CONCLUSION AND RECOMMENDATION/ SUGGESTION

12.1 Conclusion:

National Rural Health Mission had performed excellently well across the country. However achievements as described by various governmental and non governmental sources could not said to be exclusively the achievement of National Rural Health Mission and research scholar would term those as achievements of the country as a whole through both public and private health sector combined. The public health data in the country was largely based upon sample survey and research scholar could say that despite high rates of confidence declared by those agencies such data could not be actual but only factual. District Level Household Survey data, Sample Registration System Data, UNICEF multi health indicator survey data and even Indian Council of Medical Research data could fall in this category. It would be highly beneficial to plan based upon actual data which could be ensured through vital or mandatory registration of deaths, births and ailments with causes of death and ailments of each and every case in the country.

Per capita fund release and utilization was calculated to examine the respective performances by states in terms of financial management. Such analysis was repeated for beneficiaries under Janani Suraksha Yojna and Institutional delivery. Some great contrast was found in terms of Janani Suraksha Yojna and Institutional delivery as they were expected to correspond with each other therefore this contrast was a matter of further study. It was also found that high focus states were not provided enough per capita funds and in fact in most cases per capita funds release to EAG states were even below other states, which were not high focused. Therefore the very idea of grouping of states in categories such as high focus and non high focus had appeared meaningless. However EAG or high focus states had definitely outperformed non high focus states. Without more funds how those states performed better could be a matter of great relief. Although it was mainly due the fact that more crowd turned to public health facilities in those states.
It was further found that each and every public health facilities across the country had become eventful due to implementation of *National Rural Health Mission*. Transformation in the rural health sector might say panoramic and easily perceived by people in comparison to pre *National Rural Health Mission* period i.e. before April 2005. There were marked increase in Immunization coverage, OPD/IPD Cases, Ambulatory services, and Institutional deliveries what was defined as *perceptible transformation* under this research. Different provisions were implemented under the aegis of *Rogi Kalyan Samiti, Janani Suraksha Yojna*, and *Indian Public Health Standards* had benefitted the rural public health system largely.

The execution of *National Rural Health Mission* was exclusive. The Framework of implementation, Mission statements, and targets formulated were appeared logical, realistic, and achievable and reflected the developmental requirements of the country. Dedicated institutional arrangements were made at central to state and further to district and sub district levels. Several health societies were merged to single health society at the district and state levels. All those institutional arrangements were taken to ensure better functioning of the institutions and able to absorb additional funds efficiently. Program Management Units were set up in almost each and every health facility up to *primary health centre* level whereby a Program Manager, an Account Manager and Data personnel were provided to those health facilities. Work forces were deployed in all health facilities across the country. All those efforts resulted in better management of health programs and dissemination of reports. There was massive up gradation in infrastructure and logistics however there was scarcity of work force especially medical and Para medical was felt seriously.

*National Rural Health Mission* was able to achieve almost all the targets it had set although it missed the target in case of reduction of Infant mortality rate and maternal mortality rate. Those missed targets were also appeared achievable in shorter period provided the pace of recovery might continue. The health indicators of the country had moved smartly in positive direction and definitely, it provided a clear perception that public health of the country would now emerge out of its dark age.

However it was required to measure specifically the respective contributions of the public and private sector in the country. It was most required to ensure mandatory or vital death, birth, illness registration in the country as only it could provide actual health data in the country. Actual health data would result in precise and perfect planning and implementation of health program.
The decline in burden of diseases was not substantial and being static around 8 percent was even not well investigated by this research. However comparative DLHS reports for the period 05-06 and 07-08 did hint towards little promotion of households in the country. In addition comparative data of WHO burden and double burden of diseases data for India also hinted towards some positive changes however this issue still required further study.

Services available in public health facilities and public amenities at those facilities required being made more qualitative and regular. In addition, due to contrasting and conflicting health indicators shown by states and union territories in India task still could not over and it would take long to match those indicators at national and international levels. Lack of medical and paramedical personnel required being tackled most efficiently. National Rural Health Mission could not establish substantial confidence among people as still almost 45 percent people preferred private health sector. Contractual appointments, cadre conflicts in terms of permanent and contractual staff, private practice by doctors, unequal salary, lack of personnel data and files, malpractices being reported from several parts of country, regularity and quality of health services and public amenities and medico legal services emerged as major areas of concern. Urban poor were not adequately covered as urban mission was not implemented.

Madhya Pradesh had emerged best overall performing state in the country under National Rural Health Mission 2005-12. Rajasthan, D & Diu, U.P, Bihar, and Haryana had followed Madhya Pradesh respectively in this ranking. This was definitely indicative that high focus states had performed better.

The treatise presented in four sections divided into chapters and sub chapters. Section -1 included Introduction of National Rural Health Mission, motivation purpose, objectives, research problems and questions were described. In Section 2 literature review and methods adopted were described. In Section 3 the findings and extended summary of the research was presented in three chapters which respectively described answer to all three major research questions. Concluding synthesis was made in Section 4, having Discussion, Summary, and Conclusion/ Recommendations and suggestions.

Tables and Figures were serially numbered and a list of tables and figures were provided with pagination. A glossary of terms used was also included.
Citations were made using *American Psychological Association or APA* style of referencing and all the citations were finally compiled in form of a *bibliography*. Further *Index* was also included.

Research scholar had finally come to conclusion that though *National Rural Health Mission* had performed as expected yet there were several depressing areas in the public health system of India which required attention.

**12.3 Future research:**

Research scholar would prescribe taking up future research in the case of following issues:-

A. How high focused states performed relatively better in terms of overall improvements in macro health indicators despite lower per capita allocation, release of funds?

B. Considering the fact that immunization coverage was found so high at the public health facilities which indicated just nominal contributions of private sector was quite surprising and required future research.

C. Janani Suraksha Yojna was to promote Institutional Deliveries however the number of institutional delivery was much less in case of high focus states in comparison of non high focus states.

D. Sex ration had improved in overall terms however it had declined for the age group 0-6 years.

**12.3 Recommendations/ suggestions:**

This would be most appropriate for the research scholar to put forward specific recommendation and suggestion what considered fair and logical under the premises of this research. Therefore research scholar would like to make following recommendation/ suggestions:-

1. In order to take public health services further close to people research scholar would suggest developing each *health sub centre* so that OPD/IPD and Institutional deliveries might happen at each *health sub centre* of the country on permanent basis.

2. Research scholar would also suggest mandatory registration for each birth, death, illness and causes of death and illness in the country by each and every public and private health facilities in the country as only it could provide correct public health data in the country.
3. Public health achievements are required presenting in specific terms and clearly mentioning how much contributed by the public sector and private health sector respectively.

4. Residential quarters with all required amenities must be provided to all medical, managerial, supervisory and paramedical staff near to health facility even in remote and distant areas.

5. Research scholar would recommend establishment of new medical and paramedical institutions on priority basis at central, regional, state and sub state levels to overcome the deficient work force in the country.

6. Research scholar would also suggest starting a new cadre of doctors namely Bachelor of Rural Health in the country as it would definitely produce doctors in numbers in shorter period.

7. Research scholar would suggest up gradation and establishment of new health centers as per available human resources as infrastructure, logistics and work force must occur simultaneously.

8. Since high focus states were not provided extra funds and per capita funds allocation and release was even low in comparison of other states therefore research scholar would suggest for higher per capita funds release to high focus states.

9. State and central governments are required giving up forever any plan to privatize the public health facilities and research scholar would like to suggest for maintaining considerable care in outsourcing and private public partnerships.

10. Research scholar would suggest that a country like India must invest at least 10 percent of its GDP in the public health sector.

11. Research scholar finding financial limits under Janani Suraksha Yojna insufficient considering the inflation would recommend and suggest raising those limits.

12. National Rural Health Mission tried to implement social security schemes such as health insurance, financial assistance under Janani Suraksha Yojna to below the poverty line families. It could not be the mandate of the health department and such programs could be implemented by other departments of the government. In fact a work
force deficient health department must dedicate to make health services improve.

13. Research scholar would suggest maintaining the personnel data properly and which required evaluation also the personnel data and files required making easily accessible.

14. Migration of health workforce, private practice by government doctors, lack of medical and paramedics staff, cadre conflicts such as contractual versus permanent staff were some problematic area which required immediate attention.

15. Though it was said in NRHM mission documents that AYUSH persons would be deployed at each Primary health centers despite this could not done also it required to clearly mention about the type of ailments would be treated by AYUSH specialist and which medicine would be used?

16. The monitoring of programs are required being made more precise as it was evident that functionaries reported those works also which never accomplished.

17. Longevity of employee- employer relationships, efficient performance based incentives and disincentives, talent management and leaderships are most required in the public health sector of the country. Quality of health care could only improve with good and efficient doctors and paramedics in place. Lack of good people could result in bad planning and execution of the health programs.

18. If reporting the work would be more important than doing the work and submission of utilization certificate would be more important than proper utilization of funds, no public health system could develop. Therefore it required to develop appropriate staff friendly systems.

19. It is most needed to press for proper organization of meetings of the executive committees and governing bodies of respective health societies and Rogi Kalyan Samities.

20. It is quite suggestive for the governments to spend more in a focused-manner to avoid the rising mortalities from the infectious diseases that plague the poor in the society and the so-called non-communicable diseases of the growing middle classes.
21. It required to tackle double burden of diseases due to spike in infectious diseases that caused maximum child and maternal mortality coupled with chronic non-communicable diseases - such as diabetes, heart diseases, mental health, cancers etc and put them on agenda.

22. It required doing a lot to improve public health data management and access, sample based data despite high confidence levels could not be accurate and based on such data planning and executing health programs would be not perfect.

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