ENSURING PERCEPTIBLE TRANSFORMATION IN RURAL HEALTH SECTOR: A CRITICAL STUDY OF EXECUTION AND ACHIEVEMENTS OF NATIONAL RURAL HEALTH MISSION

PREFACE

National Rural Health Mission or NRHM launched in April 2005 by the Government of India to correct the rural public health sector of the country. Therefore, the research implemented during July 2009 to March 2012 examined the execution and achievements of National Rural Health Mission in the whole country intact, taking into account its tenure 2005-12.

The overall research remained involved with both qualitative and quantitative methods as an extensive survey of literature, case studies interviews and data collection accomplished. MIS on NRHM or Executive Summary as on 31/12/2011, Sample Registration System Data for the periods April 2006 and December 2011, Rural Health Survey Data for the years 2005 and 2010, District Level Household Survey Data for the years 2004-05 and 2007-08, National Family Health Survey Data for the year 2005-06, World health organization country statistics, Census Data for 2001 and 2011, and Times series data for the year 2012 were the main secondary data used under this research. Quantitative methods were involved with gap estimation in terms of required and existing number of health facilities and work force. Data related to Immunization, Institutional Delivery, Funds release, utilization all statistically analyzed against specific parameters. Ranking of different states displayed against those selected parameters. The result could publish accordingly to ‘grounding theory’ whereby both qualitative and quantitative methods involved in support of each other.

Execution could characterize with formulation of action points, prescription of timeline, institutional arrangements, deployment of Program Management Units and other workforce swiftly. New schemes such as Rogi Kalyan Samities, Janani Suraksha Yojna and Accredited Social Health Activist were unveiled and provisions of Indian Public Health Standards implemented. All the 35 states, union territories categorized, and poor performing states grouped in high focus category. Flexi pool funding approach adopted to provide need-based funds. There large-scale deployment of work force, up gradation of infrastructure, and supply of logistics. All those efforts had resulted in rapid increase in Immunization coverage, Outpatient & Inpatient department cases, Ambulatory services, and Institutional deliveries. In addition, NRHM evidently helped the macro health indicators of the country to move positively as sex ratio; decadal growth rate of population, infant mortality rate and maternal morality rate in the country had improved by almost 11, 3.7, 12 and 60 points respectively. Not a single polio case reported during 2011-12 and country could declare polio free.
National Rural Health Mission had created large-scale employment opportunities and benefitted rural households and livelihood. There was increased people awareness on health, nutrition, water, and sanitation issues.

However, discrepancies persisted in form of dissimilar health indicators among states, deficient work force, regularity and quality of services. In addition, private sector still comprised almost 80 percent of the total health expenditure. Public health data in the country was largely sample based therefore there was tentative planning for the public health. Immunization coverage appeared so high considering the crude birth rate and contribution by private sector. Beneficiaries under Janani Suraksha Yojna and Number of Institutional delivery did not correspond to each other in several states that indicated poor state of affairs on the issue of institutional delivery in those states. Per capita funds made available to high focus states were comparatively lower with non-high focus states. However, performance of high focus states appeared satisfactory and Madhya Pradesh had emerged best performing state followed by Rajasthan, D & Diu, UP, Bihar and Haryana.

Ultimately, because of this research, it could say that National Rural Health Mission had put the public health sector of the country on the correct course however; the task would not be over in near future. For the sake of actual public health data, government must ensure mandatory or vital registration of each birth, death, illness and cause of death and illness by both private and public sector health facilities in the country. In addition, public health services were required moving further close to people.

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