Nurses Content
Downloaded from nursescontent.com

National Health Programmes

Community Health Nursing

Objectives, strategies, implementation and nursing responsibilities in major national health programmes, including tuberculosis, HIV/AIDS, malaria, vector-borne diseases, leprosy, blindness, non-communicable diseases and immunisation.

For educational purposes only.

CHAPTER 19 / COMMUNITY HEALTH NURSING 19. National Health Programmes

1. Introduction

National health programmes coordinate prevention, detection, treatment, surveillance, rehabilitation and quality improvement for priority health issues. Implementation is shared by central, state, district and local teams. Names, targets, treatment regimens and reporting platforms can change; older examination texts may use previous names.

2. Major communicable disease programmes

Programme	Core objective and strategies	Community nursing role
NTEP	National Tuberculosis Elimination Programme (formerly RNTCP): detect TB, test for resistance, provide appropriate treatment, contact management and prevention	Identify symptoms, support samples/referral, adherence, side-effect reporting and contact follow-up
NACP	National AIDS Control Programme, managed by NACO: prevention, testing, ART, STI services, prevention of vertical transmission	Confidential counselling, testing linkage, ART support and stigma reduction
NCVBDC	National Center for Vector Borne Diseases Control: national technical/programme coordination for malaria, dengue, chikungunya, JE, kala-azar and lymphatic filariasis	Fever surveillance, testing/referral, mosquito control, community education and programme activities
NLEP	National Leprosy Eradication Programme: early case detection, multidrug therapy, disability prevention	Detect sensory-loss patches, refer, support treatment and protective self-care
IDSP/IHIP	Integrated Disease Surveillance Programme / Integrated Health Information Platform: early detection and response	Notify cases and clusters, maintain line lists, support investigation

3. Tuberculosis control: key nursing actions

Suspect pulmonary TB in people with relevant symptoms/risk; arrange programme-directed testing, preferably molecular diagnostics as available. TB treatment is regimen-specific and depends on drug susceptibility and clinical factors; do not apply historical category regimens as current universal treatment. Support treatment completion, nutritional support and prevention, monitor adverse effects, protect privacy and coordinate eligible contact evaluation/TB preventive treatment. Ni-kshay supports case tracking. India's historical 2025 elimination

Nurses Content
Downloaded from nursescontent.com

target should not be interpreted as proof that elimination has occurred.

4. HIV/AIDS control

Promote safer sex, condoms, sterile injection equipment, blood safety and voluntary confidential testing. Link confirmed HIV-positive people to antiretroviral therapy (ART), monitor adherence and support prevention of mother-to-child transmission. Occupational or sexual exposure may require urgent post-exposure assessment. Do not impose isolation because of HIV status alone.

5. Vector-borne disease control

Malaria: prompt testing, appropriate treatment, nets and targeted vector control. Dengue/chikungunya: source reduction, fever surveillance and referral for danger signs. Lymphatic filariasis: programme-based mass drug administration in eligible areas, morbidity management and disability prevention. Kala-azar: early detection/treatment and sandfly control. JE: vaccination in designated endemic areas and vector protection.

6. Major NCD and other programmes

Programme	Objective and key actions
NP-NCD (formerly NPCDCS)	Population risk assessment, screening, diagnosis, treatment and referral for major NCDs
NPCBVI	National Programme for Control of Blindness and Visual Impairment: cataract, refractive errors and other eye-care needs
NMHP/DMHP	Mental health promotion, district services, treatment and rehabilitation
NPHCE	Geriatric health services and continuity of care
NTCP	National Tobacco Control Programme: prevention, cessation and tobacco-control measures
NIDDCP	National Iodine Deficiency Disorders Control Programme: iodised salt and monitoring
UIP	Universal Immunization Programme: routine vaccination, cold chain, outreach and surveillance

Mission Indradhanush strengthens vaccination of missed and underserved beneficiaries; it complements routine immunisation. The 2026 HPV campaign adds targeted cervical cancer prevention. [8,9,11]

7. Implementation and monitoring

Microplanning identifies eligible populations, geographic gaps, supplies, staff and outreach sessions. Monitor inputs (staff and supplies), processes (sessions held), outputs (people assessed), outcomes (treatment completion or coverage) and impact (reduced morbidity/mortality). Ensure denominator accuracy, data verification, referral completion and patient rights. Do not treat service contacts as confirmed cases or claim programme goals are achieved without data.

8. Programme implementation at peripheral level

National programmes establish policy, technical guidance, funding and indicators; state and district teams adapt delivery to their settings. Frontline workers identify eligible people, provide authorized services, track referrals, maintain supplies and report data. Supportive supervision compares performance with agreed standards and helps solve barriers.

Programme comparison by intervention strategy

Strategy	Examples
Case detection and treatment	NTEP, leprosy programme and malaria case management.
Vaccination and outreach	UIP and Mission Indradhanush; targeted HPV vaccination services.
Population screening	NP-NCD and selected eye-care services.
Community/environmental action	Vector control, tobacco control and sanitation linkage.
Long-term support	HIV treatment support, chronic disease follow-up and disability prevention.

NURSE'S CONTENT / COMMUNITY HEALTH NURSING 59

B.SC. NURSING / STUDY NOTES

9. Programme monitoring example

A facility's TB treatment register lists patients receiving treatment, but some transferred or moved. Reconcile records with the responsible programme team, check follow-up and avoid double counting. Notify clinical staff of possible adverse reactions or interruption and coordinate support without disclosing diagnoses to unauthorized people. Evaluate treatment outcomes using programme definitions rather than counting the number of tablets dispensed.

Distinguishing control, elimination and eradication

Control reduces disease burden to an acceptable level with continuing measures. Elimination may refer to zero transmission in a defined area or achievement of a specified public health threshold, depending on the condition and programme. Eradication means permanent worldwide reduction to zero incidence of infection through deliberate efforts. A programme's elimination target is not evidence that it has been achieved.

10. Important Examination Questions

Long Answer Questions

1. 1. Describe NTEP, NACP, vector-borne disease control, NP-NCD and nursing responsibilities.
2. 2. Explain national programme implementation.
3. 3. Discuss how national health programmes are implemented and monitored at community level.
4. 4. Compare tuberculosis, vector-borne disease and NCD programme strategies.

Nurses Content
Downloaded from nursescontent.com

Short Answer Questions

1. 1. Ni-kshay
2. 2. IDSP
3. 3. NLEP
4. 4. NPCBVI
5. 5. Mission Indradhanush
6. 6. Control, elimination and eradication.
7. 7. Programme indicators.
8. 8. Treatment support.
9. 9. Supportive supervision.

Very Short Answer Questions (with answers)

1. 1. Former RNTCP name now? NTEP.
2. 2. NACO? National AIDS Control Organisation.
3. 3. Former NPCDCS? NP-NCD.
4. 4. What is the primary purpose of Ni-kshay? - TB case management and programme tracking.
5. 5. Does an elimination target prove elimination? - No.

11. Quick Revision

- Programme names and strategies can change.
- Refer to current official protocols for treatment and eligibility.
- Link screening to confirmation, treatment and follow-up.
- Measure coverage with reliable denominators.

Conclusion

Programme success depends on timely services, evidence-based care, community trust, accurate reporting and follow-up.

NURSE'S CONTENT / COMMUNITY HEALTH NURSING 60

B.SC. NURSING / STUDY NOTES

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which nursing activity supports early outbreak detection under IDSP/IHIP?

A. Report only the total number of clinic visits
B. Replace case records with general public messages
C. Notify cases and clusters and maintain line lists
D. Wait for every laboratory result before any notification

Nurses Content
Downloaded from nursescontent.com

2. Which factor should guide the selection of a tuberculosis treatment regimen?

A. A single historical regimen for all patients

B. The patient's occupation alone

C. The date of the next outreach meeting

D. Drug susceptibility and clinical factors

3. Which approach is appropriate for a person living with HIV in community care?

A. Confidential linkage to ART and adherence support

B. Isolation solely because of HIV status

C. Disclosure of status to the whole community

D. Exclusion from routine services

Nurses Content
Downloaded from nursescontent.com

Answer key and explanations

1. C - Notify cases and clusters and maintain line lists

Case and cluster notification and line lists support surveillance and investigation.

2. D - Drug susceptibility and clinical factors

TB treatment is regimen-specific and depends on susceptibility and clinical circumstances.

3. A - Confidential linkage to ART and adherence support

Community HIV care includes confidential ART linkage and adherence support.

Source and attribution

Online chapter: https://nursescontent.com/learn/community-health-nursing/national-health-programmes/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.