National Rural Health Mission

Structure:

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(II) Approaches under NRHM
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Learning objectives: At the end of the session trainees will be able to

- Describe the institutional mechanism available under NRHM
- Describe various programme activities those can be supported/integrated with NRHM
The National Rural Health Mission was launched on 12\textsuperscript{th} April 2005 throughout the country with special focus on 18 states. NRHM was launched with a view to bring about dramatic improvement in the health system and the health status of the people, especially living in the rural areas.

(a) \textbf{The key features of NRHM include}

- Making health delivery system fully functional & accountable to the community
- Convergence of National Health Programme at all levels of health system
- Improved management through capacity building
- Involvement of community
- Monitoring progress against standards
- Flexible financing for optimum fund utilization
- Inter-sectoral coordination for financial enhancement

(b) \textbf{Objectives of NRHM}

- Reduction in maternal and child mortality.
- Universal access to affordable and quality health care services.
- Prevention & control of communicable & non-communicable diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization.
- Promotion of healthy life styles.
(c) **Organization Setup under NRHM:**

The National Leprosy Eradication Programme is an integral part of NRHM. The health care delivery system under NLEP is shown below:

**NLEP is an integral part of National Rural Health Mission**

**Ministry of Health & Family Welfare/ Directorate General of Health Services**

- Central Leprosy Division
  - State Health Societies
    - District Health Societies
      - District Nucleus
        - PHCs/CHCs
          - Rogi Kalyan samiti / Panchayati Raj Institution
            - Sub-Centre
              - Gram Panchayat
                - Village (AWW, ASHA)
                  - Village Health and Sanitation Committee

- The State and District Leprosy Societies have been merged with the State and District Health Societies under NRHM.
- State & District Programme Management Units (SPMU & DPMU) have also been established in States/ UTs for finance management of all health programme. The services of these units could be optimally utilized by working closely with them.
The 5 main approaches under NRHM are given below –

(a) **Communitization**  – For ensuring better community participation; committees / organizations have been formed at various level viz. Village Health & Sanitation Committee at village level, Panchayati Raj Institutions at village/block level, Rogi Kalyan Samitis at PHC and CHC and the ASHA, a community volunteer for every village.

(b) **Flexible Financing**  – For improved finance, the mission has brought all the schemes of health & family welfare within the overarching umbrella of NRHM. Financing through the NRHM budget head provide the much needed funds to the districts to facilitate better functioning of health programme. Based on needs of the district, funds are allocated to states. The untied funds are also available under NRHM at various levels. The expenditure on public health has been raised from 0.9% to nearly 3% of GDP.

(c) **Improved management through capacity building**  – Management skill at block, district & state levels have been increased under NRHM. Post of public health managers has been created at district level and accountant at block level for accounts work. Various
NGOs are involved in capacity building and continuous skill development of health functionaries at various levels is being carried out.

(d) **Monitor progress against standards** – Progress of activities is being monitored according to the Indian Public Health Standard. Health facility surveys are conducted at regular intervals to monitor facilities available at sub-centres, PHCs and CHCs. Independent monitoring committees are also being formed to monitor progress.

(e) **Innovation in human resource management** – To increase the pool of human resource, additional manpower like nurses, MO are being provided at PHC and CHC. Local residents of remote areas are trained and developed for providing basic health services. Multiskilling of health functionaries especially of doctors and paramedics is being carried out so that a person could carryout multiple tasks.

(III) **Support of NRHM**

Under the NRHM, institutional mechanisms have been created at each level to support National Health Programmes & improve delivery of health care services. The programme may seek support of NRHM as below-

(a) **Village Health & Sanitation Committee** (VHSC) a multi stake holder at village level, create public awareness about the programme and ensure community involvement. These committees analyze the health problems, decide the health priorities and take appropriate action to overcome the problems. The committees also help in managing village health funds in the village. These committees can be utilized to discuss leprosy problem like stigma and discrimination against persons affected by leprosy and their family members and seeking collaboration from the health services.

(b) **Accredited Social Health Activist (ASHA)** is selected for every village. She is a female volunteer belonging to the same village, selected by the community. During her routine home visits, ASHA can identify suspect cases of leprosy and refer such cases to nearest health centre for diagnosis and treatment. ASHA can also ensure timely completion of treatment by the diagnosed leprosy cases by conducting regular follow up of these cases. An incentive is being paid to ASHA in endemic states for referring suspect leprosy cases to health facility and ensuring treatment completion of diagnosed cases referred by them. During her visit, ASHA can also identify ulcer patients & persons with leprosy related disability and refer such cases to nearest health centre for further management.

(c) **Rogi Kalyan Samities** (RKS) at PHC and CHC are autonomous registered bodies constituted at each level to facilitate in day to day management of hospital activities and delivery of quality care to patients. These samities have the authority to procure medicines required for emergency conditions. Its services can be utilized for procurement of prednisolone & other supportive drugs for treatment of leprosy reactions which is an emergency condition.
(d) **Panchayati Raj Institutions** (PRI) also work at PHC & CHC level which can help in planning & implementing programme including IEC activities like organizing health melas, IPC workshops/meetings and orientation camps.

A single budget head for activities with separate subheads for various programme have been formed under NRHM which provide state the flexibility to direct funds to those areas where they are needed the most. The funds flow through integrated health society at the state & district level.

The funds allocation is on the basis of integrated State/District health action plans. The district health action plans are first drawn up. Based on district plans, the state health action plan is prepared and submitted for sanction of GOI. A detailed NLEP district action plan should be drawn up with consultation and approval of district NRHM authority which would form the basis of NLEP state action plan.

(e) **Finance Management Group** (FMG) is formed under NRHM at States & Districts. Services of FMG should be utilized for release of funds from states to districts and from districts to blocks, monitor programme expenditure and maintaining programme accounts.

**Untied Funds** are made available under the mission at various levels which can be utilized by any programme based on the requirement. The untied funds can be utilized for providing support particularly to persons affected with leprosy.