

National Rural Health Mission: Challenges and Achievements

Mohd Hanief Wani

Research scholar, Department of Political Science and Public Administration,
Vikram University Ujjain, M.P

Abstract

National rural mission aims at providing accessible, affordable, affective and reliable healthcare to all citizens especially to the vulnerable and underserved groups in the country. The government integrated public health as a critical component in its common minimum programme. The present paper evaluates the challenges of the rural public health under national rural health mission. The achievements have been discussed in brief.

Keywords: NRHM, Health

Introduction

The Rural India is suffering from a long standing healthcare problem. Studies have shown that there is only one doctor with any degree and a trained healthcare provider is available per every 16 villages. Although, more than 70% of its population lives in rural areas, but only 20% of the total hospital beds are located in rural area. Most of the health problems that people suffer in rural population and in urban slums suffer are preventable and easily treatable. In view of the above issues the national rural health mission has been launched (NRHM) by government of India in 2005 to address the needs of rural population through an architectural corrections of health system. The architectural correction enshrined in the preamble of NRHM document primarily comprised of decentralization, community participation, organizational structure reforms in health sector, cooperative arrangement in health sector, educating Indian system of medicine under Ayurveda, Yoga, Unani, Siddha, Homeopathy (AYUSH), induction of management and financial organizations into healthcare management and delivery system. The mission seeks to provide approachable, inexpensive and quality of healthcare to rural population especially vulnerable and underserved groups in the country. The NRHM was first tasked with addressing the health needs of 18 states that have been identified as having weak public health indicators. The thrust of the mission is to achieve permanent acceptance and a fully functional, community owned, decentralized health delivery system with includes several factors at all levels to ensure simultaneous action on a wide range of determinants of health such as sanitation, education, nutrition, social and gender equality within the fragmented sector was expected to provide focus on outcomes, measured against Indian public health standard for all health facilities.

Objectives

1. To highlight the challenges of national rural health mission which the rural people faces.
2. To highlight the achievements of national rural health mission in India.

Material and methods

This paper is mainly based on secondary data. No primary data has been collected as collection of primary data. For collection of secondary data, available literature in the form of books, reports such as national rural health mission, government released information along with published articles and research papers have been selected.

Challenges of National Rural Health Mission

Regional variation: An estimate of the similarities of data between states and within region and social groups suggests clearly noticeable change in the national rural health mission quality of training, uses of funds, improvement in healthcare delivery, and in communitization. Regions with good health indices have shown marked improvement, while those with existing poor indices have recorded a much lesser change. This is a true, despite a greater NRHM focus on inputs to poor performing states.

Health as a state subject: The location of the health in the state list rather than the concurrent list possesses major problems for service delivery. This is also compounded by the fact that the national rural health mission funding is from the center while the implementation is by the state governments. Healthcare delivery cannot be improved to provide a heartwarming service without the removal of these obstacles.

To increase focus: The major focus of NRHM is on health of women and child health. While this is important, there is need to increase the vision to other common general health problems. There is evidence to suggest that other necessary government programmes have taken an inferior position.

Different kind of working circumstance: The diverse and difficult conditions of medical practices across the country give an authority of relevant factors of strengthening for health professionals. So, there is need for differential payments or some additional incentives to healthcare staffs working in remote areas and difficult

situations.

Old ethos and new inputs: The NRHM brought fresh ideas and new coins and notes to give little attention and disillusioned healthcare system. However, the design of the old system and the low confidence and discipline of its employees continue to be major challenge. The NRHM has been able to add new infrastructure and organizations; however, its impact on to invent again and strength to systems seems to be limited and much more hardwork is required.

Convergence of different programmes: Many programmes of the government, the integrated child development service (ICDS), The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and the NRHM focus on the rural people. In principle these programmes are meant to be working together to produce and enhanced results. However, lot of issues need to be resolved. For example, the NRHMs village health and nutrition days strive against with the ICDSs well established Anganwadi programmes. This results in a lack of synergy between the workers employed by the two programmes.

Achievements of National Rural Health Mission

The national rural health mission is a project of ministry of health and family welfare, government of India for the upliftment of health facilities that are now being offered to the rural masses across India. Let us see some of its achievements.

- Since the campaign launched in 1995. Lowest ever polio cases reported in 2010.
- Under the Janani Suraksha Yojna(JSY) more than one crore pregnant women across India are covered in the year 2009-2010 as against 7.39 lakh pregnant women covered during 2005-2006.
- Around 8.6 lakh ASHA workers are now working for rural healthcare in every village in India and provide drug kit for treatment.
- Around 2300 specialist doctors, 8300 M.B.B.S. doctors, 9600 Ayush doctors, 26700 staff Nurses and 53550 Auxiliary Nurse Midwives were added to the rural health system.
- Greater activity and improvements in key reproductive health indicators like maternal mortality rate (MMR), Infant mortality rate (IMR), total fertility rate (TFR) and institutional delivery rate.
- To bring together vertical health and family welfare programs at national, block, and district levels.
- 9 NOs Janani express introduced for facilitating emergency referral transport.

Conclusion

It is fact that national rural health mission has produced new hope into the healthcare delivery system in India. There are some challenges which make it difficult in its implementation. For these purpose political, administrative and financial engagement is required to make a worth impact on health consequences and strength the achievements of national rural health mission.

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