



National Rural Health Mission (2005-2012)

(Reaching affordable, quality health care to the poorest households in the remotest regions)



About NHRM

- Inaugurated on April 12, 2005
- Correct the deficiencies of the health system
- Increase spending on health from 0.9% of GDP to 2-3% of GDP
- Focus on 18 states – northern and eastern
- Good decentralized healthcare
- Missionary approach
- Intended for 2005 - 2012



Action Points

- Provision of health activist in each village
- Village health plan prepared through panchayat involvement
- Strengthening of rural hospitals
- Integration of vertical health programs (leprosy, TB, malarial programs, etc.) and traditional medicine
- Integration of plans at different levels
- New health financing mechanisms



Major Stakeholders

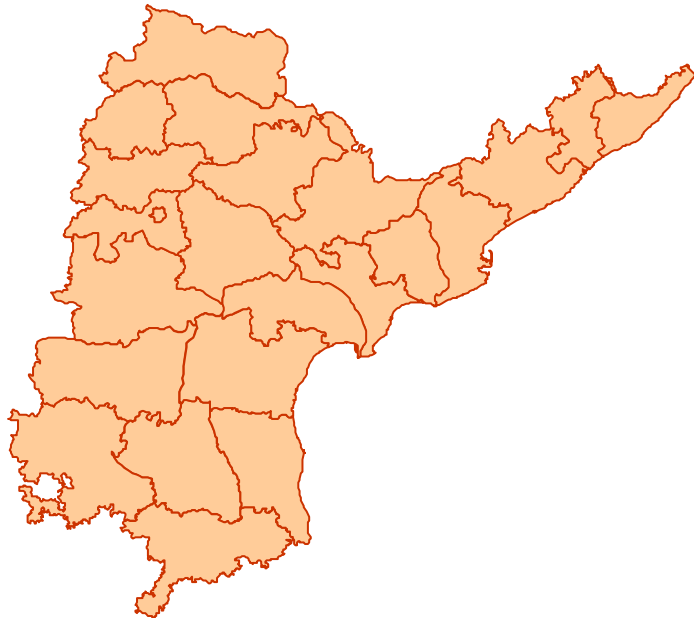
- Accredited Social Health Activist (ASHA)
- Auxiliary Nurse Midwife and Anganwadi worker
- Panchayati Raj Institutions and NGOs
- District Administration
- State Governments



NRHM in Andhra Pradesh

AP Profile

- Estimated Population as on 1.10.2007 ... 837.08 lakhs
- 0-5 years children ... 93.73 lakhs
- Density of population ... 277 per sq km
- Sex Ratio (Females/ 1000 males) ... 978
- Literacy Rate
 - Total ... 60.47%
 - Male ... 73.32%
 - Female ... 50.43%



- Number of Sub-centres ... 12522
- Number PHCs ... 1570
- Number 24-hrs MCH Centres ... 800
- Community Health Centres ... 167
- District Hospital under APVVP ... 19
- Area Hospital under APVVP ... 58
- Teaching Hospitals ... 11



Health Profile

- **Rural area:**

- Number of Sub-centres ... 12522
- Number PHCs ... 1570
- Number 24-hrs MCH Centres ... 800

- **Urban area:**

- Post Partum Units ... 82
- Urban Family Welfare Centres ... 131
- Urban Health Centres ... 192
- Community Health Centres ... 167
- District Hospital under APVVP ... 23
- Area Hospital under APVVP ... 57
- Teaching Hospitals ... 11



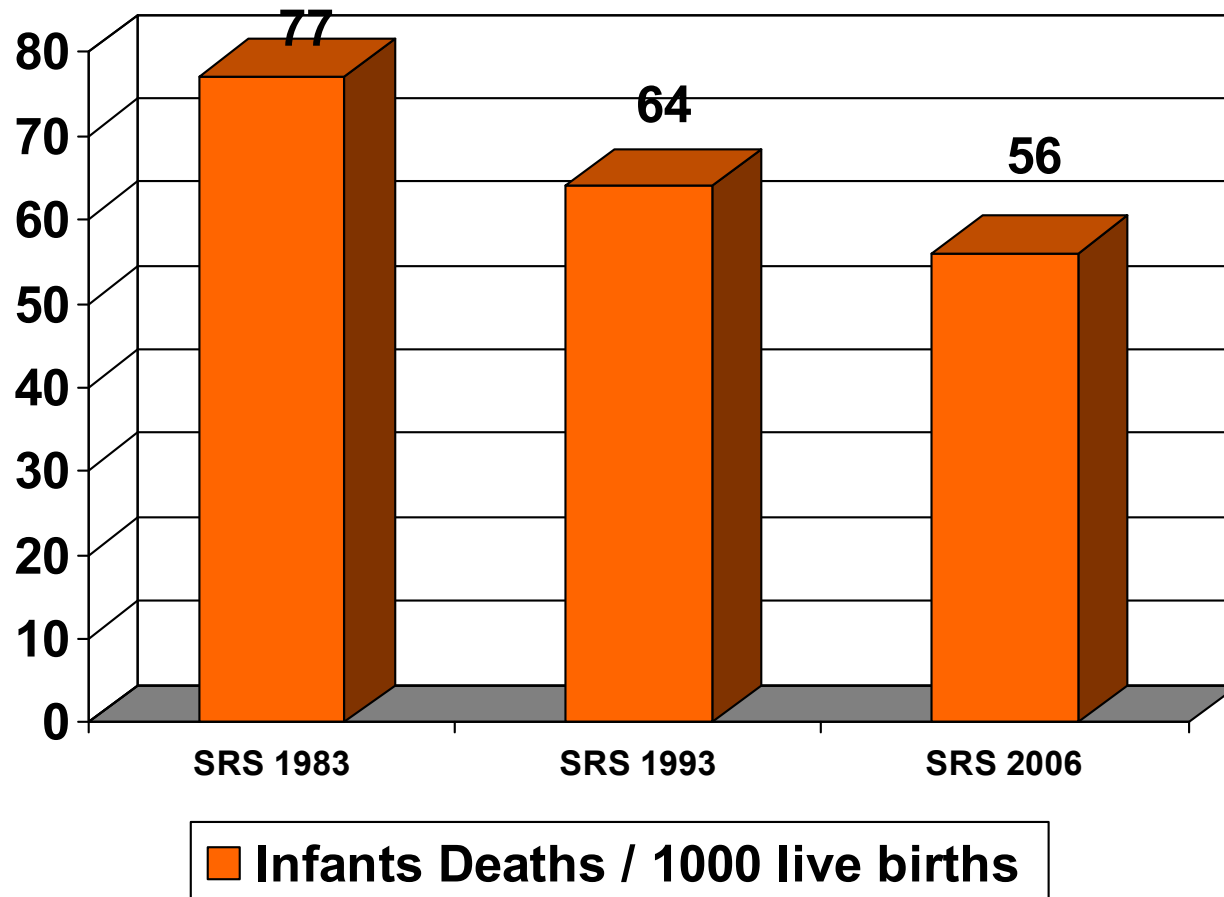
Present Scenario

- Andhra Pradesh is the fifth largest State in India both in terms of geographical area and population.
- The State has a total population of 8.37 crores.
- Since its formation in 1956, the State has made considerable progress in various health indicators.
- As a result of various health policies and National Programs there has been considerable improvement in the general health status of the population

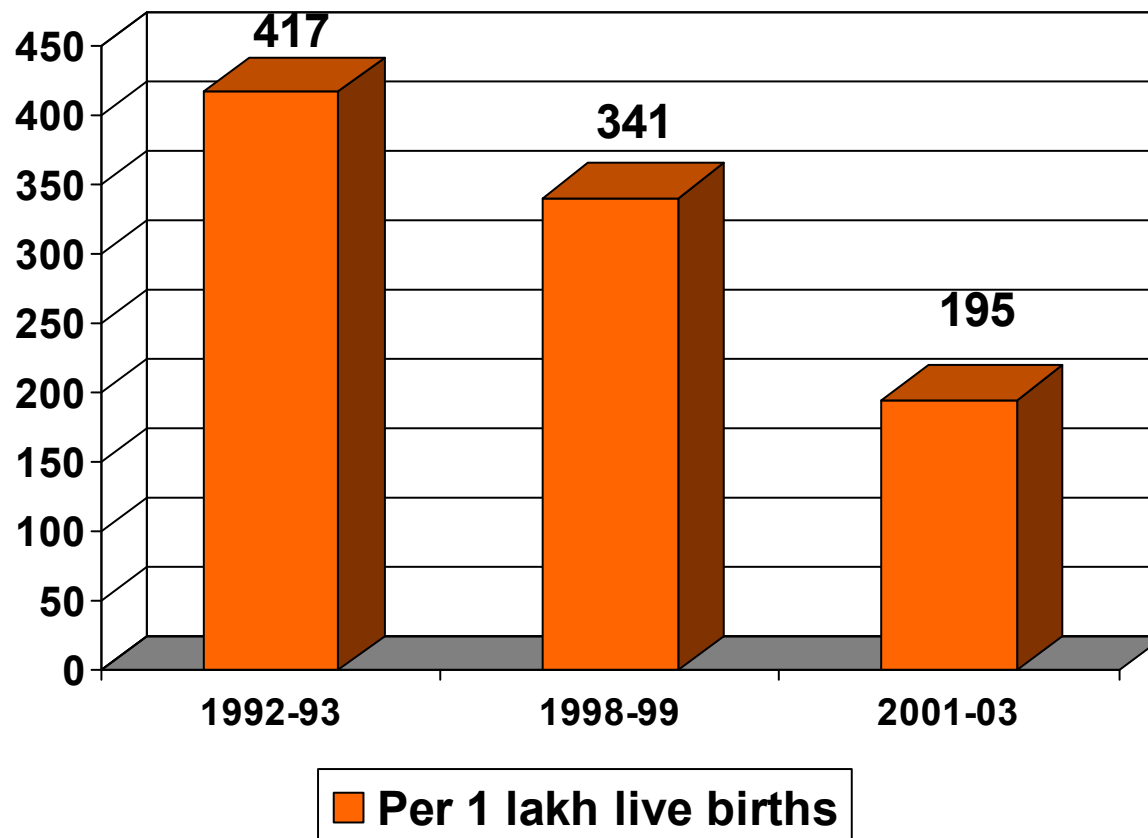


Achievements under Key Indicators

Infant Mortality Rate

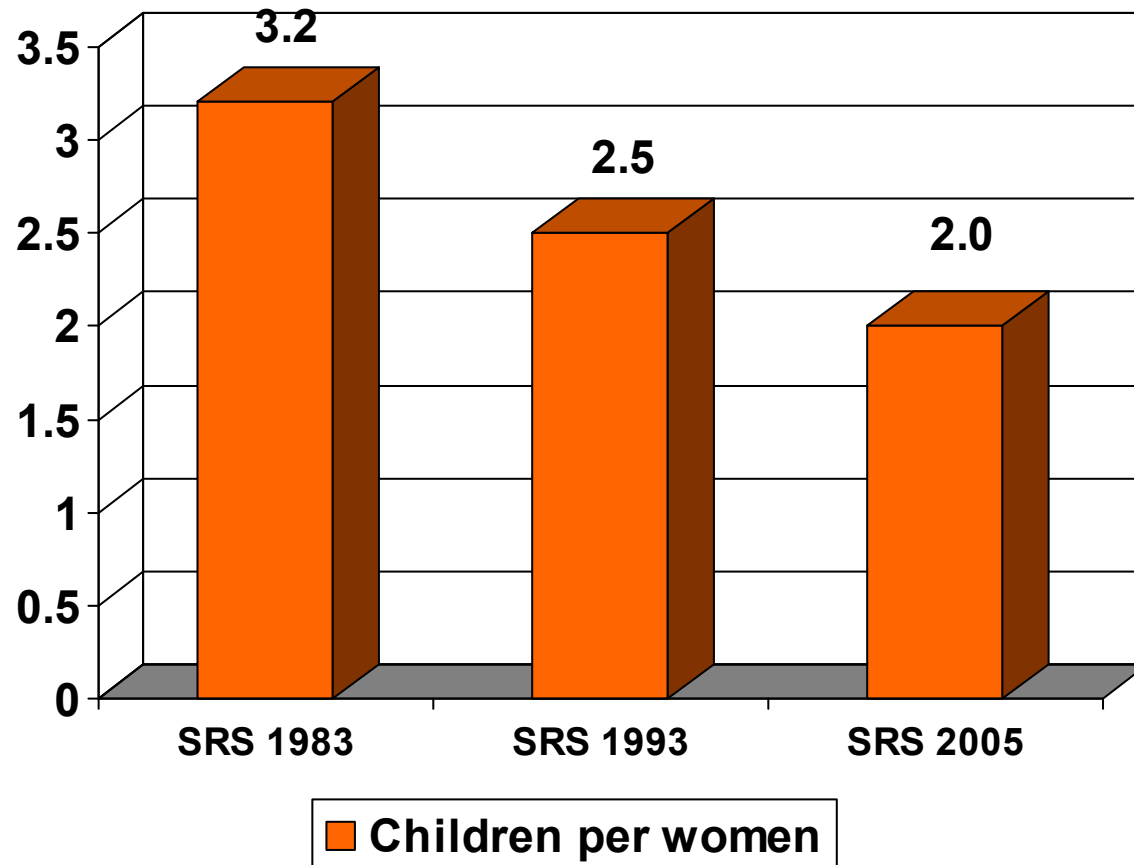


Maternal Mortality Rate

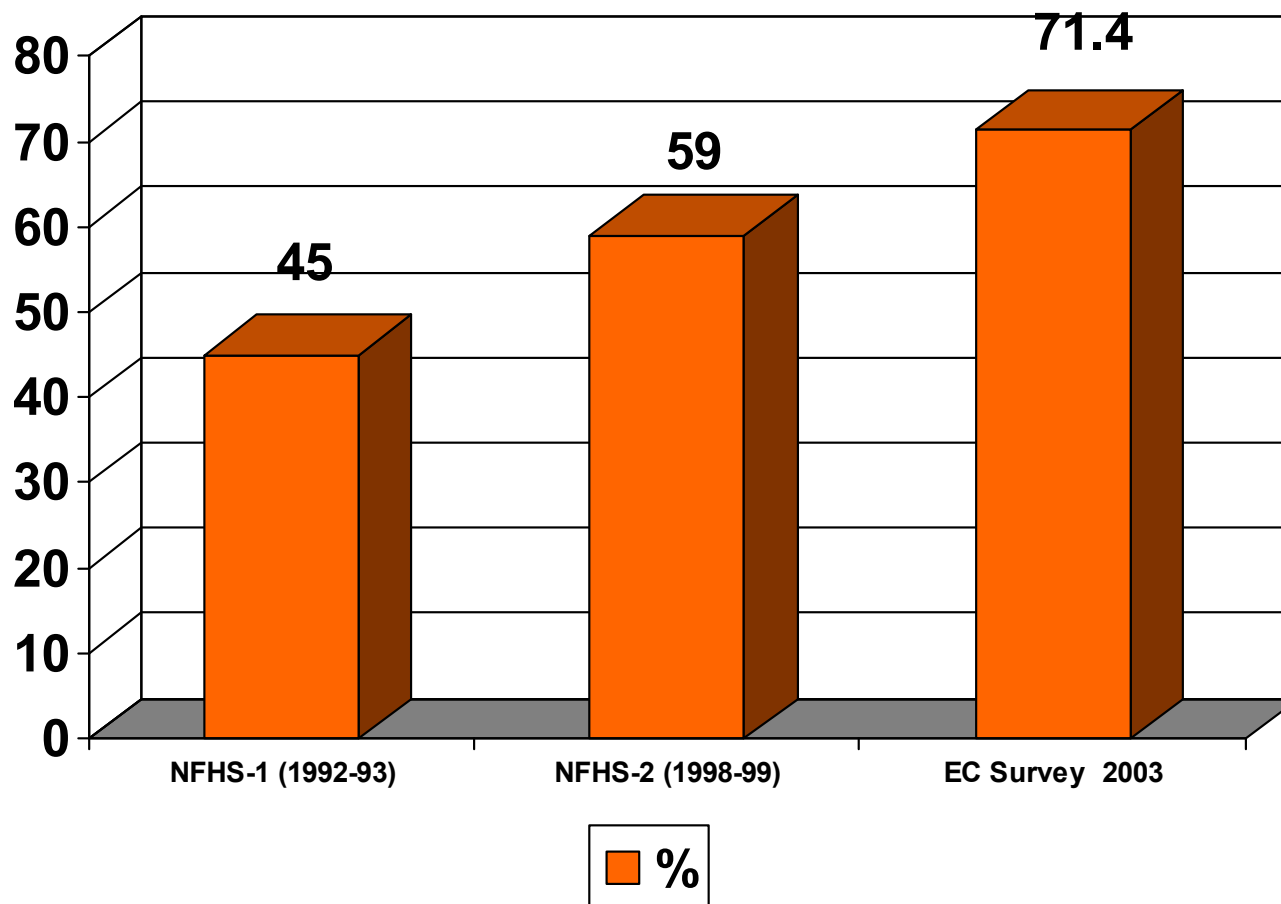


1992-93 & 1998-99 – Estimates by IIFHW
2001-03 – SRS (2001-03)

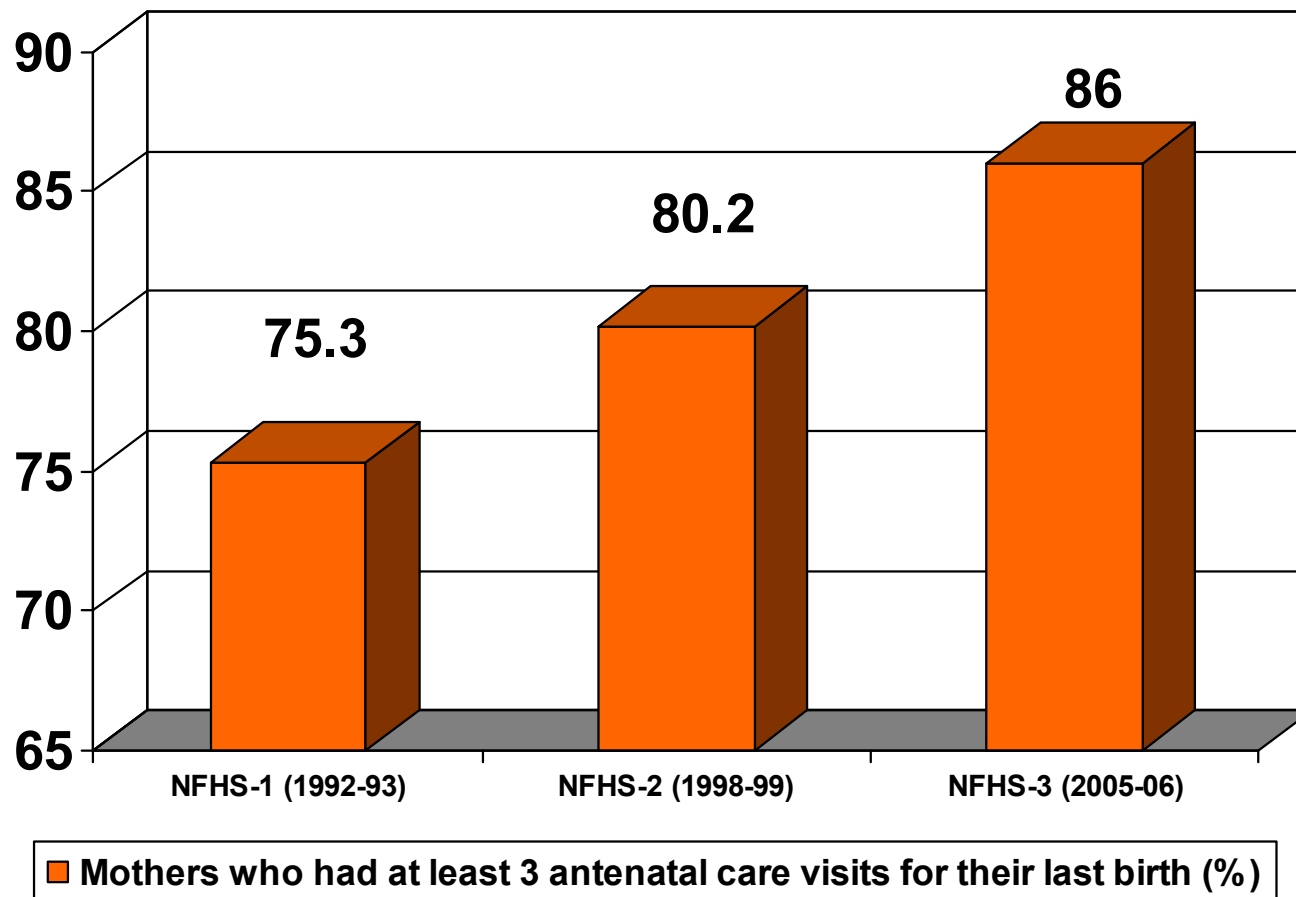
Total Fertility Rate



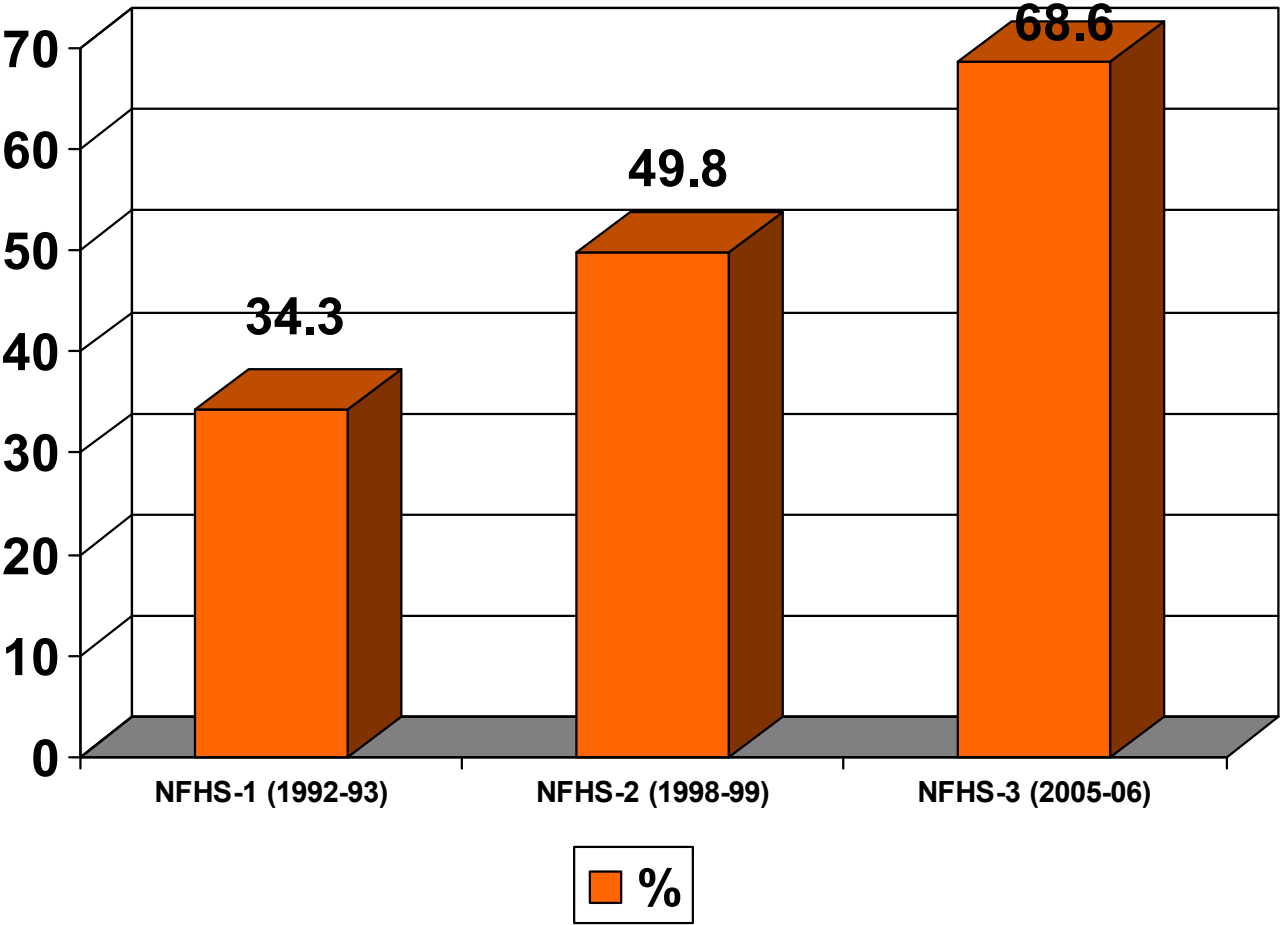
Full Immunization



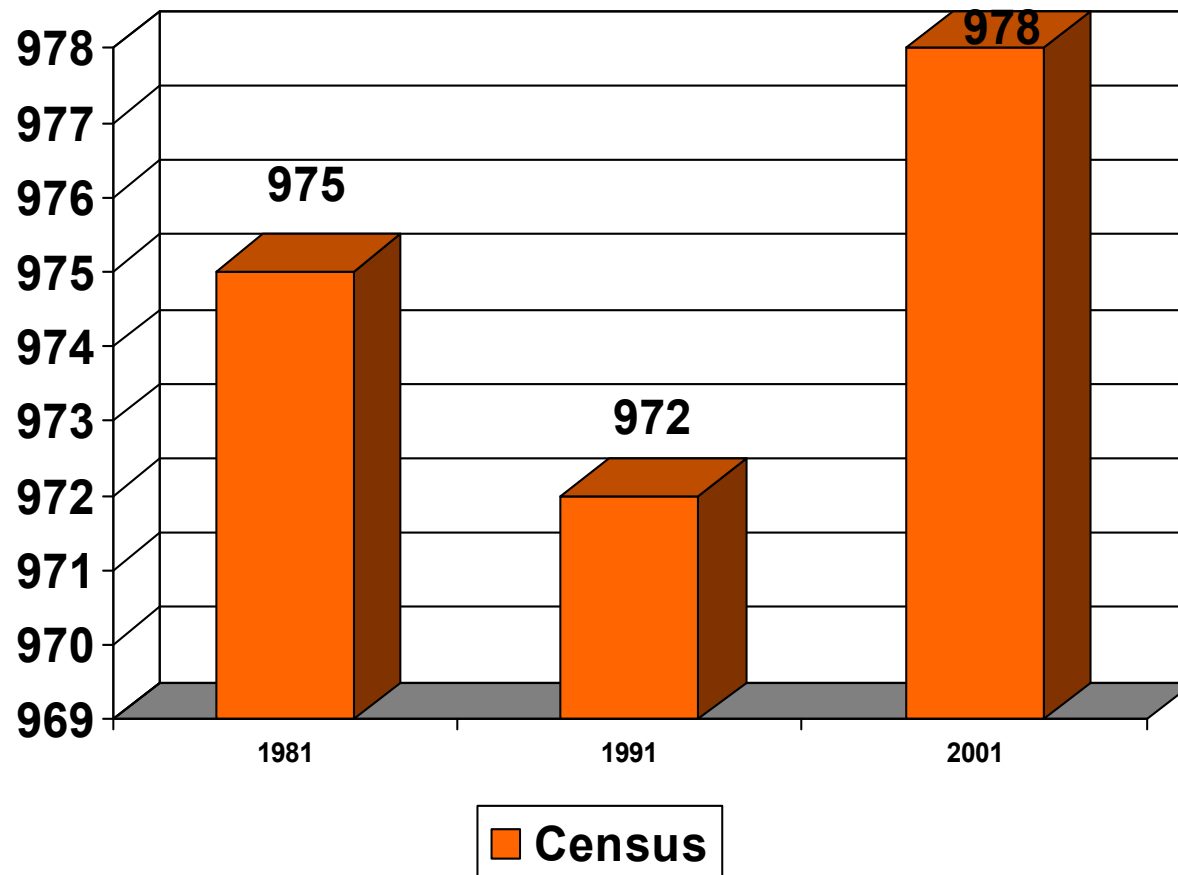
Antenatal Care visits



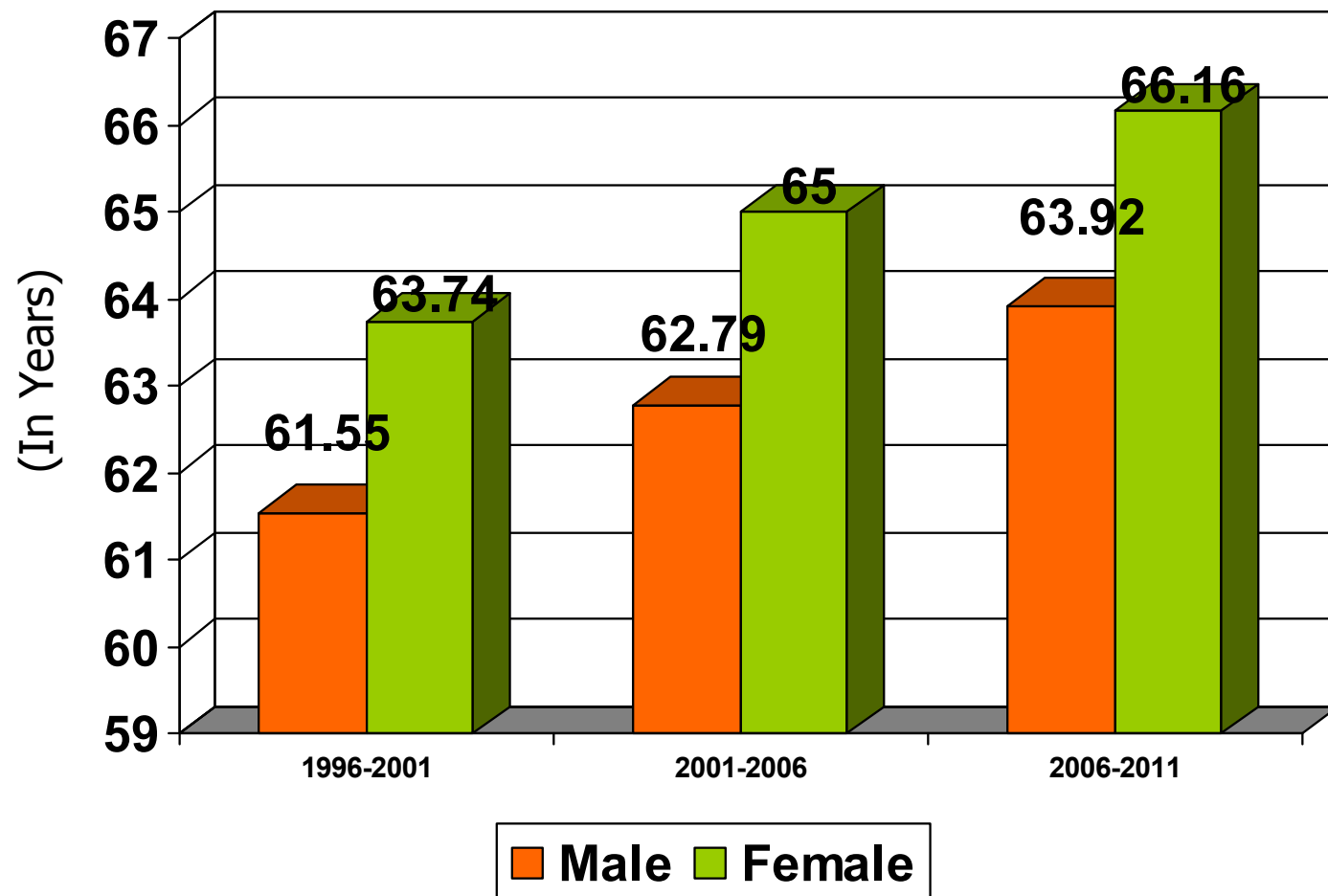
Institutional Deliveries



Sex Ratio



Life Expectancy at Birth



Expected outcomes

Indicator	NRHM by 2012	Present status		AP target
		India	AP	
IMR (per 1000 live births)	30	57*	56*	30
MMR (per 1,00,000 live births)	100	301#	195#	100
TFR (children per women)	2.1	2.9**	2.0**	1.5

- Achieve a cure rate (TB - DOTS) of – 85% by 2012
- Reduce prevalence rate of Leprosy to – 0.43 per 10,000 by 2012
- Increase Cataract operations to – 6 lakhs per annum by 2012 (AP).
- Reduce Malaria Mortality Rate to – 60% by 2012 (No deaths reported in 2006-07)
- Reduce Filaria / Microfilaria rate to – 80% by 2012.

* SRS (2006) ** SRS (2005) # SRS (2001-03)



Major Interventions

- All 70,700 ASHA workers are placed.
- Village Health & Sanitation Committees are formed in all 21,916 Gram Panchayats of the state.
- 93.78% (1704 / 1817) of the Hospital Development Committees registered and established.
- 12.36 lakh beneficiaries benefited through Janani Suraksha Yojana scheme since Nov-2005.
- 151 FRUs strengthened as CEMONC centres.
- Out of 1570 PHCs, 50% of PHCs strengthened as 24-hrs MCH centres.
- Rural Emergency Health Transport Scheme successfully implemented through EMRI (108).
- Health Information Help Line setup for information, advice and guidance on any health emergency (104).



Accredited Social Health Activist (ASHA)

- ASHA to act as health resource person-of-first-resort in all maternal and child health matters, and to act as link-person between the community and the service providers.
- ASHA would act as a bridge between the ANM and the village and be accountable to the Panchayat.
- The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health and other healthcare programmes, and construction of household toilets.
- 70,700 ASHAs identified and selected
- All 70,700 ASHA workers are placed (55,400 in rural areas; 5,300 in urban areas & 10,000 in tribal areas)
- Refresher training started for the trained ASHA workers.
- Last Tuesday of every month being observed as ASHA day for effective monitoring and ensuring timely payment of incentives.



Janani Suraksha Yojana scheme

- The Janani Suraksha Yojana (JSY) scheme launched on 1st Nov-2005
- The JSY is a safe motherhood intervention under the National Rural Health Mission.
- The objective is to promote institutional deliveries and reduce maternal and infant mortality.
 - 2006-07 – 5.05 lakh beneficiaries are benefited
 - 2007-08 – 5.63 lakh beneficiaries are benefited
- Under the scheme, Rs.1000/- (Rs.700/- under JSY (GOI) + Rs.300/- under Sukhibhava (State) scheme) is being paid to Rural BPL Woman who delivers in any hospital (Govt. or Private) towards transport and incidental expenses.
- From 1st April 2006, JSY has been extended to BPL urban families also and Rs.600/- cash assistance will be paid to such eligible pregnant woman of urban areas who comes to Govt. Hospitals and Private Health Institutions in Urban Areas for delivery Services.



JSY – Eligible conditions

- The following are the eligibility conditions for pregnant women to be covered under the Scheme:
 - Belongs to a Rural/Urban BPL family.
 - She is above 19 years at the time of the delivery
 - The delivery is of the first child,
 - Or, it is the second or subsequent delivery, with the couple having only one other living child;
 - Or, through in the current delivery three are twins, there is only one only living child to that couple.



Interventions for Reducing MMR & IMR

- **Strengthening of First Referral Units with CEMONC Services** (Comprehensive Emergency Obstetric and Neonatal Care)
 - 151 CEMONC Centers have been set up with the objective of providing life-saving emergency care to mothers and children
 - Every CEMONC center is designed to have 4 obstetricians, 1 pediatrician, 1 anesthetist, blood bank or blood storage center. Additional budget for drugs & consumables for each case of delivery has also been provided.



Interventions for Reducing MMR & IMR

○ **New Born Care Kit distribution**

- To prevent deaths from hypothermia and infections, it is proposed to procure and supply newborn Baby kits (A Hygienic Infant Wear) to all SC / ST / BPL newborn babies and low birth weight babies (delivered in Govt. Institutions) i.e. those weighing less than 2000 grams.
- The Newborn Care Kit consists of 2 Baby Mattresses; 4 Baby Jackets; 3 Baby Caps; 3 pairs of Gloves; 12 Baby Diapers and 8 Baby Blankets. The Kit is sterile and would keep the baby warm and prevent death from hypothermia and infections.
- 1.20 lakhs New Born Care kits distributed.



Other interventions for promoting health and medical facilities

- **24-hours MCH centre PHCs:**
 - 800 PHCs are being upgraded to provide 24-hrs MCH services. Once in fortnight Specialist Service Clinics i.e. Ob/Gyn are being provided for the same.
 - 2 Staff Nurses and three contingent part-time staff are assisting in the 24-hrs MCH centre PHCs. Budget for referral transport and additional consumables are also being provided.

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Other interventions for promoting health and medical facilities

- **Blood Banks & Blood Storage centres:**
 - 18 new Blood Banks and 89 Blood Storage centres are being set up in the existing CEMONC centres and Area Hospitals that do not have either a Blood Bank or a Blood Storage Center;
 - Indian Red Cross Society has been identified as a Nodal Agency to set-up & operate all these Blood Banks & Blood Storage Centers.
 - In addition to the above, 40 Blood Storage Centres have been sanctioned in the new CEMONC Centres.

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Other interventions for promoting health and medical facilities

○ Hospital Development Societies (Rogi Kalyana Samithi):

- The constitution of HDS is to improve service delivery and management of public hospitals through community participation. This concept has been internationally recognized as a very successful model.
 - All District Hospitals registered under the Societies Act were given **Rs.5.0 lakhs** each per year towards Hospital Development Society.
 - PHC, CHCs and Area Hospitals have been sanctioned **Rs.1.0** lakh each towards the same.

Type	Total	Achieved	%
CHCs	167	149	89.22
PHCs	1570	1487	94.71
Area Hospitals	57	49	85.96
Dist. Hospitals	23	19	82.61
Total	1817	1704	93.78

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Other interventions for promoting health and medical facilities

- **Village Health and Sanitation Committees (Gram Panchayat Health Committee):**
 - As per the guidelines of GOI, Village Health Sanitation Committees (21,916) have been formed with the objective of
 - ensuring optimal use of health services in the village;
 - improving participation of the village level health and sanitation committees in maintaining quality health services and;
 - preventing occurrence of epidemics in the villages.
 - Village Health & Sanitation Committees are formed with Panchayat Sarpanch as Chairperson, and Ward Members, AWWs and WHVs as members with the MPHAs (F) acting as Member Convener.
 - An amount of Rs.2202.00 lakhs has been released to the committees as per the population ratio.



Other interventions for promoting health and medical facilities

○ **Untied Funds for Sub-centres:**

- As part of the NRHM, it is proposed to provide each sub center with Rs.10,000 as an untied fund to facilitate meeting urgent yet discrete activities that need relatively small sums of money.
- The fund shall be kept in a joint bank account of the ANM and the Sarpanch
- Untied Funds will be used only for the common good and not for individual needs, except
 - In case of referral and transport in emergency situations.
 - Purchase of bleaching powder and disinfectants for use in common areas of the village.
 - Payment/reward to ASHA for certain identified activities
 - Ad hoc payments for cleaning up sub center, especially after childbirth.
- Untied funds shall not be used for any salaries and recurring expenditures or to meet the expenses of the Gram Panchayat.

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Other interventions for promoting health and medical facilities

○ **Untied Funds for PHCs :**

- Health sector reforms under the NRHM aims to increase functional, administrative and financial resources and autonomy to the field units under which every PHC will get Rs.25,000/- p.a. as untied grant for local health action.
- Similarly every PHC will get an Annual Maintenance Grant of Rs.50,000/- for improvement and maintenance of physical infrastructure.
- Untied Funds will be used only for the common good and not for individual needs, except
 - Provision of running water supply & electricity
 - Ad hoc payments for cleaning up the Center, especially after childbirth.
 - Transport of emergencies to appropriate referral centers
 - Purchase of consumables such as bandages, bleaching powder and disinfectants for use in common areas
 - Labour and supplies for environmental sanitation, such as clearing or Larvicidal measures for stagnant water.
 - Payment/reward to ASHA for certain identified activities



Other interventions for promoting health and medical facilities

○ **Untied Funds for CHCs:**

- Health sector reforms under the NRHM aims to increase functional, administrative and financial resources and autonomy to the field units under which every CHC will get Rs.50,000/- p.a. as untied grant for local health action.
- Untied Funds will be used only for the common good and not for individual needs, except
 - Provision of running water supply & electricity
 - Ad hoc payments for cleaning up the Center, especially after childbirth.
 - Transport of emergencies to appropriate referral centers
 - Purchase of consumables such as bandages, bleaching powder and disinfectants for use in common areas
 - Labour and supplies for environmental sanitation, such as clearing or Larvicidal measures for stagnant water.
 - Payment/reward to ASHA for certain identified activities



Innovations



Rural Emergency Health Transport Scheme

- Govt. recognized EMRI as State Nodal Agency.
- Emergencies with free-of-cost with toll free number 108 on 24x7 basis.
- Emergency health services in Govt. / Private accredited hospitals.
- Services through well trained people.
- 95% funding support from Govt. on direct operational cost.
- Attending average emergencies per day 4500.
- Field Staff positioned – 3,195.



20,165 Lives Saved





Health Information Help Line (104)

- It is a unique, innovative scheme implemented for the first time in India.
- The main objective of establishment of HIHL is to assist the people particularly in rural & interior areas who are facing difficulties in getting access to a qualified doctor and also getting information on any health problem.
- Services round the clock through 104 toll free number.
- The facility was inaugurated on 21st Feb-2007 & today it addresses 34000 calls per day.



Rural & Interior area Health Services (Fixed Day Health Service)

- Goal
 - Reduction of IMR & MMR
 - Access to integrated comprehensive primary health care.
- Objective
 - Services for identification, diagnosis, monitoring & treatment, record keeping and referral of risk cases in a habitation is possible through a convergent, comprehensive, regular once-a-month fixed day program.
 - Services will be provided through a mobile health unit which will physically visit each habitation.



Key Features

- Implementation through PPP (HMRI).
- Proposed to be launched from June-2008.
- Initially to be implemented in 4 underserved Districts viz. Srikakulam, Anantapur, Mahabubnagar and Adilabad.
- Health Services will be provided through Mobile Health Units providing comprehensive clinical lab diagnosis with treatment.
- Each unit covering 3000 population per day and 475 units covering 4 crores population per month.
- Target groups: pregnant women, infants, children and people with chronic diseases.
- Convergence with other stakeholders.





Hum Sub Ek Hai
Towards a Health Revolution....

Thank you