Revamping Child and Adolescent Health Programmes in India

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BRIEF HISTORY, VISION & MISSION

National Institute for Transforming India (NITI) Aayog is India's premier policy think tank, which was established in 2015. This forward thinking organization has been entrusted with the vital task of revitalizing the development agenda by embracing innovative approaches and dismantling obsolete central planning methodologies. The NITI Aayog has a mandate of promoting cooperative federalism, developing a national consensus on developmental goals, redefining the reform agenda, acting as a platform for Centre and State Government cross-sectoral issue resolution, building capacity, and serving as a knowledge and innovation hub. NITI Aayog also plays an important role in policy advice to Ministries and review of their work from time to time. There are different verticals in NITI Aayog, which are linked with line Ministries. Line Ministries of Health & Family Welfare Vertical are M/o Ayush, M/o Health & Family Welfare, Department of Health Research and Department of Pharmaceutical. There are other verticals which also contribute in matters pertaining to Ayush like PAMD, Agriculture and allied sectors vertical and Women & Child Development Vertical.

The Planning Commission, the forerunner of the NITI Aayog, was founded in March 1950 by a decision of the Government of India, with the Prime Minister serving as Chairperson. The original goal was to quickly industrialize the country by establishing heavy industries through public investment. The Planning Commission's duties included evaluating and allocating resources for plans, developing plans and programmes for local development, deciding on an implementation strategy, identifying resource limitations, and evaluating and adjusting implementation.

SWOT ANALYSIS

• STRENGTHS
- Policy Formulation
- Think Tank
- Flexibility and Adaptability
- Focus on Sustainable Development

• WEAKNESSES
- Limited Implementation Authority
- Resource Constraints

• OPPORTUNITIES
- Technological Advancements
- International Collaboration
- Inclusive Development

• THREATS
- Political Interference
- Complex Socio-economic Challenges
- Policy Implementation Hurdles

ABOUT THE PROJECT

- **India is home to 47.3 crore children (0-18 years) comprising 39% of the total population (Census 2011).**
- **If India has to achieve the Sustainable Development Goals (SDGs) of good health and well-being for everyone at all ages, the unique needs of this substantive proportion of the population cannot be ignored. Children and adolescents are vulnerable to a wide spectrum of diseases/ conditions, like-**
- **Nutritional deficiencies,**
- **Substance abuse,**
- **Mental health concerns,**
- **Violence,**
- **Injury, and Reproductive and sexual health problems.**

- **India has three over-arching programmes that provide provisions related to health screening and intervention, education and referrals linkages for children from 6 weeks to 18 years.**

AIMS & OBJECTIVE

The aim of the child and adolescent health program:
- **To maintain and improve the children's physical and mental health, to prevent disease and facilitate early detection of disease and disability.**
- **Child Health Screening and Early Intervention Services under NRHM envisage to cover 32 identified health conditions for early detection and free treatment and management.**

METHODOLOGY

- **Referred secondary resources, read operational guidelines, observed review meetings at central level and derived recommendations.**

RECOMMENDATIONS

For Accesibility Challenge-Strengthening school health programme

By investing in the school health programme, schools become an ideal setting for addressing the health needs of children and adolescents. Schools have a unique advantage as they provide a centralized location where a large number of children from the community gather regularly. This allows for efficient and accessible delivery of health services, interventions, and education.

For challenges related to the Referral process and at hospitals-

Beds should be kept reserved for the beneficiaries and it should be reflected on the portal The Schedule of visiting doctors at DEIC should be circulated to doctors of MHTs.

A portal should be set up, in which each child referred at DEIC should have a profile with all the diagnostic reports

To reduce out-of-pocket expenditure

-Once a week Mobile Health Teams should be used for the transportation of children and their parents. Mapping of the secondary and tertiary care facilities for the provision of services should be done in all the districts.

Set-up convergence mechanisms and partnerships with non-profits, religious charities, and private sector:

Convergence mechanisms between Health and other related Departments (including Women and Child Development, Human Resource Development, Social Justice and Empowerment, education department and ICDS

Mapping of rehabilitative/tertiary care services.

For challenges related to Awareness:

activities for the community with major involvement of local stakeholders would be helpful in reducing the community resistance experienced by MHT staff.

For Quality Related Issues

Provision of 'free' RBSK related **diagnostics** (e.g., 2D Echo) to be ensured through a variety of ways including functional DEICs, through tie-ups with private providers, or through NHM's Free Diagnostics Service Initiative at all public health facilities.

For Shortage of Skilled Human Resources:

There is a requirement of more training sessions on birth defects, and issues such as lack of manpower in certain blocks need to be addressed. MHTs could be potentially trained to become multi-skilled workers, increase no of health and wellness ambassadors.

For community participation -Adolescent Health Club

Adolescent health clubs can be a valuable addition to the school health programme in order to provide counseling and education to adolescents in a more effective manner. These clubs can serve as safe spaces where adolescents can receive support, guidance, and access to relevant information about their physical and mental health.

Screening of other health conditions

Certain health conditions are not covered under the programme such as diabetes, hypertension, cancer, eating disorders, sleep disorders. These conditions have profound effect on individual's well-being and quality of life.

RBSK, RKSK, SCHOOL HEALTH & WELLNESS PROGRAMMES

RBSK (Rashtriya Bal Suraksha Karyakram

- **Rashtriya Bal Swasthya Karyakram (RBSK)** was launched by Ministry of Health & Family Welfare in **February, 2013** under National Health Mission.
- **Birth to 18 years of age**

RKSK (Rashtriya Kishor Suraksha Karyakram

- Rashtriya Kishor Swasthya Karyakram (RKSK) was launched in **2014.**
- **10-19 years of age**

School Health and Wellness

- School Health & Wellness Programme was launched in **Feb 2020**.
- **Children from all the government and government-aided schools in the country.**

CHALLENGES

- Lack of Coordination and collaboration
- Lack of community participation
- Social Stigma and Taboos
- High OOPE for accessing services
- Lack of Accessibility and Awareness
- Issues in Monitoring and Evaluation
- Shortage of Skilled Human Resources
- Non coverage of certain Diseases
- Higher Targets
- Quality of services

LEARNINGS & VALUE ADDITIONS

1. **Understanding Government Processes:** NITI Aayog operates within the government framework, got valuable insights about the functioning of government bodies, policy-making processes, and the role of think tanks in shaping public policies.
2. **Policy Research and Analysis:** NITI Aayog is involved in policy formulation and research across various sectors. As an intern, I got opportunity to design framework for ongoing projects in health vertical.
3. **Stakeholder Engagement:** NITI Aayog collaborates with multiple stakeholders, including government agencies, industry experts, and civil society organizations. Got opportunity to attend stakeholder meetings, NITI lecture series , it really gave me an exposure to the process of engaging with different stakeholders and understanding their perspectives.
4. **Networking and Professional Development:** Working at NITI Aayog provided an opportunity to network with professionals and experts in various fields.
5. **Strategic Thinking and Planning:** NITI Aayog engages in strategic thinking and planning to address developmental challenges. working with professionals at NITI Aayog, I learned about the process of strategic planning, problem-solving techniques, and the integration of diverse perspectives in policy formulation.

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