# Improving Access and Efficiency in Public Health Services: Mid-Term Evaluation of India's National Rural Health Mission

## Introduction

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## Introduction

THIS BOOK presents the findings of a study to evaluate the functioning of the National Rural Health Mission (NRHM). The report was put together at the request of the Minister of Health and Family Welfare, Government of india to an international Advisory Panel (IAP) for the NRHM. The IAP was constituted to provide broad policy advice to the Ministry of Health and Family Welfare on how best to achieve the key objectives of the Mission. The principal activity under this project was to conduct a systematic evaluation of the performance of the NRHM in selected states relying on a mix of inputs such as data already collected by the Ministry of Health and Family Welfare since the launch of the NRHM; new survey data which was collected; empirical analysis of the primary and secondary data; detailed interviews of health functionaries at the village, block, and district levels; documentation of key innovations, challenges and successes that have arisen in particular regions; and inputs from some of the members of the IAP, such as our experts on core reproductive, maternal, newborn and child health issues, nutrition, chronic diseases, and malaria, among others. The project was undertaken in collaboration with the Indian institute of Management (IIM) Ahmedabad. It was decided to focus on three of NRHM's high-focus states, that is Madhya Pradesh (MP), Rajasthan, and Uttar Pradesh (UP).

The project undertook field work in selected districts of MP, Rajasthan, and UP. We selected five districts from these states and surveyed health facilities and functionaries. These were Sagar in MP; Jalore and Chittorgarh in Rajasthan; and Sitapur and Azamgarh in UP. In Rajasthan, we selected two districts because we needed to have both the desert conditions (Jalore) and tribal population (Chittorgarh) represented in our sample survey. similarly, we selected two districts in UP because we needed populations of both central UP (Sitapur) and eastern UP (Azamgarh) represented in our survey to make the sample representative of the state-wide conditions. We sought to determine perception of public health services in light of decentralization changes put in place by the NRHM to better understand the utilization of these facilities, the availability of manpower, especially Accredited social Health Activists (ASHAs), availability of medicines, and health personnel's perceptions of the NRHM, among others.

We studied several key features of the NRHM, including:

1. The role of the ASHAs: To what degree are AsHAs effectively utilized? How are they working with the anganwadi workers of the integrated Child Development service (ICDs) program to achieve the key objectives of the NRHM?
2. The role of the Panchayati Raj institutions (PRIs) in managing local health facilities.
3. The existing infrastructure and human resources at the sub-centers (SCs) and the Primary Health Centers (PHCs): Are they commensurate with the growing needs of the regions?
4. The efforts to reduce the infant mortality rate (IMR) and maternal mortality rate (MMR): Is the NRHM effectively undertaking the necessary interventions to reduce IMR and MMR? And are major efforts in various settings, such as novel strategies for reducing neonatal and maternal deaths, impacting outcome rates?
5. Are the necessary management structures in place to manage health services at the village, block, and district levels?

The field visits also aimed at “ground truthing”. By making sophisticated and expert “spot checks” on the NRHM processes, important ground realities have been uncovered at low cost and relevant ideas generated for follow-up action. The project has assessed the progress of NRHM and identified gaps and bottlenecks in its implementation with a view to recommend early to mid-course corrections.

Much of the focus has been on the ASHA workers. We have tried to address the following issues among others:

- Are there clearly identifiable norms and processes that guide the recruitment of ASHA workers (for example, an ASHA worker should belong to the same village as she serves)? Are these norms being followed?
- Are the roles and responsibilities of the ASHA workers vis-à-vis other government functionaries defined, articulated, and communicated (for example, with auxiliary nurse midwives [ANMs], anganwadi workers, PHC officials, panchayati raj officials, and so on) in such a way as to reduce conflict between the different agencies, but still allow her to be effective? Is her role/job definition simple enough to be followed in practice?
- Are there simple tools, processes, and management information systems (MIS) for an ASHA worker to help her in her day-to-day job as well as to monitor the effectiveness of her performance?
- Are the incentive systems of the ASHA worker aligned with doing the few simple things that will have the most impact on health of women and children?
- Does the ASHA worker receive adequate support and coaching from supervisors, PHCs, Panchayati Raj, and the ICDS scheme to be able to deliver effectively on her job? Are the ASHA workers paid on time and adequately? Are they adequately supplied with medical kits?

Given that one of the core strategies of the NRHM is to train and enhance capacity of the PRIs to own, manage, and control the health facilities, the following questions should be carefully addressed by all the state governments:

- Has the decentralized power and authority given to the PRIs on paper actually reached the people?
- Do they understand their duties and responsibilities on the one hand and their authority on the other? Do the PRIs have the capacity to manage health centers?
- Are there regular and comprehensive capacity building programs in place?
- Are any measures being undertaken to ensure that the caste and patriarchy do not prejudice effective management at the local level?

In order to collect the necessary data and information, we utilized a set of questionnaires for ASHAs, ANMs, and Medical Officers-in-Charge in PHCs and CHCs.

Not only does this report address the issues highlighted above from our three focus states of MP, Rajasthan, and UP, but it also incorporates observations from some of the non-focus NRHM states such as Andhra Pradesh (AP), Karnataka, and Tamil Nadu (TN), especially using data already collected by the Ministry of Health, secondary data available in the public domain and discussions with public health officials in these states.

Put together, the focus states, MP, Rajasthan and UP, are three of the largest states in India, located almost in a continuum from the west to the middle to the north.

All the three states are land-locked and low performing in economic development. MP and Rajasthan constitute respectively 13.5 percent and 10.4 percent of the country's total geographical area, but contribute only 5.9 percent and 5.5 percent of the country's population. UP, on the other hand, accounts for 9 percent of area, but 16.2 percent of the country's population.[1] Thus, UP has the population density of 689 per sq. km compared to only 165 in Rajasthan and 196 in MP. The reason is that, both MP and Rajasthan have almost one-third of land under forests and desert respectively, and as a result their net sown area is only 45 percent and 47 percent compared to 59 percent in UP.

Rajasthan has semi-arid to arid climate with temperature shooting up to 50°C during the summer. Regularly recurring droughts have serious adverse impacts on the livelihood and source of sustenance of people in the rural areas. Drought relief measures have become inevitable for sustaining majority of rural population in the state. MP, on the contrary, has a lot of hilly areas coupled with fertile valleys. The state has almost 38 percent of the population consisting of tribals and socially disadvantaged groups.

UP is more than twice densely populated than the country as a whole, but has one of the lowest urbanization at 21 percent compared to the national average of 27.4 percent. it has fertile alluvial plain formed by the perennial rivers like the Yamuna, the Ganges and the Ghaghara. Moreover, it enjoys moderate rainfall and an extensive irrigation system covering more than two- thirds of gross cropped area. However, the sheer population pressure makes the land- man ratio extremely low and agriculture unviable. special programs and focused efforts are necessary to reduce pressure on agriculture and promote rapid urbanization in the state.

All the three states have a lower sex ratio (920 females per 1000 males in MP, 922 in Rajasthan and 898 in UP) than the national average (933) though it has shown significant improvement during the 1990s in each of them. Again, in terms of overall literacy rate, particularly among females, the three states are well below the national average as per the 2001 Census. All of them have a lower degree of urbanization (26.7 percent in MP, 23.4 percent in Rajasthan and 20.8 percent in UP) than the national average (27.4 percent). Yet, UP has the second lowest work participation rate (WPR) of 32.6 percent. MP and Rajasthan, however, have a higher WPR of 42.8 percent and 42.1 percent respectively while the national average is 39.3 percent. In spite of lower degree of urbanization, the proportion of slum dwellers in the urban population is higher at 22.3 percent in UP and 24.7 percent in Rajasthan than the national average of 21.6 percent.

**Note**

1. Interestingly, if UP were to be a separate country, it would be the sixth most populous country in the world after China, india, United States, indonesia, and Brazil. Given the size of its population, the lower house of the Indian Parliament (Lok Sabha) has a representation of 80 Members of Parliament from UP, out of a total of 543. Furthermore, given this large political representation that UP has on an all-India scale, it is not surprising that of the 14 Prime Ministers india had since independence, eight have come from UP. But more importantly, these eight have collectively governed the country for as many as 48 of the 62 years of independent india. However, despite such a large all-India political power base in UP, it does not seem to have benefited the state in any meaningful way.