



Ministry of Health & Family Welfare
Government of India

The National Health Mission targets to improve the primary and secondary health care which are provided through public health institutions including Sub Health Centres (SHCs) and Primary Health Centres (PHCs), Urban Primary Health Centres (UPHCs), Community Health Centres and Sub-district/District Hospitals. Comprehensive Primary Health Care is provided to the community by primary health care team members including Accredited Social Health Activists (ASHAs), Multi-purpose workers (male and female) and Community Health Officers at Sub-centres and PHCs. ASHA is the connecting link between the community and the public health institutions and works towards community mobilization and awareness generation. The major schemes and services provided by the public health care facilities/ functionaries are listed below:

- 1. Ayushman Bharat - Health and Wellness Centres (AB-HWCs):** Sub-Centres and Primary Health Centres are upgraded as AB-HWCs to provide Comprehensive Primary Health Care (CPHC), by expanding the services from existing Reproductive and Child Health (RCH) and Communicable Diseases services to include services related to Non-Communicable Diseases (NCDs), Mental Health, Ear Nose Throat (ENT), Ophthalmology, Oral health, Geriatric and palliative health care and Trauma care as well as health promotion and wellness activities like Yoga. Under the AB-HWC initiative, Community Health Officers (CHO) are posted at SC-HWC along with 1 or 2 Multipurpose Health Worker/s and 4-5 ASHAs. AB-HWCs aim to provide free drugs and diagnostics services for 12 package of primary care services, including screening and treatment of Diabetes, Hypertension, Oral Cancer, Breast Cancer and Cervical Cancer.
- 2. Janani Suraksha Yojana (JSY):** JSY is a safe motherhood intervention which aims to reduce maternal and neonatal mortality by promoting institutional delivery among pregnant women. Under the scheme, cash assistance is provided to eligible pregnant women for giving birth in a public health facility or an accredited private health facility as per criteria set for high performing and low performing states. JSY has identified ASHA as a link between the

government and pregnant women for which she is also given an incentive to promote institutional delivery.

- 3. Janani Shishu Suraksha Karyakram (JSSK):** JSSK aims to eliminate out of pocket expenses for pregnant women (PW) delivering in public health institutions, antenatal and post-natal complications of pregnancy and sick infants up to 1-year accessing public health institutions for treatment. The entitlements include free drugs and consumables, free diagnostics, free blood wherever required, and free diet for 3 days during normal delivery and 7 days for C-section. This initiative also provides for free pick up and drop back between home and health facility, and also between facilities in case of a referral.
- 4. Immunization:** Universal Immunization Programme (UIP) is one of the largest public health programmes for reduction of vaccine-preventable under-5 mortality rate. Under UIP, Routine Immunization sessions are conducted through RI sessions and Village Health and Nutrition Days (VHNDs) to provide free of cost vaccines against 12 vaccine-preventable diseases, nationally against 10 diseases (Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, severe form of Childhood Tuberculosis, Hepatitis B and Meningitis & Pneumonia caused by Hemophilus Influenza type B and Rotavirus diarrhea) and sub-nationally against 2 diseases (Pneumococcal Pneumonia and Japanese Encephalitis). Since 2014, special immunization drives including Mission Indradhanush are being conducted to improve immunization coverage in areas where the proportion of unvaccinated and partially vaccinated children is high.
- 5. Home Based Care of Newborn and Young Children (HBNC/HBYC):** Under this programme, home visits are undertaken by ASHAs to assess the health status of the child and provide counselling to the family on healthy child care practices-

 - For newborns - 6 visits in case of institutional delivery on day 3,7,14,21,28 and 42 days and seven visits in case of home deliveries with an additional visit on the day of birth.
 - For a young child - 4 visits at 3rd month, 6th month, 9th month and 12th month.

- 6. RashtriyaBalSwasthyaKaryakram (RBSK):** Under RBSK, comprehensive healthcare for children is provided to ensure that the children thrive and grow to their fullest potential through early detection of birth defects, diseases, deficiencies, development delays including disability (4Ds). Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for screening, early detection and free management for children from birth to 18 years of age. The RBSK teams visit schools once in a year and Anganwadicentres twice in a year for screening of children.
- 7. Family Planning:** Services are provided to the eligible couples to adopt family planning measures through temporary/ spacing methods such as oral contraceptive pills, IUCDs, Injectable Contraceptive MPA (Antara), condoms and permanent/ limiting methods including male and female sterilization.
- 8. National Ambulance Service (NAS):** Free ambulatory services are provided by two models, namely Dial 102 and Dial 108. Dial 102 essentially consists of basic patient transport aimed to cater the needs of pregnant women and children. Dial 108 is primarily an emergency response system that is designed to attend to patients of critical care, trauma, accident victims, etc.
- 9. Disease Control Programs:** Under various disease control programs, free treatment and diagnostics are ensured for Tuberculosis, Leprosy, Malaria, Dengue, Chikungunya, Japanese Encephalitis, Kalazar, Filariasis, Viral Hepatitis, etc. Long Lasting Insecticidal Nets (LLINs) are distributed for protection against vector borne diseases.
- 10. Direct Benefit Transfer (DBT):** DBT schemes such as Janani Suraksha Yojana (JSY) and NikshayPoshanYojana (NPY) are being implemented.

Under JSY, Pregnant women are being provided a cash incentive of Rs 1400 for Low Performing States (LPS) and Rs 700 for High Performing States (HPS) in case of Rural areas and Rs 1000 for LPS and Rs 600 for HPS in case of Urban areas to promote institutional delivery. ASHAs are also provided a cash incentive to promote eligible JSY beneficiaries to undergo deliveries at public health institutions which is Rs 600 for rural areas (Rs 300 for ANC component & Rs 300 for facilitating institutional delivery) and

Rs 400 for urban areas (Rs 200 for ANC component & Rs 200 for facilitating institutional delivery).

Nutrition support is one of the essential factors for envisioning Tuberculosis (TB) elimination in India by 2025. In this regard, NikshayPoshanYojana (NPY) is being implemented as financial assistance of Rs 500 per month towards nutritional support to each notified TB patient for the duration of his/her treatment.

Convergence: MoHFW has partnered with MoPR to provide the essential Health services to the rural community by the National Rural Health Mission (NRHM) and Integrated Child Development Scheme (ICDS). The Partnership with MoPR is promoting a decentralized approach through changes in major programs. The following activities are being carried out at the Panchayat level through the support of MoPR:-

- To create awareness in the village about available health services and their health entitlements
- To develop a Village Health Plan based on an assessment of the situation and priorities of the community
- To analyze key issues and problems pertaining to village level health and nutrition activities
- Health sub-centre as Wellness centre
- Coverage under Health Protection Scheme
- Emergency ambulance facility
- 100% immunisation
- 100% institutional delivery
- 100 % treatment for Malaria, Tuberculosis, Filariasis, Kala Azar