

COURSE DSC 306: Public policy and Administration in India
V.Social Welfare Administration^[L]_[SEP]
Health: National Health Mission, India.
3rd Semester Hons.
Compiled by Sushila Baraily,
Asst. Professor, Political Science Department,
Sonada Degree College.
University of North Bengal

National Health Mission of India.

The **National Health Mission (NHM)** was launched by the government of India in 2013 subsuming the National Rural Health Mission and National Urban Health Mission. It was further extended in March 2018, to continue until March 2020. It is headed by Mission Director and monitored by National Level Monitors appointed by Government of India. The main programmatic components include Health system strengthening in rural and urban areas, Reproductive- Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non- Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs.

MAJOR INITIATIVES UNDER NRHM/NHM

1. ASHA (Accredited Social Health Activists):

Community Health volunteers called **Accredited Social Health Activists (ASHAs)** have been engaged under the mission for establishing a link between the community and the health system. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services in rural areas. Since 2013, when the National Urban Health Mission was launched, ASHAs are being selected in urban areas as well. ASHA Programme is expanding across States and has particularly been successful in bringing people back to Public Health System and has increased the utilization of outpatient services, diagnostic facilities, institutional deliveries and inpatient care. immunization, active role in disease control programmes (Malaria, Kala-azar and Lymphatic filariasis, in particular) and improved breastfeeding and nutrition practices.

2. Rogi Kalyan Simitis (Patient Welfare Committee)/Hospital Management Society :

The Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society is a management structure that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committees through untied fund to undertake activities for patient welfare. Rogi Kalyan Samitis (RKS) have been set up involving the community members in almost all District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) till date.

3.The Untied Grants to Sub-Centres (SCs):

Untied Grants to Sub-Centres has given a new confidence to our ANMs in the field. The SCs are far better equipped now with blood pressure measuring equipment, haemoglobin (Hb) measuring equipment, stethoscope, weighing machine etc. This has facilitated provision of quality antenatal care and other healthcare services.

4.The Village Health Sanitation and Nutrition Committee (VHSNC):

The Village Health Sanitation and Nutrition Committee is an important tool of community empowerment and participation at the grassroots level to address issues of environmental and social determinants. VHSNC membership includes Panchayati Raj representatives, ASHA & other frontline workers and also representatives of the marginalized communities. Untied grants of Rs. 10,000 are provided annually to each VHSNC.

5.Healthcare service delivery :

Healthcare service delivery requires intensive human resource inputs. NHM has attempted to fill the gaps in human resources by providing nearly 1.88 lakh additional health human resources to States. NHM has also focused on multi skilling of doctors at strategically located facilities identified by the States e.g. MBBS doctors are trained in Emergency Obstetric Care (EmOC), Life Saving Anaesthesia Skills (LSAS) and Laparoscopic Surgery. Due importance is also being given to capacity building of nursing staff and auxiliary workers such as ANMs. NRHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCs and DHs.

6.Janani Suraksha Yojana (JSY):

Janani Suraksha Yojana aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government health facilities. Under the scheme, cash assistance is provided to eligible pregnant women for giving birth in a government health facility.

7.Janani Shishu Suraksha Karyakram (JSSK):

Janani Shishu Suraksha Karyakram launched on 1st June, 2011, JSSK entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. This marks a shift to an entitlement based approach. The free entitlements include free drugs and consumables, free diagnostics, free diet during stay in the health institutions, free provision of blood, free transport from home to health institution, between health institutions in case of referrals and drop back home and exemption from all kinds of user charges. Similar entitlements are available for all sick infants (up to 1 year of age) accessing public health institutions. All States and Union Territories are implementing this scheme.

Besides these, other schemes also were incorporated under this National Health Mission. They are as follows:

National Mobile Medical Units (NMMUs)

Many un-served areas have been covered through National Mobile Medical Units (NMMUs), to increase visibility, awareness and accountability,

National Ambulance Services

Free ambulance services are provided in every nook and corner of the country connected with a toll free number and reaches within 30 minutes of the call.

Janani Shishu Suraksha Karyakram (JSSK)

As part of recent initiatives and further moving in the direction of universal healthcare, Janani Shishu Suraksha Karyakarm (JSSK) was introduced to provide free to and fro transport, free drugs, free diagnostic, free blood, free diet to pregnant women who come for delivery in public health institutions and sick infants up to one year.

Rashtriya Bal Swasthya Karyakram (RBSK)

A Child Health Screening and Early Intervention Services has been launched in February 2013 to screen diseases specific to childhood, developmental delays, disabilities, birth defects and deficiencies. The initiative will cover about 27 crore children between 0–18 years of age and also provide free treatment including surgery for health problems diagnosed under this initiative.

Mother and Child Health Wings (MCH Wings)

With a focus to reduce maternal and child mortality, dedicated Mother and Child Health Wings with 100/50/30 bed capacity have been sanctioned in high case load district hospitals and CHCs which would create additional beds for mothers and children.

Free Drugs and Free Diagnostic Service

A new initiative is launched under the National Health Mission to provide Free Drugs Service and Free Diagnostic Service with a motive to lower the out of pocket expenditure on health.

District Hospital and Knowledge Centre (DHKC)

As a new initiative District Hospitals are being strengthened to provide Multi-specialty health care including dialysis care, intensive cardiac care, cancer treatment, mental illness, emergency medical and trauma care etc. These hospitals would act as the knowledge support for clinical care in facilities below it through a tele-medicine centre located in the district headquarters and also developed as centres for training of paramedics and nurses.

National Iron+ Initiative

The National Iron+ Initiative is an attempt to look at Iron Deficiency Anaemia in which beneficiaries will receive iron and folic acid supplementation irrespective of their Iron/Hb status. This initiative will bring together existing programmes (IFA supplementation for: pregnant and lactating women and; children in the age group of 6–60 months) and introduce new age groups.

Tribal TB Eradication Project

This project is launched by MoS Health Shri Faggan Singh Kulaste at Mandla on 20 January 2017.

Impact

The number of the beneficiaries reported in 2014-15, 87% belonged to rural areas. In the same year, about 9 lakh ASHA workers also received incentives for promoting institutional deliveries among pregnant women.

During 2006 - 2008, the Scheme may also have resulted in a 7% - 12% rise in the probability of childbirth or pregnancy in 10 states.

The Infant Mortality rate in the country since the implementation of the scheme has gone down as per 1000 live births from 55.7 in 2005 to 35.3 in 2015.

The maternal mortality ratio in India since the implementation of the scheme has also gone down, as per 100,000 births from 250 in 2006 to 170 in 2013.

Though the Government has launched this scheme of National Health Mission for providing better health care facilities to the people. To make this mission possible and to reach to all the people **Health Management Information System (HMIS)**, a web-based monitoring system, has been put in place by the Ministry to monitor health programmes under National Health Mission and provide key inputs for policy formulation and interventions.

The Ministry has been **conducting large scale surveys periodically** to assess the level and impact of health interventions. These surveys include National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS) etc. The main aim of these surveys is to assess the impact of the health programmes and to generate various health related indicators at the District, State and National level.

The Ministry has **established 18 Population Research Centres (PRCs) in various institutions** in the country with a view to carry out research on various topics pertaining to Population Stabilization, Demographic and other Health related programmes. While 12 of these PRCs are located in Universities, the remaining six are located in the Institutes of national repute. The Ministry of Health and Family Welfare provide 100% financial grant-in-aid to all PRCs

Therefore, it can be concluded here that this National Health Mission has been put forward by the Government of India for the welfare of the citizen. Now it is the time that the citizens should be aware of these facilities and make full use of it for the betterment of the society as a whole. For which they should be literate and do spread this information to all those who are unaware and illiterate.

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