

A Study of National Health Mission in Gumballi Village in Chamarajnagar District Karnataka state. India

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Abstract: NRHM is a national health mission seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. Achieving effective healthcare by the state and other parameters leading to health development. 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 in Gumballi. Awareness about NHM is found to be 100% which throws light on how effectively there is penetration of awareness among the community and beneficiaries of particular village.

Key Words: Optimistic, Sustainable Development, Indicators, Interactions, Implementation

INTRODUCTION:

Healthy citizen is an asset to a country. Achieving effective healthcare by the state users more growth in GDP and other parameters leading to development. A developed country would mean a higher HDI like in Nordic nations which reflects the manifestation of one of the best health-care systems. United Nations in its Sustainable Development goals (SDG) has marked Good Health and well-being as one of the important goal for transforming our world.

Indian Scenario:

In India, there is 4% loss in GDP owing to the poor sanitation and unhealthy citizens. The healthcare ecosystem in India is at an inflection point. While the outlook for the healthcare industry is optimistic, there is a need to move towards an integrated healthcare delivery system, which leverages technology and has the patient at its centre which penetrates to the rural areas.

Post Independence, importance on health gained momentum in various realms of health sector to improve the health condition of the citizens and with the Health policies and government efforts, robust health-care schemes were started and NHM is one such umbrella health-care mission.

About National Health Mission:-

National Rural Health Mission (NRHM): The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister Dr. Manmohan Singh on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The Union Cabinet vide its decision dated 1st May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.

NRHM seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. 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.

Goals of NHM: Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavour would be to ensure achievement of those indicators mentioned below. Specific goals for the states will be based on existing levels, capacity and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

1. Reduce MMR to 1/1000 live births
2. Reduce IMR to 25/1000 live births
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15–49 years
5. Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
6. Reduce household out-of-pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1 per cent microfilaria prevalence in all districts
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

The parasite migrates to the internal organs such as the liver, spleen (hence "visceral"), and bone marrow, and, if left untreated, will almost always result in the death of the host. Signs

and symptoms include fever, weight loss, fatigue, anaemia, and substantial swelling of the liver and spleen. Of particular concern, according to the World Health Organization (WHO), is the emerging problem of HIV/VL co-infection. This disease is the second-largest parasitic killer in the world (after malaria), responsible for an estimated 200,000 to 400,000 infections each year worldwide.

Limitations:

- Primary Health care centre of Gumballi village, Yelandur taluk, Chamarajanagar district.
- NHM is a very vast scheme .Therefore we are going to concentrate only on ASHA, ANMs, Beneficiary of Janani Suraksha Yojane and the community to know about the scheme.
- Stipulated period and limited time to undertake the project
- Geographical limitation
- Smaller sample size
- Less number of persons and limited resources to collect primary data.

Objectives:

1. To analyse National Rural Health Mission.
2. To find out the status of IMR, MMR, Malnutrition and Immunisation in the study area.
3. To assess the working status of ASHA

Methodology:

1. The study is based on primary and secondary sources.
2. The study was carried out by meeting the various stake holders to assess selected parameters under NRHM.
3. PRA (Participatory Rural appraisal) to assess the ASHA Workers
4. Tools: Collection of primary data through Questionnaires, Interview and field Observation.
5. Statistical tools like pie charts and bar graphs to process and interpret the data.
- 6) Tools are statistical, comparative and analytical methods which are used in the study.

Sample size: 10 in each category as follows:

- 10 ASHAs and ANMs
- 10 Beneficiaries
- 10 Community members.

Village Background:

Gumballi is a Village of Yelandur Taluk in Chamarajanagar District of Karnataka State, India. It belongs to Mysore Division. It is located in 23 KM towards East from District head quarters, Chamarajanagara. 9 KM from Yelandur. 139 KM from State capital Bangalore.

Gumballi 2011 Census Details Gumballi Local Language is Kannada. Gumballi Village Total population is 4200 and number of houses are 971. Female Population is 50.3%. Village literacy rate is 46.3% and the Female Literacy rate is 20.8%.

Population:

Census Parameter	Census Data
Total Population	4200
Total No of Houses	971
Female Population %	50.3 % (2112)
Total Literacy rate %	46.3 % (1945)
Female Literacy rate	20.8 % (874)
Scheduled Tribes Population %	17.9 % (752)
Scheduled Caste Population %	29.8 % (1252)
Working Population %	46.0 %
Child(0 -6) Population by 2011	401
Girl Child(0 -6) Population % by 2011	50.6 % (203)

(iv) DATA COLLECTION AND ANALYSIS:

1. This study ensures primary data collection at micro level through questionnaires and interactions.
2. The study also includes collection of secondary data through different sources.
3. The data shall be used for analyzing the study parameters which are influencing National Health Mission at Gumballi village in Yelandur Taluk.
4. The study attempts to compare the said programme at the assigned village.
5. The study brings out the role of government schemes in bringing about equitable, affordable and decentralised health care at Village level.

SURVEY COVERAGE

The village study involved survey wherein the primary data was collected from the following sources:-

- i. **Gram Panchayat Functionaries** -The Team had met GP Functionaries like President, members, PDO and other staffs and got data regarding many realms.
- i. **ASHA Workers :-**The Team met 8 ASHAs and collected input from ASHA workers of the Village through questionnaire
- ii. **Primary Health centre staffs:-** The Team had met Primary Health centre and an interview with the Doctor was taken who gave a complete picture on the working of the PHC. The team also met lab technicians, pharmacists, nurses, of the Village and collected the inputs which are required for the study.

Findings and discussion:

1) Interaction with ASHA and ANM and Doctors at PHC

With preparation of the questionnaires gave it to 6 ASHA workers and 2 ANMs. Also interviewed a General physician at the PHC and collected various data related to our project.

The observations from this exercise are as follows:

- 1) ASHA workers have undergone scientific and meticulous training to handle the mother and child during various stages of pregnancy and Post natal care.
- 2) ASHA workers are all very committed and dedicated towards their work with service motive.
- 3) Each ASHA worker covers 20 houses on a daily basis compulsorily.
- 4) According to the ASHAs, Institutional delivery has reached 100 percent in the village.
- 5) We have observed instances of child marriages and ASHA workers have a firm resolve to mitigate this number through several Jatha, and awareness Campaigns.

Sl. No.	Parameter	Percentage
1	Availability of Nutritious food as per the scheme	100
2	Institutional Delivery	100
3	IMR	0
4	MMR	0
5	Awareness about NHM among beneficiaries	100

6	Immunization	100
7	Issue of mother card to beneficiary	100
8	Community Participation	90
9	Job Satisfaction for ASHA and ANM	62.5

ANALYSIS:

In the above graph the availability of nutritious food was found to be 100%. this shows that the ASHAS have made the women awareness of the intake of food and .nutritious the ASHAs are well trained regarding the balanced diet to the expecting and nursing mothers. The food includes cereals, whole grains, sprouted seeds, green leafy vegetables.

The graph shows 100% institutional delivery which can be attributed to the efficient awareness programmes and effort of ASHA workers regarding the benefits of institutional delivery. The community of the village which were reluctant in the beginning years have now become more aware regarding the deliveries in hospitals.

The IMR and MMR are found to be 0 % which is a reflection of successful NHM objective in this village owing to the awareness, better health-care, access to medical aid in case of emergencies and availability of 108 ambulance services which cater to the complication situations during child birth.

Awareness about NHM is found to be 100% which throws light on how effectively there is penetration of awareness among the community and beneficiaries due to the efficient ASHA workers and ANMs. Immunization is 100% which is the reflection of better training given to ASHA workers who are qualified with the expertise on creating awareness and bringing every child in the ambit of immunisation.

Issue of mother card to beneficiary and community participation attribute to 100% which is reflection of better co-ordination between the PHC, ASHA workers, Anganwadi and the beneficiary.

Job Satisfaction for ASHA and ANM was found to be 62.5% satisfactory which suggests that the cash awarded to ASHA workers is not adequate to meet their requirement for the services they render few ASHAs were of the opinion that they cannot afford to travel to the hospitals where the beneficiary they handle travels to cities like Mysore for delivery. The observation is increase in remuneration would make them more motivated.

Parameter	ASHA	ANM
Average Villages covered	1	3
Population Covered	1166 (Avg. 1 ASHA for 1000)	21000(Avg. 1 ANM for 19000)

Avg. Mother cards issued	6 – 15	60 – 85
Awareness given	Nutrition Immunization Hygiene Institutional Delivery	Nutrition Immunization Hygiene Institutional Delivery Pregnancy Preparedness
Qualification	SSLC	PUC
Salary	3500	18500

Observations:

- 1) The PHC is well equipped hospital established on PPP model (Govt and Karuna(NGO) trust).
- 2) It is multi specialised centre with OPDs including EYE, ENT, General Medicine, and OBG. With well equipped OT, Laboratory, Pharmacy (Contractual basis).
- 3) It also includes a Dental Unit(Contractual basis)
- 4) It is NAHB accredited Public health centre
- 5) It covers a population of 7000 including hilly (tribal) area which is one of its kinds.
- 6) Scientific disposal of Medical Waste including incinerators and scientific burial methods are practiced. It can be taken as an example for other PHCs because of its best infrastructure, dedicated staff and foreign funds.

Interaction with Beneficiaries: With the objective of Analysis of NRHM and NHM with special reference to “Assessment of working of ASHA, Malnutrition and Immunization” visited the village Gumballi, Tq : Yalalndur, Dt : Chamarajanagar, with the ready questionnaire, have prepared. Initially had an interaction with various department officials and people’s representatives at Gram Panchayat level and received the inputs regarding the village like Demography, Geographical conditions and various government schemes being implemented at the village level for its development and raising the standard of living of the people.

The questionnaire contained total 17 questions targeted at beneficiaries, who are broadly aimed at collecting data on following three categories, they are

- Nutrition
- Analysis of working of ASHA
- Sanitation

With the assistance of ASHA and ANM have visited 9 beneficiaries covering different dimensions like pregnant women, Lactating mother, Father of the baby, Family members etc. Have collected data in fair and transparent manner so that the primary data should be

True, Unbiased and Divers. After extrapolating the data collected we finally arrived at the following observations and conclusion accordingly.

Sl.No	Parameter	Percentage
1	Institutional Delivery	100
2	Sanitation(Toilet Construction)	90
3	Immunization	100
4	Nutrition Awareness	100
5	Malnourishment (Under weight Children)(Avg. 2500 gm to 4000 gm)	0
6	Cleanliness Awareness	100
7	Cases of Communicable Diseases in Family	0
8	IMR or MMR Cases	0
9	Satisfaction Level of Working of ASHA	100

Later we have also analysed the percentage of SC/SST population in the village based on the demographic data provided to us in the Gram panchayat.

We also found some instances of “HRP” (High Risk Pregnancy) due to following reasons

- Instances of child marriages
- Elderly Primigravida Delivery(Pregnancy at the age of 40 and above)(Only 44% of successful live birth)

ASHA and ANM have special care for HRP category and created awareness among them regarding Immunization, Sanitation, and Nutrition and helping them in successful delivery with constant observation and personal care. Overall, people of the village and beneficiaries have a good opinion about ASHA and ANM as they have done a remarkable job in the village as found by our observation as well.

2) Interaction with Community:

Objectives of Community Interaction

- To analyze the effectiveness of implementation of NHM
- To understand ASHA's working nature and her relationship with the community.
- To ascertain the awareness of Gumballi villagers community about NHM scheme.
- To check the availability of nutritious food to the community.

To study NHM scheme with special reference to community appraisal regarding the satisfactory working of ASHAs and ANMs as perceived by the community. The questionnaire we prepared was pertaining to the following themes.

- To know how this scheme reached to the whole community.

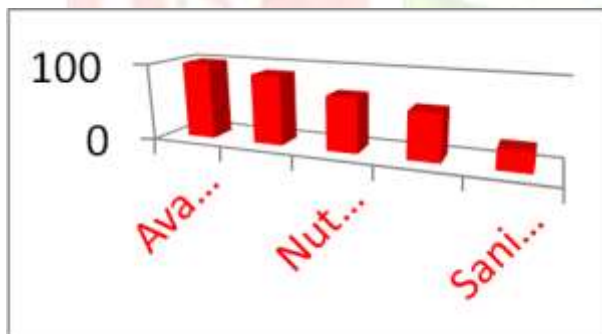
- To know ASHA's work and relationship with community.
- To measure awareness of Gumballi community on govt programmes on NHM.
- To check availability of nutritious food to the community.

OBSERVATIONS:

- ASHA and ANMs are dedicated towards their assigned work.
- Most of the deliveries are institutional.
- ASHA given awareness of health, immunisation and to needed people
- In the opinion of community nutritious food is given in schools and Anganawadi to those beneficiaries identified by ASHA.
- Sanitation awareness among the community is moderate.
- Schools are providing Shuchi kits to adolescent girls and also impart awareness on personal hygiene on regular basis.
- Most of the people know about programmes like Madilu kit, matrupoorna Scheme, Arogya Kavacha 108 ambulance.

Recommendations:

- ◆ Sanitation awareness programmes still need more effectiveness. SWACCH BHARAT can be implemented for avoid diseases and keep village neat and clean.
- ◆ Here attitude and Behavioal change may be required
- ◆ They have to clean their surroundings on cooperative basis.
- ◆ Panchayat raj institutions should take extra responsibility of Sanitation programmes in Gram Sabah's and create awareness through Campaigns, workshops and also using model success story of local awareness. etc.



CONCLUSION OF THE STUDY REPORT

The village study has brought few outcomes:

- The village has observed 100% Institutional delivery.
- The village has observed 100% Sanitation (All beneficiaries have constructed toilets in Their houses either with government aid) but when community is considered as a whole, there is scope for much more awareness on sanitation.

- **PPP** model could be effective in PHC management and could be replicated on a macro scale through policy making as PPP model is found to be more effective and efficient and this could be taken as a role model for other PHCs.
- Multi dimensional analysis of Village Gumballi for various indicators under NHM has given an impression that the village healthcare system is accessible, equitable and affordable to village population with special focus on uplift meant of Tribal, Women and child health care.
- Coordination among PHC, ASHAs workers have resulted in Multi faceted facilitation of the provisions of the scheme like Nutrition, Sanitation and Immunity.
- Immunization is found to be 100 percent.
- Nutritious food to both mother and child are provided as prescribed under the NHM in coordination with ASHA, Anganwadi workers, and community.

Overall, people of the village and beneficiaries have a good opinion about ASHA and ANM as they have done a remarkable job in the village as found by our observation as well.

SUGGESTIONS / RECOMMENDATIONS

- **PPP** model could be effective in PHC management and could be replicated on a macro scale through policy making as PPP model is found to be more effective and efficient and this could be taken as a role model for other PHCs.
- The importance of training is reflected in the successful working of ASHAs in this village; hence such trainings must be conducted time to time in others PHCs.
- As only 62.5 percent of the ASHAs interviewed were happy about their remuneration, hence we suggest better incentives and hikes might increase their performance and commitment.
- Better transport facilities must be provided to ASHAs to respond to the needs of Beneficiaries in time and during emergencies.
- Using renewable energy sources like solar power in refrigeration, centrifuge etc is a good initiative towards environmental sustainability at affordable price.
- Scientific disposal of Medical waste are appreciable and can be incorporated in other PHCs.

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