


NRHM – Innovations in Health Care Delivery

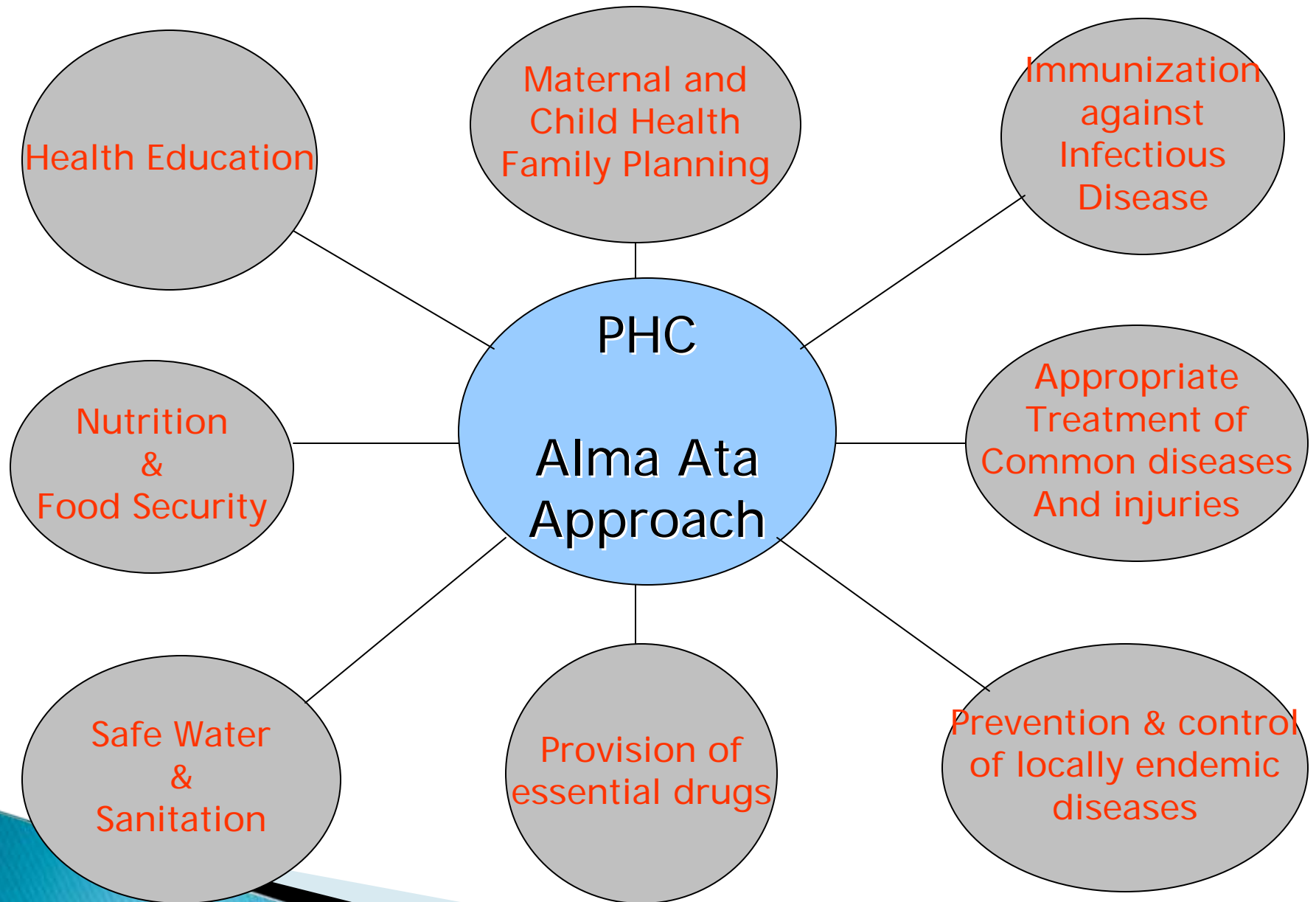
Decentralizing thought and action
Starting from the problem

Public Policy –Getting basics right

- ▶ Theory without practice is as dangerous as practice without theory
- ▶ Begin from the problem; do not impose a solution without looking at the problem.
- ▶ I don't care what colour is the cat, as long as it catches mice – pragmatic, evidence based, not ideological!!!
- ▶ The map is not the territory!!!
- ▶ Samakhya – Dialogue of equals !!!
- ▶ If you do not do what you have to do, you will never be able to do what you want to do
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NRHM – What is different.....

- ▶ A true partnership with States.
 - ▶ Space for innovations.
 - ▶ Distrust to trust.
 - ▶ Community institutions as focus.
 - ▶ A worker, an institution and an event in every village – ASHA, VH&SC, VHND.
 - ▶ Public health focus – addressing local specific mortality and morbidity.
 - ▶ Building capacities for local action.
 - ▶ Recognizing the need for management skills.
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National Rural Health Mission launched in April, 2005

Rejuvenate the Health delivery System

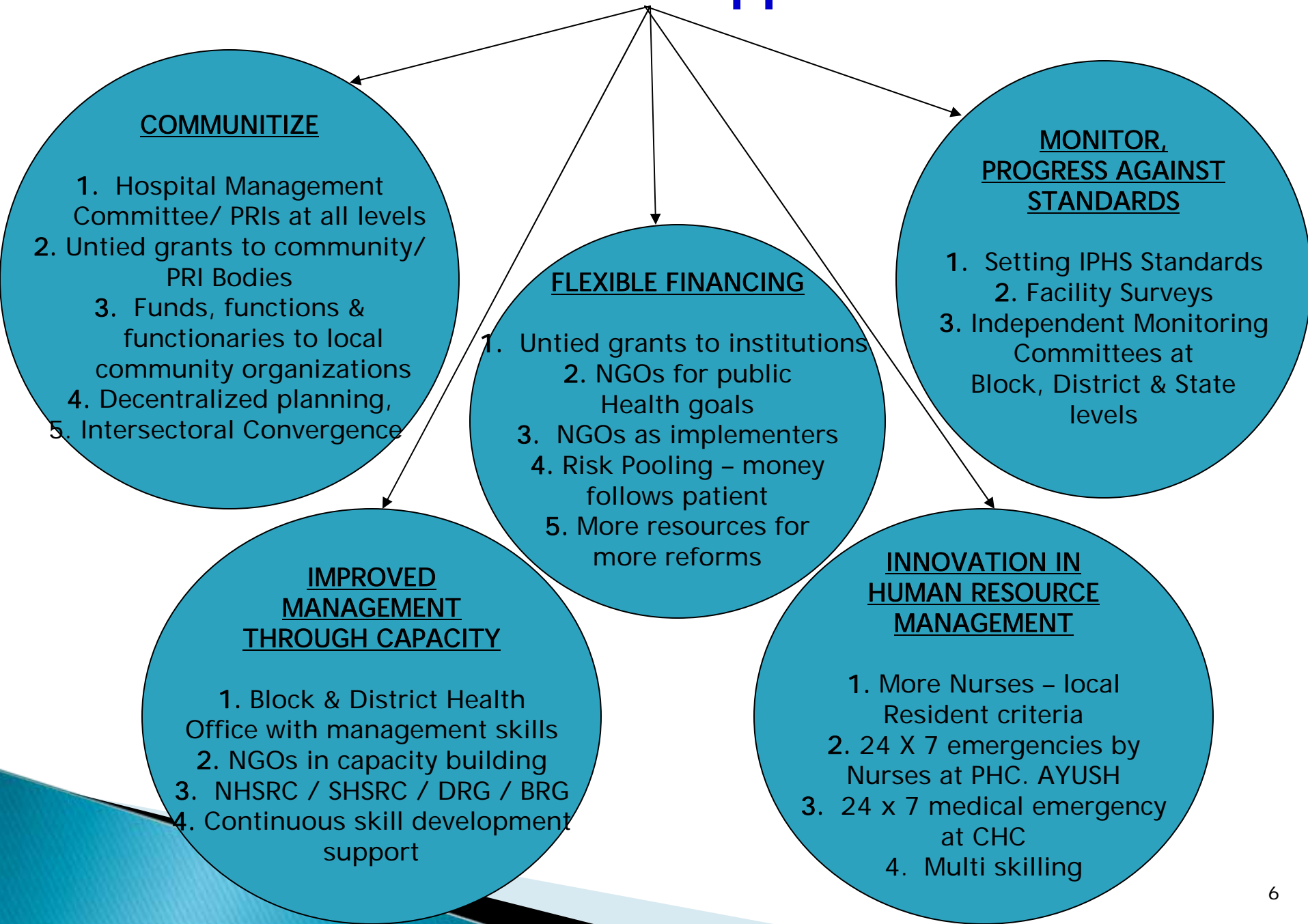
Universal Health Care

**Access
Affordability
Equity
Quality**

**Reduce IMR, MMR, TFR
Improve Disease control**



NRHM – Main Approaches



NRHM – Illustrative Structure

BLOCK LEVEL HEALTH OFFICE

Health Manager

Accountant

Store Keeper

Accredit private providers for public health goals

100,000
Population
100 Villages

**BLOCK
LEVEL
HOSPITAL**

Ambulance
Telephone

Obstetric/Surgical Medical
Emergencies 24 X 7
Round the Clock Services;

Strengthen Ambulance/
transport Services
Increase availability of Nurses
Provide Telephones
Encourage fixed day clinics

30-40
Villages

CLUSTER OF GPs – PHC LEVEL

3 Staff Nurses; 1 LHV for 4-5 SHCs;
Ambulance/hired vehicle; Fixed Day MCH/Immunization
Clinics; Telephone; MO i/c; Ayush Doctor;
Emergencies that can be handled by Nurses – 24 X 7;
Round the Clock Services; Drugs; TB / Malaria etc. tests

5-6
Villages

GRAM PANCHAYAT – SUB HEALTH CENTRE LEVEL

Skill up-gradation of educated RMPs / 2 ANMs, 1 male MPW FOR 5-6
Villages;
Telephone Link; MCH/Immunization Days; Drugs; MCH Clinic


VILLAGE LEVEL – ASHA, AWW, VH & SC

1 ASHA, AWWs in every village; Village Health Day
Drug Kit, Referral chains

NRHM – What is the impact

MMR	301 IN 2001-03	254 IN 2004-06 OVER ONE THIRD OF ANNUAL BIRTHS COVERED UNDER JSY. BELOW 200 NOW?
IMR	58 IN 2005	55 IN 2007 CLOSER TO 50 NOW? NEED TO STEP UP NEO NATAL AND HOME CARE FOR INFANTS.
TFR	2.9 IN 2005	2.7 IN 2007 IMPROVED FAMILY PLANNING PERFORMANCE
MALARIA CASES	DOWN – BOTH MORTALITY AND INCIDENCE	SYSTEM STRENGTHENING GOOD FOR ALL PROGS.
TB PERFORMANCE	IMPROVING IN LOW PERFORMING STATES	SYSTEM STRENGTHENING


NRHM-OTHER IMPROVEMENTS

- ▶ KEY FINDINGS OF DLHS-III 2007-08
 - ▶ 53.1% PHCs working on 24 hour basis
 - ▶ 90.1% CHCs having 24 hour normal delivery services.
 - ▶ 90.6% Sub Centres with ANMs.
 - ▶ 19.2% PHCs with AYUSH doctors.
 - ▶ 90.7% villages having JSY beneficiary.
 - ▶ Full Immunization up to 54.1%
 - ▶ Institutional deliveries up to 47%.
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NRHM –Gains to health system

- ▶ Human resources – 7 lakh ASHAs and one lakh health workers under NRHM.
- ▶ Physical infrastructure – 30% Sub Centre buildings, 20% PHCs, 75% CHCs, 75% District Hospitals being constructed/up graded
- ▶ Untied grants to all public institutions up to district level
- ▶ 1125 Mobile Medical Units across the country
- ▶ Over 10 States have Emergency medical system – others with more ambulances.
- ▶ Doctors, drugs and diagnostics – improvement.
- ▶ Public expenditure on health up from 1% of GDP in 2005 to 1.41% in 2008-09.

NRHM – Institutional strengthening

- ▶ VHSc, PRIs, RKSs, DHMs, SHMs, MSG.
 - ▶ Joint Bank Accounts for VHSC and Sub Centres.
 - ▶ Registered Rogi Kalyan Samitis at PHC and above – legal entity – insurance, etc.
 - ▶ Flexibility and adequacy of funding with accountability framework to ensure public action.
 - ▶ Decentralized planning and implementation
 - ▶ States, districts, blocks, villages deciding priority for public health action.
 - ▶ System for procurement and logistics – TNMSC.
 - ▶ Improving Human Resource Management.
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NRHM – System strengthening

- ▶ Financial Management – FMR
- ▶ Programme Management – SPMU, DPMU
- ▶ Data Management – HMIS
- ▶ Development of Standards – IPHS
- ▶ Capacity development for public health – public health management master's (PHFI) and diploma (PHRN – IGNOU).
- ▶ Family Medicine programme – CMC Vellore
- ▶ Professional Development Courses – NIHFWS, SIHFWS
- ▶ Accountability system – Concurrent Evaluation, Community Monitoring, Performance Audit of CAG.

NRHM – Fostering Innovations

- ▶ Decentralizing thought and action.
 - ▶ Respecting local thought and action.
 - ▶ Providing platform for sharing and learning.
 - ▶ Intensive engagement in capacity development at all levels.
 - ▶ Building systems that fosters innovations.
 - ▶ Analytical feedback to States.
 - ▶ Crafting convergent and credible platforms at all levels of care.
 - ▶ **PUTTING PEOPLE'S HEALTH IN PEOPLE'S HANDS – TAKING CHARGE!!!!**
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