

HEALTH POLICIES AND PROGRAMMES



Notes

Health is a basic human right. A healthy body is important for individuals to live a good and healthy life. The government ensures that good quality health care is available to all sections of the population. There are special programmes and policies that are directed towards ensuring and protecting the weaker sections of the population. The vulnerable sections of the population are often denied access to health care. This could be because they do not have enough money or perhaps their status in the family is low. This is particularly true for women. We often see that women in well to do families are the last to get medical help if needed. Their health is often neglected and overlooked by the society. In order to ensure that women are healthy, the Government of India has special programmes that are directed at ensuring their wellbeing. This lesson will explain the concept of health and policies and programmes for achieving goals of people's health in the country.



OUTCOMES

After studying this lesson, learner:

- explains the existing health system
- identifies health services and programmes for women
- advocates and assist community in accessing various health services

14.1 UNDERSTANDING HEALTH

According to the World Health Organisation, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This means that health is multidimensional and not just physical. It is important to understand the different dimensions of health. These are

- **Physical-** The body has to be physically healthy and free from disease.



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- **Mental-** The person should be mentally healthy and should not be depressed or suffering from anxiety or other mental health issues.
- **Social-** Social factors like economic and social status also determine your health. For example, women in the family have a low status so they may not get access to nutritious food or they may be overworked doing household chores.

Thus, health is not just the absence of disease. Just because you do not have a disease does not mean that you are healthy. You could be malnourished because you do not have nutritious food to eat. Malnutrition is not just the loss of body weight but it could also lead to obesity. Malnourishment could be because a person is too poor to eat a balanced diet. So, such a person may have more rice or chapatis and less vegetables, dal, milk, eggs and fruits etc. which make the diet balanced. The person should also be able to live in clean surroundings. If they are living in unclean surroundings like for example in a slum, they may not have clean drinking water, sewage and sanitation facilities. This could lead to water borne diseases like cholera.



INTEXT QUESTIONS 14.1

1. How is health defined?
2. How is the status of an individual socially determined?



ACTIVITY 14.1

Talk to the women in your neighbourhood and find out if they suffer from anaemia. Also find out what and when they eat. Use the chart below. (The symptoms of anemia include a body ache, feeling of tiredness, nausea, yellowish nails and insides of the eyes.)

TIME	FOOD EATEN
Early Morning	
Breakfast	
Mid- Morning	
Lunch	
Evening	

Dinner

Any other



14.2 HEALTH SYSTEM

The health system of a country refers to the health care system or the health services system. Through the health care system, the government aims at some of the following:

- Reducing mortality
- Reducing morbidity
- Controlling population growth
- Increasing life expectancy
- Better nutrition
- Providing basic sanitation facilities
- Ensuring enough health personnel to deliver health services

It is binding on the government to work towards providing health care to its citizens. The constitution charges every state with “raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties”. Policy makers articulate the health needs of the population. The various stakeholders like the government, civil society, academia, civil servants, researchers and doctors contribute on policy making for achieving goals for health of the people in a country. They provide guidelines for the government to address the health needs of the population.

The health care delivery system includes medical personnel as well as administrators to ensure a smooth, better and equitable access to all sections of the population. The health centers and hospitals exist at the village, block and district levels. These also have different levels of specialisation. At the village level, the doctors and the health workers give primary care to people. More specialised care is available at the block level and the nearby cities through Civil hospitals where a patient can also consult medical specialists. The hierarchy of the health delivery system also includes teaching hospitals where medical care is available. Figure 14.1 illustrates the different levels of health care institutions.

Notes



Notes

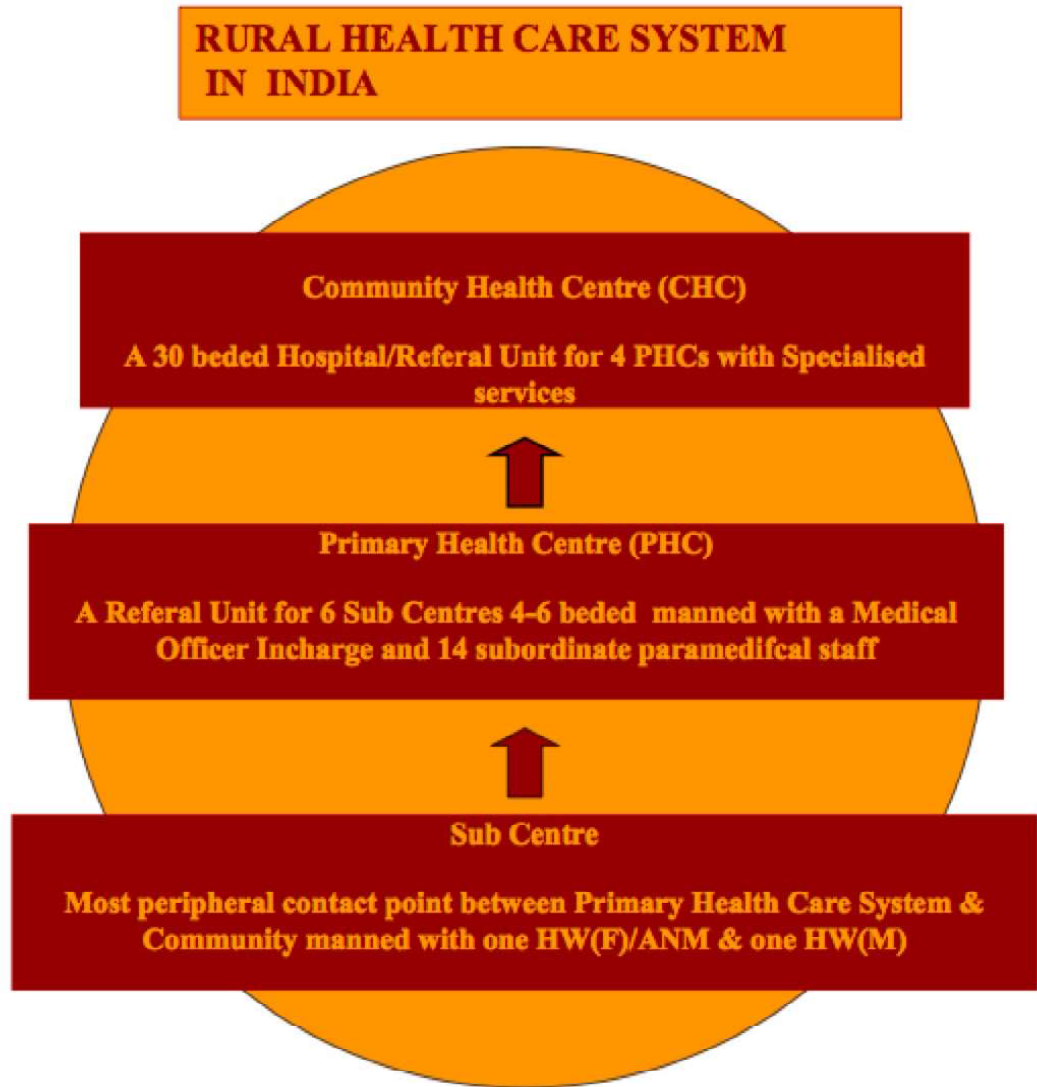


Figure 14.1 : The Hierarchy of Health Care Delivery System



ACTIVITY 14.2

Find out the population that is looked after by each level of the health structure.

14.2 NATIONAL HEALTH POLICY (NHP)

In order to ensure that the population is healthy, the government has special programmes for its citizens. The health of women in a society has always been a matter of concern. In order to ensure that the women are healthy the government of India has several programmes specific to women. India had a National Health Policy (NHP) which was formulated in 1983, in 2002 and then again in 2017. In 2017, the NHP aimed at attaining the highest level of health and

**Notes**

wellbeing for all ages. Since 2017, the private sector has also become an important stakeholder in achieving the health of a population. NHP 2017 was guided by the Sustainable Development Goals (SDGs) set by the UN General Assembly in 2015.

The state and the central governments play an important role in implementing the policy guidelines in a planned manner. In the States and Union territories in India, the programmes are implemented at the district, block and village levels and also in the urban areas.

The NHP 2017 also proposed the opening of health and wellness centres for providing preventive, curative and rehabilitative services for all. The NHP aims at achieving

- Better health services for all
- Interlinking health policies with other developmental policies. Thus, recognising that health is multidimensional as we have discussed in Section 14.1
- Access to better health care services
- Lowering expenditures on health
- Lowering Mortality from non-communicable diseases like cancer, cardiovascular diseases, respiratory issues and diabetes.

Indigenous Systems of Medicine (AYUSH)

The NHP also focusses on providing indigenous health care through Ayurveda (A), Yoga & Naturopathy (Y), Unani (U), Siddha (S) and Homeopathy (H)- also known by the acronym AYUSH. The practitioners of these systems of medicine became a part of the primary health care in 2005. In 2021, the Government of India has set up the Ministry of AYUSH to propagate, promote and encourage the traditional systems of health.

Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) 23rd September, 2018

National Health Protection Mission

This is scheme targeting poor and vulnerable families. It will cover the Rashtriya Bima Yojna (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS)

The benefits of the scheme can be availed in the public an private sector.

It is meant to increase health coverage and benefit people.

The two components of AB include

1. Health and wellness Centres, (ABHWC), providing universal, free, primary health care.
2. Pradhan Mantri JanArogya Yojana, (PMJAY) providing secondary and tertiary hospital care to the vulnerable

**INTEXT QUESTIONS 14.2**

1. When were the National Health Policies formulated?
2. What is AYUSH?

**Notes****14.3 WOMEN AND HEALTH**

Women play an important role in the overall progress of a country. The Government of India has initiated several plans for improving the health status of women. These include National Health Programmes for combating communicable diseases (See Box 14.1). These also include programmes directed at promoting health through better nutrition, better sanitation and an overall focus on improving the health of women (see Box 14.2). These programmes are often supported by international agencies like WHO, UNICEF, UNFPA and World Bank.

Let us look at some of the health indicators for women in Table 14.1

Indicator	NFHS V 2019- 21	NFHS IV 2015-16
Sex Ratio	1020	991
Women married before the age of 18 years	23.3	26.8
Total Fertility Rate (Children per woman)	2	2.2
Use of Family planning Methods (%)	66.7	53.5
Health Worker Ever Talked to Female Non Users About Family Planning (%)	23.9	17.7
Infant Mortality Rate (IMR)	35.2	40.7
Women whose BMI is below normal (%)	18.7	22.9
Women who are overweight and Obese	22.9	18.9
All women who are Anaemic 15-49 years (%)	57.0	53
Adolescent Girls (15-19 Years who are Anaemic (%))	59.1	54.1

Table 14.1 Some Health Indicators for Women

Source: NFHS V

Table 14.1 tells us that the health of women has improved in some areas. Sex ratio i.e., the number of women per 1000 men has improved from 991 to 1020. The Total Fertility Rate that is the average number of children born per woman has declined from 2.2 in 2015-16 to 2.0 in 2019-20 21. This has been possible since there has been an increase in the use of modern family planning methods. The use of modern family planning methods has increased from 47.8% in 2015-16 to 56.5% in 2019-21. Also, the percentage of health workers talking to women has increased from 17.7% in 2015-16 to 23.9% in 2019- 21.

**Notes****BOX 14.1****Mission Indradhanush**

Launched in 2014

To boost the routine immunisation coverage

- Mission Indradhanush
- Intensified Mission Indradhanush (IMI)
- Intensified Mission Indradhanush (IMI) 2.0

However, the health of women still needs to be better. The Sex ratio at birth, which is an indicator of the desirability of daughters, according to UNFPA, State of World Population Report, 2020 is 910. This is amongst the lowest in the world. The number of obese women has also increased from 18.9% to 22.9%. Anemia has increased from 53% to 57%. and from 54.1 % in adolescent girls to 59.1%. Anemia is the condition in which the blood's capacity to carry oxygen decreases. Due to this the person feels weak, dizzy and tired. This is also linked to nutritional deficiencies such as deficiency of iron, vitamin B12, vitamin A, & folates, The prevalence of infectious diseases including malaria, tuberculosis & HIV also lead to anemia.



Low Birth weight and low body weight and deficiencies in adolescenc

- Weak childhood and adolescence
- Frequently ill
- Possible anaemia



**Notes**

When she attains adulthood she repeats the history of her mother

- Weak adult
- The cycle is repeated



Figure 14.2 Understanding the Health of Women



INTEXT QUESTIONS 14.3

1. What is meant by TFR?
2. What is the difference between sex ratio and sex ration at birth?

14.4 HEALTH SERVICES AND PROGRAMMES FOR WOMEN

In the earlier section 14.2 we have discussed the National Health Policy. The NHP also has some provisions for women. The focus of the NHP for women is on

- Addressing maternal health
- Health needs of women beyond 40+ years
- Making public health hospitals more women friendly and gender sensitive.

BOX 14.2

Some other schemes & programmes Reproductive, Maternal, Neonatal, Child and Adolescent health.

- Janani Shishu Suraksha Karyakaram (JSSK)
- Rashtriya Kishor Swasthya Karyakram(RKSK)
- Rashtriya Bal Swasthya Karyakram (RBSK)
- Universal Immunisation Programme
- Mission Indradhanush (MI)
- Janani Suraksha Yojana (JSY)
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- Navjaat Shishu Suraksha Karyakram (NSSK)
- National Programme for Family planning
- LaQshya' programme (Labour Room Quality Improvement Initiative)

**Notes****National Nutritional Programmes**

- National Iodine Deficiency Disorders Control Programme
- MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding
- National Programme for Prevention and Control of Fluorosis (NPPCF)
- National Iron Plus Initiative for Anaemia Control

The government in order to combat diseases has several programmes for combating illness. These programmes are administered by the health services

- National Health Mission 2005
- National Rural Health Mission 2005
- National Urban Health Mission 2013
- Reproductive Maternal Newborn Child and Adolescent Health (RMNCH +A) 2013
- Janani Shishu Suraksha Karyakram (JSSK) 2011
- Menstrual Hygiene Scheme 2005
- Ayushman Bharat - National Health Protection Mission (see box 14..1)

14.4.1 National Health Mission 2005

The National Health Mission was launched in 2005 with a view to improving the health status of people in India, specially those who were in the vulnerable sections of society. It seeks to provide access to affordable, universal and good quality healthcare to all people. The focus is also on the reduction of child and maternal deaths and maintaining population, stabilisation, gender and demographic balance. The focus areas of NHM are

- Reproductive Health
- Maternal Health
- Newborn child and Adolescent Health (RMNCH+ A) (See 14.3.3)

As the name suggests, the focus is on addressing causes of mortality among women and children and also amongst adolescent, both in rural and urban areas. The earlier programmes namely NRHM and NUHM were merged and the new programme was called NHM.

14.4.2 National Rural Health Mission 2005

NRHM was launched to provide equitable, affordable and good health care to vulnerable sections of society. The mission was focused on the following critical factors.

Gender, Health
and Nutrition**Notes**

- Funds were allocated to strengthen medical institutions at all levels from the sub-centres to the civil hospitals.
- Strengthening the on- going disease control programme
- New programmes for control of non- communicable diseases
- Integrated disease surveillance project
- It aimed to encourage early registration of pregnancies and institutional deliveries.
- Incentives were offered to couples to have daughters and to go in for institutional deliveries so that maternal mortality rates could be reduced.
- The introduction of the Accredited Social Health Activists (ASHA). The ASHAs are local women trained to act as health educators and promoters in their communities (See Box 14.3).
- Under the NRHM Village Health, Sanitation and Nutrition Committees (VHSC) were set up.
- The members included the sarpanch, the lady panch, ANM, AWW, ASHA and members of the village from all castes. The VHSNC is independent of the government and is a voluntary body of all stakeholders.

14.4 INTEXT QUESTIONS

1. What is the focus of NHP?
2. Who are the ASHA workers?

14.5 PROGRAMMES FOR MATERNAL HEALTH

In this section, we will look at some programme start have been formulated by the government at different points.

14.5.1 Reproductive Maternal Neonatal, Child And Adolescent Health (RMNCH+A)

RMNCH +A approach as it is called, was launched in 2013 and it is not just focused on women but also on adolescent women and newborn health. It essentially looks at the causes of mortality among women and children. It is also directed at ensuring that women have timely access to healthcare and there is no delay in reaching a doctor or other health care practitioners. It links maternal and child health to reproductive health during adolescent and further.

The other programmes looking at maternal health include

- Janani Suraksha Yojana, JSY i.e. safe motherhood program



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- Janani Shishu Suraksha Karyakram JSSK i.e. safe mother and child program.

Both these programs are directed towards looking after the health of the mother and the child in an interlinked manner. They look after prenatal, antenatal and postnatal care of the mother and of the infant. Under those programmes, there is a focus on

- Ensuring that there is complete immunisation of the pregnant mother.
- Adequate nutrition during pregnancy
- Safe and free transport to the place of delivery,
- Presence of a skilled birth attendant at the time of birth
- Looking after the newborn infant.

14.5.2 Mother and Child Tracking System (MCTS)

The Ministry of Health and Family Welfare launched the Mother and Child Tracking System (MCTS) in December 2009 in order to ensure complete medical care to pregnant women and full immunisation for children. The MCTS utilises information technology and tracks the details of every pregnancy in the country in a centralised database. It provides information of different health services received at the individual level, by monitoring all service deliveries that an individual benefits from MCTS. The focus is on registering and tracking every pregnant woman, new nate, infant and child by name and ensuring that they have adequate care. Till July 2017, more than 1.25 crore pregnant women and 10.78 crore children had been registered under the MCTS. MCTS not only tracks and monitors all pregnant women. But also ensures that there is full immunisation of all children as per schedule.

BOX 14.3 Communicable Disease Programmes

The Government of India has the following communicable Disease Programmes

1. National Vector Borne Diseases Control Programme like malaria control
 2. Revised National Tuberculosis Control Programme for controlling tuberculosis.
 3. National Leprosy Eradication Programme for eliminating leprosy.
 4. National AIDS Control Programme for controlling the spread of AIDS.
 5. Universal Immunisation Programme for immunising children and pregnant women.
 6. Integrated Disease Surveillance Programme for an overall monitoring of the spread of diseases.
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**Notes****BOX 14.5 Non-Communicable Diseases Programmes**

1. National Cancer Control Program
2. National Mental Health Program
3. National Diabetes Control Program
4. National Program for Control and treatment of Occupational Diseases
5. National Program for Control of Blindness
6. National Program for control of diabetes, cardiovascular disease and stroke
7. National Programme for prevention and control of deafness

14.5.3 Pradhan Mantri Matru Vandana Yojana (PMVV)

In 2017, the Government of India launched the Pradhan Mantri Matru Vandana Yojana, PMVV, also called the Maternity Benefit Programme. Under the scheme Rs.6000/ in cash is provided to pregnant and lactating women over 19 years of age.

14.5.4 Pradhan Mantri Surakshit Matritava Abhiyan, (PMSMA)**BOX 14.4 Communicable Disease Programmes**

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14.5.4 Pradhan Mantri Surakshit Matritava Abhiyan, (PMSMA)

The *praadhan Mantri Surakshit Matritava Abhiyan*, PMSMA has also been launched in 2016 to ensure quality care to pregnant women. The programme aims to provide the following

- A minimum package of antenatal care services to women in the second and third trimesters of pregnancy at the government health facilities.
- A systematic approach which involves the private sector for developing strategies to generate awareness amongst pregnant women.

14.5.5 Janani Shishu Suraksha Karyakram, (JSSK) 2011

As the name suggests, the programme is directed towards pregnant women and ensuring that they have access to government health facilities. The scheme was started in 2011 to reduce out-of-pocket expenditure for both pregnant women and infants. The scheme is directed towards ensuring that more and more women opt for institutional deliveries. There is a focus on free and cashless delivery. In 2014, the programme was extended to all antenatal and postnatal complications related to pregnancy. It was also extended to cover all complications faced by newborn and infants up to 1 year of age. It is applicable in both rural and urban areas. Under the JSSK, the government ensures

- Free and cashless delivery.
- Free drugs and other consumables
- Free diet during the stay in the health institution
- Free provision of blood if needed
- Free transport between facilities in case a woman at the sub centre needs to be referred to the primary health centre or to the civil hospital.
- Free drop back from the institution to the home

**Notes****BOX 14.6 ASHAs (Accredited Social Health Activist)**

The Indian Ministry of Health and Family Welfare describes ASHA as:

health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.

Their tasks include

- motivating women to give birth in hospitals
- bringing children to immunization clinics
- encouraging family planning (e.g., surgical sterilization)
- treating basic illness and injury with first aid
- keeping demographic records
- improving village sanitation.

ASHAs must primarily be female residents of the village that they have been selected to serve. ASHAs must have class eight education or higher, preferably be between the ages of 25 and 45 years.

14.5.6 Surakshit Matritva Aashwasan (SUMAN)

The Government of India has recently launched Surakshit Matritva Aashwasan (SUMAN) to provide affordable care to women and new borns. Under the Ayushman Bharat Scheme the Government of India has a special focus on reducing gender discrimination. The scheme in addition to the ASHA workers and the Multi Purpose Workers has also now introduced more female health providers at the AB- HWCs. The focus is also on increasing awareness among women. There have been efforts like Beti Bachao-Beti Padhao and Ujjwala,

**INTEXT QUESTIONS 14.5**

1. What are the different programmes for ensuring maternal health?
2. What is the primary focus of JSSK?

14.6 PROGRAMMES FOR ADOLESCENTS

An adolescent is of the age group of 10-19 years. Adolescent health has a direct impact on maternal health. The Government has some programme that are specifically directed at adolescents. Some of these are discussed in this section



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14.6.1 ARSH- Adolescent Reproductive and Sexual Health Program

This program is directed towards looking after the health of adolescent (10-19 years) . The focus is on monitoring their growth, development, behavioural problems and any other health issues that they might face. There is also counselling provided for the adolescent.

14.6.2 Sathiya Scheme

This scheme is linked to the ARSH. The Sathiya scheme was launched by the Government of India in collaboration with the UNFPA, for educating adolescents on gender, sexuality and consent. It works on the pattern of sathiya meaning friends. The sathiya are expected to impart age appropriate knowledge on adolescent health issues and also to address issues like safe sex and masturbation.

14.6.3 Menstrual Hygiene Scheme

This scheme was launched in 2011 and is directed towards promoting menstrual hygiene among adolescent girls. The programme ensures that there is a regular supply of sanitary napkins to ensure that there are no health problems for women. It also enables measures like access to water and toilets in schools for girls.



INTEXT QUESTIONS 14.6

1. What is the full form of ARSH?
2. What is the Menstrual Hygiene Scheme?



ACTIVITY

Find out the ASHA worker in your village. Interview her and find out the problems that she faces.



WHAT YOU HAVE LEARNT

In this lesson the focus has been on understanding women's health. We have tried to understand women's health from the point of view of various health programmes of the Government of India. We have also learnt how the health of a woman is linked to her physical, social and mental health.

**Notes****TERMINAL EXERCISE**

1. Define health. (Hint: WHO's definition)
2. Explain the NHM.
3. What is the MCTS?
4. What is ARSH? Explain its importance for maternal health.
5. Explain in detail how the Government of India encourages institutional deliveries.

GLOSSARY

Fertility: Fertility is the natural capability to produce offspring. As a measure, “fertility rate” is the number of offspring born per mating pair, individual or population. Fertility differs from fecundity, which is defined as the *potential* for reproduction. A lack of fertility is infertility while a lack of fecundity would be called sterility.

Mortality: A measure of the number of deaths in a given population

Morbidity: A diseased state, disability, or poor health

**ANSWERS TO INTEXT QUESTIONS****14.1**

1. According to the World Health Organisation, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
2. Social factors like your economic and social status also determine your health. For example women in the family have a low status so they may not get access to nutritious food or they may be overworked doing household chores.

14.2

1. India's National Health Policies (NHP) were formulated in the year 1983, in 2002 and then again in 2017.
2. The NHP also focusses on providing indigenous health care through Ayurveda (A), Yoga & Naturopathy (Y), Unani (U), Sidha (S) and Homeopathy (H)- also known by the acronym AYUSH.



Notes**14.3**

1. The Total Fertility Rate that is the average number of children born per woman
2. Sex ratio refers to the number of women per 1000 men. Sex ratio at birth refers to the number of girls born per 1000 boys.

14.4

1. The focus of the NHP for women is on
 - Addressing maternal health
 - Health needs of women beyond 40+ years
 - Making public health hospitals more women friendly and gender sensitive.
2. The introduction of the Accredited Social Health Activists (ASHA). The ASHAs are local women trained to act as health educators and promoters in their communities

14.5

1. The programmes that ensure maternal health are:
 1. RMNCH+A
 2. MCTS
 3. JSSK
 4. PMSMA
2. The scheme was started in 2011 to reduce out-of-pocket expenditure for both pregnant women and infants. The scheme is directed towards ensuring that more and more women opt for institutional deliveries

14.6

1. ARSH- Adolescent Reproductive and Sexual Health Program
2. The programme ensures that there is a regular supply of sanitary napkins to ensure that there are no health problems for women. It also enables measures like access to water and toilets in schools for girls

MODULE -5

Gender and Law

This module acquaints the learner with the various family laws: dowry, marriage and Divorce. The module seeks to make aware the learner about various laws and identify their potential in guarding the dignity and safety of women and children. The learner gets an exposure to various labour laws india and it's importance for gender justice.

15. Family Laws: Dowry, Marriage and Divorce
16. Laws for Women's Safety and Security
17. Gender and Labour Laws