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Corporeal Achievement of Nrhm Strategies in Jammu and Kashmir

KEYWORDS: National Rural Health Mission, Medical Practices, Health Facilities, Health Sanitation, Achievement Level etc.

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ABSTRACT *National Rural Health Mission (NRHM) is a specialized department established by the government of India to cater the health issues of people living in rural areas effectively. It was some times earlier assessed that the medical and health practices in rural areas of India is worse in terms of basic facilities, medicines, medical staff etc and the people residing there were facing acute shortage of basic health facilities. It came in front as a huge challenge as almost 90 percent of population in India is living in rural areas and thus govt. was keen in taking some most crucial steps to effectively monitor and upgrade the health practices in rural areas. Thus as a result NRHM came in existence and is exclusively catering the health and medical needs of rural people in almost all the states. Present study seeks to identify the achievement level of various activities taken up under NRHM in Jammu and Kashmir State in 2013-2014. The study also identifies the diversity of all the activities performed under Jammu and Kashmir NRHM in 2013-2014. The study further recommends various strategies which could help in enhancing the processes and pattern of NRHM in Jammu and Kashmir State.*

INTRODUCTION

National Rural Health Mission (NRHM) was launched in 2005 by the government of India to bring a remarkable improvement in the health system and enhancing health status of people in India. The basic objective was to provide a universal access to health care facilities which should be equitable, affordable and possess a better quality. The basic motto behind the establishment of NRHM was to develop a sustainable mechanism which could finally reduce imbalances at regional level, make utilization of resources much effective that previous practices, helps in the integration of organizational activities, enhance the human resources to an optimum level, increases the decentralization of activities and power at various sub divisional levels such as at district level, tehsil and other block levels including sole village levels as well. Besides all these objectives the NRHM programme also aims at enhancing participation of people residing in particular communities, enhancement of public and private partnerships and better delivery system. Continuing on a broad strategy the NRHM programme has been successful in reviving the health care system in India at rural level and has also added the dimension of reprioritization of sub-dimensions. It has also increased the health finance and improved the health infrastructure to a greater extent. It has also established standards by fixing the benchmarking of various activities and targets and that has finally given a new challenges goals directly linking the health sector with its broad vision and mission statements. It will surely help the rural health sector to reach at a level of strategic advantage and India soon will compete at international level with its highly improved health care system.

OBJECTIVES

1. To identify the achievement level of various schemes under NRHM in Jammu and Kashmir.

2. To access the level of establishment of various units under NRHM.

3. To seek the diversified patterns of development through NRHM in Jammu and Kashmir State.

4. To recommend strategies that could help in devising effective tools for NRHM programme.

MATHERIAL AND METHODS

Present study has been carried out with the help of secondary data only. The data and information used was collected from various reports, schedules and other documents published by the NRHM department and other govt. agencies from time to time. The data and information used was also collected from various offices of NRHM located at district and zonal level in Jammu and Kashmir State. The data and information so collected was analyzed statistically and certain cartographic was applied to determine the ground reality.

RESULT AND DISCUSSION

National Rural Health Mission has been the most effective programme in recent years and has upgraded the rural health scenario to a greater level. The various values showing the achievement of establishment of various dimensional segments have been tabulated in table 1. The analysis of table values shows that a total of 722 Rogi Kalyan Samities were established in 2013-2014 which are very effective in rural areas in spreading the best possible health communication and information. Moreover a greater number of i.e. 6857 Village Health Sanitation & Nutrition Committees were constituted which are effectively monitoring the sanitation and other balanced nutrition maintenance issues. Out of these 6857, 6821 got their accounts opened for better efficiency and output. Further more in 2013-2014 a total of 10779 ASHAs were engaged into various levels of diversified works and out of all these 9500 were trained in a better way in module I and 9184 again got modern tools and equipment training in module II-IV. However a total of 8630 ASHA workers were trained for module V. Upgradation of CHC into FRUs is a remarkable step and continuing with the same a total of 76 CHCs were upgraded into FRUs in 2013-2014. A new effective dimension was added where 198 new PHCs were made

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functional 24*7. Baby Care Corners newly established 274 who have almost covered all the shortage which was being faced by people in rural areas. NRHM programme came out with much progress when it made it possible to engage newly 5381 Specialist/Doctors/Paramedics in various rural parts of Jammu and Kashmir State. The step function towards progress continued in a way that new 7 Mobile Medical Units were established and 199 more Ambulances moved into work. The development at regular intervals made it more possible and effective with the establishment of 75 new stabilization Units, setting of 27 ARSH Clinics and also founding of 13 new SNCUs in Jammu and Kashmir State.

Table 1: Physical Achievement under NRHM for Year 2013-14

S.NO.	ITEM	NUMBER
1	Rogi Kalyan Samities (RKS) Registered	722
2	No. of Village Health Sanitation & Nutrition Committees Constituted	6857
3	No. of Village Health Sanitation & Nutrition Committees for which accounts opened.	6821
4	No. of ASHAs engaged	10779
5	No. of ASHAs trained in Module I/II-IV	9500/9184
6	No. of ASHAs trained in Module V	8630
7	No. of CHC upgraded as FRUs	76
8	No. of PHCs made operationalized as 24x7	198
9	Baby Care Corners Established	274
10	Specialist/Doctors/Paramedics engaged	5381
11	No. of Mobile Medical Units	7
12	No. of Ambulances procured	199
13	No. of Stabilization Units established	75
14	No. of ARSH Clinics Setup	27
15	SNCUs established	13

CONCLUSION

NRHM programme is one of the most effective programme which is catering all the possible health issues in various villages and rural segments of Jammu and Kashmir State. The process of development is being done on a regular interval and it has given rise to a new sector for India to compete with other developed nations in term of medical and heath developmental prospects. This study has focused on the physical achievement of NRHM Programme in 2013-2014 and it has been realized that the programme has been very effective with the establishment and upgradation of new units at various scheduled intervals. The setting of new and modern infrastructural and other facilities will surely upgrade the health standards in the state and upgrade the nutritional and other sanitation related issues at par with urban areas.

RECOMMENDATIONS

There is a high need for maintaining the proper infrastructure facilities as it has been seen that PHCs and CHCs at most of the places in rural areas are lacking the basic infrastructure.

Logistics management is also seen as a major problem in rural areas and thus becomes very difficult to shift patient to other big hospitals in case of emergencies. Thus the health department under NRHM scheme must adopt a proper logistics management system.

The shortage of skilled doctors and other medical staff is also a major threat. Various measures taken till date have not proven much successful. Thus there is a need to install a framework where the shortage of manpower could be raised in rural areas.

Funding from govt. is very low and not properly channelized which must be properly channelized as it is one of the most important prerequisite for improving efficiency.

Corruption has been seen as a major threat as almost people at all levels in medical department are involved in such practices. Strict guidelines must be adopted so that immediate actions could be taken against people who are involved in it.

Regular training programmes must be organized in rural areas categorized for women, children and people of all age groups so that they could be informed about the basic diseases and precautions to be taken.

Special packages must be earmarked for enhancing facilities such as rural sanitation, roads, pure water supply etc.

Revitalization at various stages is a major threat as there is no specialized staff that could enhance the performance of NRHM programme and monitor the deviations. There must be some staff that could check the performance at regular intervals.

The delegation of authority in case of NRHM programme is very weak which needs to be effectively decentralized.

The integration of activities performed between PHCs and CHCs at various places must be very effective in terms of sharing manpower, resources and other activities and thus it must be taken into account as early as possible.

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