National Rural Health Mission (NRHM)

Facilitator:

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Specific Learning Objectives

- At the end of session, the learner shall be able to describe:

- Goals of the NRHM
- Structure of the NRHM
- ASHA

Public Health: Background

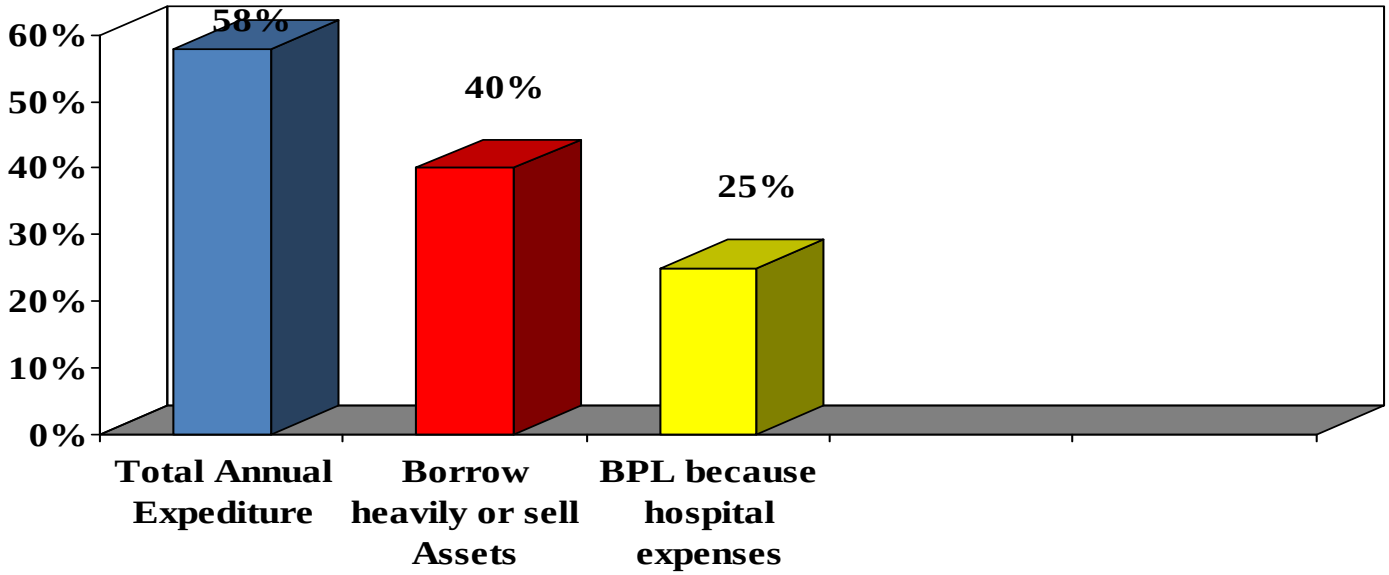
- Vertical Health and Family Welfare Programmes have limited synergisation at operational levels.
- Lack of community ownership of public health programmes impacts levels of efficiency, accountability and effectiveness.
- Integration of sanitation, hygiene, nutrition and drinking water issues is needed in the overall sectoral approach for Health.

Public Health: Background (contd..)

- Striking regional inequalities
- The challenge of Population Stabilization especially in States with weak demographic indicators.
- Curative services favour the non-poor.
- For every Re.1 spent on poorest 20% population, Rs.3 spent on the richest quintile.
- About 10% Indians have some form of health insurance, mostly inadequate

Public Health: Background (contd..)

- Hospitalized Indians spend on an average 58% of their total annual expenditure
- Over 40% of hospitalized Indians borrow heavily or sell assets to cover expenses
- Over 25% of hospitalized Indians fall below poverty line because of hospital expenses



Goals of the Mission

- Reduction in IMR and MMR.
- Universal access to public health services such as women's health, child health, water, sanitation and hygiene, immunization and nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.

Goals of the Mission contd.

- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH.
- Promotion of healthy life styles

Plan of Action

- Accredited Social Health Activists (ASHA)
- Strengthening Sub-Centers
- Strengthening Primary Health Centers
- Strengthening CHCs for First Referral Care
- District Health Plan

Plan Of Action contd.

- Converging Sanitation and Hygiene under NRHM
- Strengthening Disease Control Programs
- PPP for public health goals
- New Health Financing Mechanisms
- Reorienting Health/Medical Education to support Rural Health Issues

National Rural Health Mission

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State Health Mission

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District Health Mission ------ Rogi Kalyan Samitis

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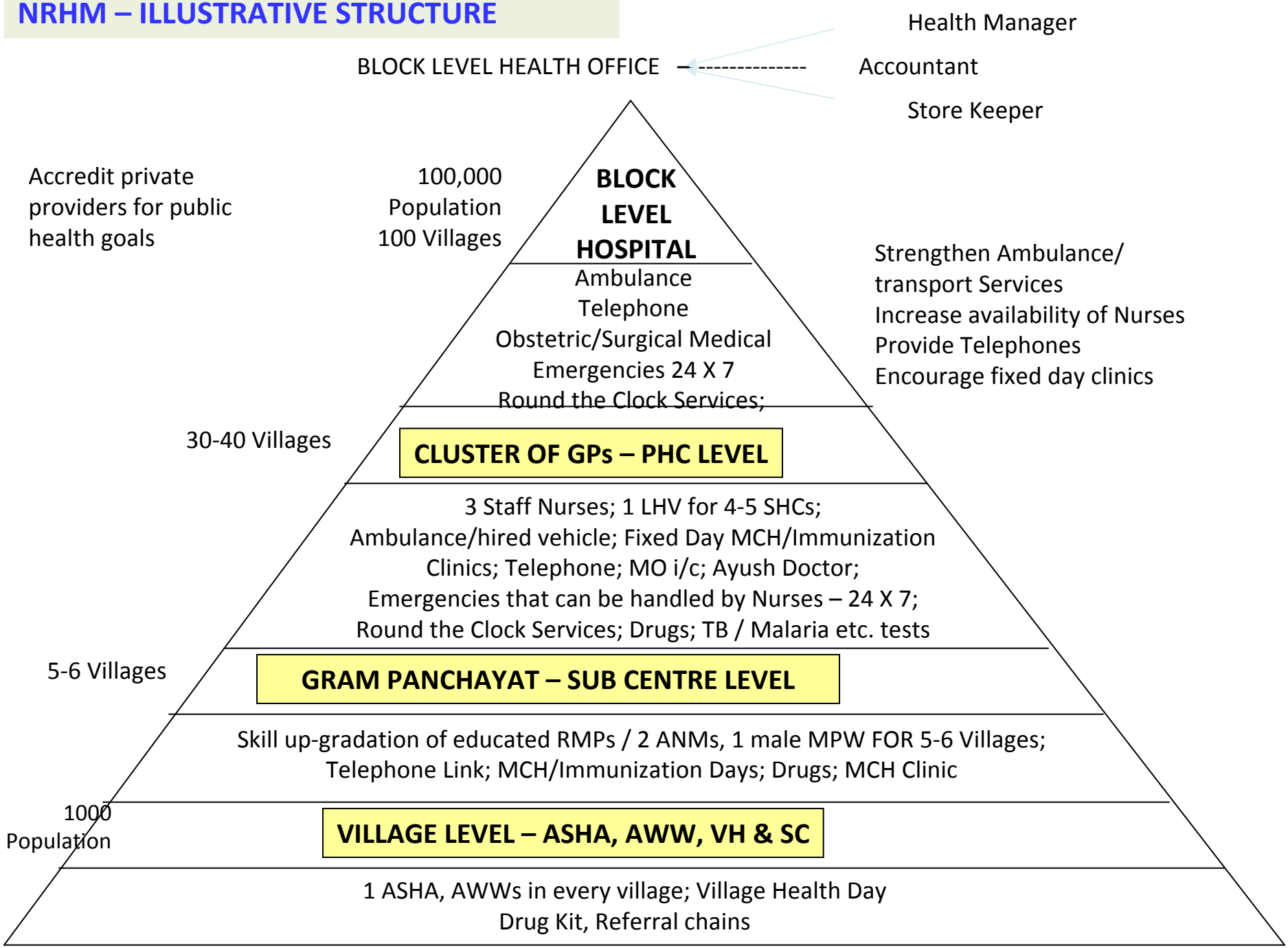
Panchayat

Village Health Committees

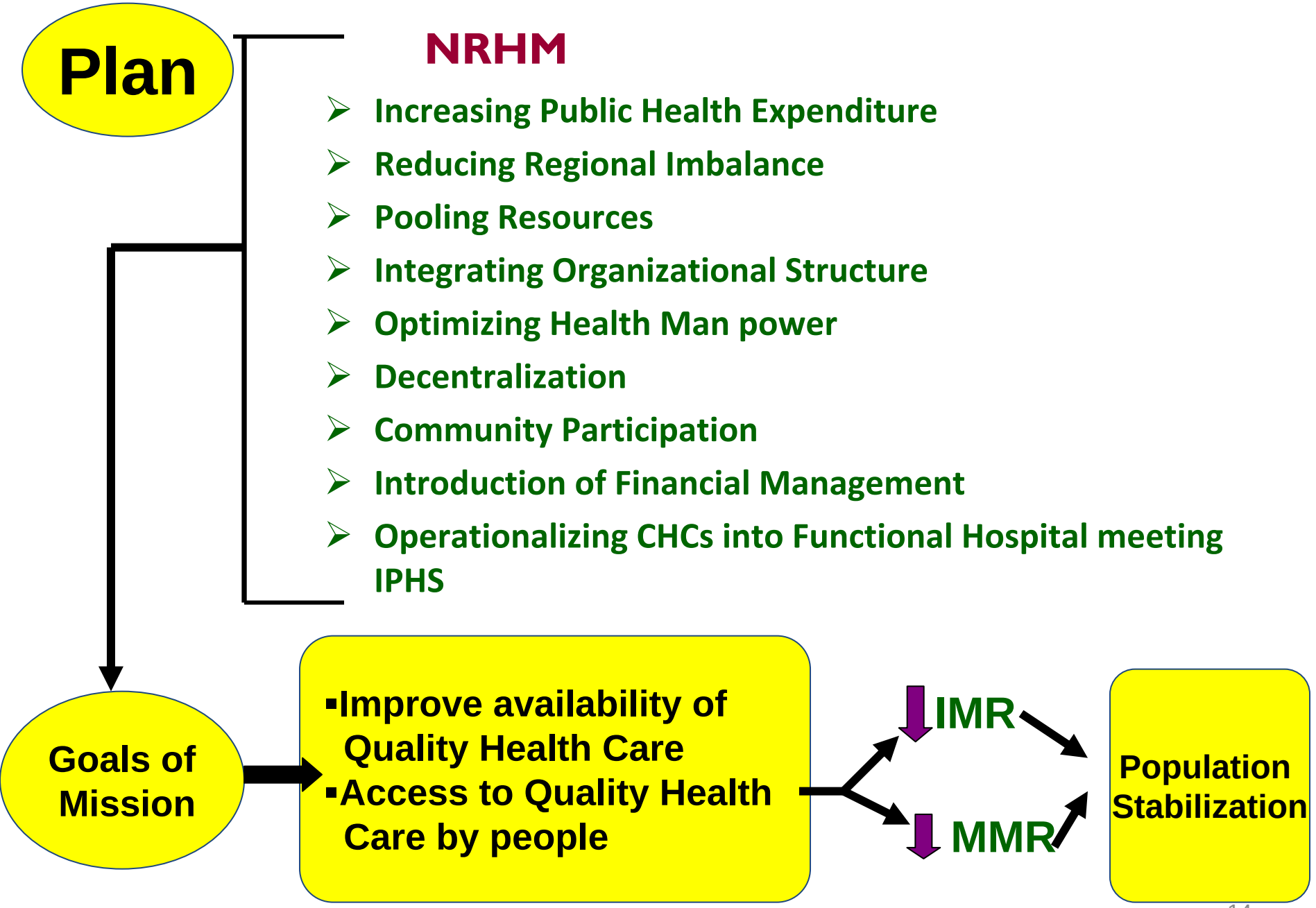
Institutional Mechanism: Organogram

NRHM – ILLUSTRATIVE STRUCTURE



Expected Outcomes from the Mission

- IMR reduced to 30 per live births by 2012.
- Maternal Mortality reduced to 100/100,000 by 2012.
- TFR reduced to 2.1 by 2012.
- Reduction in mortality due to malaria, dengue and Kalazar; Filaria elimination 2015. 85% cure rate under TB DOTs.
- 46 lakh cataract operations by 2012.
- Upgrading CHCs to IPHS; Increase utilization of FRUs from 20% to 75%;
- Engaging 2,50,000 ASHAs in 10 States.


Plan
NRHM
Increasing Public Health Expenditure
Reducing Regional Imbalance
Pooling Resources
Integrating Organizational Structure
Optimizing Health Man power
Decentralization
Community Participation
Introduction of Financial Management
Operationalizing CHCs into Functional Hospital meeting IPHS
Goals of Mission
Improve availability of Quality Health Care
Access to Quality Health Care by people
IMR
MMR
Population Stabilization

Accredited Social Health Activist (ASHA)

- On an average, a sub-centre caters for five villages
- ANMs are over-burdened with RCH services and other national health programmes, outreach visits are limited in duration and service provision.
- AWWs at village level are engaged in organising supplementary nutrition programme and other supportive health activities.

Role of ASHA

- To act as a link between health system and community especially poor sections of society and assist in service utilization.
- To provide a defined package of village based services within the framework of primary health care.
- To generate demand on key determinants of health.

ASHA

A Female Health Activist in the community

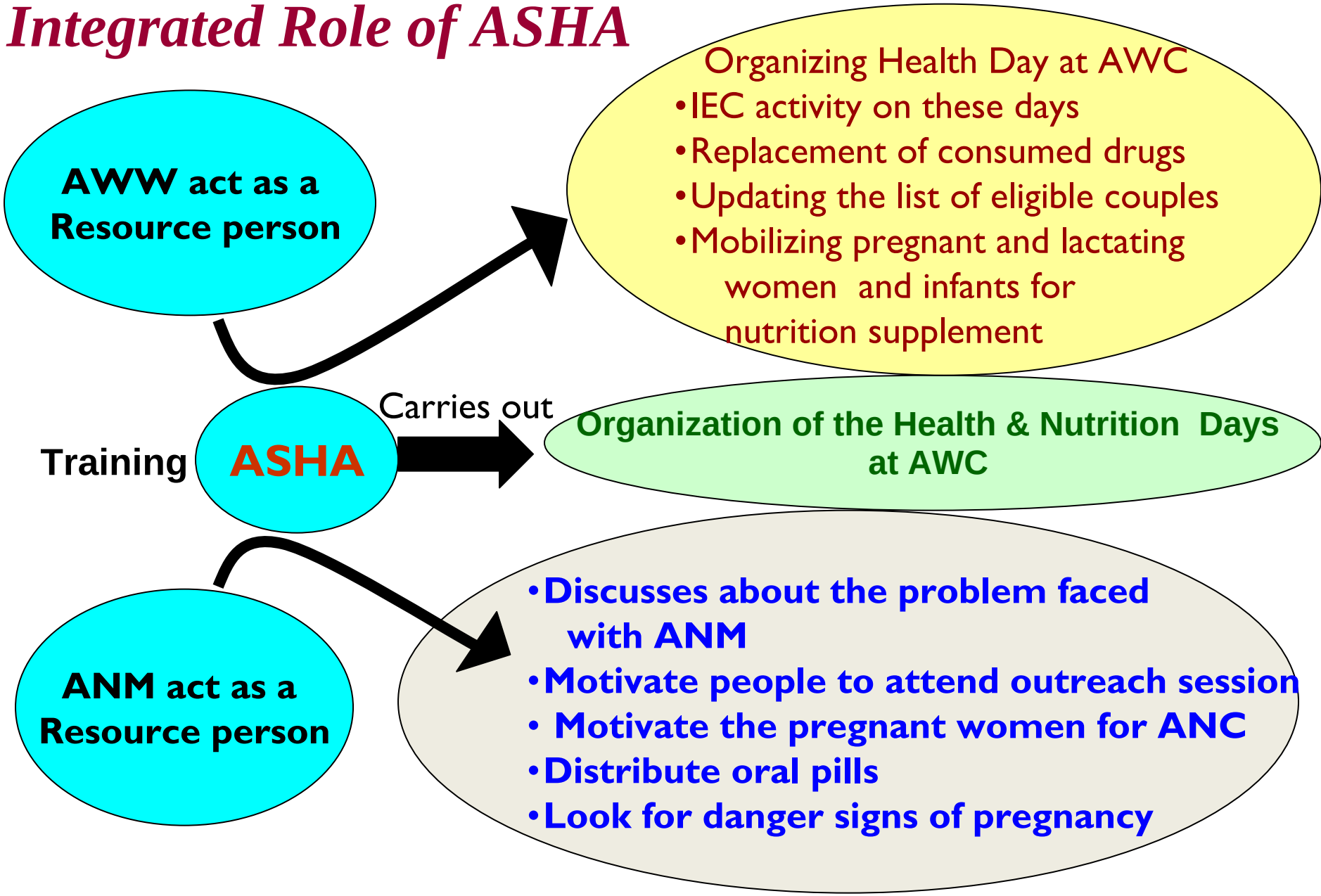
- Create awareness on health
- Mobilize the community for utilization of the existing health services.

- One ASHA to cover 1000 population.

Eligibility for ASHA

- Female
- Resident of the village
- Married/Widow/Divorced
- Preferably in the age group of 25 to 45 years
- Formal education up to eighth class.

Integrated Role of ASHA



ASHA: MY EIGHT TASKS

1. Village Health Plan (VHP)
2. Communication For Health Behaviour Change(BCC)
3. Linkage with other stakeholders
4. Counselling
5. Escorting patients to hospital
6. Primary medical care
7. Act as depot holder
8. Records and registration

INCENTIVES TO ASHA: A Honorary Volunteer

ACTIVITY	COMPENSATION
Training & Meetings	Rs 100/- per day
Registration of Early Pregnancy ANC Checkup	Rs 200/- per case Rs 25/case for 2nd 3rd ANC
Institutional Delivery (Govt. or Accredited private Inst.)	Rs 200/-per case and Rs 400/- for accompaning pregnant women for delivery
Full post natal checkup	Rs 50/-
Vaccination	DPT/Polio/Measles-Rs 25/- for each dose Rs 20/- and Rs 10/- for boosters
Sterilization	Rs 150/- for female & Rs 200/- for male
IUD insertion	Rs 25/-

Safe MTP(Govt or Accredited private Institution)	Rs 100/-
Catract Operation	Rs 150/-
DOT provider	Rs 250/- per year per case
Birth and Death Registration	Rs 15 per case
RTI/STI Referral	Rs 10/-
Toilet promotion fee	Rs 50 for APL family and Rs 100/- for BPL family
Monthly Village Health Nutrition Day (MVHND)	Rs. 100/- per MVHND

Strengthening Sub-Centers

- Untied funds Rs. 10,000
- Drugs (AYUSH)
- Additional ANMs

Strengthening Primary Health Centers

- Supply of drugs and equipments (AD syringes)
- 24 hrs (AYUSH) – 50%

Strengthening CHCs for First Referral Care

- 24 hrs FRU
- IPHS- infrastructure, staff, equipments, management
- RKS

District Health Plan

- Village health plans
- Merger of vertical family and health welfare programes
- Core unit of planning
- Project Management Unit- MBA, CA, DEO.

Converging Sanitation and Hygiene under NRHM

- TSC implemented through PRIs
- Components of TSC- IEC activities, Rural sanitary marts, individual household toilets, school sanitation campaign
- ASHA

Strengthening Disease Control Programs

- National Disease Control Programe for malaria, Tb, Kala-azar, Filaria, Blindness, IDD integrated horizontally
- New initiative for non-communicable diseases
- Disease surveillance from village level
- Supply of drugs at village level

PPP for public health goals

- 75% health services provided by pvt. sector
- Guidelines for PPP
- JSY
- Vandematram scheme

New Health Financing Mechanisms

- Community Based Health Insurance scheme
- Funds from existing vertical programes

Reorienting Health/Medical Education to support Rural Health Issues

- Mainstreaming AYUSH

INTEGRATED SERVICE DELVERY UNDER NRHM