

Approaches for control of  
under nutrition in India  
National programmes and  
guidelines for controlling  
under nutrition in India with  
emphasis on  
NRHM.

NATIONAL RURAL HEALTH MISSION



**NRHM**

राष्ट्रीय ग्रामीण आरोग्य अभियान

# NRHM

- ◎ The **National Rural Health Mission (NRHM)** was launched on 12<sup>th</sup> April 2005, to provide accessible , affordable and quality health care to the rural population , especially the vulnerable groups.
- ◎ Under the NRHM, the empowered action group (EAG) States as well as north eastern states, Jammu and Kashmir and Himachal Pradesh have been special focus.
- ◎ NRHM focuses on reproductive, maternal , newborn , child health and adoloscent. Moreover , the linking of community and facility based care and strengthening referrals between various levels of health care system to create a continuos care pathway is also to be foccused.

# AIM

- To provide accessible , affordable , accountable effective and reliable primary health care and bridging the gap in rural health care through creation of ASHA ( Accredited Social Health Worker).

# Objectives of the mission

- Child and maternal mortality rate.
- Universal access to public health services for food , nutrition , sanitation and public health services addressing maternal and child health.
- Prevention and control of communicable and non communicable diseases.
- Access to primary health care.
- Mainstreaming of AYUSH.
- Promotion of healthy life style.

# GOALS

- ❑ Facilitate increased access and utilization of quality health services by all.
- ❑ A partnership between the central , state and the local governments.
- ❑ Set up a platform for involving the panchayati raj institutions and community in the management of primary health programmes and infrastructure.
- ❑ Provide an opportunity for promoting equity and social justice.
- ❑ Establish a mechanism to provide flexibility to the states and the community to promote local initiatives.
- ❑ Develop a framework for promoting inter-sectoral convergence for promotive and preventive health care.

# CORE STRATEGIES

- ❖ To enhance capacity of Panchayat Raj institutions to own , control and manage public health services.
- ❖ Promote access to improved healthcare at household level through the female health activist.
- ❖ Health plan for each village through village health committee of the Panchayat.
- ❖ Preparation and implementation of an inter-sectoral district health plan prepared by the district health mission, including drinking water , sanitation and hygiene and nutrition.
- ❖ Formulation of transparent policies for deployment and career development of human resources for health.
- ❖ Promoting non profit sector particularly in under served areas.

# SUPPLEMENTARY STRATEGIES

- ✓ Regulation of private sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost.
- ✓ Promotion of public private partnerships for achieving public health goals.
- ✓ Reorienting medical education to support rural health issues including regulation of medical care and medical ethics.
- ✓ Effective and viable risk pooling and social health insurance to provide health security to the poor by ensuring accessible, affordable, accountable and good quality hospital care.

# PLAN OF ACTIONS/ COMPONENTS

1. Accredited of social health services(ASHA).
2. Strengthening sub centers.
3. Strengthening primary health centers.
4. Strengthening CHCs for first referral care.
5. District health plan under NRHM.
6. Converging sanitation and hygiene under NRHM.
7. Strengthening disease control program.
8. Public private partnership for public health goals including regulation of private sector.
9. Reorienting health / medical education to support rural health issues.

# ASHA

- Resident of the village , a woman between 25-45 years , with formal education up to 8<sup>th</sup> class , having communication skills and leadership qualities.
- One ASHA per 1000 population.
- Around 1,00,000 ASHA's are already selected.
- Chosen by the panchayat to act as the interface between the community and the public health system.
- Bridge between the ANM and the village.

# RESPONSIBILITY OF ASHA

- ① To create awareness among the community regarding nutrition ,basic sanitation, hygienic practices , healthy living.
- ② Counsel women on birth preparedness.
- ③ Importance of safe delivery , breast feeding , complimentary feeding, immunization and contraception.
- ④ Encourage the community to get involved in health related services.
- ⑤ Accompany pregnant women , children requiring treatment and admissions to the nearest PHC's .

# STRENGTHENING SUB-CENTRES

- Each sub centre will have a fund for local action of rs. 10,000 per annum. This fund will be deposited in a joint bank account of the ANM and sarpanch and operated by the ANM, in the consultation with the village health committee.
- Supply of essential drugs, both allopathic and AYUSH , to the sub centers.

# STRENGTHENING PRIMARY HEALTH CENTRES

- Mission aims at strengthening PHC for quality preventive,
  - Adequate and regular supply of essential quality drugs and equipment including supply of auto disabled syringes for immunization to PHCs.
  - Provision of 24 hour service in 50% PHCs by addressing shortage of doctors, especially in high focus states observance of standard treatment guidelines and protocols.
  - Intensification of ongoing communicable disease control programs, new programs for control of non communicable diseases, up gradation of 100% PHCs for 24 hours referral service, and provision of 2<sup>nd</sup> doctor at PHC level would be undertaken on the basis of felt needed.

# STRENGTHENING CHC's FOR REFERRAL CARE

- Operating 3222 existing community health centers as 24 hour first referral units, including posting of anesthetists.
- Codification of new Indian public health standards, setting norms for infrastructure, staff , equipment, management etc.
- Promotion of stakeholder committees for hospital management.
- Developing standards of services and costs in hospital care.

# DISTRICT HEALTH PLAN

- It would be an amalgamation through:
  - Village health plans , state and national priorities for health , water supply , sanitation and nutrition.
  - Health plans would form the core unit of action proposed in areas like water supply, hygiene and nutrition. Departments would integrate into district health mission for monitoring.
  - District becomes core unit of planning , budgeting and implementation.

# CONVERGING SANITATION AND HYGIENE UNDER NRHM

- Total sanitation campaign (TSC) is presently implemented in 350 districts, and is proposed to cover all districts in 10<sup>th</sup> plan.
- Components of TSC include IEC activities , rural sanitary marts, individual household toilets, women sanitary complex, and school sanitation program.
- Similar to the DHM, the TSC is also implemented through panchayati raj institutions (PRIS).
- The district health mission would guide activities of sanitation at district level, and promote joint IEC for public health sanitation and hygiene , through village health and sanitation committee, and promote household toilets and school sanitation program ASHA would be incentivized for promoting households toilets by the mission.

# STRENGTHENING DISEASE CONTROL PROGRAMMES

- National disease control program for malaria, TB , kala azar, filaria, blindness and iodine deficiency and integrated disease surveillance program shall be integrated under the mission, for improved program delivery.
- New initiatives would be launched for control of non communicable diseases.
- Diseases surveillance system at village level would be strengthened.
- Supply of generic drugs ( both AYUSH and allopathic) for common ailment at village level.
- Provision of a mobile medical unit at district level for improved outreach services.

# PUBLIC-PRIVATE PARTNERSHIP FOR PUBLIC HEALTH

## GOALS, INCLUDING REGULATION OF

### PRIVATE SECTOR

- Since almost 75% of health services are being currently provided by the private sector, there is a need to refine regulation.
- Regulation to be transparent and accountable.
- District institutional mechanism for mission must have representation of private sector.
- Need to develop guidelines for public private partnership in health sector.
- Public sector to play the lead role in defining the framework and sustaining the partnership.

# REORIENTING HEALTH/ MEDICAL EDUCATION TO SUPPORT RURAL HEALTH ISSUES

- While district and tertiary hospitals are necessarily located in urban centres, they form an integral part of the referral care chain serving the needs of the rural people.
- Medical and para- medical education facilities need to be created in states , based on need assessment.
- Suggestion for commission for excellence in health care ( medical grants commission) national institution for public health management.
- Task group to improve guidelines.



**THANK**

**YOU!**