 2004 evaluation of NCCP by NIHFWS.
- 2005 programme revised after evaluation.

# **National diabetes control programme**

*Objective –*

- Identification of high risk subject at an early stage and imparting appropriate health education.
- Early diagnosis and management of cases .
- Rehabilitation of the partially or totally handicapped diabetic people.

# **Child welfare programme for disabled children**

## *Disability in five year plans*

- 1 FYP- launched a small unit by the ministry of education for the visually impaired in 1947.
- 2FYP-under ministry of education a national advisory council for the physically challenged started.
- 3FYP-Attention was given to rural areas and facilitated training and rehabilitation of the physically challenged.
- 4FYP-More emphasis was given to preventive work.
- 5FYP – National policies were made around for provisory of community oriented disability prevention and rehabilitation services to promote self reliance.

# **National family welfare program (1952)**

- 1951 ,100% central sponsored, concurrent list.
- First country in the world.
- 1961 family welfare dept-created in 3<sup>rd</sup> FYP.
- 4<sup>th</sup> FYP- Integration of family planning services with MCH services.
- MTP Act introduced 1972.
- 5<sup>th</sup> FYP (1975-1980) the ministry of family planning was renamed “family welfare”.

**THANK**

**YOU**