

National Rural Health Mission

The National Health Mission (NHM) was launched in the year 2013 by the UPA government and it's considered as one of top flagship programmes of the then Government. It encompasses its two Sub-Missions, The National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM).

Vision

The vision of the NHM is, "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Core Values

Following are the core values of National Health Mission

- To safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees
- To strengthen public health systems as a basis for universal access and social protection against the rising costs of health care
- Build environment of trust between people and providers of health services
- Empower community to become active participants in the process of attainment of highest possible levels of health
- Institutionalize transparency and accountability in all processes and mechanisms
- Improve efficiency to optimize use of available resources.

The endeavor of the National Health Mission are as follows;

1. Reduce MMR to 1/1000 live births
2. Reduce IMR to 25/1000 live births
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15–49 years
5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
6. Reduce annual incidence and mortality from Tuberculosis by half
7. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
8. Annual Malaria Incidence to be <1/1000
9. Less than 1 per cent microfilaria prevalence in all districts
10. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks
11. Reduce household out-of-pocket expenditure on total health care expenditure

Institutional Mechanisms

There are institutional mechanism put in place at various level for effective implementation of this flagship programme. At the National level there is a Mission Steering Group (MSG) and the Empowered Programme Committee (EPC) to provide policy direction to the Mission. The financial proposals brought before the MSG are first placed before and examined by the EPC. The Union Minister of Health & Family Welfare chairs the MSG. The convener is the Secretary, Department of Health & Family Welfare and EPC headed by the Union Secretary of Health and Family Welfare.

Similarly at the State level, the Mission functions under the overall guidance of the State Health Mission (SHM) headed by the State Chief Minister. The State Health Society (SHS), The State Program Management Unit (SPMU), State Health System Resource Centre (SHSRC) and State Institutes of Health and Family Welfare (SIHFW) are important institutions for implementation of NHM.

At the District level the District Health Mission (DHM), City Health Mission (CHM) is headed by District Collector and supported by the District Programme Management Unit (DPMU). They are linked to District

Health Knowledge Centre (DHKC) and its partners for the requisite technical assistance. The District Training Centre (DTC) works as the nodal agency for training requirements of the District Health Society (DHS).

Major Components

The main components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent (RMNCH+A) and Communicable and Non-Communicable Diseases.

Further the NHM has six financing components from where it can provide funds to health institutions and departments: (i) National Rural Health Mission-RCH Flexible pool, (ii) National Urban Health Mission Flexible pool, (iii) Flexible pool for Communicable disease, (iv) Flexible pool for Non communicable disease including Injury and Trauma, (v) Infrastructure Maintenance and (vi) Family Welfare Central Sector component. The fund flow from the Central Government to the states/UTs would be as per the procedure prescribed by the Government of India.

The NHM Health Systems Strengthening includes adoption of the Indian Public Health Standards and Quality standards, Skill gaps and Standard Treatment Protocols and Quality Improvement Programmes. Through this NHM aims to strengthen the infrastructures, referral units, establishment of new PHCs, it also aims at increasing the human resource both at technical, management (programme manager) and grassroots level like ASHA workers. It has said more than 9.15 lakh Accredited Social Health Activist are in place across the country and serve as facilitators, mobilizers and providers of community level care. ASHA is the first port of call in the community especially for the marginalized section of the population.

Through free drugs services under this scheme Mobile Medical Units are created, 108 emergency response system comes through this. 102 which is for transport of pregnant women along with 108 have been repositioned as National Ambulance Services.

Community Participation

Community participation is imperative to the success of every Government Scheme. To ensure involvement of the communities in over-seeing the provisioning of health care and to redress the public grievances, various committees like Rogi Kalyan Samitis (RKS) and Village Health Sanitation and Nutrition Committees (VHSNCs) have been created under NRHM.

The Rogi Kalyan Samitis is a simple yet effective management structure. This committee is a registered society whose members act as trustees to manage the affairs of the hospital and is responsible for upkeep of the facilities and ensure provision of better facilities to the patients in the hospital. Financial assistance is provided to these committees through untied fund to undertake activities for patient welfare. 31,763 Rogi Kalyan Samitis (RKS) have been setup involving the community members in almost all District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) till date.

The Village Health Sanitation and Nutrition Committee (VHSNC) is an important tool of community empowerment and participation at the grassroots level to address issues of environmental and social determinants. VHSNC membership includes Panchayati Raj representatives, ASHA & other frontline workers and also representatives of the marginalized communities. Untied grants of Rs. 10,000 are provided annually to each VHSNC. Till date, 5.01 lakh VHSNCs have been set up across the country. Capacity building of the VHSNC members with regards to their roles and responsibilities including public service monitoring and planning is being initiated in states.

Transparency and Accountability

To ensure transparency and improve accountability under NHM, mandatory disclosures of key services by States in public domain have been prescribed. These include

- Facility wise deployment of all HR
- Facility wise service delivery data
- Details of services provided by mobile medical units and ambulance services, procurements, construction of public health facilities.

- Financial Management Group (FMG) initiatives for strengthening of Financial Management. FMG has undertaken numerous initiatives for supporting the program in order to make the NRHM/NHM more effective, transparent and accountable.

New Initiatives and Success

Based on the provisions of NHM, lots of initiatives have been undertaken and also in many fronts it has been successful. Here are some of them-

(1) There is increase in service, for example annual OPD in government institutions increased from 54.40 Crores to 91.31 Crores (68 % increase) between 2009-10 and 2012-13, the number of General Surgeries performed annually increased from 46.49 lakh to 97.17 lakh (109 % increase) between 2009-10 and 2012-13. Similarly number of Caesarean sections performed annually increased from 8.19 lakh to 11.56 lakh (41 % increase) between 2009-10 and 2012-13.

(2) Reproductive, Maternal, Newborn, Child Health and Adolescent - (RMNCH+A) Services lead in articulating 'A Strategic approach to Reproductive Maternal, Newborn, Child and Adolescent health (RMNCH+A)'. For example Janani Shishu Suraksha Yojana and Sishu Suraksha Yojana has been formulated and successfully implemented. Both the schemes have helped in increase in institutional delivery. It has seen decline in population growth rate also from 21.54% in 1990-2000 to 17.64% on 2001-2011. Mother and Children Tracking Facilitation Centres have increased.

(3) Newborn Care Corners (NBCC) are established at delivery points and providers trained in basic newborn care and resuscitation through Navjaat Shishu Suraksha Karyakram (NSSK). The Home Based Newborn Care Scheme launched in 2011, National Iron Plus Initiative launched in 2013 to bring about renewed emphasis on tackling high prevalence of anaemia, comprehensively, across all age groups.

(4) Under the Universal Immunization Programme (UIP), vaccination is provided free of cost against seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B.

(5) Through Integrated Management of Neonatal and Childhood Illnesses programme since 2009 the strategy also addresses aspects of nutrition, immunization, and other important elements of disease prevention and health promotion. The strategy includes three main components: Improvements in the case-management skills of health staff, Improvements in the overall health system required for effective management of neonatal and childhood illnesses; Improvements in family and community health care practices.

(6) Rashtriya Bal Swasthya Karyakram works on expanding focus from child survival to a more comprehensive approach of child survival and development and improving the overall quality of life. It includes provision for Child Health Screening and Early Intervention Services through early detection and management of 4 Ds i.e Defects at birth, Diseases, Deficiencies, Development delays including disability. Universal Immunization Programme, a web enabled National Cold Chain Management Information System (NCCMIS) has been developed in 2011-13 to track the status of cold chain equipment. It is aimed at capturing real time data of functionality of cold chain equipment at all levels across the country.

(7) National Family Planning Indemnity Scheme (NFPIS) is launched where (i) The State Quality Assurance Cell would be responsible for management of claims under the NFPIS scheme. (ii) Addressing the Declining Sex Ratio, Stricter enforcement of the PCPNDT Act Providing proactive support for girl children through the ASHA and Anganwadi system. (iii) Gender Based Violence. (iv) Prevention and Management of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI). Special focus would be given on linking up with Integrated Counseling and Treatment Centres (ICTCs) and establishing appropriate referrals for HIV testing and RTI/STI management.

(8) India is home to 253 million adolescents (10-19 years) constituting about one fourth of the population Initiatives. Therefore NHM launched Adolescent Reproductive and Sexual Health (ARSH) Programme, Scheme for Promotion of Menstrual Hygiene, Weekly Iron and Folic Acid Supplementation (WIFS) Programme, National Iron + Initiative. Most importantly Rashtriya Kishor Swasthya Karyakram; Key drivers of the program are

community based interventions like peer educators, facility based counseling, involvement of parents and the community through a dedicated adolescent health day and strengthening of Adolescent Friendly Health Clinics across levels of care.

(9) Several initiatives are launched under National Disease Control programmes.

- National Vector Borne Diseases Control Programme (NVBDCP)
- Revised National Tuberculosis Control Programme (RNTCP)
- Integrated Disease Surveillance Programme (IDSP)
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)
- National Programme for the Control of Blindness (NPCB)
- National Mental Health Programme (NMHP)
- National Programme for the Healthcare of the Elderly (NPHCE)
- National Programme for the Prevention and Control of Deafness (NPPCD)
- National Tobacco Control Programme (NTCP)
- National Oral Health Programme (NOHP)
- National Programme for Prevention and Control of Fluorosis (NPPCF)

The National Health Mission with all its challenges and difficulties in a diverse country like India have positively revolutionized not only the rural health sector but also urban health services.