# Chapter I

## Overview of National Rural Health Mission and Audit Approach

# Chapter I: Overview of National Rural Health Mission and Audit Approach

## 1.1 Background

India had registered significant progress in improving life expectancy at birth, reducing infant and maternal mortality as well as reducing mortality due to communicable and non-communicable preventable diseases over the last few decades. However, a high proportion of the population especially in rural areas, continued to suffer from preventable diseases, pregnancy and child birth related complications as well as malnutrition. The National Rural Health Mission (NRHM)[5] was launched on 12 April 2005 throughout the country to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections of the Society. NRHM was conceived as an umbrella programme subsuming the programmes of health and family welfare, including the Reproductive and Child Health, Phase-II (RCH-II)[6] and National Disease Control Programmes (NDCPs)[7]. It, *inter-alia*, seeks to reduce the Maternal Mortality Rate (MMR)[8], Infant Mortality Rate (IMR) and the Total Fertility Rate (TFR). In Assam, NRHM was launched in November 2005.

### *1.1.1 Salient features*

The salient features of NRHM include, *inter-alia*:

- Reduction in child and maternal mortality;
- Universal access to public services for sanitation and hygiene, public health care services with emphasis on services addressing women's and children's health, universal immunisation and food and nutrition;
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases;
- Access to integrated comprehensive primary health care;
- Population stabilisation, gender and demographic balance;
- Revitalise local health traditions and AYUSH[9]; and
- Promotion of healthy life styles.

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[5] The National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM) was launched on 20th January 2014, with NRHM being the other Sub-mission of NHM.

[6] RCH-I was launched in October 1997 with the main aim of reducing infant, child and maternal mortality rates. At the time of introduction of NRHM, RCH became part of NRHM as RCH-II.

[7] NDCP includes Iodine Deficiency Disorders, Blindness, Tuberculosis, Leprosy eradication, Vector borne diseases *etc*.

[8] MMR- Maternal Mortality Rate, IMR- Infant Mortality Rate and TFR- Total Fertility Rate.

[9] Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.

## 1.2 Organizational Structure

At the State level, the NRHM, Assam functions under the overall guidance of the State Health Mission (SHM), Assam headed by the Chief Minister, Assam.

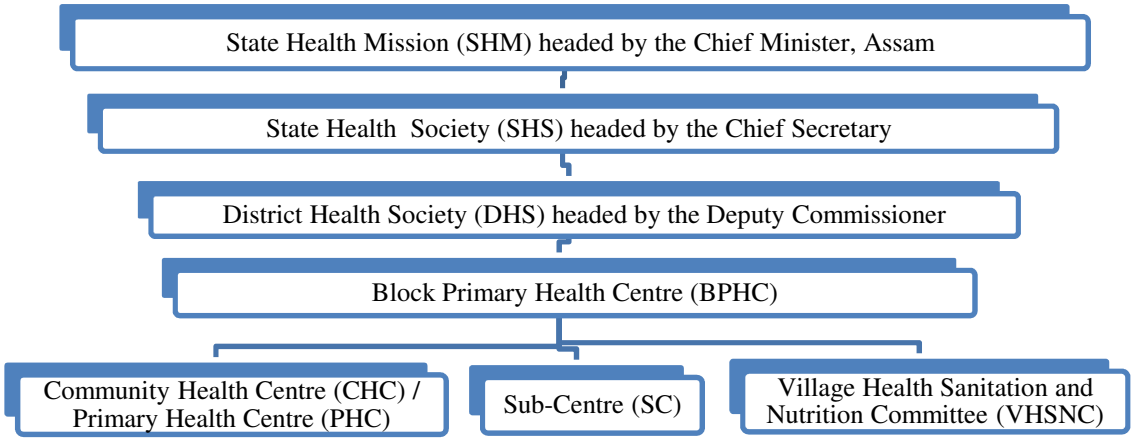
The functions under the Mission are carried out through the State Health Society (SHS), Assam headed by the Chief Secretary, GoA.

The State Programme Management Support Unit (SPMSU) acts as the Secretariat to SHM as well as SHS and is headed by the Mission Director (MD), NRHM, Assam. The SPMSU provides technical support to the SHM through logistics, financial management, Management Information System (MIS) etc.

At the district level, every district has a District Health Mission supported by an integrated District Health Society (DHS) headed by the Deputy Commissioner of the district.

The organizational structure of NRHM in the State is shown in **Chart-1**:

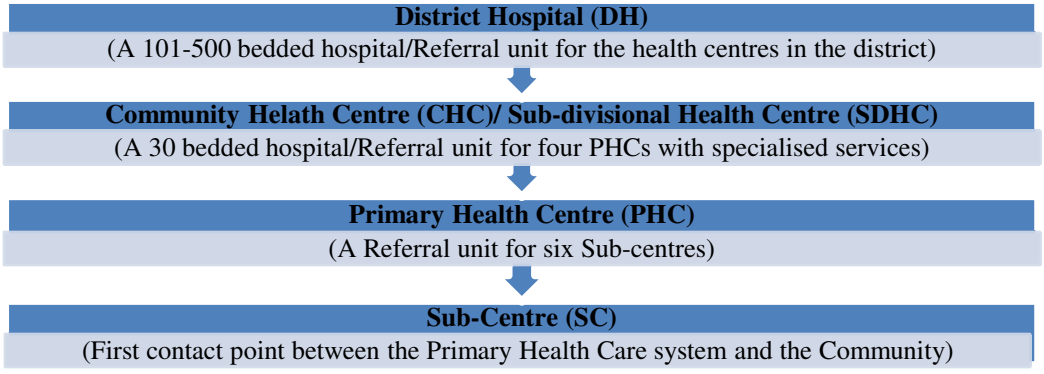
**Chart–1**
**Organisational structure of 'NRHM'**




***Source: Departmental records.***

The health care infrastructure in a district is as shown in **Chart-2:**

**Chart–2**
**Health Care infrastructure in the district**




***Source: Departmental records.***

## 1.3 Audit Approach

### *1.3.1 Introduction*

The Reproductive and Child Health (RCH) programme under NRHM emphasised, *inter-alia*, early detection and registration of pregnant mothers followed by providing the services like administration of Tetanus Toxide injection, distribution of Iron & Folic Acid Tablets to prevent anaemia and minimum three periodical check-ups with a referral services to high risk mothers, well equipped hospital services to meet the emergency care during pre-natal, natal and post-natal period etc. For the child, provisions were made for neonatal care with administration of prescribed doses to protect the child from polio, tuberculosis, measles, acute respiratory infection (ARI) and diarrhea etc. For couples, contraceptive services were provided under the programme. Besides, two welfare schemes for mothers and child *viz.,* Janani Suraksha Yojana (JSY) and Janani Sishu Suraksha Karyakram (JSSK) were also implemented to promote institutional deliveries. Under JSY, provision for cash incentive to mothers delivering at government health centres and under JSSK provision of free diagnostic services, drugs and consumables, free diet and free transport services to mothers and new born child were made under the programme.

For the implementation of the above activities under RCH, the NRHM Framework (2005-12) underlined for upgradation of Community Health Centres (CHCs) as First Referral Units (FRUs) for dealing with Emergency Obstretic Care, 24x7 delivery services at the Primary Health Centres (PHCs), operationalising of Sub Centres (SCs), contractual appointment of medical officers, training of doctors/Auxiliary Nurse Midwife/Nurse as Skilled Birth Attendants *etc*., for this purpose.

As per NRHM Framework (2012-17), the NRHM seeks to reduce the Maternal Mortality Rate (MMR) in the country from 407 to 100 per 1,00,000 live births, Infant Mortality Rate (IMR) from 60 to 25 per 1,000 live births and the Total Fertility Rate (TFR) from 3.0 to 2.1 per woman.

Before the launch of NRHM in Assam in November 2005, the health indicators were poor with MMR of 480 per 1,00,000 live births, IMR of 68 per 1,000 live births and TFR of 2.9, as compared to the National health indicators. Government of Assam (GoA) has achieved MMR of 301 (2012-13)[10], IMR of 48 (2015-16) and TFR of 2.3 (2015-16).

NRHM, Assam has aimed at reducing MMR, IMR and TFR by the year 2017 to achieve the national targets for these performance indicators.

[10] Survey Report on MMR published upto the year 2012-13 only.

In order to improve RCH, several measures were taken by the State under NRHM responding to challenges in terms of huge rural population, geographical adversities, Char areas (the riverine areas of the river Brahmaputra are locally known as Char areas), Tea Garden areas (areas inhabited by workers of Tea Gardens) *etc*.

## 1.4 Audit Objectives

The objective of the PA was to assess:-

(1) The impact of NRHM on improving Reproductive and Child Health in the State by examining:

   (a) the extent of availability of health infrastructure;

   (b) the extent of availability of health care professionals;

   (c) the quality of health care provided; and

   (d) the achievement made in reduction of MMR, IMR and TFR.

(2) The mechanism of data collection, management and reporting which serve as indicators of performance.

## 1.5 Scope of Audit

In order to assess the implementation of the RCH under NRHM by the implementing agencies in addressing health issues relating to maternal and child health, the PA was conducted during March to November 2016 covering the period 2011-16[11]. It involved scrutiny of records maintained by the NRHM, Assam at the State level. At the field level, seven districts[12] covering District Hospitals (DHs), CHCs/First Referral Units (FRUs)/SDCHs, PHCs/State Dispensaries/Mini PHCs and SCs of 15 Blocks were selected. Physical verification of health centres was carried out to assess the infrastructural gaps with reference to terms of Indian Public Health Standards (IPHS)/State norms, wherever prescribed. Under the selected SCs, interviews with 125 ASHA workers and beneficiary survey of 418 beneficiaries who gave birth to children during the previous two years (2014-15 and 2015-16) were also conducted. Besides, the status of health facilities at the outreach areas *viz.,* Chars and Tea Gardens of the selected districts were also assessed by visiting two Boat Clinics[13] and six[14] Tea Garden Hospitals[15].

[11] Prior to this, PA on NRHM was carried out covering the period 2005-06 to 2007-08; the audit findings were incorporated in the C&AG's Report for the year 2009-10. The PA has been discussed by the Public Accounts Committee but recommendations are awaited.

[12] Darang, Golaghat, Kokrajhar, Karbi-Anglong, Kampur (R), Sivasagar and Sonitpur covering seven District Hospitals (DHs), 13 CHCs/First Referral Units (FRUs)/SDCHs, 30 PHCs/State Dispensaries/Mini PHCs and 45 SCs of 15 Blocks.

[13] In Kamrup (Rural) and Sonitpur districts.

[14] Darrang, Golaghat, Kokrajhar, Karbi Anglong, Sivasagar and Sonitpur.

[15] Operating under the Public Private Partnership (PPP) mode.

## 1.6 Audit Sampling

Based on the health indices, the districts in Assam were stratified into three categories *viz.*, low, medium and high performing. Seven districts were selected from these strata by using Simple Random Sampling Without Replacement (SRSWOR) method as detailed in **Table-1**:

**Table – 1**
**Category-wise number of selected districts based on the health indices**

| Category of the district | Number of districts[16] in the category | Number of the selected districts |
|---|---|---|
| I : Low performing districts | 9 | 3 |
| II : Medium performing districts | 9 | 2 |
| III : High performing districts | 8 | 2 |
| **Total** | **26**[17] | **7**[18] |

In each selected district, the DH, District Health Society (DHS), two to three BPHCs[19]were selected. In each of the BPHCs, one CHC/SDCH, two PHCs and three SCs were selected by using SRSWOR method. The list of selected health centres covered in audit is given in **Appendix-1.**

## 1.7 Audit Criteria

The criteria for the PA were benchmarked against the following sources:

- NRHM Framework for Implementation (2005-12 and 2012-17);
- NRHM Operational Guidelines for Financial Management;
- Indian Public Health Standards (IPHS) – Guidelines (2007) and Revised Guidelines (2012) for SCs, PHCs, CHCs, Sub-District/Sub-Divisional Hospital and District Hospital;
- Operational guidelines for Quality Assurance (QA) in public health facilities 2013, Assessor's Guidebook for QA in District Hospitals 2013, QA in Community Health Centres (First Referral Unit) 2014 and QA in Primary Health Centres (24 x7) 2014;
- Central Public Works Department (CPWD) Manual/Assam Public Works Department (APWD) Code , Central Vigilance Commission (CVC) guidelines; and
- Performance indicators prescribed by the Ministry of Health and Family Welfare (MoHFW).

[16] The sampling restricted to only the rural districts.
[17] Kamrup (M) district has been excluded, being an urban district.
[18] Darrang, Golaghat, Kokrajhar, Kamrup (Rural), Karbi Anglong, Sivasagar and Sonitpur.
[19] 2 BPHCs where total Block is upto 10 and 3 BPHC where total Block is more than 10.

## 1.8 Audit Methodology

Audit commenced with an Entry Conference held (26 February 2016) with the Joint Secretary to GoA, Health and Family Welfare Department, Sr. Programme Manager, NRHM, Assam and other departmental officers, wherein the audit objectives, scope of audit and criteria were discussed. The audit involved examination of records/documents of the selected units and analysis of information/data collected from the audited entity through questionnaires/requisitions, physical verification and beneficiary surveys.

At the conclusion of audit, the findings were discussed in the Exit Conference held (10 November 2016) with the Secretary, Health & Family Welfare Department, wherein the Mission Director (MD), NRHM was also present. Based on the discussion held and the replies to the observations received, the responses of the department have been appropriately incorporated in the Report, wherever applicable.

## 1.9 Acknowledgement

Indian Audit and Accounts Department acknowledges the co-operation and assistance extended by the Government of Assam, Health and Family Welfare Department, State Health Society and District Health Missions at all levels during the course of audit.