



## Flagship Programmes: A Study on Health

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**ABSTRACT**

Flagship programmes took their origin from the term flagship which is the main or most important ship of a country's navy and is symbolic of the main thrust of the nation's developmental policy. Flagship schemes of the government of India are those schemes which are declared so by the union cabinet or the Development Evaluation Advisory Committee (DEAC) of Planning Commission. The expenditure ranges from Rs.10380 crores in 2007-08 to Rs.21239 crores in 2013-14 on ICDS and the expenditure ranges from Rs.10380 crores in 2007-08 to Rs.21239 crores in 2013-14 showing an even increasing expenditure on national health mission.

**KEYWORDS**
**INTRODUCTION**

The trickle down strategy contemplated by the Government of India did not result in providing the benefits of development equitable among different sectors of the people. Hence, Indian government has launched various flagship programmes in the country to meet the immense infrastructural requirements like transport, education, health and sanitation. The programmes aimed to boost the inclusion of disadvantaged groups and remote geographical areas. The overall goal of the Government's flagship programmes is to bring development in remote areas of the country, resulting in improved living standards for all.

Flagship programmes include, among others, the National Rural Livelihood Mission (NRLM), Indira Awas Yojana (IAY), Rajiv Gandhi Gramin Vidyutikaran Yojana (RGGVY), Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Total Sanitation Campaign Programme (TSC), Sarva Shiksha Abhiyan (SSA), National Rural Health Mission (NRHM), Integrated Child Development Scheme (ICDS), Mahatma Gandhi Rural Employment Guarantee Act (MGNREGA) and Pradhan Manthri Gram Sadak Yojana (PMGSY).

Flagship Programmes are being implemented with the aim to build rural and urban infrastructure and providing basic services with the objective of increasing inclusiveness and reducing poverty. The Government of India has launched / revamped and strengthened specific programmes to provide education, healthcare, nutrition, sanitation and social security. The ultimate objective behind the flagship programmes is to achieve broad-based improvement in the living standards of people and to ensure that growth is widely spread so that its benefits, in terms of income and employment, are adequately shared by the poor and weaker sections of the society, especially the Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Classes (OBCs) and Minorities.

Three of the top ten flagship programmes were launched by the current United Progressive Alliance (UPA)-ruling government – Mahatma Gandhi National Rural Employment Guarantee Programme, National Health Mission (formerly the National Rural Health Mission), and Jawaharlal Nehru National Urban Renewal Mission. Six of the ten flagship programmes are targeted at rural areas focusing on employment, health, development, water, housing and electrification. Of the other four programmes, only one solely focuses on urban areas targeting development issues. The other three programmes are nation-

wide and focus on children's education and development.

**CONVERGENCE IN PLANNING AND IMPLEMENTATION OF MAJOR FLAGSHIP PROGRAMMES**

Participatory planning from the grassroots level upwards led by local governments will lead to a strong sense of ownership and achieve much of better results in local development. But with increased specialization and sector-wise thrusts in development, the respective line Ministries/Departments are issuing guidelines for preparation of sector development plans such as District Health Plan, District Education Plan, District Water and Sanitation Plan, District Agriculture Development Plan, District Rural Road Development Plan etc. Increasing incidence of the preparation of such plans is coming in the way of preparing horizontal integrated plans. In order to use resources efficiently and involve the local governments actively, vertical planning process needs to be transformed into a horizontal planning process, where local governments and other planning entities work together and plan development strategy together.

Central Ministries and state government departments are implementing various rural development programmes through a set of guidelines and by separate set of administrative and institutional mechanisms. In order to facilitate the horizontal planning process at various local governments' level, the present guidelines of sectors departments needs to be modified to bring uniformity in planning, sanctioning, release of funds, implementation and monitoring and evaluation of the programmes. Interestingly, all these guidelines stipulate inter programme co-ordination and convergence. Broad procedures and processes are similar in many ways in these programmes. But the approval system and implementing agencies are different.

**NEED FOR FLAGSHIP PROGRAMMES**

The Flagship programs were launched by Government of India to bridge the education, health, employment and infrastructure divides. These have been complemented by specific policies for inclusion of SCs, STs, minorities and women. The ultimate objective behind the Flagship programs is to achieve broad-based improvement in the living standards of all our people and to ensure that growth is widely spread so that its benefits, in terms of income and employment, are equitably shared by the poor and weaker sections of the society, especially the Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Classes (OBCs) Minorities and women.

**OBJECTIVES OF THE STUDY**

**The specific objectives of the study are as follow:**

1. To appraise the various flagship programmes in the country
2. To observed expenditure patter of the flagship programmes
3. To assess the performance of flagship programmes;

**INTEGRATED CHILD DEVELOPMENT SERVICES**

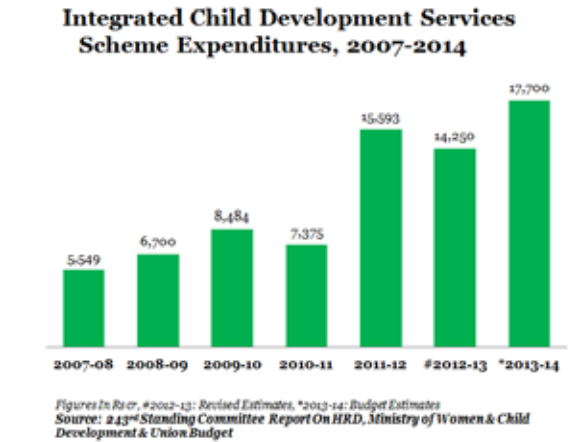
ICDS was introduced by the government with the support from UNICEF on 2nd October, 1975. ICDS is one of the world's largest and most unique programmes for early child development. Initially it was implemented in 33 blocks but today it has a network of more than 5000 projects and 273 urban slum pockets of the country (Planning Commission of India, 2009). The Integrated Child Development Services (ICDS) scheme aims at promoting health and nutritional requirements of children up to 6 years and expectant and nursing mothers. The ultimate objective of the scheme is to reduce incidence of mortality, morbidity, malnutrition and school dropouts and enhance the capability of the mother and family to look after the health, nutritional and development needs of the child.

The scheme provides an integrated approach for converging basic services through community-based workers, viz. Anganwadi Workers and Helpers. Under ICDS, the packages of services like supplementary nutrition, immunization, health check-up, referral services, pre-school non-formal education and nutrition & health education are provided. The funding pattern for all other components of ICDS, other than the supplementary nutrition, is 90:10 between the Centre and the State. In case of supplementary nutrition, the Government of India provides Central assistance to States to the extent of 50 per cent of the actual expenditure incurred by States or 50 per cent of the cost norms, whichever is less. The expenditure incurred during 2007-2014 on integrated child development services has been show in the Table 1 and Fig.1.

Table 1  
Expenditure incurred during 2007-2014 on integrated child development services  
(Rs. in crores)

Sl.No.	Year	Expenditure
1.	2007-08	5549
2	2008-09	6700
3	2009-10	8484
4	2010-11	7375
5	2011-12	15593
6	2012-13	14250
7	2013-14	17700

It is observed from the table that the expenditure varies from Rs.5549 crores in 2007-08 to Rs.17700 crores in 2013-14 showing an even increasing expenditure on integrated child development services. But the expenditure declined in 2010-11 and 2012-13. Moreover, the expenditure is very high in 2013-14 over 2012-13. Higher expenditure on integrated child development services shows the priority of the government on child development.



**NATIONAL HEALTH MISSION (NHRM)**

The National Rural Health Mission (NRHM), launched on 12th April 2005 in 18 States, aims to provide accessible, affordable, accountable, effective and reliable primary health care especially to poor and vulnerable sections of the population. It also aims at bridging the gap in rural health care through creation of a cadre of Accredited Social Health Activists (ASHAs) and improves hospital care, decentralization of programmes to district level to improve intra- and inter-sectoral convergence and effective utilization of resources. The Ministry of Health and Family Welfare is instrumental and responsible for implementation of various programmes on the national scale in the areas of Health and Family Welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicine. Apart from these, the Ministry also assists the States in preventing and controlling the spread of seasonal diseases' outbreaks and epidemics through technical assistance.

The Ministry of Health and Family Welfare incurs expenditure either directly under Central Schemes or through its four Departments:-

- Department of Health and Family Welfare
- Department of AYUSH
- Department of Health Research; and
- Department of AIDS Control

The National Health Policy framed from time to time provides the framework for the implementation of policies and programmes for health care.

The objectives of the Mission include reduction in child and maternal mortality, universal access to public health care services, prevention and control of communicable and non-communicable diseases, population stabilization, revitalization of local health traditions, mainstreaming AYUSH and promotion of healthy life. The expenditure incurred during 2007-2014 on national health mission has been show in the Table 2 and Fig.2.

Table 2  
Expenditure incurred during 2007-2014 on national health mission  
(Rs. in crores)

Sl.No.	Year	Expenditure
1.	2007-08	10380
2	2008-09	11239
3	2009-10	13305
4	2010-11	14696
5	2011-12	16490
6	2012-13	20542
7	2013-14	21239

It is quite obvious from the table that the expenditure ranges from Rs.10380 crores in 2007-08 to Rs.21239 crores in 2013-14 showing an even increasing expenditure on national health mission. Higher expenditure on health mission shows the priority of the government on child development.



CONCLUSION

The overall goal of the Government’s flagship programmes is to bring development in remote areas of the country, resulting in improved living standards for all the expenditure ranges from Rs.10380 crores in 2007-08 to Rs.21239 crores in 2013-14 on ICDS and the expenditure ranges from Rs.10380 crores in 2007-08 to Rs.21239 crores in 2013-14 showing an even increasing expenditure on national health mission.

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