National Rural Health Mission (NRHM)

The National Rural Health Mission was launched on 12th April 2005 to address the health needs of underserved rural areas. It seeks to provide equitable, affordable and quality healthcare, particularly to the vulnerable groups.

Extent of the Problem

- Public Expenditure on healthcare is only 1.2% of GDP (2011-12) as compared to 7.7% in US, 2.2 % in China, 4.7% in Brazil and about 7% in United Kingdom.
- 86% of Private expenditure on health (which is 2.67% of GDP) is out-of-pocket expenditure as compared to 20% in US. (World Bank, 2011)
- Only 0.69 physicians is available per 1000 population.
- Only 1 Nurses/Midwives is available per 1000 population.
- The number of deaths due to chronic diseases are expected to rise from 3.78 million in 1990 (40-47% of all deaths) to 7.63 million by 2020 (66.7% of all deaths). (Planning Commission)

Objectives

The mission commits to growing its focus on healthcare by increasing public spending to 2-3% of GDP. NRHM integrates Health and Family Welfare Programmes and increases the level of decentralization. The objectives of the mission are:

- To reduce Infant Mortality Rate (IMR) to 30/1000 live births and Maternal Mortality Rate (MMR) to 1/1000 live births
- To bring Total Fertility Rate (TFR) to replacement level (2.1) which is the rate at which women give birth to enough babies to sustain population levels, with population growth rate approaching zero
- To reduce mortality due to Malaria, Dengue, Black Fever, Filiria, etc.
- To upgrade all Community Health Centers as per Indian Public Health Standards (IPHS).
- To engage 4,00,000 female Accredited Social Health Activists (ASHAs) across 13,30,000 Anganwadis.

Framework for Implementation

National Level

- **Mission Steering Group (MSG) -** Headed by Union minister of health and family welfare. It provides overall guidance.
- **Empowered Programme Committee** - Headed by Union secretary of health and family welfare. It supports the MSG in implementing the mission
- **National Program Coordination Committee** - Comprises of representatives of Ministry of health and family welfare, along with state governments. It is responsible for appraising the state plans.

State Level

- **State Health Mission** - Chaired by Chief Minister and includes nominated public representatives (MPs, MLAs). Responsible for oversight at state level.
- **State Health Society** - Chaired by Chief Secretary and responsible for supporting the State health mission in implementation of the scheme at the state level. It is the executive arm of the state mission.

District Level

- **District Health Mission:** Headed by chairman, Zila Parishad and includes MPs, MLAs in the district and the Chief Medical Officer as the mission director. It is responsible for oversight at the district level.
- **District Health Society:** Headed by the District Collector it is responsible for planning and managing all health programmes at the district level. It is the executive arm of the district mission.

Village Level

- **Village Health Sanitation and Nutrition Committee:** Comprises of Panchayat representatives, Anganwadi workers, accredited social health activists and auxiliary nurse midwives. It is responsible for planning and implementation at village level.
- **Rogi Kalyan Samiti:** Comprises of MPs, MLAs, Panchayat representatives and health officials. It functions as an NGO and is responsible for management of day to day affairs of sub centres, primary health centres as well as community health centres.

Funding Mechanism

The NRHM provides broad operational guidelines for health interventions by the state. The fund release is on the basis of the State Programme Implementation Plan (SPIP) and its subsequent appraisal by the National Programme Coordination Committee. The SPIPs are prepared by the State Health Societies and must incorporate the District Health Plans (prepared by District Health Societies). The District plans would also take into account planning at village level. The Centre-State sharing in the 12th plan is envisaged to be 85:15. In the 12th plan it has been made mandatory for the States to post performance audits of health facilities online.

The NRHM framework provides for untied annual grants of Rs10,000, Rs 25,000 and Rs 50,000 to every Sub Centre, Primary Health Centre and Community Health Centre respectively to be used for any local health facility. If villages setup health camps, sanitation drive household surveys, then the scheme provides an additional untied grant.

Convergence with other Schemes

- **Integrated Child Development Scheme (ICDS):** The immunization, health check-up and referral services components of ICDS make use of the Health machinery under NRHM.
- **Mid Day Meal Scheme (MDM):** MDM guidelines stress supplementation of micronutrients, de-worming medicines along, doses of Vitamin A, iron tablets, folic acid tablets and Zinc supplementation. These are provided through public health infrastructure under NRHM.
- **Nirmal Bharat Abhiyan (NBA):** The ASHA functions under NBA for information, education and communication (IEC) and awareness generation. ASHA is also utilized for monitoring of drinking water quality and surveillance.

Monitoring

MPs from each Lok Sabha Constituency are expected to be a part of the District Level Vigilance and Monitoring Committee (DVMC) to provide oversight to NRHM.

Functions of District Level Vigilance and Monitoring Committee

- To review progress of District Health Plan under NRHM and provide guidance on quarterly basis
- To review release of funds by Centre and States, utilization thereof and adherence to prudent norms
- To undertake regular visits to health facilities in rural areas and ensure availability of human resources
- To ensure that national programmes are being optimally implemented
- To ensure constructive engagement of all concerned departments in the district for multi-sectoral intervention
- To review and ensure effective inter-sectoral convergence
- To ensure that programme objectives are achieved and services delivered in an effective and efficient manner
- To consider complaints with regard to implementation of NRHM in the district
- To put in place effective oversight mechanisms

Integrated Service Delivery in Primary Healthcare, Tamil Nadu

Tamil Nadu has emerged as one of the best implementer's of NRHM. Behind the success of Tamil Nadu is a strong political which makes the government a dominant provider of mother and child health (MCH) services. Programs include:

- The **multi-skill training** of medical and paramedical staff and integrated service delivery initiative at PHC level. This includes X-Ray training, AYUSH drug use, HIV testing, and blood bank training.
- PHCs are provided untied funds through NRHM to provide varied services. This has allowed PHCs to respond to local needs. PHCs now provide services such as blood storage facility, family welfare services, birth certificate distribution and new born screening for disabilities.
- 24 hour delivery service with three staff nurses at PHC level.
- Tamil Nadu has also implemented successful **School Health Programme** using NRHM machinery. School health programmes involve screening for communicable diseases, de-worming and anemia control.
- Public-Private Partnership (PPP) models are being utilized in providing surgical care. One such example has been the free heart surgeries that are provided under the school health programme with private sector participation.

All of these strategies have helped Tamil Nadu to emerge with one of the best health indicators in the country. Interventions have led to awareness generation in the community. Following are some of the improved health indicators:

- 99.8% institutional child deliveries
- Sex ratio of the state is 995 females per 1000 males (as compared to a national average of 940)
- IMR is 22 (compared to national IMR of 44) and MMR is 97 (compared to national MMR of 212)
- Total fertility rate is 1.7 below replacement level rate of 2.1.

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