



UNNAT BHARAT ABHIYAN CELL



Sardar Vallabhbhai National Institute of Technology, Surat

Presentation on: National Health Mission - NRHM



Presentation created by

- Team Saathi (Government Schemes Implementation), UBA Cell, SVNIT, Surat
- **Source:** National Health Mission Website
- **Link:** <https://nhm.gov.in/>



INTRODUCTION OF NATIONAL HEALTH MISSION

- The National Rural Health mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups.
- **National Rural Health Mission**
- **National Urban Health Mission**
- **The Mission Coordinator: Ministry of Health & Family Welfare, Government of India**



INTRODUCTION OF NATIONAL HEALTH MISSION

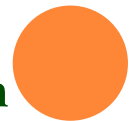
- The National Health Policy, 2017 recommended strengthening the delivery of Primary Health Care, through establishment of “**Health and Wellness Centres**” as the platform to deliver Comprehensive Primary Health Care and called for a commitment of two thirds of the health budget to primary health care.
- The delivery of Comprehensive Primary Health Care CPHC through HWCs rests substantially on the institutional mechanisms, governance structures, and systems created under the National Health Mission (NHM).



NATIONAL RURAL HEALTH MISSION

INSTITUTIONAL SETUP

- **National level:** the NHM has a Mission Steering Group (MSG) headed by the Union Minister for Health & Family Welfare and an Empowered Programme Committee (EPC) headed by the Union Secretary for Health & FW.
- The EPC will implement the Mission under the overall guidance of the MSG.
- **State Level:** Mission functions under the overall guidance of the State Health Mission (SHM) headed by the State Chief Minister.
- **District / City Level:** District Health Mission (DHM)/City Health Mission (CHM) headed by the head of the local self-government i.e. Chair Person Zila Parishad / Mayor as decided by the state depending upon whether the district is predominantly rural or urban.
- **Every district will have a District Health Society (DHS), which will be headed by the District Collector.**



FINANCING COMPONENTS - NRHM

- **NHM has six financing components:**
 1. NRHM-RCH Flexipool
 2. NUHM Flexipool
 3. Flexible pool for Communicable disease
 4. Flexible pool for Non communicable disease including Injury and Trauma
 5. Infrastructure Maintenance
 6. Family Welfare Central Sector component

- **Within the broad national parameters and priorities, states would have the flexibility to plan and implement state specific action plans.**

NRHM

- **NRHM seeks to provide equitable affordable and quality health care to the rural population, especially the vulnerable groups.**
- 1. NRHM- Health Systems Strengthening: Reproductive, Maternal, Newborn, Child Health and Adolescent
- Strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (**RMNCH+A**) in India”,(RMNCH+A) Services
- 2. Prevention and Management of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI)
- 3. Gender Based Violence
- 4. Newborn and Child Health
- 5. Universal Immunization
- 6. Child Health Screening and Early Intervention Services



NRHM

7. Adolescent Health

8. Family Planning

9. Addressing the Declining Sex Ratio

➤ **Support to the ASHA rests on the following:**

➤ A prompt payment of performance based incentives which are adequate to enable an ASHA working in a population, of 1000, (1000-2500 in urban areas) to earn at least Rs. 3000 per month

➤ **A system for certification for all ASHAs : National Institute of Open Schooling (NIOS).**

➤ The certification will help improve the quality of training and provide assurance to the community on the quality of services being provided by ASHA.



NRHM – VILLAGE LEVEL

- **The Village, Health, Sanitation and Nutrition Committee (VHSNC)**
- The VHSNC will be a sub-committee or a standing committee of the Gram Panchayat. The VHSNCs shall be supported to develop village health plans to
 - a) ensure convergent action on social determinants of health
 - b) ensure access to health services, especially of the more marginalized sections in the village
 - c) support the organization of the Village Health and Nutrition Day.
- **The VHSNC will also monitor the services provided by the Anganwadi Worker, the ASHA, and the sub-center.**



OPERATIONAL GUIDELINES: NRHM

- These guidelines were developed after consultation with policy makers and practitioners at national and state level and with technical experts.
- However, states have the flexibility to make necessary modifications based on their specific needs and capacities.
- A Primary Health Centre (PHC) that is linked to a cluster of HWCs would serve as the first point of referral for many disease conditions for the HWCs in its jurisdiction.
- **The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all HWCs in her/his area and through the PHC itself.**



OPERATIONAL GUIDELINES: NRHM

Community Level

- a.) **At the upgraded SHC – A team of at least three service providers** (one Mid-level provider, at least two (preferably three) Multi-Purpose Workers – two female and one male, and team of ASHAs at the norm of one per 1000.
- ASHA/1000 population or ASHA/500 population for tribal and hilly areas/ ASHA for 2500 population in urban areas
- b.) **At the strengthened PHC – PHC team as per IPHS standards.** Although all the PHCs have been expected to provide 24*7 nursing care, this has not been possible in several states for variety of reasons.
- In urban areas, the team would consist of the MPW- F (for 10,000 population) and the ASHAs (one per 2500).
- **PHC: Primary Health Centre**
- **SHC: Sub Health Centre**



OPERATIONAL GUIDELINES: NRHM

- ASHAs have been an important community level resource to improve access to health care services in the areas of RCH and communicable diseases.
- Continuing to perform their three roles— that of a facilitator, health activist and service provider at the community level she will be vital in improving access to care and undertake health promotion activities.
- **Village Health Sanitation and Nutrition Committees, Mahila Arogya Samitis, Self-Help Groups, Women Collectives**
- The VHSNC/MAS, ASHA and her support mechanisms will play a critical role in delivery of Comprehensive Primary Health Care by demand generation for Health and Wellness Centres.

OPERATIONAL GUIDELINES: NRHM

Health & Wellness Centre

- Multi Purpose Worker (F/M)
- SHC- 2 MPW (F) and 1 MPW (M)
- UPHC- one MPW (F) per 10000 population

Primary Health Centre

1. Two Medical Officer
2. Staff Nurses
3. Lab technician
4. Pharmacist
5. Lady Health Visitors



ORGANIZATION OF SERVICE: NRHM

FAMILY/HOUSEHOLD AND COMMUNITY LEVEL

Family/Household and Community level

– The ASHA and MPW will undertake house visits supported and supplemented by the MPWs for community mobilization for improved care seeking, risk assessments, screening, follow up for primary and secondary prevention, counselling and increasing supportive environment in families and community. ASHAs can also support in follow up for compliance to treatment and instructions from clinicians, through regular home visits, and assist in conducting meetings of patient support groups. Community platforms such as Village Health and Nutrition Days (VHNDs), Village Health, Sanitation, Nutrition Committees (VHSNCs), Mahila Arogya Samities (MAS), would be leveraged.

HEALTH AND WELLNESS CENTRES

Health and Wellness Centres

– The HWC must be kept open with services available for at least six hours in the day. Outreach services and home visits of the team members should be so scheduled that someone is available at the HWC for the general OPD and follow up for those with chronic illness. Follow up of chronic illness could also be organized in the form of patient group meetings on fixed days at the HWC, for example a meeting for Hypertension/Diabetes patients on Wednesday afternoons and elderly care on Thursdays etc.

FIRST REFERRAL LEVEL

First Referral Level – Referral care and sites will vary with each illness, its care pathways and availability of specialists. For consultations on acute illness, it is the MO in the PHC or the specialist in CHC/DH, either physically or through teleconsultation as appropriate. Over time, states will progress to establishing an FRU at the CHC level, and every DH having the full complement of specialist access required to provide referral support to the expanded range of services.



OPERATIONAL GUIDELINES: NRHM

Standard Treatment Guidelines

- Compliance to Standard Treatment Guidelines would enhance safety and improve patient outcomes.
- It would also enable parameters of uniform standards of care delivery among service providers across different levels of care and would facilitate continuity of care for patients.
- The STGs would enable identification of medicines that can be dispensed and administered at the primary care / HWC level. In addition, STGs would define for each level of care, the management of the specified condition with referral linkages, requirement of medicines, diagnostics, consumables and skill sets required

NATIONAL QUALITY ASSURANCE STANDARDS (NQAS): NRHM

- National Quality Assurance Standards (NQAS) will be developed for HWC.
- The primary health care team would be trained to assess and improve key processes to deliver safe, timely, and accessible care.
- To the process of accreditation followed in case of other facilities, the achievement of accreditation in HWC would also enable recognition and awards.



AYUSHMAN AMBASSADOR: NRHM

- In addition to Health and Wellness Centres and Pradhan Mantri Jan Arogya Yojana, the Ayushman Bharat aims to create about 2.2 million Health and Wellness Ambassadors **School teachers** (one male and one female in 1.1 million public schools for prevention and promotion of diseases among school children.
- Responsible for age appropriate learning for promotion of healthy behaviour and prevention of various diseases at the school level.
- **Every Tuesday will be dedicated as Health and Wellness Day in the schools.**
- **The training** will help to transact health promotion and disease prevention information in the form of interesting activities for one hour every week. **20-hour sessions** will be delivered through weekly structured interactive classroom-based activities.

INDIAN PUBLIC HEALTH STANDARDS

➤ **IPHC Guidelines**

➤ **Website link:**

<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=971&id=154>

➤ **Sub Centre, PHC, CHC, Sub - District / Divisional Hospital, District Hospital**

■ IPHS Revised Guidelines 2012

Title	Download
Sub Centre	 (1.45 MB)
PHC	 (1.07 MB)
CHC	 (954 KB)
Sub - District / Divisional Hospital	 (1.52 MB)
District Hospital	 (1.52 MB)

INDIAN PUBLIC HEALTH STANDARDS

➤ IPHC Facility Survey Formats

➤ Website link:

<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=971&lid=154>

➤ Sub Centre, PHC, CHC









➤ 31 - 50 Bedded Hospital

➤ 51 - 100 Bedded Hospital

➤ 101 - 200 Bedded Hospital

➤ 201 - 300 Bedded Hospital

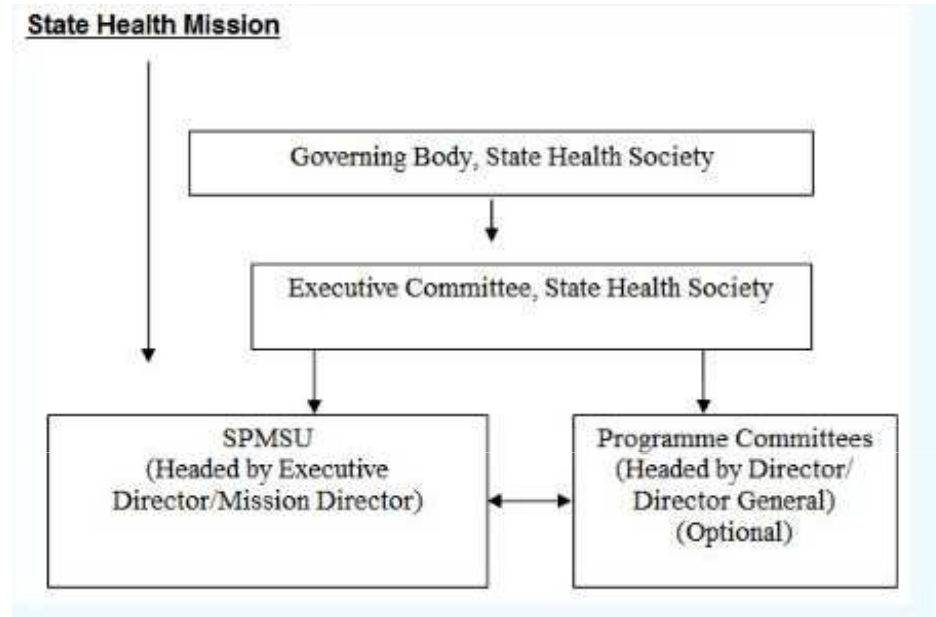
➤ 301 - 500 Bedded Hospital

+ IPHS Revised Guidelines 2012	
- IPHS Facility Survey Formats	
Title	Download
Sub Centre	 (44 KB)
PHC	 (55.5 KB)
CHC	 (68 KB)
31 - 50 Bedded Hospital	 (95.5 KB)
51 - 100 Bedded Hospital	 (98 KB)
101 - 200 Bedded Hospital	 (135 KB)
201 - 300 Bedded Hospital	 (136 KB)
301 - 500 Bedded Hospital	 (139 KB)



NRHM: INSTITUTIONAL SETUP

State Health Mission and State Health Society



➤ Appendices to facilitate creation and functioning of State Society

1. Model Memorandum of Association (Appendix-I)
2. Model Rules and Regulations (Appendix-II)
3. Generic Bye-laws (Appendix-III)

➤ Website link:

- <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1137&lid=143>

NRHM: INSTITUTIONAL SETUP

State Health Mission and State Health Society



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➤ Website link:

➤ <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1136&lid=144>

ROLE OF UNNAT BHARAT ABHIYAN PARTICIPATING INSTITUTE

- **Step 1:** Study the National Rural Health Mission website and all operational guidelines and standard for SHC, PHC, Hospitals.
- **Step 2:** Conduct surveys & checklists from available standard formats of checklist of CHS, PHC, Hospitals.
- **Step 2:** Work with Gram Panchayat, Taluka (Block) Health Office, District Health Office, District Health Society for improvement and implement of CHS, PHC and Hospitals.



For more details visit District / Taluka (Block) Health Office.

The details are also available in following document:

- 1. Annexure I Operational_Guidelines_For_CPHC**
- 2. Annexure II NHM_more_information**



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THANK YOU

UNNAT HO !!!

