

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

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- 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...

INDICATOR	BASELINE	NATIONAL TARGETS 2012	MDG 2015	AS ON DATE
IMR	58 (SRS 2004)	<30	27	53 (SRS 2008)
MMR	301 (SRS 01-03)	<100	142	254 (SRS 04-06)
TFR	2.9 (SRS 2004)	2.1	--	2.6 (SRS-2008)



## WIDE VARIATIONS WITHIN THE COUNTRY...

MMR		IMR		TFR	
Range	No. of States	Range	No. of States	Range	No. of States
95 – 150	4 states	10 – 30	6 states	1.7 – 2.1	14 states
151 – 200	4 states	31 – 45	16 states	2.2 – 2.5	4 states
201 – 300	1 state	45 – 60	8 states	2.6 – 3.0	8 states
301 – 480	9 states	61 – 70	5 states	3.1 – 3.9	9 states

## RURAL HEALTH INFRASTRUCTURE

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

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

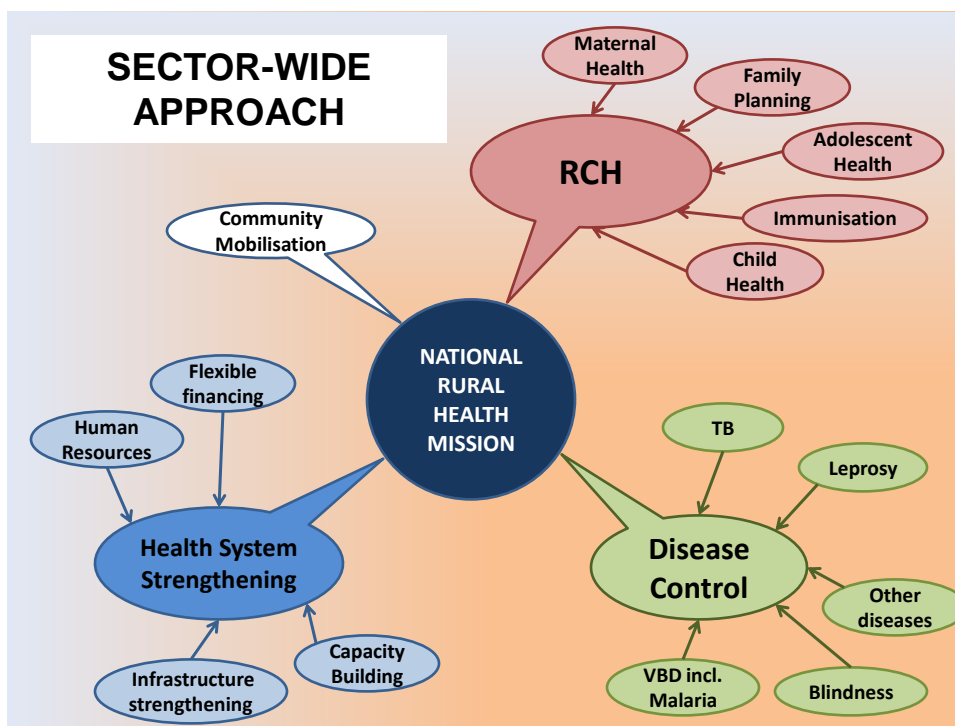
## NATIONAL RURAL HEALTH MISSION (NRHM): 2005-12

**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



## PROGRESS

INFRASTRUCTURE STRENGTHENING	HUMAN RESOURCES	PLANNING & MONITORING
<ul style="list-style-type: none"> <li>• Construction of new health facilities               <ul style="list-style-type: none"> <li>✓ 5519 sub-centres</li> <li>✓ 414 PHCs</li> <li>✓ 240 CHCs</li> <li>✓ 20 District Hospitals</li> </ul> </li> <li>• Strengthening of physical infrastructure of existing facilities</li> <li>• Professionally managed Emergency Response Systems in 10 states</li> <li>• 1031 Mobile Medical Units providing services in remote/ under-served areas</li> </ul>	<ul style="list-style-type: none"> <li>• Over 100,000 personnel engaged:               <ul style="list-style-type: none"> <li>✓ 8648 doctors</li> <li>✓ 1589 specialists</li> <li>✓ 7993 AYUSH doctors</li> <li>✓ 25790 staff nurses</li> <li>✓ 46351 ANMs</li> <li>✓ 17575 paramedics</li> <li>✓ 1685 programme managers</li> </ul> </li> <li>• More than 750,000 community health workers (ASHAs) placed</li> </ul>	<ul style="list-style-type: none"> <li>• Program monitoring through bi-annual review missions</li> <li>• Concurrent evaluation of 197 districts through independent agencies</li> <li>• Monthly and quarterly service statistics through web based HMIS</li> <li>• District health planning taken up by 631 districts</li> <li>• 29,620 registered Patient Welfare Committees at PHC and above</li> </ul>

## Accredited Social Health Activist (ASHA)

Key person to strengthen service delivery under NRHM

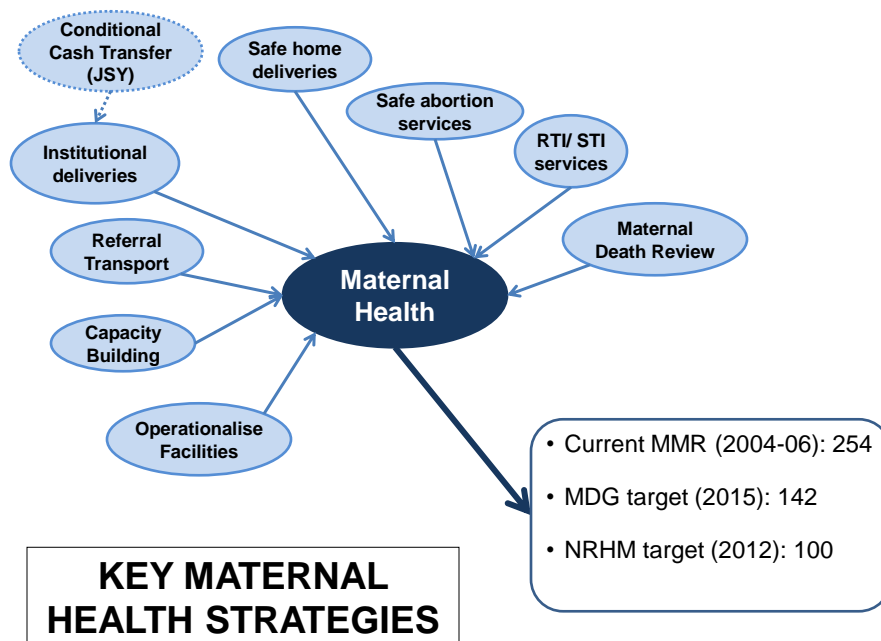
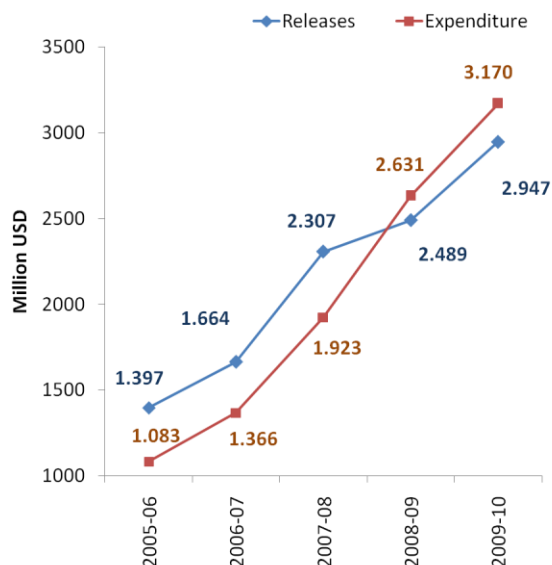


- Link between the community and the health care delivery system
- A literate woman, belonging to the community
- Over 750,000 ASHAs in place – they receive training of basic health issues, and are provided drug kits
- Given performance linked incentives – no salary, not a govt. employee
- Has brought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

## ASHA INCENTIVES: Examples

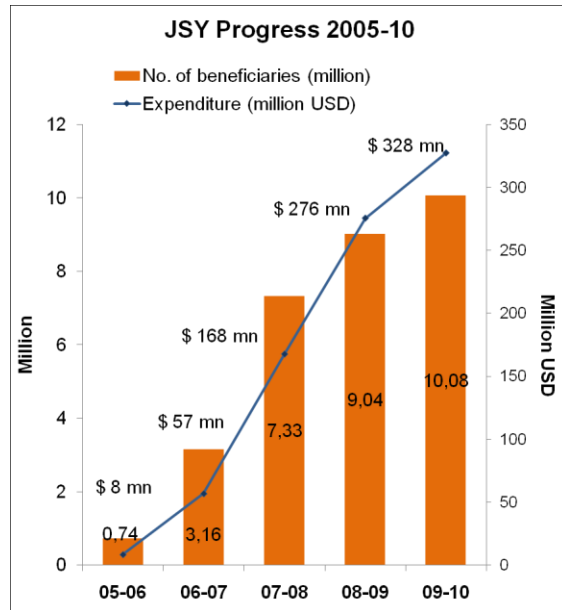
- RCH
  - Motivating for early ANC registration and full ANC, arranging for referral transport, institutional delivery, early initiation of breast feeding (per pregnant woman): \$ 4 – 13
  - Motivating for sterilisation (per beneficiary): \$ 4
  - Mobilising children for immunisation (per session): \$ 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



## 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

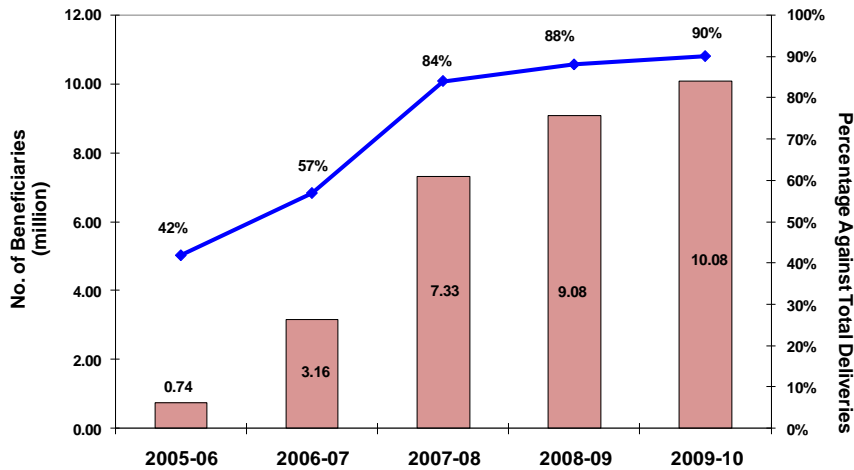
Mother's Package		ASHA Package	
Rural Areas	Urban Areas	Rural Areas	Urban Areas
\$ 15-30	\$ 13-22	\$ 4-13	\$ 4



- 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 (5<sup>th</sup> June, 2010)

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

## Cash on delivery lowers infant mortality rate

Sanchita Sharma

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**NEW DELHI:** The Centre's scheme of giving cash rewards to women who have their babies in health centres has lowered newborn deaths and still births in the country's 10 poorest states, says an India-US study. This has been reported in the international journal *Lancet*.

The study evaluated the centrally-funded Janani Suraksha Yojana (JSY) and reported that the cash incentive lowered still-births by 4 and newborn deaths by 2 per 1,000 live births.

India's infant mortality rate — newborn deaths per 1,000 live births — was 53 in 2008, with one in five newborn deaths in the world occurring in India.

Launched in 2005, JSY benefits 10 million women every year. It integrates cash assistance with delivery and post-delivery care for women in 10 states with low institutional delivery rates — Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh,

### SUCCESSFUL SCHEME

■ The Janani Suraksha Yojana provides cash assistance and delivery/post-delivery care for women in 10 high-focus states

■ Launched in 2005, it benefits 10 million women every year and has brought down both newborn deaths and still births

■ Reducing newborn deaths in India is crucial to achieving global goals as one out of five newborn deaths in the world occurs in India

Assam, Rajasthan, Orissa and Jammu and Kashmir.

The cash incentives given to these 'low performing states' are higher than in other states.

In these poor states, pregnant women in rural areas get Rs 1,400 while the healthworkers who bring them to health centres get Rs 600.

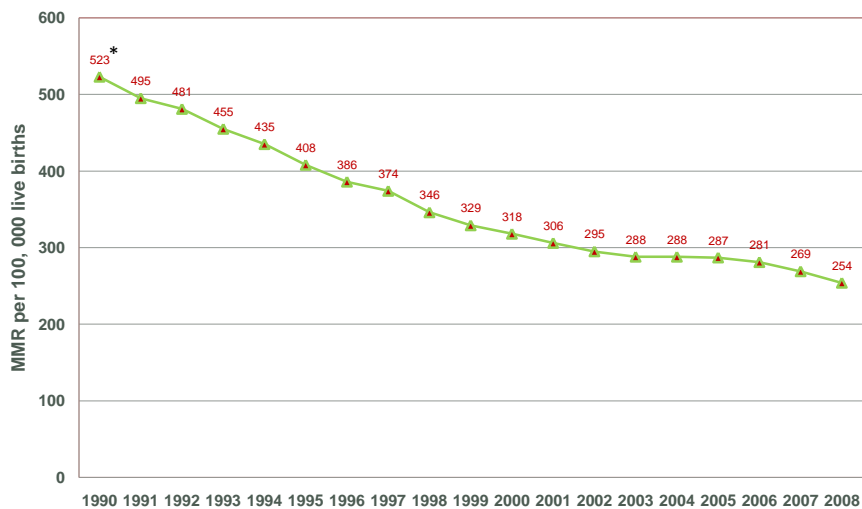
In urban areas, the women get Rs 1,000 and the healthworkers Rs 200.

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## 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

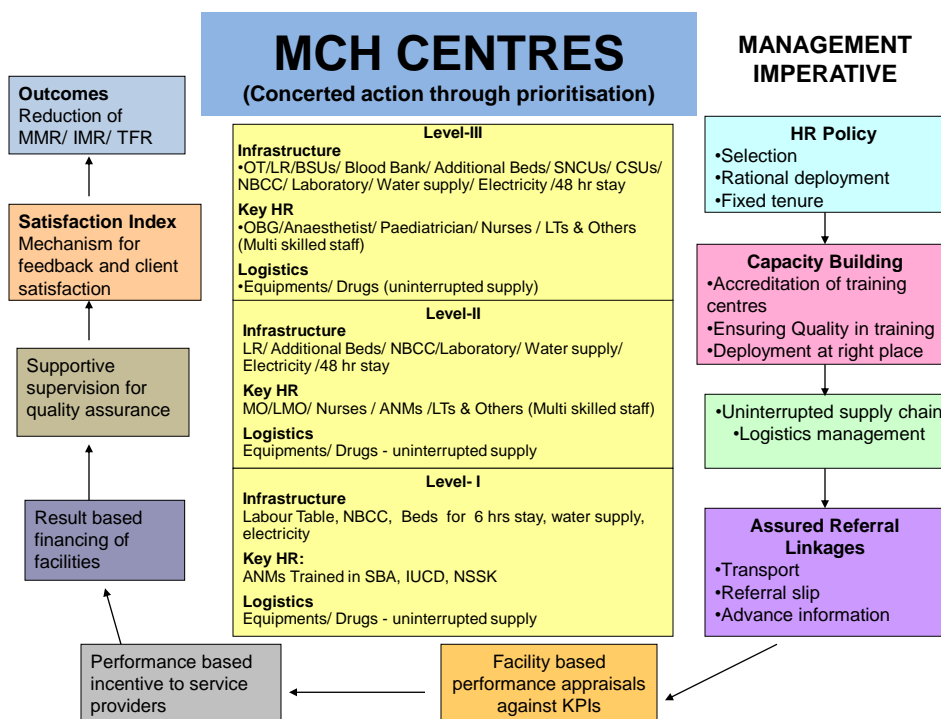
### MMR - PACE OF DECLINE



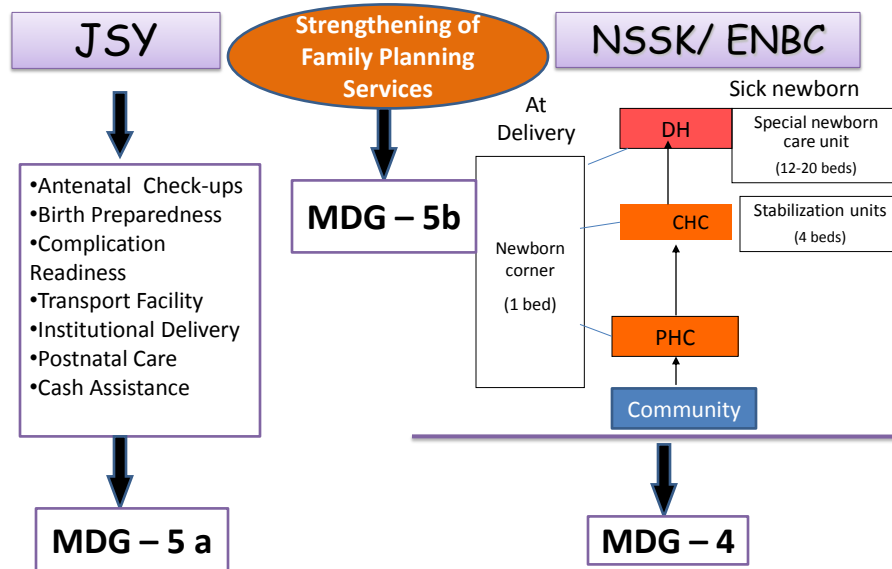
\* – MMR figures for 1990 have been revised by WHO to 570

## 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



## JSY as a platform for newborn health and family planning



THANK YOU...