

**HEALTH INTERVENTION IN GRAMA PANCHAYATHS THROUGH  
NATIONAL RURAL HEALTH MISSION: A COMPARATIVE STUDY  
OF MULANTHURUTHY AND MULAVUKADU GRAMA  
PANCHAYATS IN ERNAKULAM DISTRICT**

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**Introduction**

India is having the second largest population in the world having majority of people lives in rural areas . India's rural areas are mostly disconnected to urban centres and is inhabited by people with traditional and social outlook . There is lack of infrastructural facilities,civic amenities , literacy etc... in rural India . Hence it is often said that there is a real disconnect between urban and rural population and there are two India's existing , one is the vibrant modern India with sparkling cities as the centre and the other 'Bharat' with rural hamlet as the centres .

The issues in rural health care sector has been more alarming. High infant mortality rate , high birth rate,high death rate and lower life expectancy etc... are the issues prevalent in the rural economy . The rural population in most cases fail in getting even the basic health care facilities . This necessitates assigning due weightage to the health care facilities of the rural societies.

On 12<sup>th</sup> April 2005 Government of India launched a flagship program called National Rural Health Mission , with a vision to provide effective health care to rural population throughout the country . The scheme has been initiated with special focus on 18 states which had weak public health indicators and weak infrastructure .

Kerala has presented a different picture as compared to the Indian scenario . Kerala is always ahead of other Indian states in terms of the achievements in social indicators . The progress achieved by Kerala like low infant mortality rate , low maternal mortality rate , high level of literacy ,low birth rate and death rate and a high life expectancy has been remarkable. Kerala's development experience in social sectors has often compared to that of the advanced countries of the world . But issues like ageing, high mortality rate and higher incidence of life style diseases has been termed as the second generation issues in the health sector of Kerala . Hence NRHM in the state has been striving hard to address these issues and try to improve the service delivery in rural health care sector of Kerala.

The present study attempts to find out how the NRHM schemes have been helping the state to improve rural public health care delivery in Kerala . The overlapping of schemes implemented by the Health department and National Rural Health Mission have to be examined . The impact of National Rural Health Mission on improving service delivery better access

and creating of improved infrastructure will be analysed in detail . The perception of common people on the National Rural Health Mission schemes and the difficulties in programme implementation have also been studied .

### **Literature Review**

- Jha(2001) in his study explained about the poor social indicators in the rural areas and the need for initiatives for improving health care . And he found out the problem of rural health care services and their remedies.
- Acharya et al(2005) made a study on healthcare financing for the poor community. And he found that Community Based Health Insurance Schemes could provide viable alternative to the unaffordable and less quality health care .
- National Rural Health Mission (2005-2012) recognized the effectiveness of goal of the mission. And found that more in the field of rural health sector is necessary in the upcoming years.
- National Rural Health Mission programme Implementation plan(2006-2012) explained about the vision, goals ,objectives and various programmes through it.
- Arun kumar (2009) in his work revealed that states which were lagging behind in the pre-NRHM period have not shown any remarkable changes . And he found that by meeting the requirement for human resources like specialist doctors , male multipurpose workers , laboratory technicians etc.. can up ring the rural health condition .
- Zakir Husain (2011) , critically evaluates the success of the intervention strategies under National Rural Health Mission scheme . And he found that schemes have not been very effective in most of the states and they are still on its way of achievements .

- Population research centre Kerala (2012 -2013) , studied about the progress and achievements in the implementation of National rural health Mission programmes at the state level .And the component wise expenditure and utilization under National Rural Health Mission Programmes. And found that there is overall utilization of public service delivery system has increased at the state level .
- Virupakshappa (2014) in his research work described about fund allocations and utilization under National Rural Health Mission in India . He found that the Government of India gives a very impressive amount for National Rural Health Mission scheme .

### **Objectives**

1. To find out schemes implemented directly by NRHM and peoples perception and knowledge level on these schemes.
2. To evaluate the effectiveness of schemes under NRHM.
3. To find out the existing rural health care facilities and make a comparative study on health care services in two areas

### **Methodology**

In our study, two Grama panchayats of Ernakulam district, Mulanthuruthy and Mulavukad are selected. Both primary and secondary data are used. Primary data is collected through direct questionnaire. Survey is made on the basis of simple random sampling. Secondary data is collected from sources like official reports of NRHM, Grama panchayats and primary health centres. Tools used are averages, percentages, bar diagrams, graphs etc...

### **Limitations of the study**

The present study is limited to 2 Grama panchayats. Hence there are problem in generalising the accomplishment of NRHM schemes in other areas. People sometimes are reluctant to give information on their health status.

## **National Rural Health Mission and its Implementation in India and Kerala**

Recognizing the importance of Health in the process of economic and social Development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programs, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

### **NRHM-Origin and Formation**

The National Rural Health Mission (NRHM) is an initiative undertaken by the Government of India to address the health needs of underserved rural areas. Founded in 12th April 2005 by Indian prime minister Manmohan Singh , the NRHM was initially tasked with addressing the health needs of 18 states, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh , that had been identified as having weak public health indicators. Under the NRHM the Empowered Action Group(EAG) states as well as north eastern states, Jammu

and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water , sanitation , education , nutrition , social and gender equality .Institutional integration within the fragmented health sector was expected to provide a focus on outcomes , measured against Indian Public Health Standards for all health facilities.

### **Objectives of NRHM**

The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.

- It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Program and promote policies that strengthen public health management and service delivery in the country.
- It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayaths ; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programs and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.
- It seeks to revitalize local health traditions and mainstream AYUSH into the public health system.
- It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.
- It seeks decentralization of programs for district management of health.

- It seeks to address the inter-State and inter-district disparities, especially among the 18 high focus States, including unmet needs for public health infrastructure.
- It shall define time-bound goals and report publicly on their progress.
- It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

### **Goals of NRHM**

- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)
- Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH
- Promotion of healthy life styles

### **Schemes of NRHM**

- Accredited social health activists.
- Roga kalyan samiti
- United grants to sub-centres
- Health care contractors
- Janani suraksha yojana
- National mobile medical units
- National ambulance services
- Janani shishu suraksha karyakram(JSSK)
- Rashtriya Bal Swasthya Karyakram(RBSK)
- Mother And Child Health Wings(MCH Wings)
- Free Drugs And Free Diagnostic Services
- District Hospital and Knowledge centre(DHKC)

- National Iron+ initiative

### **NRHM- Implementation Status in Kerala**

Kerala is very special and ahead of many developing regions and a place that offers real hope for the future of the Third World due to its all-round development and growth. This is evident from various development indicators such as low infant mortality rate, high literacy; low birth rate, low growth rate and life expectancy, along with the factors responsible for such achievements have been considered the constituting elements of the Kerala model. The major factors contributing to such a unique situation are a wide network of health infrastructure and manpower, policies of successive state government and other social factors like women's education, general health awareness and clean health habits of the people. Kerala has acquired one of the most comprehensive health systems in India. Even though the state of Kerala is advanced as compared to the other state of India in terms of critical health indicators are concerned, the state is facing challenges that are unique and specific. The people in Kerala are now facing the problem of high morbidity both from re-emergence of communicable diseases and the second generation problems like the ageing population and spreading of non-communicable diseases. Moreover, there remains the challenge of sustaining the privileged health indicators. The resources of National Rural Health Mission came in an opportune time when the state was finding it difficult to find resources matching the demand .During the last three years the state has been able to initiate many programs suiting to its specific requirements and considering its health issues that need immediate intervention. These initiatives correspond to the key performance areas outlined by NRHM like;

- a) Institutional strengthening
- b) Improving access to better health care and quality services , and
- c) Accessibility of health care to the under privileged and marginalised.



## **NRHM and Local self Government Institutions In Kerala**

The Kerala Panchayat Raj Act, 1994 created three tier Panchayati Raj system by adding two new tiers of Panchayat viz. Block Panchayats and Districts Panchayats to the existing system of single tier Village Panchayats. The three tiers of Panchayats came into existence in the State On 2<sup>nd</sup> September 1995 and democratic elections were conducted. Subsequently Government issued a comprehensive order transferring various institutions and staff to the three tier Panchayats. It was in February 1996 that the formal transfer of powers and functions to local governments along with institutions including Public Health Institutions was done.

The structure of local government institutions in the state of Kerala consist of 999 village / gram panchayats 152, block panchayats and 14 district panchayats. In respect of urban local governments, the state has 5 municipal corporations and 53 municipalities.

Decentralization of the health care sector in State of Kerala has caused problems such as dual control over the staff, duality of monitoring and responsibilities. In this context, it will be quite relevant to capture the picture of functioning of Public Health Institutions in Kerala.

### **Data Analysis**

A primary survey was carried out among the public in 2 grama panchayaths viz. Mulanthuruthy and Mulavukad in Ernakulam district. Discussions were also held among various stake holders. Differences have been identified in the working of NRHM and the change in perception of people towards this scheme in these 2 Grma Panchayths.

## Findings of the study

The present study attempts to provide the major findings and conclusions that we have reached from the survey having the impact of NRHM in Mulanthuruthy and Mulavukadu gramapanchayaths.

- About 52% of total respondents of the survey are males and 48% of respondents are females.
- Considering family status, Mulavukad grama panchayath is having more respondents belonging to BPL (30%) as compared to Mulanthuruthy (17%).
- In Mulanthuruthy about 60% of respondents have only a medium satisfaction in their health status, whereas In Mulavukadu it is only 40%. And 47% of people are satisfied in Mulavukadu, 37% are satisfied in Mulanthuruthy. Mulavukad is having large number of respondents not satisfied on the health status of their family (13%) as compared to Mulanthuruthy (3%).
- In both gramapanchayath the proportion of income spent on health care services are about 65% of the people spent less than half of their income on health care needs. And only 12% of respondents spent more than half of their income on health expense.
- In Mulanthuruthy a majority of 60% of respondents depend on private hospitals, while the corresponding figure in Mulavukad was 47%. In Mulavukadu 50% of respondents depend on government hospitals, while in Mulanthuruthy the percentage of respondents depend on government hospitals was 33%.
- In both the panchayaths more than 70% of the respondents says that gramapanchayath actively intervene in health sector. And only around 28%

of the opined that gramapanchayath doesn't intervene in the health sector effectively.

In Mulanthuruthy 67% respond that ASHA workers provided the healthcare awareness and 20% respond PHC workers provided the services and 3% responded in favor of Panchayath officials. And in Mulavukadu 50% found ASHA worker, 43% PHC workers and 3% Panchayath officials. As compared to Mulanthuruthy Panchayath, in Mulavukad Panchayath more respondents found PHC workers as providers of health care awareness program in the area.

- In Mulanthuruthy 30% of respondents found health sanitation committee as most useful while the figure in Mulavukad was 50%. Only 7% of respondents in Mulavukad and 3% of respondents in Mulanthuruthy viewed health sanitation committee not useful. More importantly, 55% of respondents are not aware on the working of health sanitation committee in their gramapanchayaths. The percentage of respondents not aware of the existence of health sanitation committee was higher in Mulanthuruthy (67%) as compared to Mulavkad(43%).
- In Mulanthuruthy and Mulavukadu about 67% people are aware about NRHM scheme. In Mulanthuruthy a relatively well off Panchayath is having 53% respondents aware on the NRHM scheme is a matter which is looked in to with due seriousness. In Mulavukadu 80% of the respondents are aware about NRHM schemes
- Of the 60 respondents selected for the survey 40 respondents are aware on the scheme of NRHM. To these respondents questions were asked on how do they knew about NRHM 48% of the respondents came to know the scheme through radio. A substantial percentage of 21% knew about

NRHM through health workers in Mulavukad gramapanchayath, while this was only 6% in Mulanthuruthy.

- In Mulanthuruthy about 27% says that NRHM is working effectively, but 33% are not aware of the program. And in Mulavukadu 37% says that NRHM works effectively, 40% says that it works on an average and 20% are not aware of the program.
- In Mulanthuruthy about 70% of people receive benefits from ASHA worker and in Mulavukadu 77% of people receive benefits. None of the respondents in the survey were availing any benefit from other schemes of NRHM by name JSY, Rogi Kalyan samithi, Bhoomika and Paliative care.
- 73% of respondents are receiving field work services from NRHM .In Mulavukad about 77% people received field work services and in Mulanthuruthy about 70% of people received field work services.
- In Mulavukadu about 76% of people utilized service of ASHA workers. And in Mulanthuruthy about 60% of people utilized services of ASHA workers
- In Mulavukadu about 57% people says that schemes provided by both the NRHM and Health departments are same. And in Mulanthuruthy only 37% people responded that the schemes under NRHM and Health departments are the same.
- About 82% of respondents got health care services from panchayaths and 18% of respondents were not receiving any health care services from the Panchayaths.
- In Mulavukadu 53% people says that their PHC lacks basic infrastructure, 37% people says that there is lack of medicines and 10% people says that there is no cleanliness. In Mulanthuruthy about 53% people says that there is no sufficient supply of medicine, 40% people says that there is no basic infra structure and about 7% people says that there is lack of cleanliness.

- In both Gramapanchayaths only ASHA workers and NRHM nurses provided palliative care services. In Mulanthuruthy about 33% of palliative care is provided by ASHA workers and 67% is provided by NRHM nurse. And in Mulavukadu about 67% of palliative care is provided by ASHA worker and 33% is provided by NRHM nurse.
- In Mulavukadu about 70% of people said that Gramapanchayath's working has progressed and effectively intervening in the health sector of the Panchayaths. In Mulanthuruthy about 73% peoples say that Gramapanchayaths work on health sector has progressed as compared to 10 years before.

### **Policy Recommendations**

On the basis of the results of the survey, the study suggest the following recommendations:

- People in backward region is more aware of schemes like NRHM so NRHM should target to provide their services to needy and poor especially in under developed Panchayaths like Mulavukadu.
- Schemes of NRHM like JSY, Rogi Kalyan Samiti etc.should be made more effective to people. As respondents in our survey is aware of only ASHA scheme implemented by NRHM.
- NRHM should make their field services more effective and useful.
- Services of government hospitals in under developed Panchayaths should be improved. Emphasis has to given on improving the basic infrastructure in Primary Health centres.
- NRHM should provide more staff to rural areas for their effective implementation.
- NRHM should take necessary steps to make more people aware about the scheme and as Radio plays a major role in disseminating information on

government schemes more advertisement has to be transmitted through this medium.

- Local self Government Department and NRHM has to take measures in making the working of Health Sanitation Committee at the Grama Panchayath level more effective.

### **Conclusion**

We conducted survey by taking a sample of 30 each from both Mulanthuruthy and Mulavukadu panchayaths. From that data we observed that in both the Panchayath majority of the people are not aware about NRHM schemes. Compared to Mulanthuruthy gramapanchayath which is a relatively well of region, people in backward area like Mulavukad felt the need for effective implementation of NRHM. So there has to be a change in strategy by attaching priority to the backward areas in implementing NRHM program. Much has to be desired in improving the synergy between local self government institutions and NRHM officials in improving the service delivery. Finally, schemes of NRHM other than ASHA should also be made more appealing and effective to the people who are in need of it.

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