

Policies and programmes for promotion maternal and child nutrition and health



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Health is not everything but everything else is nothing without health. Health is an important component for ensuring better quality of life. Large masses of the Indian poor continue to fight and constantly losing the battle for survival and health. The war begins even before birth, as the malnourishment of the mother reduces life chances of the foetus (Mondal, 2016).

India has made phenomenal economic gains in the last three decades, but is still on the task to improve the health status of its population on similar terms. The public health challenges are enormous, highest number of maternal and infant deaths worldwide and accounts for one-fifth of all global maternal mortalities. Large inequalities exist in maternal and infant health status across Indian states, including significant gaps between wealthy and deprived groups and rural urban differentials.



Strategies and Delivery of Services



Facility based
care

Outreach

Home and
Community

Maternal and child health service delivery at different levels of care and service delivery platforms



DOMAIN	PROGRAMME COMPONENT	INTERVENTIONS	
		Mother's	Children
Family and Community	Home based newborn care	<ul style="list-style-type: none"> • Postpartum home visits to identify complications • Birth Spacing • Prophylactic Iron Folic Acid (IFA) 	<ul style="list-style-type: none"> • Home visits identify complications • Community based management of key childhood illnesses (pneumonia, diarrhoea and malaria)
Outreach centres	Village Health and Nutrition Days	<ul style="list-style-type: none"> • Antenatal check-up • Birth spacing 	<ul style="list-style-type: none"> • Immunization • Vitamin A • Promotion of appropriate child feeding practices
Health facility (Sun-centre, PHC, CHC, DH)	<ul style="list-style-type: none"> • Skilled Birth Attendance (SBA) • Emergency Obstetric Care (EmOC) • Facility based newborn Care (SNCUs and NBSUs) • Facility based IMNCI • Nutrition Rehabilitation Centres • Indian Public Health Standards (IPHS) 	<ul style="list-style-type: none"> • Clean delivery • Labour Monitoring • Addressing complications during labour and postpartum/ referral • Lactation support 	<ul style="list-style-type: none"> • Essential care during birth and immediately after birth • Addressing complications during birth and postpartum/ referral • Care of Low birth weight/ premature babies initiation of breast feeding • Management of children with severe illness and severe malnutrition

Major Milestones in Health Sector in India



Ayushman Bharat National Health Protection Mission 2018

National Health Policy and Maternity Benefit Scheme- Conditional Cash Transfer Scheme 2017

Pradhan Mantri Surakshit Matritva Abhiyan 2016

National Urban Health Mission 2014

RMNCH+A 2013

Janani Shishu Suraksha Karyakaram 2011

National Rural Health Mission and Janani Suraksha Yojana 2005

Reproductive Child Health Program II 2000

Reproductive Child Health Program I 1996

Child Survival and Safe Motherhood Program 1992

National Health Policy 1983

Alma Ata Declaration 1978

National Family Welfare Program 1978

National Family Planning Program 1952

Bhore Committee Recommendation 1946



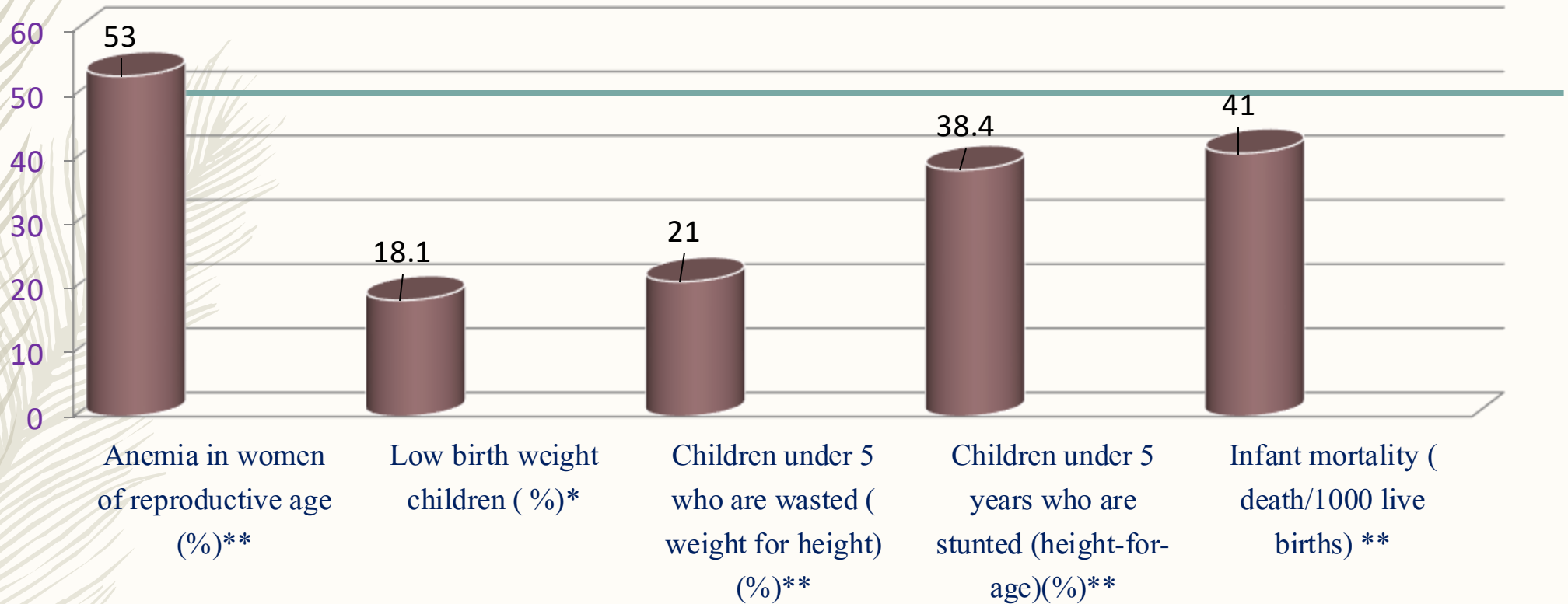


Entitlements and conditions under Maternity benefit schemes

Cash Transfer	Condition	Amount
1st Installment	Early registration	1000/-
2nd Installment	Received at least one antenatal check-up (after 6 months of pregnancy)	2000/-
3rd Installment	Child birth is registered Child has received first cycle vaccines including BCG, OPV, DPT and Hepatitis- B or equivalent	2000/-

(Source: Administrative Approval on Pan India implementation of Maternity Benefit Programme dated 19th May 2017)

Maternal and child health indicator



Where does India stand on Maternal and child Health Indicators

(Source: ** NFHS -4) * RSOC (2013)



Barriers to Availability



Barriers to Accessibility



Barriers to Utilization

CHALLENGES



Health Care in Union Budget 2017-2018

★ Government will take necessary steps for structural transformation of the Regulatory framework of Medical Education and Practice in India

★ Action plan has been prepared to reduce IMR from 39 in 2014 to 28 by 2019, and MMR 167 in 2011-13 to 100 by 2018-2020.

★ •The Government has prepared an action plan to eliminate Kala-Azar and Filariasis by 2017; to eliminate Leprosy by 2018, Measles by 2020 and to eliminate Tuberculosis by 2025 is also targeted.

★ The budget estimates for health show an appreciable increase of more than 27 per cent. From Rs. 37061.55 cr in 2016-17, the budget estimate for 2017-18 has been increased to Rs. 47352.51 cr (Net). This will help to attend tertiary care, human resources for health and medical education and to strengthen NHM

★ The Health Ministry has spent 73.25 per cent of 2016-17 budget. The Ministry will also create 5000 Post Graduate seats per annum to ensure adequate availability of specialist doctors to strengthen secondary and tertiary levels of healthcare. Furthermore, two new AIIMS will be set up in Jharkhand and Gujarat.

★ Steps will be taken to roll out DNB courses in big District Hospitals and to encourage reputed Private Hospitals to start DNB courses. Steps will also be taken to strengthen PG teaching in select ESI and Municipal Corporation Hospitals

★ There is a also proposal to amend the Drugs and Cosmetics Rules to ensure availability of drugs at reasonable prices and promote use of generic medicines, and New Rules for regulating medical devices will also be formulated. These Rules will be internationally harmonised to attract investment in this sector. This will reduce the cost of such devices

- Gradually increasing public health expenditure to 2.5 per cent of GDP
- Policy Shift in Primary Health Care from selective care to assured comprehensive care.
- Establishing Health and Wellness Centers to transform PHCs from current limited package of services to larger coverage of non- communicable diseases.
- New policy formulation related to non- communicable diseases and mental health.
- Retention of doctors in remote areas, health systems strengthening, health technologies development and new institutions for research and development.
- Strategic Purchases and engagement with private sector for critical gap filling.
- Moving towards an assurance based approach, increasing access, affordability and quality.

National Health Policy 2017 - Key Highlights



Way Forward:



India's new National Health Policy 2017 signifies a paradigm shift in government policy towards comprehensive primary health care. International experience clearly shows that health insurance can only function when the basic health infrastructure is in place and this is a function that the government alone can perform. There is no getting away from the fact that if Health for women's is to be a reality, then government must find the necessary funds to enhance expenditure on the health sector while simultaneously reforming the sector to ensure greater efficiency. Recent flagship scheme announce by the government of India Ayushman Bharat Scheme will further strengthen women's health and it can be proved to be milestone in achieving United Nations **Sustainable Development Goals**.

Rao (2017) Achieving universal health coverage is listed as goal 3.8 in the **Sustainable Development Goals** agenda for 2030. India's performance holds the key to achieving this global aspiration. The Government of India's implementation of the National Health Policy 2017 in letter and spirit is crucial for ensuring India's long cherished goal of health security for all by 2030

