HEALTH SYSTEM STRENGTHENING UNDER THE NATIONAL RURAL HEALTH MISSION (NRHM) IN INDIA

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Joint Secretary
Govt. of India

- Over 1.1 billion population
- 35 States and Union Territories
- Federal system of governance; public health - a state subject
- Socio-economic and demographic scenario varies greatly across the country
- Large and multiple challenges for the health care system
### WHERE WE ARE NOW...

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>BASELINE</th>
<th>NATIONAL TARGETS 2012</th>
<th>MDG 2015</th>
<th>AS ON DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMR</td>
<td>58 (SRS 2004)</td>
<td>&lt;30</td>
<td>27</td>
<td>53 (SRS 2008)</td>
</tr>
<tr>
<td>MMR</td>
<td>301 (SRS 01-03)</td>
<td>&lt;100</td>
<td>142</td>
<td>254 (SRS 04-06)</td>
</tr>
<tr>
<td>TFR</td>
<td>2.9 (SRS 2004)</td>
<td>2.1</td>
<td>--</td>
<td>2.6 (SRS-2008)</td>
</tr>
</tbody>
</table>

### WIDE VARIATIONS WITHIN THE COUNTRY...

<table>
<thead>
<tr>
<th>MMR Range</th>
<th>No. of States</th>
<th>IMR Range</th>
<th>No. of States</th>
<th>TFR Range</th>
<th>No. of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 – 150</td>
<td>4 states</td>
<td>10 – 30</td>
<td>6 states</td>
<td>1.7 – 2.1</td>
<td>14 states</td>
</tr>
<tr>
<td>151 – 200</td>
<td>4 states</td>
<td>31 – 45</td>
<td>16 states</td>
<td>2.2 – 2.5</td>
<td>4 states</td>
</tr>
<tr>
<td>201 – 300</td>
<td>1 state</td>
<td>45 – 60</td>
<td>8 states</td>
<td>2.6 – 3.0</td>
<td>8 states</td>
</tr>
<tr>
<td>301 – 480</td>
<td>9 states</td>
<td>61 – 70</td>
<td>5 states</td>
<td>3.1 – 3.9</td>
<td>9 states</td>
</tr>
</tbody>
</table>
RURAL HEALTH INFRASTRUCTURE

<table>
<thead>
<tr>
<th>Health Institution</th>
<th>Numbers in the country</th>
<th>Population covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Centres</td>
<td>146,036</td>
<td>3 to 5 Thousand</td>
</tr>
<tr>
<td>Primary Health Centre (PHC)</td>
<td>23,458</td>
<td>20 to 30 Thousand</td>
</tr>
<tr>
<td>Community Health Centre (CHC)</td>
<td>4,276</td>
<td>80 to 120 Thousand</td>
</tr>
<tr>
<td>District Hospital</td>
<td>642</td>
<td>One in every district</td>
</tr>
</tbody>
</table>

Total population of India: 1029 million (Census 2001) / 70% rural

NATIONAL RURAL HEALTH MISSION (NRHM): 2005-12

Launched in 2005, provides federal funding to the States, to:

- Rejuvenate the Health delivery System
- Provide quality universal health care which is accessible, affordable, and equitable
- Reduce IMR, MMR, TFR, and disease burden

Through:

- Decentralisation – planning, program design and implementation
- Flexible financing – need based, responsive to innovation
- Community participation – nearly 0.5 million Village Health & Sanitation Committees
### SECTOR-WIDE APPROACH

**Health System Strengthening**
- Community Mobilisation
- Flexible financing
- Human Resources
- Infrastructure strengthening
- Capacity Building

**Adolescent Health**
- Immunisation
- Child Health

**NATIONAL RURAL HEALTH MISSION**
- Maternal Health
- Family Planning

**Disease Control**
- TB
- Leprosy
- Blindness
- Other diseases

**VBD incl. Malaria**

### PROGRESS

#### INFRASTRUCTURE STRENGTHENING

- Construction of new health facilities
  - 5519 sub-centres
  - 414 PHCs
  - 240 CHCs
  - 20 District Hospitals
- Strengthening of physical infrastructure of existing facilities
- Professionally managed Emergency Response Systems in 10 states
- 1031 Mobile Medical Units providing services in remote/ under-served areas

#### HUMAN RESOURCES

- Over 100,000 personnel engaged:
  - 8648 doctors
  - 1589 specialists
  - 7993 AYUSH doctors
  - 25790 staff nurses
  - 46351 ANMs
  - 17575 paramedics
  - 1685 programme managers
- More than 750,000 community health workers (ASHAs) placed

#### PLANNING & MONITORING

- Program monitoring through bi-annual review missions
- Concurrent evaluation of 197 districts through independent agencies
- Monthly and quarterly service statistics through web based HMIS
- District health planning taken up by 631 districts
- 29,620 registered Patient Welfare Committees at PHC and above
Accredited Social Health Activist (ASHA)

Key person to strengthen service delivery under NRHM

- Link between the community and the health care delivery system
- A literate woman, belonging to the community
- Over 750,000 ASHAs in place – they receive training of basic health issues, and are provided drug kits
- Given performance linked incentives – no salary, not a govt. employee
- Has brought a change in the health delivery scenario in the rural areas, including in motivating women to avail institutional care for delivery.

ASHA INCENTIVES: Examples

- **RCH**
  - Motivating for early ANC registration and full ANC, arranging for referral transport, institutional delivery, early initiation of breast feeding (per pregnant woman): $4 – 13
  - Motivating for sterilisation (per beneficiary): $4
  - Mobilising children for immunisation (per session): $4
- **Malaria**
  - Detection and treatment (per case): $4
- **RNTCP**
  - Detection and treatment (per case): $4
- **Leprosy**
  - Detection of leprosy cases: $2
  - Following up to ensure full treatment: $4
NRHM: MAKING A DIFFERENCE...EVERYWHERE

KEY MATERNAL HEALTH STRATEGIES

- Conditional Cash Transfer (JSY)
- Safe home deliveries
- Institutional deliveries
- Referral Transport
- Safe abortion services
- RTI/STI services
- Maternal Death Review
- Capacity Building
- Operationalise Facilities

• Current MMR (2004-06): 254
• MDG target (2015): 142
• NRHM target (2012): 100

Current MMR (2004-06): 254
MDG target (2015): 142
NRHM target (2012): 100
PROGRESS

• Facility operationalisation
  – Nearly 2100 First referral units
  – Nearly 9500 Primary Health Centres for 24-hour services

• Capacity building
  – Over 900 MOs trained in comprehensive EmOC, including c-section
  – Over 1100 MOs trained in anaesthesia skills
  – Nearly 41000 nursing personnel trained as skilled birth attendants

• Over 10 million JSY beneficiaries

JANANI SURAKSHA YOJANA

Launched by Govt. of India in April 2005, by modifying the National Maternity Benefit Scheme (NMBS)

A Demand Side Intervention to reduce Maternal & Infant Mortality
JANANI SURAKSHA YOJANA (JSY): Promoting Institutional Deliveries

100 % centrally sponsored scheme

Key Features
- Early Registration
- Delivery care through micro-birth plan
- Referral Transport (Home to Health Institution)
- Promoting Institutional birth
- Post delivery visit and reporting
- Family Planning and Counseling

Supported by
- ASHA/ any Link worker
- Cash Assistance

CASH ASSISTANCE UNDER JSY

<table>
<thead>
<tr>
<th></th>
<th>Mother’s Package</th>
<th>ASHA Package</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural Areas</td>
<td>Urban Areas</td>
</tr>
<tr>
<td></td>
<td>$15-30</td>
<td>$13-22</td>
</tr>
</tbody>
</table>

- ASHA package includes:
  - Incentive for motivating the woman for institutional delivery
- In the rural areas, additional money is provided for:
  - Transactional cost for accompanying the woman to the health institution at time of delivery
  - Organising transportation to the health facility.

Referral transport assistance is a great enabler for women to access health care.
Institutional Deliveries Under JSY

JSY: Key findings from an evaluation in Dec ’08 by UNFPA

- Institutional deliveries have substantially increased
- Majority of deliveries taking place in primary care institutions
- Social Equity issues being addressed
- Increased utilisation of ANC services
- Field level workers – the main source of information
- However, two-day stay post delivery, and timeliness of payment to beneficiaries need greater attention
JSY: Provisional results from a Population Council study in Rajasthan (2010)

Compared JSY beneficiaries with non-beneficiaries:

- Marked increase in antenatal care, institutional delivery, and post natal care
- Notable gains in newborn care practices
- Improved breastfeeding behaviour

Lancet on JSY (5th June, 2010)

- JSY is reaching the poor and the disadvantaged women
- JSY has had an impact on reducing perinatal and neonatal deaths
OUTCOMES

- Latest Coverage Evaluation Survey (Unicef, 2009) shows
  - 68.7% women received at least 3 or more ANC check ups during last pregnancy
  - 72.9% women had institutional delivery
  - 76.2% women had safe delivery

MMR - PACE OF DECLINE

* – MMR figures for 1990 have been revised by WHO to 570
MMR REDUCTION LARGELY ON TRACK..

- Huge increase in institutional deliveries
  - JSY offtake reaching over 10 million, of which 90% are institutional deliveries
- Facility strengthening underway across states
  - Identification of facilities ("MCH Centres") for assured service delivery → strengthening on priority
- Referral systems being put in place
- Safe abortion services being strengthened

- Management Imperative
  - HR Policy
    - Selection
    - Rational deployment
    - Fixed tenure
  - Capacity Building
    - Accreditation of training centres
    - Ensuring Quality in training
    - Deployment at right place
    - Uninterrupted supply chain
    - Logistics management
  - Assured Referral Linkages
    - Transport
    - Referral slip
    - Advance information

- MCH Centres
  - (Concerted action through prioritisation)
    - Level I
      - Infrastructure: Labour Table, NBCC, Beds for 6 hrs stay, water supply, electricity
      - Key HR: ANMs Trained in SBA, IUCD, NSSK
      - Logistics: Equipments, Drugs (uninterrupted supply)
    - Level II
      - Infrastructure: L/R, Additional Beds, NBCC/Laboratory, Water supply, Electricity/48 hr stay
      - Key HR: MÖ/LMO/ Nurses / ANMs /LTs & Others (Multi skilled staff)
      - Logistics: Equipments, Drugs (uninterrupted supply)
    - Level III
      - Infrastructure: OT/LR/BSUs/ Blood Bank/ Additional Beds/ SNCUs/ CSUs/ NBCC/ Laboratory/ Water supply/ Electricity/ 48 hr stay
      - Key HR: OBG/A&Anaesthetist/ Paediatrician/ Nurses / LTs & Others (Multi skilled staff)
      - Logistics: Equipments, Drugs (uninterrupted supply)

- Satisfaction Index
  - Mechanism for feedback and client satisfaction

- Supportive supervision for quality assurance

- Result based financing of facilities

- Performance based incentive to service providers

- Facility based performance appraisals against KPIs
JSY as a platform for newborn health and family planning

JSY

• Antenatal Check-ups
• Birth Preparedness
• Complication Readiness
• Transport Facility
• Institutional Delivery
• Postnatal Care
• Cash Assistance

MDG – 5a

Strengthening of Family Planning Services

At Delivery

MDG – 5b

Newborn corner (1 bed)

NSSK/ ENBC

Sick newborn

Special newborn care unit (12-20 beds)

Stabilization units (4 beds)

DH

CHC

PHC

Community

MDG – 4

THANK YOU...