

'Accountability framework and health entitlements under NRHM

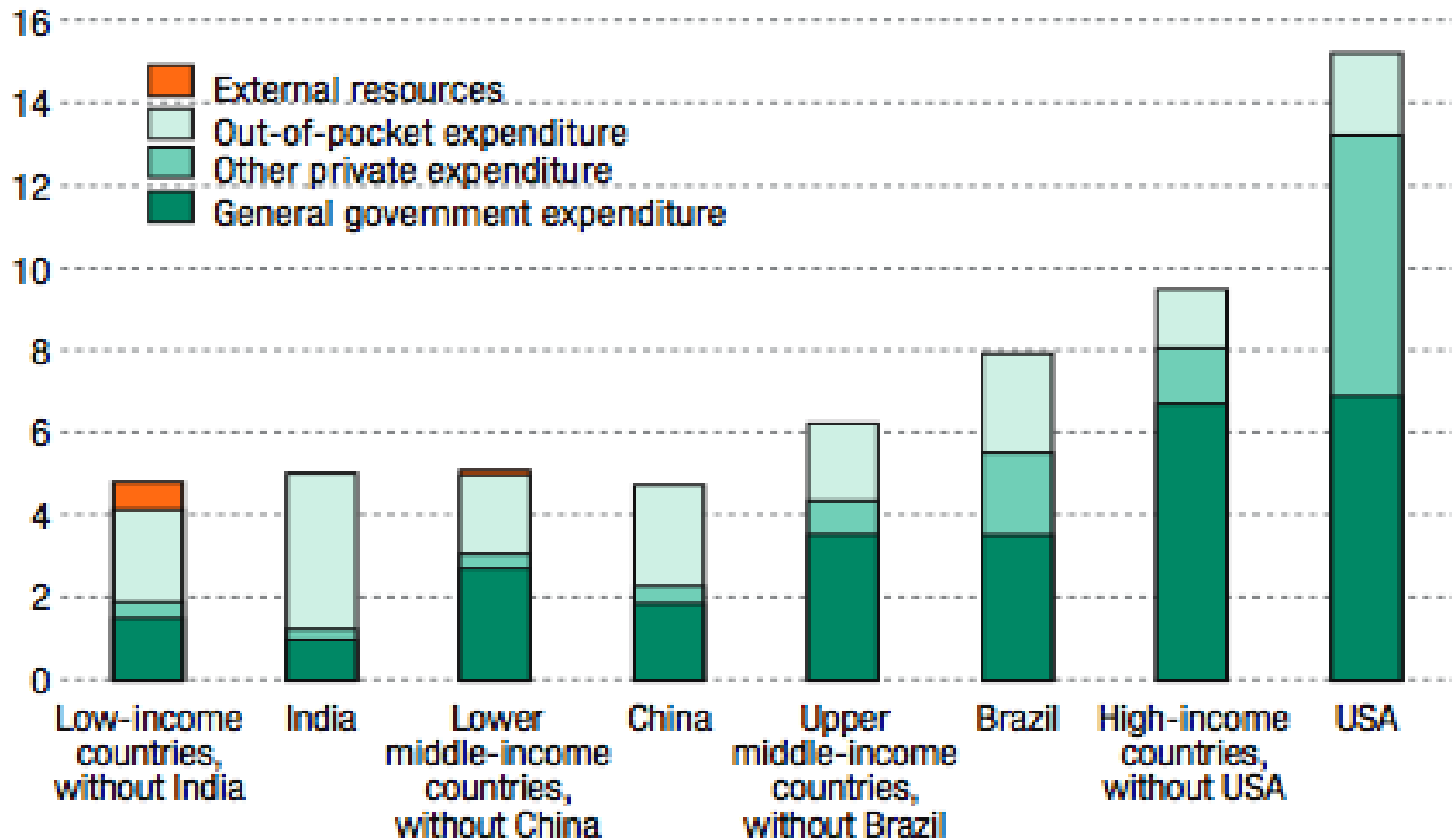


- The National Rural Health Mission (NRHM) launched on April 12, 2005, aims to bring about significant improvement in healthcare delivery in rural areas of the country and in the health status of the people.
- The NRHM promises to provide universal access to equitable, affordable and quality healthcare, which is accountable and at the same time responsive to the needs of the people, especially those who are marginalised and live in rural areas.

Spending on Health in Different Economies of World

Figure 5.1 Percentage of GDP used for health, 2005⁴

Percentage GDP



WHO, World Health Report 2008

Accountability Framework under NRHM

- A three pronged process:
 - **community based monitoring,**
 - external surveys and
 - routine program monitoring

- The basic change in the monitoring framework is to involve local communities in planning and implementing programmes with a framework that allows them to assess progress against agreed benchmarks.

- The intention is to move towards a community based monitoring framework that allows continuous assessment of planning and implementation of NRHM.

- **Community Monitoring-** Pilot and scale up CBPM through support from the AGCA in 9 states with support from MoHFW 2007-09 (covering 36 districts, 1620 villages). Now many states have included this initiative into their state PIP.
- **External Surveys-** Periodic surveys have been initiated like Sample Registration Survey (SRS), Annual Health Surveys, District Level Household Surveys (DLHS), and the proposed National Family Health Survey (4th Round)
- **Routine internal monitoring-** HMIS with a State and Central portal has been developed for regular uploading of routine monitoring data on a range of health indicators and service delivery.
- **Public Reports-** Common Review Mission (CRM), Joint Review Mission (JRM) assess the progress on the NRHM milestones. MoHFW has developed reports like ‘ Mid Term Progress on NRHM’ and ‘Report to the People: Seven Years of NRHM’

Key entitlements under NRHM

- The community is entitled to a range of services under NRHM through a network of Sub Centres, Primary Health Centres, Community Health Centres, District Hospitals and ASHAs.
- Key Service Guaranteed under NRHM through SCs, PHCs, and CHCs.

Table 2⁴: Key Services Guaranteed under NRHM through SCs, PHCs, and CHCs

<p>Sub-Centre (Services also under PHCs) Per 5,000 population, most peripheral Contact Point between PHC and Community manned with 1 Auxiliary Nurse Midwife (ANM)/ female Multi Purpose Worker (MPW) and 1 male MPW Shortage - 20,855 SCs⁵ Staff Shortage - 17,500 ANM</p>	<ul style="list-style-type: none"> ■ Antenatal, intra-natal and postnatal care ■ Child Health: Universal immunization, control of malnutrition and childhood diseases ■ Family planning and contraception ■ Availability of generic drugs ■ Adolescent health, health education and preventive care aimed at reducing Total Fertility Rate (TFR), Maternal Mortality Rate (MMR), and Infant Mortality Rate (IMR)
<p>Primary Health Centre Per 3,0000 population, 4/5- Bedded Referral Unit with Medical Officers and 14 Paramedical Staff for 6 SCs Shortage - 4,833 PHCs Staff Shortage - 2,5000 Medical Officers</p>	<ul style="list-style-type: none"> ■ Nutrition services coordinated with Integrated Child Development Services (ICDS) ■ Disease surveillance and basic laboratory service provision ■ Coverage for refractive errors, low vision, leprosy, TB, vector- borne diseases, childhood and maternal diseases ■ 24X7 service in 50% PHCs; mainstreaming AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopathy), 2nd doctor provision
<p>Community Health Centre Per 1,20,000 population, 30-Bedded Hospital/ Referral unit for 4 PHCs with Specialized Services) Shortage - 2,525 CHCs Staff Shortage - 15,5000 Specialists and Staff</p>	<ul style="list-style-type: none"> ■ Care of routine and emergency cases in surgery ■ Upgrading to Indian Public Health Standards defining personnel, equipment and management ■ Provision of secondary care, permanent family planning services, counseling for HIV AIDS, adolescents' health

Other entitlements include:

- Cashless delivery of services at health institutions, Provision of referral, transport, escort and improved hospital care under the Janani Shishu Suraksha Karyakarm (JSSK) and Janani Suraksha Yojana (JSY).
- Community Health Insurance, provision of household toilets, Mobile Medical Units at the district level.
- Provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Standard defining personnel, equipment and management standards).
- Strengthened Sub-Centres and PHCs through better human resource development and clear quality standards.

Thank you