Chapter 2
BACKGROUND OF NATIONAL RURAL HEALTH MISSION

National Rural Health Mission

Under the mandate of National Common Minimum Programme (NCMP) of United Progress Alliance government, health care is one of the seven trust areas of NCMP, wherein, it is proposed to increase the expenditure in health sector from current 0.9% Gross Domestic Product (GDP) to 2–3% of GDP over the next five years, with main focus on Primary Health Care. The National Rural Health Mission (NRHM) has been conceptualized and the same is being operational zed from April,2005 throughout the country, with special focus on 18 state which includes 8 Empowered Action Group Stastes.

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care, especially, to the 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 (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of programme to district level to improve intra and inter–sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing programmes of Health and Family Welfare including Reproductive & Child Health–II (RCH), Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated Disease Surveillance. Further, it addresses the issue of Health in the context of sector–wise approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector Departments i.e. Ayush, Women & Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development.

The Mission further seeks to build grater ownership of the programme among the community through involvement of Panchayati Raj institutions, Non Govermental Organisations (NGOs)and other stake holders at National, State, District and Sub – District levels to achieve the goals of National Population Policy 2000 and National Health Policy.

RCH – II India was the first country to launch Family Planning Programme during 1952. The programme was initiated in Maharashtra State during 1956. Initially the programme envisaged hospital based interventions and Local Information Education & Communication (IEC) activities for promotion of Contraceptive Methods. The programme achieved a boost during the third five–year plan, wherein infrastructural inputs were provided. Supportive programmes like All India Post Partum programme (1971), Control of Diarrhoeal Diseases, Community Health Guide (CHG)scheme, Multipurpose Worker (MPW) scheme etc. were introduced during after years.

The programme passed through various phases of expansion or modification. Universal Immunisation Programme (UIP) (1985–86) introduced a programme with systematic delivery of services even at remote places. Child Survival & Safe Motherhood (CSSM) (1992–93) encompassed crucial Maternal and Child Health interventions along with immunization services. International Conference on Population and Development (ICPD) (1994) led towards consideration of holistic and integrated services based on life cycle approach with special emphasis on Reproductive Health.

The concept of RCH is to provide to the beneficiaries need based, client centred, demand driven, high quality & integrated RCH Services. The RCH Programme is a composite Programme incorporating the inputs of Govt. of India as well as funding support from external donor agencies including World Bank & the European Commission. From April 2005, the RCH II Programme implementation started in the State.

Reproductive and Child Health Programme initiated during 1997 intended to provide need based demand driven, integrated and quality services, based on decentralized and participatory planning with the whole hearted involvement of the community. The RCH I did not covered the important aspects of life cycle like adolescent health, 40 plus care, Sexually Transmitted Infections/ Reproductive Tract Infections (STI/RTI). Additional inputs were provided for capacity building, infrastructure development, strengthening supervision and monitoring, strengthening of out reach services and neonatal care as well as involvement of NGOs and Panchayat Raj Institutions (PRI) along with implementation of certain innovative schemes.

During the middle of 18th century, the British government in India established medical services which were meant for the benefit of the British nationals, armed forces and civil servants. Service which was available in general hospitals located in big cities and commercial centers were largely curative. But neither health planning nor medical education was related to the health needs of the people. This strong western bias was largely responsible for blind adoption of modern medicine for a few, neglecting the vital interests of vast majority.

In independent India, keeping in view the all shortcoming the government of India planned several approaches for the health care delivery. The basis for organization of health services was laid by the recommendation of health survey and development committee. (Bore committee) in 1946.

In the last two decades there has been growing concern over the performance of the health care delivery system. In India as per the government of India's NRHM. Document (2005) , only 10 % of Indian have some form of health insurance and around 40 % of Indians have to borrow money or sell their assess to meet their health care expenses. Nearly 25% of Indians slips below the poverty line because of hospitalization due to single bout of illness . States of health in India maternal and infant mortality rates in India poorest district are worse then the sub Saharan Africa. India represent 21 % of the global diseases burden with the largest burden of communicable diseases in the world .The projected cumulative loss of national income for India due to non communicable diseases morality for 2006-2015 was USD 237 billion countries with a high rate of HIV infected patient. Diarrheal diseases are

the early cause of infant mortality. These diseases are caused by poor sanitation and inadequate safe drinking water in India poor sanitation and inadequate safe drinking water, lack of access to basic needs contributes health burden of the nation. As more than 122 million households have no toilets, 33% lack access to latrines, over 50% of the population defecates in the open. Health care delivery system in India: The Indian health care sector is characterized by the presence of system such as government, not for profit , charitable organizations , corporate hospitals and smaller private clinics. There is not well defined forward or backward linkage between these. India's public health infrastructure it is grossly underfunded under staffed and poorly equipped. Allopathic physicians sector which is more affordable, offer services of varying quality often by under qualified practitioner.

The National Rural Health Mission (NRHM) is an initiative undertaken by the government of India to address the health needs of underserved rural areas. Founded in April 2005 by Indian Prime Minister Manmohan Singh , the NRHM was initially tasked with addressing the health needs of 18 states that had been identified as having weak public health indicators. [1]Under the NRHM, the Empowered Action Group(EAG) States as well as North Eastern States Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sect oral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration with in the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities.

As per the 12thPlandocumentofthePlanningCommission,the flagship programme of NRHM

will be strengthened under the umbrella of National Health Mission. The focus on covering

rural areas and rural population will continue along with up scaling of NRHM to include non-

communicable diseases and expanding health coverage to urban areas. Accordingly, the Union Cabinet, in May 2013, has approved the launch of National Urban Health Mission (NUHM) as a sub-mission of an overarching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other sub-mission of the National Health Mission. Initiatives Some of the major initiatives under National Health Mission (NHM) are as follows :Accredited Social Health Activists Community Health volunteers called Accredited Social Health Activists (ASHAs) have been engaged under the mission for establishing a link between the community and the health system. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services in rural areas. ASHA Programme is expanding across States and has particularly been successful in bringing people back to Public Health System and has increased the utilization of outpatient services, diagnostic facilities, institutional deliveries and inpatient care. Rogi Kalyan Samiti Patient Welfare Committee)/Hospital Management Society The Rogi Kalyan Samiti (Patient Welfare).

Committee) / Hospital Management Society is a management structure that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committees through untied fund to undertake activities for patient welfare. Untied Grants to Sub-Centres Untied Grants to Sub-Centers have been used

to fund grass-root improvements in health care .Some examples include:

Improved efficacy of ANMs[clarification needed] in the field that can now undertake better antenatal care andotherhealthcareservices.VillageHealthSanitationandNutritionCommittees (VHSNC) have used untied grants to increase their involvement in their local

communities to address the needs of poor households and children. Health care contractors NRHM has provided health care contractors to underserved areas, and has been involved in training to expand the skill set of doctors at strategically located facilities identified by the states. Similarly, due importance is given to capacity building of nursing staff and auxiliary workers such as ANMs. NHM also supports co-

location of AYUSH services in Health facilities such as PHCs, CHCs and District Hospitals. Janani Suraksha Yojana (JSY) JSY aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government health facilities. Under the scheme cash assistance is provided to eligible pregnant women for giving birth in a government health facility. Large scale demand side financing under the Janani Suraksha Yojana (JSY) has brought poor households to public sector health facilities on a scale neverwitnessed before. National Mobile Medical Units (NMMUs)Many un-served areas have been covered through National Mobile Medical Units(NMMUs).National Ambulance Services Free ambulance services are provided in every nook and corner of the country connected with a toll free number and reaches within 30minutes of the call. Janani Shishu Suraksha Karyakarm (JSSK)As part of recent initiatives and further moving in the direction of universal healthcare, Janani Shishu Suraksha Karyakarm (JSSK) was introduced to provide free to and fro transport, free drugs, free diagnostic, free blood, free diet to pregnant women.

NRHM has been introduced for

- Reduction in child and maternal mortality
- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions & mainstream AYUSH.
- Promotion of healthy life styles.

However NRHM is subjected to many criticism and appreciation. All previous studies focused on NRHM provision But there were corruption in this mission to its name has been changed to (Indian Public Health standard). But what are the standard under IPHS is frequently ignored so we are keen to know what the students of Rewari town knows about NRHM.

The National Rural Health Mission has been described as one of the largest and most ambitious programmes to revive health care in the world and has many achievements to its credit. It seeks to provide health care which is affordable, equitable and of good quality. It has increased health finance and has improved infrastructure for health delivery National Rural Health Mission (NRHM) has been launched with a view to bringing about dramatic improvement in health system and health status of people especially those who live in rural areas of the country. The mission seeks to provide universal access to equitable, affordable and quality health care which is accountable and at the same time responsive to the needs of people, reduction in child and maternal deaths as well as population stabilization and gender and demographic balance. Key features in order to achieve the goals of the Mission include making the public health delivery system fully functional and accountable to the community, human resource management, community involvement, decentralization, rigorous monitoring and evaluation against standards, convergence of health and related programs from village level upwards, innovations and flexible financing and also interventions for improving health indicators.16

The National Rural Health Mission (NRHM) was launched in April 2005, to provide effective health care to rural population throughout the country. The mission aims to expedite achievements of policy goals by facilitating enhanced access and utilization of quality health services, with an emphasis on addressing equity and gender dimension.

The National Rural Health Mission seeks to adopt a sector wide approach and subsumes key national programmes, such as: the Reproductive and Child Health (RCH-II) Programme, the National Disease Control Programmes (NDCP) and the Integrated Disease Surveillance Project (IDSP). NRHM will also enable the mainstreaming of Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of Health (AYUSH). Given that health is so critically linked with nutrition, water and sanitation, NRHM includes strategies for operational convergence to ensure that there is demonstrable synergy between these sectors.

[16] http:jknrhm.com/guideline/framework.

The Mission seeks to provide universal access to equitable, affordable and quality health care which is accountable at the same time responsive to the needs of the people, reduction of child and maternal deaths as well as population stabilization, gender and demographic balance. In this process, the Mission would help achieve goals set under the National Health Policy and the Millennium Development Goals. To achieve these goals NRHM will:

Facilitate increased access and utilization of quality health services by all Forge a partnership between the Central, state and the local governments. Set up a platform for involving the Panchayati Raj institutions and community in the management of primary health programmes and infrastructure. Provide an opportunity for promoting equity and social justice. Establish a mechanism to provide flexibility to the states and the community to promote local initiatives. Develop a framework for promoting inter-sector convergence for promotive and preventive health care.17

The State would engage the service of experts/ consultants and put effective management systems to strengthen the state health society, state empowered committee on RCH, state supervisory board and other authorities. Capacity building is recognized as priority intervention in RCH II. For this, a capacity building of program management staff at district level has been planned.

Program Director is responsible for disbursement and accounting of funds. Tailor made accounting software is provided for disbursement of funds and its monitoring.

Variations in health care by standardizing managerial and clinical practices and procedures to improve outcomes. This is institutionalized by establishing quality assurance teams at State and district level. To achieve the goals set under the program, there is a need to increase the coverage, demand and utilization of services. Communication strategy is to be formulated keeping in mind these objectives. Gujarat is well known for its voluntary movements and cooperative movement. NGOs partnership is envisaged for running PHC, programs like pulse polio, HIV/AIDS and ICDS, training and awareness programs.

[17] http://www.jknrhm.com/Guideline/Frame Quality Assurance: Quality Assurance is important to minimize

To achieve synergy, NRHM plan seeks convergence in planning, activities and resources among concerned departments. State Health Society and District level committee monitor convergence. These plans are prepared based on local needs with community specific interventions and thrust on demand generation. After two years the objectives are revisited based on information collected through community needs assessed

Realizing the need to address malnutrition in the state, a life cycle approach aimed to improve quality of food intake, universal coverage of pregnant, lactating mothers and children up to 14 years through Mamta Abhiyan, ICDS and MDM and iron supplementation for adolescent girls is incorporated in the plan.

Mamta Abhiyan is an approach to strengthen outreach of RCH Services. It aims at preventive, promotive and curative services through convergence with ICDS and participation of community.[18]

To address equity issues in health, initiatives like Chiranjeevi yojna to provide access of indigent sections to quality maternity services were taken up. To reach out to marginalized communities living in far- flung areas, the state has Mobile health units functioning in tribal, peri-urban and difficult areas. Under Chiranjeevi Yojna, a PPP initiative, all BPL families are covered. Under this scheme, an expectant mother from BPL family is given entitlement coupon for deliveries. She can use it to go to an identified private provider for delivery. The Alma Ata declaration in 1978 led to the launch of "Health for all by 2000" signed by 137 countries including India.5 The declaration advocated provision of first contact services and basic medical care within the framework of integrated health services. It was declared that PHC is essential for health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families through participation. The responsibility of the state to provide comprehensive primary health care as per this declaration led to the formulation of country's first National Health Policy in 1983.

The strategy for health care development shifted from committee to

[18] Yoong, Joanne – Does Decentralization Hurt Childhood Immunization?- Department of Economics, Stanford University, October 20, 2007

policy based approach with the formulation of National Health Policy, 1983. The major goal of policy was to provide universal and comprehensive primary health services.

The elements of this policy covered identification of problems requiring urgent attention and recommendations to ameliorate them, population stabilization, provision of primary health care, medical and health education, role of indigenous and other systems of medicine, medical industry, health insurance and legislation and medical Research.19

The long-term objective was to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.20

To pursue these objectives, the following national socio-demographic goals were formulated to be achieved by 2010: Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary school levels to below 20% for both boys and girls; Reduce infant mortality rate to below 30 per 1000 live births; Reduce maternal mortality ratio to below 100 per 100,000 live births; Achieve universal immunization of children against all vaccine preventable diseases; Promote delayed marriage for girls, not earlier than age 18 and preferably after 21 years of age; Achieve 80% institutional deliveries and 100% deliveries by trained persons; Achieve universal access to information/counseling, and services for fertility regulation and contraception; Achieve 100 per cent registration of births, deaths, marriage and pregnancy; Contain the spread of AIDS, and promote greater integration between the management of reproductive tract infections (RTI), sexually transmitted infections (STI) and the National AIDS Control Organization; Prevent and control communicable diseases.; Integrate Indian Systems of Medicine (ISM) in the provision of RCH services, and in reaching out to households, provide small family norm to achieve replacement levels of TFR; and bring about convergence in implementation of related social sector programs so that family welfare becomes a

[19] Primary Health: Indian Scenario: Section 11- Origin and evolution of primary health care in India, WHO India.

[20] Sample Registration System, Registrar General of India, Government of India.

people centered program.[21]

The Millennium Development Goals is eight international development goals that all 193 members of United Nations and many international organizations have agreed to achieve by the year 2015. They include eradicating extreme poverty, reducing child mortality rates, fighting disease epidemics such as AIDS, and developing a global partnership for development. The MDG are a synthesis of the most important commitments made at the international conferences and summits in 1990s ; to recognize explicitly the interdependence between growth, poverty reduction and sustainable development; to acknowledge that development rests on the foundations of democratic governance, rule of law, respect for human rights and peace and security; are based on time-bound and measurable targets accompanied by indicators for monitoring progress; and bring together the responsibilities of developing countries with those of developed countries.

The MDGs were developed out of the eight chapters of Millennium Declaration, signed in September 2000[22]. There are eight goals with 21 targets[23], and a series of measurable indicators for each target by 2015.

One is to eradicate extreme poverty and hunger with targets to halve the proportion of people living on less than $1 a day, achieve decent employment for women, men, and young people and halve the proportion of people who suffer from hunger.

Second is to achieve universal primary education and ensure that all girls and boys complete a full course of primary schooling by 2015.

Third is to promote gender equality and empower women with target to eliminate gender disparity in primary and secondary education by 2015.

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[21] Health: Morbidity, Healthcare and Condition of the Aged - National Sample Survey 60th Round Report, Ministry of Statistics and Program Implementation.

[22] United Nations Millennium Declaration: Resolution 55/2 adopted by the general assembly - 55th session, 18/09/2000.

[23] Haines, Andy and Andrew Cassels. 2004. Can The Millennium Development Goals Be Attained? - BMJ: British Medical Journal, Vol. 329, No. 7462 (Aug. 14, 2004).

Forth is to reduce child mortality rates with targets to reduce it by two-third.

Fifth is to improve maternal health with target to reduce maternal mortality rate by three quarters and achieve universal access to reproductive health by 2015;

Sixth is to combat HIV/AIDS, malaria, and other diseases with target to halt and begin to reverse the spread of HIV/AIDS, achieve universal access to treatment for HIV/AIDS by 2010, halt and begin to reverse the incidence of malaria and other major diseases by 2015.

seven is to ensure environmental sustainability with target to integrate the principles of sustainable development into country policies and programs and reverse loss of environmental resources, reduce biodiversity loss by achieving a significant reduction in the rate of loss by 2010, halve the proportion of the population without sustainable access to safe drinking water and basic sanitation by 2015; to achieve a significant improvement in the lives of at least 100 million slum-dwellers by 2020;

Eighth is to develop a global partnership for development with target to develop an open, rule-based, predictable, non-discriminatory trading and financial system, provide essential drugs to developing countries in co-operation with the private sector pharmaceutical companies and make available the benefits of new technologies, especially information and communications. As a member of UNDP, India has adopted MDG wherein goals 3, 4 and 5 deals with public health issues of child health, maternal health and diseases in which the country has made huge commitment to achieve the universal targets[24].

[24] Butler, John: Reaching the MDG in India, Oxfam India, Centre for Legislative Research and Advocacy, 2009