

CHAPTER 10: CONCLUSION

The NRHM is an ambitious programme that attempts to consolidate all existing disease control programmes under a common umbrella while simultaneously improving the infrastructure and capacity of the healthcare system in the country. The Mission also seeks to set in place standards for public health and enhance awareness of health issues. The Mission, while aiming at improving national health indicators, seeks to address local endemic diseases through a focus on community participation and feedback.

The targeted interventions under the Mission towards improving health infrastructure, and better grass-roots outreach through health workers such as ASHAs have shown early positive results with outpatients returning to health centres and improved manpower staffing through appointment of contractual staff. However, the Mission has yet to completely mainstream the various State Health Societies implementing disease control programmes. Monitoring of the utilisation of the substantial funds released also needs strengthening and institution of systems. New organisations such as the Rogi Kalyan Samitis are yet to realise their full potential and decentralised planning had not fully taken off. The problems that confronted facilities and services availability, convergence with other departments etc. are an offshoot of the lack of focused planning and effective monitoring – activities requiring dedicated ground work so as to help resolve health issues in accordance with local needs.

While the Ministry in its reply has stated that “Health is a State subject and the federal nature of the Centre/State relationship ought to be factored in any Central sector programme implementation”, the primary responsibility for the design of the Mission and its implementation in an effective manner lies with the Government of India. In an area as critical as health care, time is of the essence. Constant and persuasive direction and guidance from the Ministry would be required so that implementation of programme activities by the States is both effective and expeditious. Given that the Ministry is directly intervening at the district level through various Societies and infusing large sums of money to build both physical and human resources capacities, it is important for the Ministry to provide effective overall leadership for the mission so that the Mission’s goals are achieved and the implementation of the Mission’s activities are not beset with the difficulties that have affected the implementation of Central sector programmes in the past.

However, the Mission is a major step forward and with greater State participation and effective monitoring of fund-usage, more localised mass-media efforts and community oriented health measures to tackle malnutrition and locally endemic diseases and raise awareness, has the potential to transform health delivery systems in the country.

Summary of recommendations

- *The SHSs and DHSs should expedite the household and facility surveys and prepare State and district perspective plans, reflecting convergent functions of various government departments. The future annual State PIPs and district health plans should be based on long term requirements and results of baseline surveys.*
- *Monitoring framework may be strengthened so as to ensure periodic impact assessment of activities for timely interventions.*
- *The new health centres should be established in the under-served areas. Health infrastructure at CHCs and PHCs must be made functional with all essential infrastructure, equipment and manpower to ensure improvement in quality of healthcare in rural areas at an affordable cost.*
- *States should fill sanctioned posts of medical and support staff at health centres and revise the sanctioned strength to meet the NRHM requirements. Full induction training may be given to all ASHAs to make their services viable and effective.*
- *The RKS may be constituted and registered at all the remaining health centres with priority over other dimensions of community participation. The Samiti should be made a constructive partner in functioning of the health centres and to enable this, the accountability structure under the RKS may be clearly defined and management capacity may be generated.*
- *Funds flow arrangement should be rationalised to ensure minimum unspent/excess amount is left outside government accounts.*
- *The Ministry should review its interface banking arrangements in consultation with the Ministry of Finance. Interface banking should be preferred with public sector banks having maximum outreach and which offered the best possible terms.*
- *There should be reasonable distribution of funds among various media of communication. IEC strategy and impact assessment should be rationalised with appropriate norms and criteria.*
- *Disaggregated State-wise targets may be set in view of overall targets set by the Ministry for the country and State-wise progress may be measured on the basis of disaggregated targets and data. The opportunity to consolidate real-time data captured by ANM and health workers may be made use of.*

- *The monitoring and reporting mechanism under Janani Suraksha Yojana should be strengthened so as to ensure availability of reliable information with the State and District Health Societies. This would help mitigate the risk of fraud and irregularities in grant of cash compensation under the JSY. The Ministry may emphasise that nodal personnel encourage data integrity under JSY at the Ministry and SHS level.*

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