

NATIONAL HEALTH PROGRAMMES

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INTRODUCTION

- Now a days India become free, from some disease because several measures have been taken by the National government to improve the health of people.
- Prominent among this measures are the national health programmes, which have been launched by the Central Government for the control of communicable diseases, improvement of environmental sanitation ,control of population etc.

MEASURES FOR EFFECTIVE IMPLEMENTATION OF NATIONAL HEALTH PROGRAMS

- Improving the quality of services.
- Improving the implementation of programs
- .Arranging appropriate training for the workers to increase their capabilities & skill.
- Ensuring the supply of required resources forthe implementation of program.
- Increasing the awareness about NHPS through IEC activities.
- Filling the gap between infrastructure & thehealth personnel.

VARIOUS NATIONAL HEALTH PROGRAMMES

- National anti malaria programme
- National filarial control programme
- National guinea worm eradication programme
- National leprosy eradication programme
- National AIDS control programme
- STD control programme
- National programme for control of blindness

- Iodine deficiency disorder control programme
- Expanded programme on immunization
- National family welfare programme
- National water supply and sanitation programme
- National diabetes control programme
- Polio eradication: pulse polio programme
- National control programme
- National nutritional anemia prophylaxis programme
- Mid-day meal applied nutritional programme
- National mental health programme

NATIONAL HEALTH PROGRAMMES



NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAM

- MISSION STATEMENT Integrated accelerated action towards: Reducing mortality on account of Malaria, Dengue and JE by half. Elimination of Kala-azar by 2010. Elimination of lymphatic filariasis by year 2015

Common Vector Borne Diseases in India

- Malaria
 - Dengue
 - Chikungunya
 - Filaria
 - Japanese Encephalitis
- Mosquito
- Kala azar - Sandfly

Small Bite - Big Threat



Mosquito



Sandfly

- STRATEGY UNDER NVBDCP
- Disease management
- Integrated vector management
- Supportive interventions
- Environment management

NATIONAL ANTI-MALARIA PROGRAMME

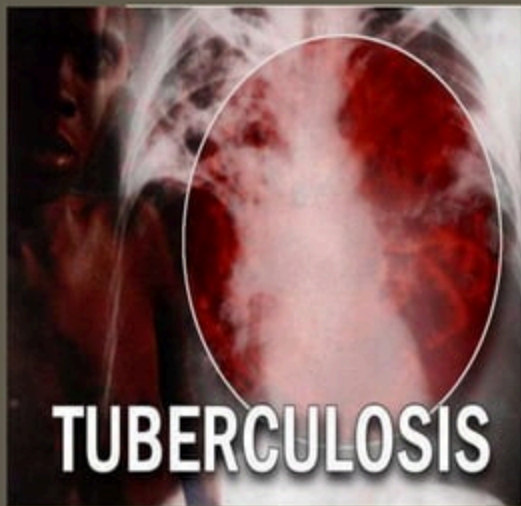
- 1953- NMCP Objectives- to reduce the morbidity rate of malaria.
- 1958- NMEP Objectives:- ending transmission of malaria by killing entire vectors & elimination of reservoir of infections."

NATIONAL FILARIA CONTROL PROGRAMME

- (NFCP)- Launched in 1955.
- Control measures:
 - Assessing the extent of problem of filaria.
 - Treating & diagnosed cases with DEC(diethylcarbazine).
 - Controlling the disease through anti-larva & anti-parasite measures in urban areas.
 - IEC activities for community awareness.

NATIONAL KALA-AZAR CONTROL PROGRAMME(1991)

- Kala-azar is a serious public health problem in Bihar, Jharkhand and west Bangal. The strategy for kala azar control are:
- • Interruption of transmission for reducing vector population by under taking indoor residual insecticidal spray twice annually.
- • Early diagnosis and complete treatment of kala-azar cases
- • Information, education and communication for community awareness and community involvement.



TUBERCULOSIS

Revised National TB Control Programme
(RNTCP)



DOTS-

TB Dam Ngei Ngeina

NATIONAL TUBERCULOSIS CONTROL PROGRAMME(1962) AND RNTCP(1992)

- :Objectives:1. To achieve at least 85% cure rate of infectious TB cases through administration of DOT
- 2. To detect at least 70% of estimated cases by augmenting case finding through quality sputum microscopy.
- 3. To involve NGO's for IEC and improved operational research.

The RNTCP strategy comprises 5 components viz.

1. • Political commitment
2. Sputum microscopy as primary tool as diagnosis
3. • Short courses CT with uninterrupted drug supply.
4. • Direct observation
5. • Accountability.



**National AIDS
Control
Programme**

NATIONAL AIDS CONTROL PROGRAMME

- NACP Phase I was launched in 1987 & phase-II in 1999-2001 phase in 2006-2011.
- AIMS-To prevent further transmission of HIV
- To decrease morbidity and mortality
- CONTROL MEASURES• establishment of surveillance centers
- Identification of high risk groups .
- Clinical management of detected cases
- Control of STDs & condom programme



National Nutrition Supplementation Programmes



**बालवाड़ी
पोषण
कार्यक्रम**


D
DIVA

NATIONAL NUTRITIONAL PROGRAMME

- i) Special nutritional program (1970-71)(MNP)
- ii) Balwadi nutritional program(1970-71)
- iii) Applied nutritional program(in 1963, it was introduced as a pilot scheme in Odisha. But in 1973, it was extended to all the state of country.)
- iv) Mid-day meal program(1995)(Tamil Nadu)
- v) National nutritional Anemia prophylaxis program (1970)(RCH)



National IDD Control Programme

NATIONAL IODINE DEFICIENCY DISORDE CONTROL PROGRAMME

- (NIDDCP)• 1962- national goiter control program.
- 1992 - NIDDCP.
- The major components are :
 1. Provision of iodized salt
 2. Monitoring
 3. Surveillance
 4. Mass communication



NATIONAL WATER SUPPLY AND SANITATION PROGRAMME

- -It was initiated in 1954.
- ACTIVITIES:
 1. Establishing urban developmental fund
 2. Encouraging participation.
 3. low cost techniques
 4. Training to personals.



NMHP NATIONAL MENTAL HEALTH PROGRAMME

- OBJECTIVES:

- • Mental health care services to all.
- Identify the high risks group in community.
- Activities: Mass education
 - • Follow up of mental patients
 - • Guidance and Counseling
- Awareness programme

NATIONAL DIABETES CONTROL PROGRAMME

- It was started during 7th five year program in 1987.
- Objectives: Prevention of diabetes through identification of high risk groups.
- • Diagnosis and treatment of diabetes at primary health care centers and district level.

NATIONAL FAMILY WELFARE SCHEMES

- It was started in 1977.
- This programme include:
 1. National family welfare programme
 2. National population policy
 3. National rural health mission
 4. Urban family welfare schemes
 5. Reproductive and child health programme

SCHOOL HEALTH SERVICES

INTRODUCTION

- School health services is an important aspect of community health. It is possible to increase the health level of community and achieve growth in the health of future generations through school health services.
- 1909- the first time medical examination of school children was done in BARODA CITY.
- 1961- The five year plan, many state provided for school health and school feeding programme.

DEFINITION

- School health refers to a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity among pupils, teachers and others school personnel.

SCHOOL HEALTH SERVICES

- Definition: It refers to need based comprehensive services rendered to pupils ,teachers and other personnel in the school to promote, protect their health, prevent and control diseases and maintain their health

OBJECTIVES

- 1.The promotion of positive health.
- 2.The prevention of disease
- 3. Early diagnosis, treatment and follow up of defects.
- 4. Awakening health consciousness in children.
- 5. The provision of healthful environment.

PRINCIPLES

- 1) School health services should be based on health needs of children
- 2) School health services should be planned in coordination with school, health personnel, parents and community people
- 3) School health services should be part of community health services
- 4) School health services should emphasize on promotive and preventive aspects.

HEALTH PROBLEMS

- Malnutrition
- Infectious diseases
- Intestinal parasites
- Diseases of skin, eye and ear;
- Dental caries

ASPECTS OF SCHOOL HEALTH SERVICE

- Some aspects of a school health service are as follow:
- 1. Health appraisal of school children and school personnel.
- 2. Remedial measures and follow-up.
- 3. Prevention of communicable diseases.
- 4. Healthful school environment.
- 5. Nutritional services.
- 6. First aid and emergency care.

7. Mental health.
8. Dental health, Eye health
9. Health education and Education of handicapped.
10. Proper maintenance and use of school health records.

1. HEALTH APPRAISAL

- The health appraisal should cover not only the students but also the teachers and other school personnel. Health appraisal consists of periodic medical examination and observation of children by the class teacher :-
 - A. Periodic medical examination:
 - a. The school health committee (1961) in India recommendation medical examination of children at the time of entry and thereafter every 4 year.
 - b. The initial examination should include careful history and physical examination of the child, with tests for vision, hearing and speech.

- c. A routine examination of blood and urine should be carried out.
- d. Clinical examination for nutritional deficiency and examination of faeces for intestinal parasitosis are particularly important in India
- e. Tuberculin testing or mass screening should not be withheld.
- f. Medical inspection by recording the medical history, regular(quarterly) recording of height and weight, annual testing of vision and preparing children for medical examination by helping them understand the "how" and "why" of health appraisal.

- B. SCHOOL PERSONNEL: Medical examination should be given to teachers and other school personnel as they form part of the environment to which the child is exposed.

- C. DAILY MORNING INSPECTION:• The teacher is in a unique position to carry out the daily inspection". The following clues will help the school teacher in suspecting children who need medical attention:
 - a) Unusually flushed face
 - b) Any rash or spots
 - c) Symptoms of acute cold
 - d) Coughing and sneezing
 - e) Sore throat
 - f) Rigid neck
 - g) Nausea and vomiting

- Red or watery eyes
- Headache, Chills or fever
- Listlessness or sleepiness
- Disinclination to play
- Diarrhoea
- Pains in the body
- Skin conditions like scabies and ringworm
- pediculosis

2.REMEDIAL MEASURES AND FOLLOW UP:

- a) Medical examination are not an end in themselves, they should be followed by appropriate treatment and follow –up
- .b) Special clinics should be conducted exclusively for school children at the primary health centres in the rural area ,and in one of the selected school or dispensaries for a group of about 5,000 children in the urban areas.
- c) Considering the high prevalence of dental, eye, ear, nose, and throat defects in the school children in India, special clinics should be secured or

provided for the exclusive use of school children for examination and treatment of such defects.

d) There should be provision for beds in the existing referral hospital for the children to be admitted for investigation and treatment as and when required.

- 3.PREVENTION OF COMMUNICABLE DISEASE:
- a) Communicable diseases control through immunization is the most emphasized school health service function
- .b) A well planned immunization programme should be drawn up against the common communicable diseases.
- c) A record of all immunization should be maintained as part of the school health records.

- 4. HEALTHFUL SCHOOL ENVIRONMENT: The school building, site and equipment are part of the environment in which the child grows and develops. a) Location:- the school should normally be centrally situated with proper approach roads and at a fair distance from busy places and roads, cinema houses, factories, railway tracks and market place.
- b) Site:- the site should be on suitable high land and properly drained. SHC(1961) recommended that 10 acres for higher elementary schools. 5 acres for primary school with an additional one acre of land per 100 student. Playground should be made available to the student.

- c. Structure:- nursery and secondary school as far as possible, be single storied. Exterior wall should have a minimum thickness of 10 inches and should be heat resistant.
- Classroom:- verandhas should be attached to classroom. No classroom should accommodate more than 40 students. Per capita space for student in a classroom should not be less than 10 sq.ft.e.
- Furniture:- furniture should suit the age group of students. To provide single desks and chairs. Desks should be "minus" type. Chair should be with proper back rests, with facilities for desk work.

- f. Door and windows:- the window should be broad with the bottom sill, at a height of 2'-6" from the floor level combined door and window area should at least 25 per cent of the floor space; window should be placed on different walls for cross ventilation; the ventilators should not less than 2% of the floor area
- .g. Color:- inside color of the classroom should be white and should be periodically white washed.
- h. Lighting:- classroom should have sufficient natural light, periodically from the left and should not be from the front.

- 5. NUTRITIONAL SERVICES:

- A child who is physically weak will be mentally weak. Cannot be expected to take full advantages of schooling. The diet should contain all the nutrient in proper proportion, adequate for the maintenance of optimum health
- .a) MID-DAY SCHOOL MEAL:-initiatives by state governments to children began with their launch of a mid day meal programme in primary schools in the 1962-63 school year in Tamil Nadu
- - school meal should provide at least one-third of the daily calorie requirement and about half of daily protein requirement of the child.



मध्याह्न भोजन योजना
Mid Day Meal Scheme



- b) APPLIED NUTRITION PROGRAMME:
- UNICEF is assisting in the implementation of the Applied Nutrition Programme in the form of implements, seeds, manure and water supply equipment
- the produce may be utilized in the school feeding programme as well as for nutrition education.

- c) SPECIFIC NUTRIENTS:- Advances in the knowledge of nutrition have revealed that specific nutrients may be necessary for the prevention of some nutrient disorders such as:
 - dental caries
 - endemic goiter
 - night blindness
 - protein malnutrition
 - anemia
 - a host of other nutrient disorder

- 6. FIRST-AID AND EMERGENCY CARE:
- first-aid and emergency care to pupils who become sick or injured on school premises rests with the teacher and therefore all teachers should receive adequate training during "teacher training programme" or "in-service training programme" to prepare them to carry out this obligation.
- accidents leading to minor or serious injuries, medical emergencies such as gastroenteritis, colic, epileptic fit, fainting etc
- .In every school a fully equipped first-aid-post should be provided as per regulations of St. John Ambulance Association of India.

- 7. MENTAL HEALTH:

- The mental health of the child affects his physical health and the learning process.
- Juvenile delinquency, maladjustment and drug addiction are becoming problem among school children.
- The school is the most strategic place for shaping the child behaviour and promoting mental health.
- No distinction should be made between race, religion, caste, community, rich, poor, clever and dull students.
- It is now increasingly realized that there is a great need for vocational counselors and psychologists in school for guiding the children into careers for which they are suited.

- 8.DENTAL HEALTH:
- Children frequently suffer from dental diseases and defects.
- Dental caries and periodontal disease are the two common dental disease in India.
- A school health programme should have provision for dental examination, at least once a year.
- Preliminary inspection of the teeth and do prophylactic cleaning which is of great value in preventing gum troubles and in improving personal appearance.

- 9. EYE HEALTH SERVICES:
- school should be responsible for the early detection of refractive error, treatment of squint and amblyopia.
- Detection and treatment of eye infection such as trachoma
- Administration of vitamin A to children at risk, has shown gratifying results.

10. HEALTH EDUCATION:

- the most important element of the school health programme is health education.
- The goal of health education are:
- To bring about desirable changes in health knowledge, in attitude and in practice, and not merely to teach the children a set of rules of hygiene.
- Health education in school should cover the following area:
 - personal hygiene
 - environmental hygiene
 - family life

- 11. EDUCATION OF HANDICAPPED CHILDREN:

- The ultimate goal is:-

- To assist the handicapped child and his family so that the child will be able to reach his maximum potential.

- To lead as normal a life as possible

- To become as independent as possible

- To become a productive and self

- supporting member of the society.

- 12. SCHOOL HEALTH RECORD: A cumulative health record of each student should be maintained. Such records should contain:
 - a. identifying data-name, date of birth, parent's name, address, etc.
 - b. Past health history.
 - c. Record of finding of physical examination and screening tests and record of service provided.
- Purpose:- To maintain cumulative information on the health aspect of school children.
 - To analyzing and evaluating school health programme and providing

SCHOOL HEALTH TEAM

- *The concept of school health team has evolved with generalized family and community services.
- *The services to the children in school is in continuation of the services which are rendered to age of under five children.
- It consists of the several members like:
 - 1) The School Principal
 - 2) The School Teacher

- 3) The Parents
- 4) The Community
- 5) The Children
- 6) The Medical Officer
- 7) The School Health Nurse

ROLE OF SCHOOL HEALTH NURSE

- Health promotion and specific protection.
- Early diagnosis and treatment
- Prevention of complication and rehabilitation.
- Other function.
- Maintenance of health records
- Assisting , guiding other health workers

- Management of school health clinic
- Holding conference with the teachers
- Participate in health council committee
- Participate in education of teachers



SUMMARY

- The union ministry of health and family welfare is instrumental and responsible for implementation of various programmes on national scale in the areas of health, prevention and control of major communicable disease and promotion health
- Various programmes are.....
- School health services is an important aspect of community, it possible to increase the health level of community and achieve growth in health of future generation through school health services

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