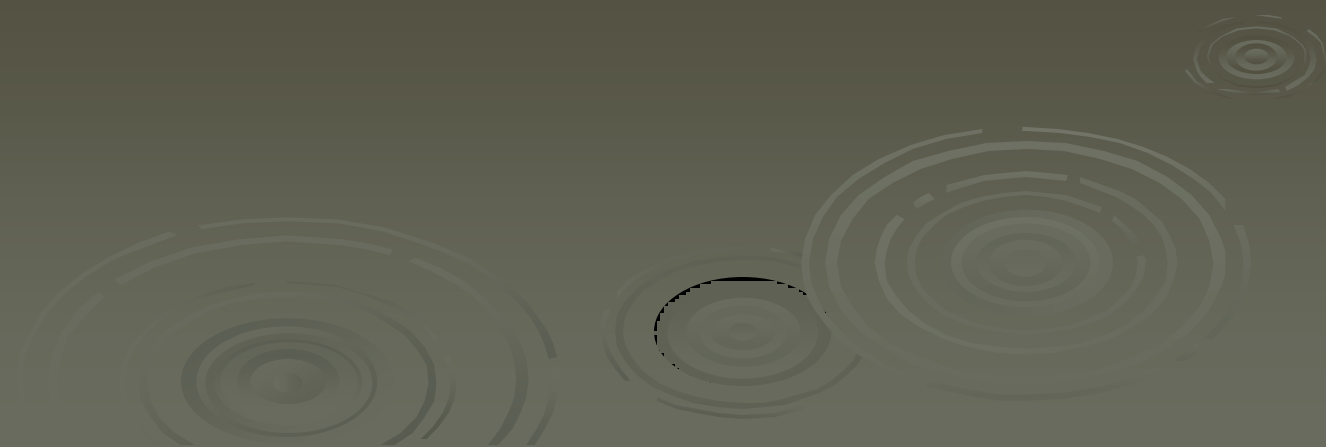


Introduction to NRHM, Community Monitoring & Service Guarantees



NRHM: A Bold Venture

- Launched on 12th of April 2005
- Seeks to provide universal access to equitable, affordable and quality healthcare, esp. to rural poor, women & children
- Aims to promote healthcare which is accountable and at the same time responsive to the needs of the people
- Help achieve goals set under the National Health Policy and the Millennium Development Goals
- Proposes an intensive accountability framework that includes Community-based Monitoring as one of its key strategies

The Vision

- Seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states (Arun. Pradesh, Assam, Bihar, Chhattisgarh, HP, JH, J&K, Manipur, Mizoram, Meghalaya, MP, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttarakhand and UP), which have weak public health indicators and/or weak infrastructure.
- Articulation of commitment of Govt to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.

Vision Contd....

➤ Key components include

- Provision of a female health activist in each Village
 - Village health plan prepared through by the Health & Sanitation Committee of the Panchayat
 - Strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS)
 - Integration of vertical Health & Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.
-
- ## ➤ Revitalize local health traditions and mainstream AYUSH into the public health system.

Vision Contd....

- **Effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.**
- **Seeks decentralization of programmes for district management of health and to address the inter-State and inter-district disparities, esp. among 18 high focus States, including unmet needs for public health infrastructure.**

Vision Contd....

- **Define time-bound goals and report publicly on their progress.**
- **Seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.**

Envisaged Outcomes at National Level

- **Infant Mortality Rate reduced to 30/1000 live births**
- **Maternal Mortality Ratio reduced to 100/100,000**
- **Total Fertility Rate reduced to 2.1**
- **Malaria mortality reduction rate 50% upto 2010, additional 10% by 2012**
- **Kala Azar mortality reduction rate 100% by 2010 and sustaining elimination until 2012**
- **Filaria/Microfilaria reduction rate 70% by 2010, 80% by 2012 and elimination by 2015**
- **Dengue mortality reduction rate 50% by 2010 and sustaining at that level until 2012**

National Level Outcomes

Contd...

- Japanese Encephalitis mortality reduction rate 50% by 2010 and sustaining at that level until 2012
- Cataract Operation: increasing to 46 lakhs per year until 2012.
- Leprosy prevalence rate: reduce from 1.8/10,000 in 2005 to less than 1/10,000 thereafter
- Tuberculosis DOTS services: Maintain 85% cure rate through entire Mission period.
- Upgrading Community Health Centers to Indian Public Health Standards
- Increase utilization of First Referral Units from less than 20% to 75%
- Engaging 250,000 female Accredited Social Health Activists (ASHAs) in 10 States.

Broad Framework for Implementation-I

Among the other components

- Institutionalizing community led action for health
 - Involvement of PRIs in VHSCs, PHC monitoring & planning committees, etc.
 - Amendments in Acts & statutes to fully empower local bodies
 - Provision of Untied Grant at various levels
 - To empower local monitoring committees for planning & conduction of Jan Sunwais

Broad Framework for Implementation-II

- Monitoring/Accountability Framework
 - An intensive accountability framework through a three pronged process of community based monitoring, external surveys and stringent internal monitoring
 - Communitization of the health institutions
 - Compulsory for all the health institutions to prominently display information regarding grants received, medicines and vaccines in stock, services provided to the patients, user charges to be paid (if any) etc, as envisaged in the Right to Information Act.
 - Publication of Public Reports on Health at the State and the district levels to report to the community at large on progress made.

Service Guarantees under NRHM at CHC Level

- Care of routine and emergency cases in surgery and medicine
- 24-hour delivery services including normal and assisted deliveries.
- Essential and Emergency Obstetric Care including surgical interventions
- Full range of family planning services.
- Safe Abortion Services.
- Newborn Care and Routine and Emergency Care of sick children.

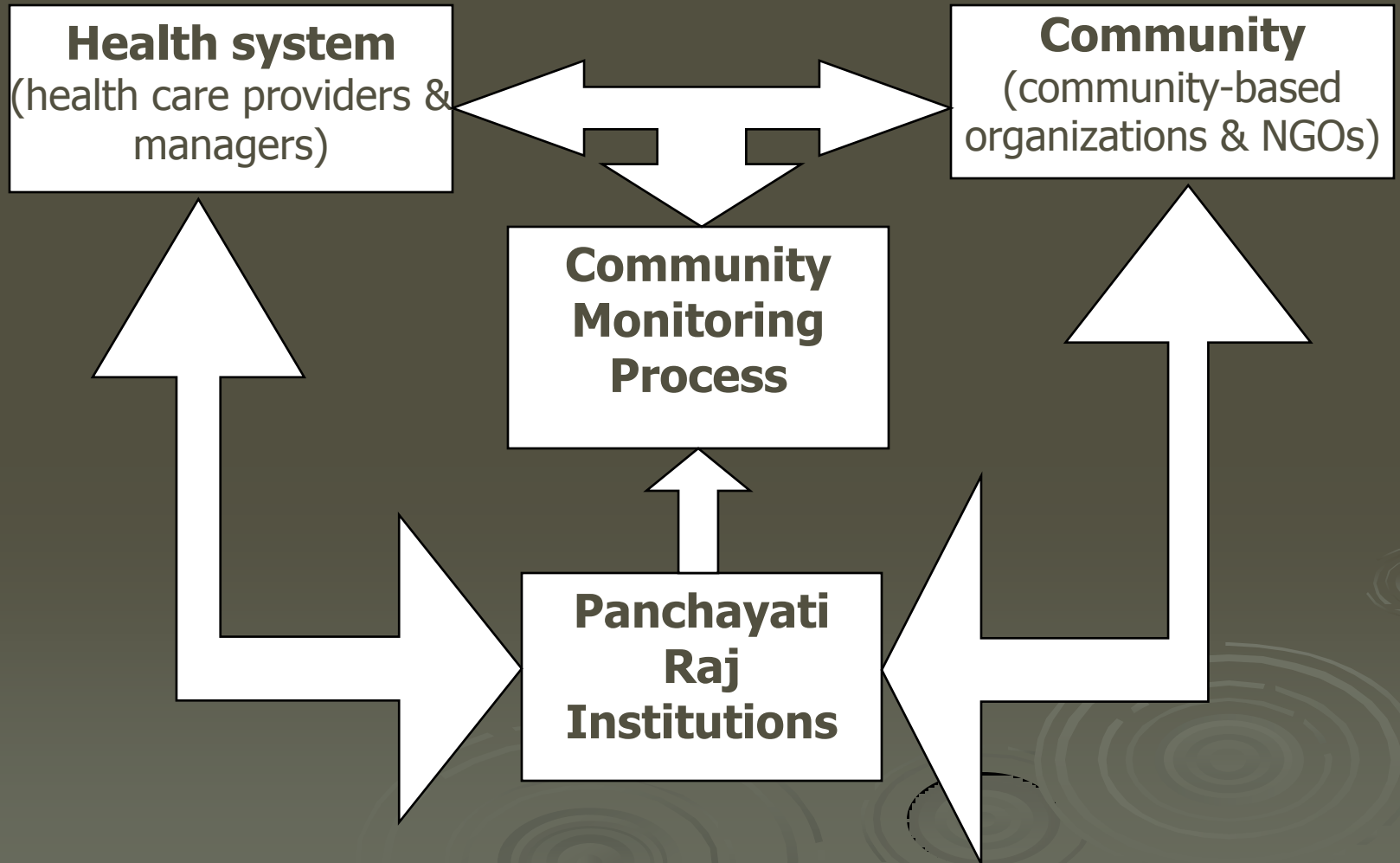
Service Guarantees under NRHM at CHC Level

- Diagnostic services through the microscopy centers
- Blood Storage Facility
- Essential Laboratory Services
- Referral Transport Services
- All National Health Programmes should be delivered through the CHCs. E.g. HIV/AIDS Control Programme ,National Leprosy Eradication Programme ,National Programme for Control of Blindness

Community Monitoring Under NRHM

- Part of three pronged process of accountability framework proposed in NRHM that includes internal monitoring & periodic surveys/studies
- Seen as an important aspect of promoting community led action in the field of health
- Places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled
- Provision has been made thro Monitoring and Planning Committees at PHC, Block, District and State levels

Community Monitoring: Partnership



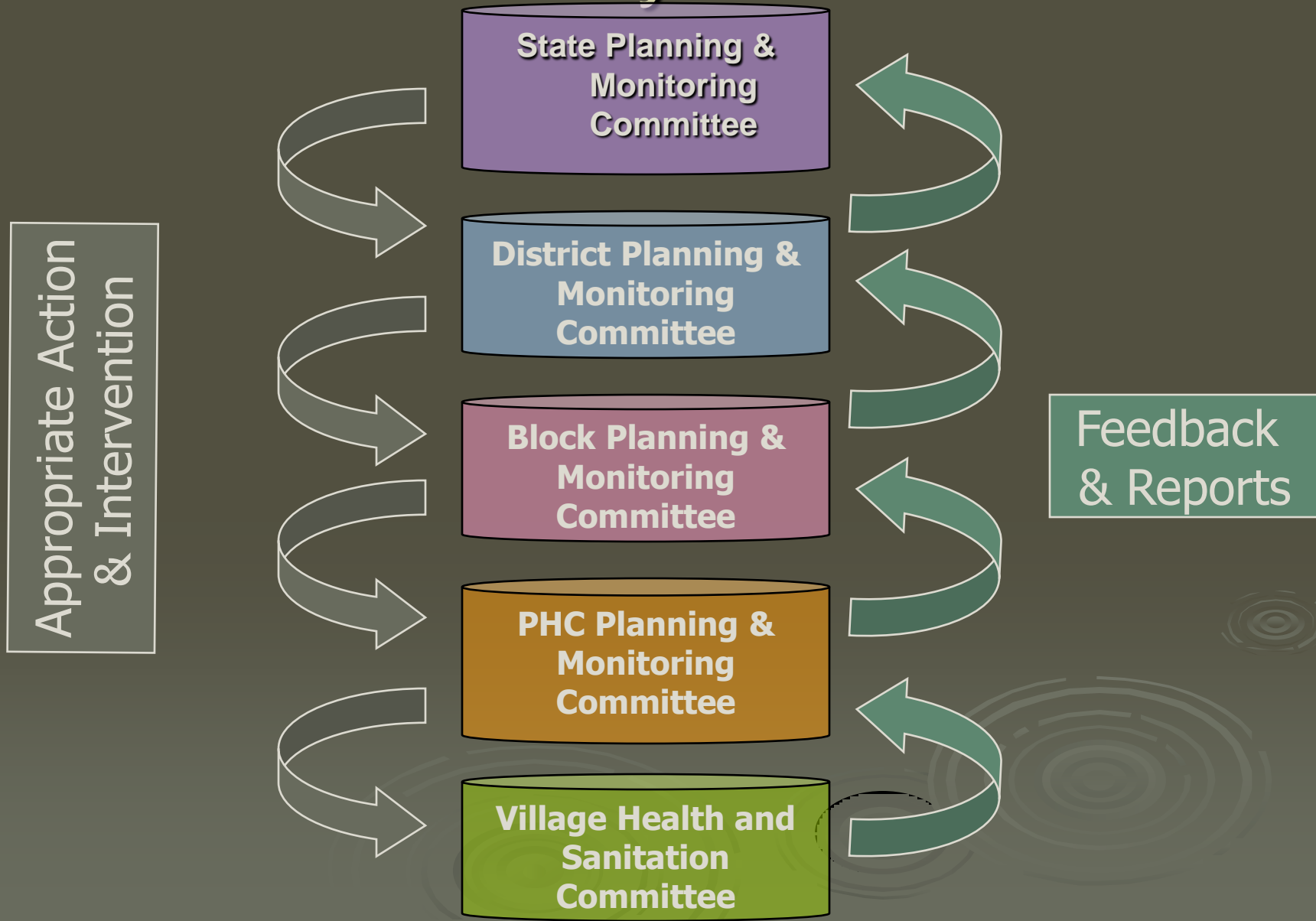
Objectives of Community Monitoring

- Provide regular and systematic information about community needs
- Provide feedback according to the locally developed yardsticks, as well as on some key indicators
- Provide feedback on the status of fulfillment of entitlements, functioning of various levels of the Public health system and service providers, identifying gaps, deficiencies in services and levels of community satisfaction
- Increase the community sense of involvement and participation to improve responsive functioning of the public health system

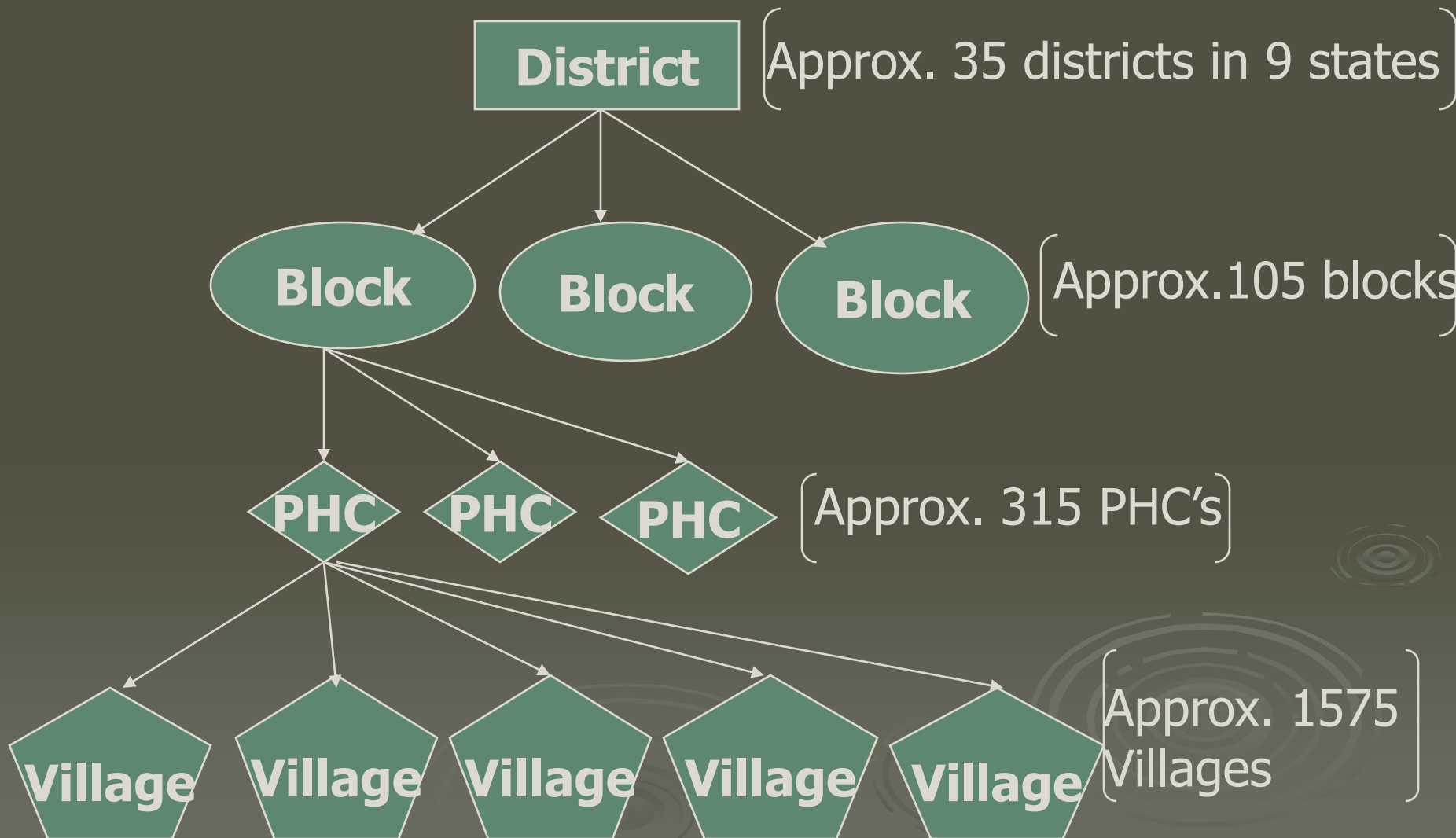
Pilot Phase: Initiation

- Outlines of Community Monitoring process provided within the Framework of Implementation developed and elaborated upon by the Advisory Group on Community Action (AGCA)
- Supervised at national level by a specially constituted Secretariat and Task Group constituted under the supervision of the Advisory Group
- States: 9 states (Assam, Chhatisgarh, Jharkhand, Karnataka, MP, Maharashtra, Orissa, Rajasthan, Tamil Nadu)

Flow of Report/Feedback & Necessary Action



Plan of Implementation



Community monitoring: Desired Outcomes

- Change of perception about health
- Greater utilisation of public health service
- Increased availability of services
- Improved quality of services
- Reduced overall health expense
- Increased participation of excluded groups

Advantages of Monitoring and Planning by Community

Advantage for health system

- People's view point /feedback about services provided can be taken into account.
- It helps in providing health services to a wider number of beneficiaries.
- A relationship of mutual understanding and co-operation is built between people and public health employees.
- Objective review can be taken about the extent to which the objectives of the health services are achieved.
- Obstacles in achieving the objectives of health services can be identified well in time.
- Transparency in functioning becomes possible while providing health services. Employees and officers at all levels become proactive.

Advantages of Monitoring and Planning by Community

Advantages for people

- People get an opportunity and space to put forth their complaints regarding health services and to give their opinion about the health services they need.
- Unnecessary expenses on private doctor are avoided as improved public services are utilized.
- People learn in detail about the Government's health services and schemes. People do not remain mere beneficiaries of health services, rather they take on active role of participating in implementation of these services.
- Some health problems at the village level can be solved through everyone's co-operation.
- The health system becomes accountable to the people.