NHP – NRMH
National Rural Health Mission

Learning Objectives

- Milestones
- National Health Mission : NUHM and NRHM
- National Rural Health Mission
- Goals
- Coverage
- Strategies : Core and Supplementary
- Plan of Action: 10 components
- Institutional mechanisms: VHSC and RKS, DHM,SHM and National level
- Major initiatives under NRHM
- Financial management

Milestones

- 1902: First Midwifery Act to promote safe delivery in UK
- 1952 : National family Planning programme
- 1971: MTP Act
- 1974 : FP services incorporated in MCH care.
- 1977: Renaming Family Planning to Family Welfare
- 1985 : Universal Immunization Programme

Milestones cont'd…..

- 1992 : Child Survival and Safe Motherhood Programme (CSSM)
- 1997 : RCH I (15th October)
- 2005 : RCH II (01 April)
- 2005 : NRHM (05 April)
- 2013 : NHM (May 2013) and RMNCH+A
- NHM with two sub missions NRHM and NUHM

National Health Mission (NHM)

- NHM was approved in May 2013
- NRHM and NUHM as its sub missions.

NHM envisages …

- Achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

Main programmatic components of NHM

- Health system strengthening in rural and urban areas
- RMNCH+A : Reproductive, Maternal, Neonatal, Child and Adolescent Health
- Control of communicable and non communicable diseases
- To reduce out of pocket expenditure.

National Rural Health Mission (NRHM)

- NRHM was launched on 05 April 2005 by Govt of India.
- Implementation is with MoHFW.
- Mission seeks to improve rural health care delivery system.
- **Aim :** To provide accessible, affordable, accountable, effective and reliable primary health care to rural population particularly vulnerable groups.
- To bridge the gap in rural health care through creation of a cadre of Accredited Social Health Activist (ASHA).
- Mission is an instrument to integrate multiple vertical programmes along with their funds at the district level.

Cont'd…

Programmes integrated into NRHM :

- Existing programmes of health and family welfare including RCH II
- National Vector Borne Disease Control Programme (NVBDCP)
- National Leprosy Eradication Programme (NLEP)
- Revised national tuberculosis control programme (now NTEP)
- National Programme for Control of Blindness (NPCB)
- Iodine Deficiency Disorder Control Programme (IDDCP)
- Integrated disease surveillance project (IDSP)

Goals of NRHM

1.Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) .

2.Universal access to public health services such as women's health, child health, water, sanitation and hygiene, immunization and nutrition

3.Prevention and control of communicable and non-communicable diseases, including locally endemic diseases

4.Access to integrated comprehensive primary healthcare

Cont'd…

5. Population stabilization, gender and demographic balance

6. Revitalize local health traditions and mainstream AYUSH

7. Promotion of healthy life styles

Coverage of NRHM

- It covers the entire country.
- Special focus on 18 states where the challenge of strengthening poor public health systems and thereby improve key health indicators is the greatest.
- 8 Empowered Action Group states (Bihar, Jharkhand, Madhya Pradesh, Chattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan),
- 8 North East states (Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)
- 2 Himachal Pradesh and Jammu and Kashmir.

Strategies under NRHM

- Some Core strategies and some supplementary strategies.

1.Core strategy include:

- Train and enhance capacity of PRIs to own, control and manage public health services.
- Decentralization of villages and district level Rural Planning and Management.
- To promote access to health care to household through female activist ASHA.
- Strengthening of SC,PHC and CHC.

Cont'd..

2.Supplementary Strategies include:

- Regulation of the private sector to improve equity and reduce out of pocket expenses.
- Foster public–private partnerships to meet national public health goals.
- Re-orienting medical education
- Introduction of effective risk pooling mechanisms and social insurance to raise the health security of the poor..
- Taking full advantage of local health traditions, mainstreaming of AYUSH.

NRHM: Plan of Action (10 Components)

1. Accredited Social Health Activists (ASHA)
2. Strengthening Sub-Centers
3. Strengthening Primary Health Centers
4. Strengthening CHCs for First Referral Care
5. District Health Plan
6. Converging Sanitation and Hygiene under NRHM
7. Strengthening Disease Control Programs
8. PPP for public health goals
9. New Health Financing Mechanisms
10. Reorienting Health/Medical Education to support Rural Health Issues

1.Accredited Social Health Activists (ASHA)

Selection of ASHA:

- Must be the resident of the village
- A woman (married / widow / divorced) preferably in the age group of 25 to 45 yr.
- Formal education up to eighth class,
- Having communication skills and leadership qualities.

- General norm of selection is one ASHA for 1000 population.
- In tribal, hilly and desert areas the norm could be relaxed to one ASHA per habitation.

More about ASHA…..

- ASHA are trained on a pedagogy of public health.
- ASHA will act as a link between ANM and village and is accountable to village panchayat.
- ASHA is honorary volunteer and receives performance-based incentive in various National Health Programmes and schemes.
- She is provided with a drug kit.
- Govt of India bears the cost of training, incentives and medical kits.

Role and responsibilities of ASHA

- ANM will guide ASHA, integration of work
- **To create** awareness and provide information to the community
- **To counsel** women on birth preparedness, importance of safe delivery, breast-feeding, immunization etc.
- **To mobilize** the community and facilitate them in accessing health and health related services. Immunization, Anganwadi.
- **To work with** the VHSC of the gram panchayat to develop a comprehensive village health plan.

Cont'd…

- **To escort/accompany** pregnant women and children requiring treatment /admission to the nearest pre-identified health facility.
- **To provide** primary medical care for minor ailments such as diarrhoea, fevers, first aid.
- **To act** as a depot holder for essential provisions such as contraceptives, IFA, ORS
- **To inform** about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to Sc/PHC.
- **To promote** construction of household toilets under TSC.

Performance Based Incentives (Illustrative)

Programme for Incentive for ASHA	Amount in Rs
JSY scheme. To accompany ANC for hospital delivery	600
Home visits to new born child as a part of HBNC	250
Ensuring spacing of 2 years after marriage	500
Referral of presumptive TB patient to public health facility and diagnosis as TB	500
Mobilization of children for immunization	150 / Session
Fully immunized child	100
Cataract identification and referral	150
Confirmation of diagnosis of leprosy	250
Completion of treatment for PB / MB case	400/ 600

2.Strengthening Sub-Centers

- Untied funds Rs. 10,000 p.a.

  - To facilitate meeting urgent yet discrete activities that need relatively small sums of money. (joint A/C of ANM and Sarpanch)

- Provision of BP measuring equipment, Hb measuring equipment, stethoscope, weighing machine etc
- Drugs (Allopathic and AYUSH)
- Appointment of additional ANMs

3.Strengthening Primary Health Centers

- Untied Funds of Rs 25000 p.a.

  - To increase functional, administrative and financial resources and autonomy to the field units for local health action. (A/C of RKS)

- Annual Maintenance Grant of Rs.50,000

  - For improvement and maintenance of physical infrastructure.

  - Provision of water, toilets, their use and their maintenance has to be the priorities.

Cont'd..

- Both these funds will be spent and monitored by RKS.
- Additional three staff nurses as against one at present.
- Provision of two doctors (one male, one female) and Ayush practitioner to provide 24 hours services.
- Adequate and regular supply of essential drugs and equipments (AD syringes).
- Standard treatment guidelines and protocols.

4.Strengthening CHCs for First Referral Care

- Operationalizing existing CHC as 24-hour FRU including posting anesthetist.
- Codification of new Indian Public Health Standards (IPHS) -setting norms for infrastructure, staff, equipments, management etc for SC/PHC/CHC
- Promotion of stakeholders' committee's RKS for hospital management.
- Developing standards of services and costs in hospital care.

5.District Health Plan (DHP)

- DHPs to be prepared by aggregation and consolidation of Village Health Plans , Block Plans will be basis for DHP.
- Requires setting up of planning teams at various levels - Village/ PHC/CHC/District
- Consultations with experts, collection of basic information from surveys.
- Project management unit at district level MBA,CA, data operators for improved programme management.
- Merging of vertical family and health welfare programs.

6.Converging Sanitation and Hygiene under NRHM

- Implementation of **Total sanitation Campaign (TSC)** in all districts through PRIs.
- Components of TSC – IEC activities, Rural sanitary marts, individual household toilets, school sanitation programme.
- Involvement of ASHA

7.Strengthening Disease Control Programs

- Strengthening ongoing National Disease Control Programe for malaria, TB, Kala-azar, Filaria, Blindness, IDD **will be integrated horizontally.**
- All these programmes will be **under single umbrella of NRHM.**
- New initiative for non-communicable diseases
- Disease surveillance from village level.
- Supply of generic drugs (both allopathic and AYUSH) at village/SC/PHC/CHC level.

8.PPP for public health goals

- More than 75% health services provided by private sector.
- Needs to refine regulation.
- Guidelines for PPP
- Family welfare, immunization, JSY, MTP services, NPCB-
- Vande Mataram scheme - services from private Gynaecologists.

9.New Health Financing Mechanisms

- Standardization of services – OPD, IPD, laboratory, Surgical procedures and costs
- Payment to hospitals for services by way of reimbursement.
- Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) launched on 23 September 2018.
- Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) in Maharashtra.
- Universal Health Coverage for all citizens of Maharashtra
- Cashless secondary and tertiary healthcare procedures in network hospitals
- Provides health coverage of Rs.5 lakhs per year on a family floater basis.

10.Reorienting Health/Medical Education to support Rural Health Issues

- Need for mainstreaming of AYUSH
- Need to create medical and paramedical education facilities in the states.

Institutional Mechanisms

1.Village Health Sanitation and Nutrition Committee (VHSNC):

- An important tool of community empowerment and participation at the grassroots level.
- Committee reflects the aspirations of the local community, especially the poor households and children.
- Consisting of Panchayat Representatives, ANM,MPW, Anganwadi worker, teacher, ASHA, community health volunteers.
- Create public awareness about the essentials of health programs.
- To maintain updated Household Survey data to enable need based interventions.

Cont'd…

- Discuss and develop Village Health Plan
- Annual untied grant of Rs.10,000/-
- Joint A/C of ANM/AWW/Sarpanch
- Could be used as a revolving fund from which households could draw in times of need to be returned in installments thereafter.
- For any village level public health activity like cleanliness drive, sanitation drive, school health activities etc.

2 Rogi Kalyan Samiti (RKS):

- Introduced in NRHM as a forum to improve the functioning and service provision in public health facilities, increase participation and enhance accountability.
- RKS are established in all DH, SDH, CHC, and PHC and equivalent facilities.
- RKS must be registered as a Society under the Societies Registration Act 1860.
- RKS includes elected representatives, administrative and technical personnel and members of the community, NGO

Functioning of RKS:

- RKS comprise of a Governing Body (GB) and an Executive Committee (EC).
- GB will be responsible for policy formulation and oversight.
- EC for implementing policy decisions and facilitating operation of patient centric services.
- Members act as trustees to manage the affairs of the hospital.
- RKS plays a supportive and complementary role to the hospital administration in ensuring the provision of universal, equitable and high-quality services.

Cont'd..

- Decide on the user fee structure for outpatient and inpatient treatment.
- Operationalize a Grievance Redressal Mechanism.
- The committee is neither expected to run the day to day administrative functions of the hospital, nor is it to be concerned with management of clinical services.
- DHS monitors performance of RKSs at the different levels and provide need based technical support and funds.

Source of RKS Funds:

- Untied funds based on the level of facility, its case load, fund utilization capacity and availability of previous year funds.
- User fees as determined by RKS for hospital services e.g. X-ray, Ultrasound scanning, laboratory services, private wards etc.
- Donations, grants from government and loans from financialinstitutions (with permission of State Government).
- Leasing or Renting the walls, open space, hospital premises for activities like Canteen, telephone booths, parking etc.

3. District level:

- District Health Mission (DHM) headed by the Chair Person Zila Parishad..
- District Health Society (DHS), which will be headed by the District Collector, co chairmen is Chief Executive Officer of ZP and DHO is convenor.
- District Programme Officers are members DHS.
- District Programme Management Unit (DPMU) consisting of one Programme manager (DPM), one Account manager (DAM) , Data operators.

4. State level:

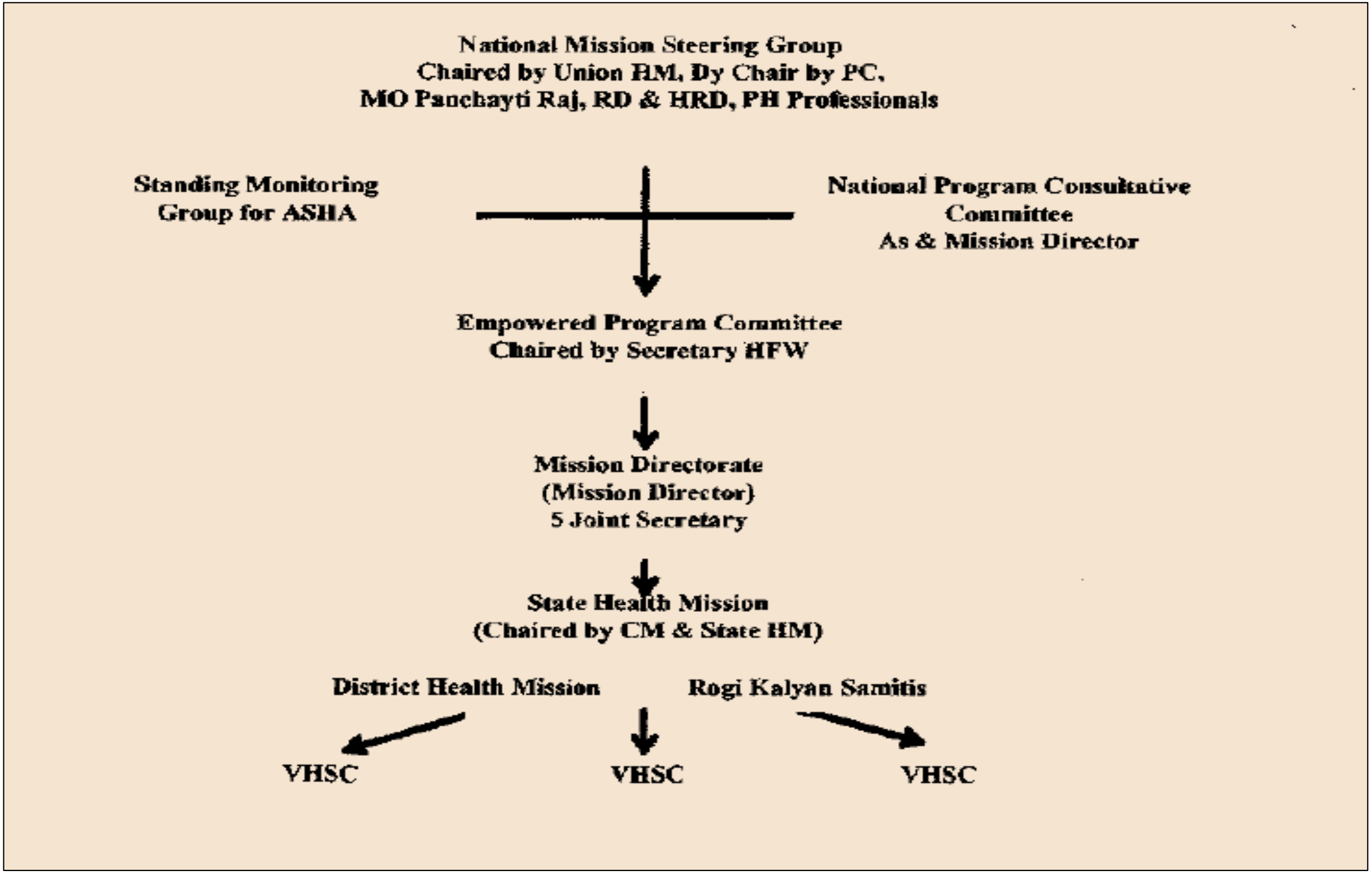
- State Health Mission headed by the State Chief Minister, provides overall guidance.
- State Health Society (SHS) carries the functions under the Mission and is headed by Mision Director, rank of Secretary.
- State Programme Management Unit (SPMU) consisting of team of Programme managers , Account managers and Data operators.

5. National level:

- Mission Steering Group (MSG) chaired by Health & Family Welfare Minister with Dy. Chairman Planning Commission, Ministers of Panchayat Raj, RD and HRD and public health professionals.
- Secretary HFW as Convener and Mission Director as co convenor.
- MSG provides policy direction to the Mission.
- Empowered Program Committee (EPC) an Executive Committee under NRHM, headed by the Union Secretary of Health and Family Welfare.
- Financial proposals brought before the MSG are first placed before and examined by the EPC.

Cont'd..

- Mission Directorate is headed by a Mission Director, of the rank of Additional Secretary, supported by a team of Joint Secretaries.
- Mission handles not just the day-to-day administrative affairs of the Mission but is responsible for planning, implementing and monitoring Mission Directorate activities.
- Integration of Departments of Health and Family Welfare, Government of India. Maternal health division, NFWP, NVBDCP, NTEP etc.


National Mission Steering Group
Chaired by Union HM, Dy Chair by PC,
MO Panchayti Raj, RD & HRD, PH Professionals
Standing Monitoring Group for ASHA
National Program Consultative Committee
As & Mission Director
Empowered Program Committee
Chaired by Secretary HFW
Mission Directorate
(Mission Director)
5 Joint Secretary
State Health Mission
(Chaired by CM & State HM)
District Health Mission
Rogi Kalyan Samitis
VHSC
VHSC
VHSC

Financing to the States under NHM

- It is based on the State's Program Implementation Plan (PIP).
- State PIP has following parts:

Part I : NRHM RCH Flexipool

Part II : NUHM Flexipool,

Part III : Flexible Pool for Communicable Diseases

Part IV : Flexible Pool for NCDs, Injury and Trauma

Part V : Infrastructure Maintenance

Part VI: Family Welfare Central Sector Component.

Major Initiatives under NRHM

1.Janani Suraksha Yojana (JSY):

- Launched on 12 April 2005.
- Aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government health facilities.
- Cash assistance is provided to eligible pregnant women for giving birth in a government health facility.
- A 100 % centrally sponsored scheme.
- Involvement of **ASHA.**

Scale of assistance in JSY

	Rural Area			Urban Area		
Category	**Mother's Package**	**ASHA's Package**	Total (Rs)	**Mother's Package**	**ASHA's Package**	Total (Rs)
LPS	1400	600 (300+300)	2000	1000	400 (200+200)	1400
HPS	700	600 (300+300)	1300	600	400 (200+200)	1000

LPS : Low performing states

HPS : High performing states

First is ANC component and

Second is for accompanying pregnant woman for institutional delivery.

Up to Rs. 1500 : per delivery as the cost of **caesarean section** and for management of obstetric complications, to the government institutions, where government specialists are not in position.

Rs 500: for BPL women preferring **home delivery** in both LPS and HPS states

2.Janani Shishu Suraksha Karyakram (JSSK):

- Launched 01 June, 2011 which guaranteed comprehensive maternal and newborn health care in public health facilities..
- Beneficiaries are all pregnant and delivered women and children under 1 year.
- Free entitlements like, free pickup, free drop back, free delivery including LSCS, free diagnostics etc.
- Toll free number 108 for Ambulance.

3.Rashtriya Bal Swasthya Karyakram (RBSK)

- A new initiative to protect and promote child health.
- Launched in **February 2013.**
- Systematic approach to child health screening and early intervention
- Aims at early detection and management of the **'4Ds'**
- Beneficiaries: Children 0 to 18 years
- Health check up of **Anganwadi children** (o to 6 years) twice in a year.
- Health check up of **school children** in Govt and Govt aided school.

Health conditions identified for screening

Defects

Neural Tube Defect
Down's Syndrome
Cleft Lip & Palate
Cleft Palate alone
Talipes (club foot)
Developmental Dysplasia of the Hip
Congenital Cataract
Congenital Deafness
Congenital Heart Diseases
Retinopathy of Prematurity

Deficiencies

Anaemia.
Vitamin A Deficiency
Vitamin D Deficiency
Severe Acute Malnutrition
Goiter

Rashtriya Bal Swasthya Karyakram (RBSK)

Childhood diseases

Skin conditions
Otitis Media
Rheumatic Heart Disease
Reactive Airway Disease
Dental Caries
Convulsive Disorders

Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional)

Devptl delay & disability

Vision Impairment
Hearing Impairment
Neuro-Motor Impairment
Motor Delay
Cognitive Delay
Language Delay
Behaviour Disorder
Learning Disorder
ADHD

4. Rashtriya Kishor Swasthya Karyakram (RKSK) (7 January 2014)

- To ensure holistic development of adolescent population.
- To reach out to 253 million adolescents - male and female, rural and urban, married and unmarried, in and out-of-school adolescents.
- Adolescent Friendly Health Clinics
- Weekly Iron Folic Acid Supplementation
- Menstrual Hygiene Scheme.

5.National Ambulance Services:

- Free ambulance services to provide patients transport in every nook and corner of the country.
- Connected with a toll free number.
- Over 16,000 basic and emergency patient transport vehicles have been provided under NRHM.
- Besides these, vehicles have been empanelled to transport patients, particularly pregnant women and sick infants from home to public health facilities and back.
- 28 States have set up a call center for effective patient transport system.

6.National Mobile Medical Units (NMMUs):

- Support has been provided in 418 out of 640 districts for 2127 MMUs under NRHM in the country.
- To increase visibility, awareness and accountability.
- Provide outreach for outpatient services including basic laboratory services.
- All Mobile Medical Units have been repositioned as "National Mobile Medical Unit Service" with universal colour and design.

7.Web enabled Mother and Child Tracking System (MCTS):

- Name-based tracking of pregnant women and children
- Intention is to track every pregnant woman, infant and child up to the age of three years by name,
- For ensuring delivery of services like timely ANC, institutional delivery and PNC for the mother, and immunization and other related services for the child.

8.Drugs and technology:

- To develop the mechanism for free drugs and the availability of generic drugs, centralized drugs, and equipment procurement.

New Initiatives under NRHM

1. Home delivery of contraceptives (condoms, oral contraceptive pills, emergency contraceptive pills) by ASHA

2. Conducting District Level Household Survey (DLHS) – 4 in 26 States/UTs where the Annual Health Survey (AHS) is not being done

3. Involving ASHA in Home Based Newborn Care. (HBNC)

4. Establishment of Mother and Child Health Wings (MCH Wings) in public health facilities with high bed occupancy to cater to the increased demand for services.

5.RMNCH+ A strategy.

Aim and contents of RMNCH + A :

- To reach the maximum number of people in the remotest corners of the country.
- Based on provision of comprehensive care through the five pillars, or thematic areas, of
- **Reproductive, Maternal, Neonatal, Child, and Adolescent Health**
- **Plus sign** focusses on adolescence as a distinct life stage, linking home and community-based services to facility based care.
- Also focusses on ensuring linkages in referrals and cross referrals.


5 X 5 matrix for High Impact RMNCH+A Interventions
When Implemented with High Coverage and High Quality
Reproductive Health
Maternal Health
Newborn Health
Child Health
Adolescent Health
Health Systems Strengthening
Cross cutting Interventions

5 X 5 matrix for RMNCH+A

Let's make every mother and child healthy,

Transformational Leadership can do it

Reproductive Health

- Focus on spacing methods, particularly PPIUCD at high case load facilities
- Interval IUCD at sub-centers on fixed days
- Doorstep delivery of contraceptives by ASHA
- Strengthening safe abortion services
- Maintaining sterilization services

Maternal Health

- Use MCTS to ensure early registration of pregnancy and provide full ANC
- Detect high risk pregnancies and line list and manage severely anemic mothers
- Equip delivery points with trained HR & other infrastructure
- Review maternal, infant and child deaths for corrective actions
- Notify sub-centers with less institutional delivery load, distribute Mesoprostol and incentivize ANMs for domiciliary deliveries

Newborn Health

- Early initiation and exclusive breastfeeding
- Home based newborn care through ASHA
- Essential Newborn Care and resuscitation services at all delivery points
- Equip Special Newborn Care Units with highly trained HR and other infrastructure
- Empower ANM for community level use of Gentamycin

Child Health

- Complementary feeding, IFA supplementation and focus on nutrition
- Diarrhoea management at community level using ORS and Zinc
- Management of pneumonia
- Full immunization coverage
- Rashtriya Bal Swasthya Karyakram (RBSK): screening of children for 4D (birth defects, development delays, deficiencies and disease) and its management

Adolescent Health

- Community based services through peer educators
- Delay in age of marriage
- Strengthen ARSH clinics
- Weekly IFA Supplementation (WIFS) under national Iron Plus initiative
- Promote menstrual hygiene

Health Systems

- Case load based deployment of HR at all levels
- Ambulances, drugs, diagnostics, reproductive health commodities
- Behavior change communication
- Supportive supervision and use of scorecards based on HMIS
- Public grievances redressal mechanism

Cross cutting

- Equip nurses to provide specialized and quality care
- Address social determinants of health through convergence
- Introduce difficult area and performance based incentives
- Focus on un-served and underserved villages, urban slums and blocks
- Bring down out of pocket expenses

NATIONAL RURAL HEALTH MISSION

USAID FROM THE AMERICAN PEOPLE

CALL TO ACTION CHILD SURVIVAL and DEVELOPMENT FOR EVERY CHILD IN INDIA

MCHIP Maternal and Child Health Integrated Program

Thank You