



National Rural Health Mission

An Introduction

[The Vision]

- **Seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states (Arun. Pradesh, Assam, Bihar, Chhattisgarh, HP, JH, J&K, Manipur, Mizoram, Meghalaya, MP, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttarakhand and UP), which have weak public health indicators and/or weak infrastructure.**
- **Articulation of commitment of Govt to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.**

Vision Contd....

- **Key components include**
 - **Provision of a female health activist in each Village**
 - **Village health plan prepared through by the Health & Sanitation Committee of the Panchayat**
 - **Strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS)**
 - **Integration of vertical Health & Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.**

- **Revitalize local health traditions and mainstream AYUSH into the public health system.**

[Vision Contd....]

- **Effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.**
- **Seeks decentralization of programmes for district management of health and to address the inter-State and inter-district disparities, esp. among 18 high focus States, including unmet needs for public health infrastructure.**

[Vision Contd....]

- **Define time-bound goals and report publicly on their progress.**
- **Seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.**

Envisaged Outcomes at National Level

- Infant Mortality Rate reduced to 30/1000 live births
- Maternal Mortality Ratio reduced to 100/100,000
- Total Fertility Rate reduced to 2.1
- Malaria mortality reduction rate 50% upto 2010, additional 10% by 2012
- Kala Azar mortality reduction rate 100% by 2010 and sustaining elimination until 2012
- Filaria/Microfilaria reduction rate 70% by 2010, 80% by 2012 and elimination by 2015
- Dengue mortality reduction rate 50% by 2010 and sustaining at that level until 2012

National Level Outcomes

Contd...

- **Japanese Encephalitis mortality reduction rate 50% by 2010 and sustaining at that level until 2012**
- **Cataract Operation: increasing to 46 lakhs per year until 2012.**
- **Leprosy prevalence rate: reduce from 1.8/10,000 in 2005 to less than 1/10,000 thereafter**
- **Tuberculosis DOTS services: Maintain 85% cure rate through entire Mission period.**
- **Upgrading Community Health Centers to Indian Public Health Standards**
- **Increase utilization of First Referral Units from less than 20% to 75%**
- **Engaging 250,000 female Accredited Social Health Activists (ASHAs) in 10 States.**

Broad Framework for Implementation-I

Among the other components

- Institutionalizing community led action for health
 - Involvement of PRIs in VHSCs, PHC monitoring & planning committees, etc.
 - Amendments in Acts & statutes to fully empower local bodies
 - Provision of Untied Grant at various levels
 - To empower local monitoring committees for planning & conduction of Jan Sunwais

Broad Framework for Implementation-II

- Monitoring/Accountability Framework
 - An intensive accountability framework through a three pronged process of community based monitoring, external surveys and stringent internal monitoring
 - Communitization of the health institutions
 - Compulsory for all the health institutions to prominently display information regarding grants received, medicines and vaccines in stock, services provided to the patients, user charges to be paid (if any) etc, as envisaged in the Right to Information Act.
 - Publication of Public Reports on Health at the State and the district levels to report to the community at large on progress made.