PHYSICAL AND FINANCIAL PERFORMANCE OF NRHM IN JAMMU AND KASHMIR- AN OVERVIEW

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Abstract

Human capital as characterised by good education and good health is an important determinant of economic growth. Most of the developing countries are facing health as a big hindrance in the process of economic development. Considering improvement in overall health status as an important step towards socioeconomic development, National Rural Health Mission (NRHM) was launched at par with national level in the state of Jammu and Kashmir in the year 2005 for provision of accessible, affordable, effective and reliable primarily health care services, especially to the poor and vulnerable sections of the society, bridging the gap in rural health care infrastructure with Janani Suraksha Yojana (JSY) as its core component for promotion of institutional delivery in rural areas through incentive based approach with a view to reduce Infant Mortality Rate and Maternal Mortality Rate. In the state of Jammu and Kashmir were healthcare access is least in terms of infrastructure development because of its natural geographical constraints, NRHM provided an ample opportunity for upgrading its infrastructure availability in order to meet the growing demand for health care services particularly in rural areas. In the present study, the focus of study would be to give an overview regarding financial and physical performance of NRHM in Jammu and Kashmir.

Key Words: Rural Health Care, Institutional Deliveries, Infant Mortality Rate, Maternal Mortality Rate, Janani Suraksha Yojana

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Introduction

Health is the most important social service sector and is placed on the top priority by both state and central government of the country. The state of Jammu and Kashmir is getting priority by way of strengthening health institutions to meet the growing health care needs of the people especially those living in rural areas. The department of health has made remarkable progress in the last few years but still, there is a lot to be done to improve the health care delivery system. The state is committed to make every effort to safe guard and promote health of the people and ensure wide spread and efficient medical services to whole of the state especially the rural areas. The state has been focussing on infrastructural up gradation facilities, availability of man power resources, medical equipments and better access and coverage to all sections of the society. However, public spending on health is a small percentage of the total government expenditure and a huge portion of the expenditure is inefficient due to certain institutional factors such as health service access, health service delivery, lack of physical infrastructure, equipments, human resource, weak link between programmes and incompetent management of cash flow, drugs supply, quality of care, monitoring mechanism, referral and other communication act as a barrier to the success of public spending. In this regard National Rural Health Mission (NRHM) has been initiated in the state to overcome the vagaries of health care delivery services for promotion of better access and coverage to all sections of the society.

Methodology and Data Base

The study is largely based on the secondary sources of data. The secondary data related to financial and physical performance of NRHM in Jammu and Kashmir was compiled from the official records of Department of Health and Family Welfare, NRHM, Govt. of J & K, Directorate of Health Services, Govt. of J & K, District Level Household Survey Reports, Planning and Development Department etc. The data obtained from the above sources has been analysed using the growth rate, percentage and regression techniques.

National Rural Health Mission in Jammu and Kashmir

The National Rural Health Mission was launched by Prime Minister Manmohan Singh on April 12, 2005 with the goal to improve the availability of and access to quality health care to the rural masses, especially the poor women and children. It aims to provide effective healthcare to people living in rural areas across the country, with special focus on the rural population in 18 states with poor health achievements. In J&K, NRHM was started in December 2005, in order to

strengthen the public health care delivery system by community ownership of health facilities. J&K state has been identified as one of the high focus state under NRHM, focussing not only on health care but also focussing its attention towards important determinants of good health like nutrition, Sanitation, hygiene, safe drinking water etc. The perspective plan for the NHRM aims to restore the public health system to be more responsive, efficient and effective through a multi prolonged approach. The NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable section.

Physical performance of NRHM in Jammu and Kashmir

Under the NRHM, several new interventions were made over the years. These include establishment of First Referral Units (FRUs), Primary Health Centres (PHCs) on 24x7 basis and baby care corners, provision of additional human resources, training of medical and paramedics in skilled births and management of neo-natal childhood illness, organisation of Reproductive Child Health (RCH) camps, strengthening referral transport, promoting institutional deliveries through involvement of Accredited Social Health Activists (ASHAs) and conducting awareness camps. As a result of these measures, the position of maternal and child health indicators has shown improvements. The major achievements of NRHM are:-

1) Human Resource Management:

Under National Rural Health mission, the district hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs) and sub-centres are being revived through better human resource management including provision of additional human resources. In this regard 37 specialists, 703 doctors and 3560 paramedics have been engaged on contract basis in order to fill the critical gaps in the health institutions. Similarly, 82 persons have been engaged as District Programme/Accounts Managers/Monitoring and Evaluation officers and 152 persons as block accountants/monitoring and evaluation officers[1].

2) Operationalisation of First Referral Units and 24x7PHCs

With a view to reduce the Maternal Mortality Rate and Infant Mortality Rate, focus has been given to improve the services for mother and child healthcare in existing health institutions. The health facilities have been strengthened to provide facilities for conducting deliveries. Community Health Centres (CHCs) are being upgraded as First Referral Units (FRUs) to provide basic emergency obstetric care including caesarean section.74 CHCs have been operationalised

[1] Review Performance(2012), Department of Health and Family Welfare , Govt. of J&K

as FRUs in the state with provision of additional doctors/paramedics. Similarly, PHCs are upgraded as 24x7 to provide round the clock basic obstetric services. 170 PHCs have been strengthened as 24x7 in the state so far.

3) Link Workers

In order to provide services for delivering mothers a cadre of link workers known as Accredited Social Health Activist's (ASHA's) were created for the successful implementation and better coverage of NRHM among rural masses. ASHA is the first port of call for any health related demands of the rural masses especially women and children who are large consumers of health services but have least access to health services. ASHA is a trained female health activist who promotes health practices in the community, creates awareness on health and its social determinants, and mobilizes the community towards local health planning.9575 ASHAs have been engaged up to Jan. 2012, against the target of 10000 during the same year, out of which 9500 have been trained in module I, 9184 in Module II to IV and 8630 in Module V and about 9500 have been provided with drug kits.

4) Referral Transport System

For strengthening the problem of transport facilities in order to meet emergency needs of the delivering mothers, 125 ambulances have been procured till March. 2011, 50 basic life support units for meeting accidental cases after every 30 kms and 25 critical care ambulances were also established during 2011-12.

5) Janani Suraksha Yojana (JSY)

The Janani Suraksha Yojana was launched in the state in Dec. 2005 with the aim to promote safe institutional deliveries. Due to some complaints regarding its smooth implementation in April 2007, JSY was stopped. However, in Nov. 2008, it was restarted resulting into rapid growth in terms of number of beneficiaries i.e. in 2008-09, there were only 7771 beneficiaries that have increased 112210 in 2010-11. About 3.39 lac beneficiaries have benefitted up to Jan. 2012. The year wise number of JSY beneficiaries is shown in table below;

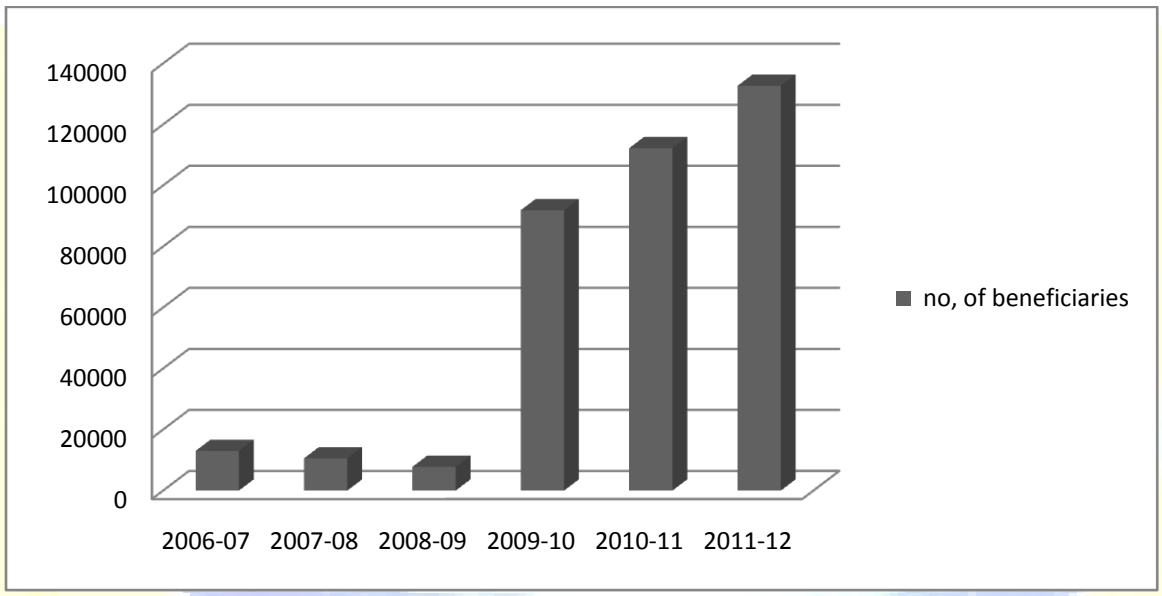
Table 1.1: Year wise performance of JSY in J & K

S.No	Year	No. of JSY beneficiaries	Growth rate
1	2006-07	13000	-
2	2007-08	10568	-0.18

3	2008-09	7771	-0.26
4	2009-10	91887	10.82
5	2010-11	112210	0.22
6	2011-12	132645	0.18

Source: Department of Health and Family Welfare, NRHM, Govt. of J & K

Figure 1: Number of JSY beneficiaries (year wise)



It is revealed from the above table and diagram that number of beneficiaries has increased substantially over the years. However, in 2008-09 the number of beneficiaries has declined due to lack of funds and poor implementation of the scheme. In 2009-10, the number of beneficiaries has increased to 91887, of which showed a 10.26 % increase in the growth rate as compared to corresponding year in which there was a negative growth rate of -0.26 % . Over the years, there is an increase in the number of beneficiaries. The above data has also been analysed with the help of regression technique i.e., Y= a+bX, where Y =beneficiaries, X =years.

Table 1.2: Estimated number of beneficiaries (year wise)

S.no	Year (X)	No of beneficiaries (Y)	Estimated beneficiaries $\hat{Y}=\hat{a}+b\hat{X}$ ($\hat{Y}=-37379.86+28207.6\hat{X}$)
1	2006-07	13000	-9172.26
2	2007-08	10568	19035.34
3	2008-09	7771	47242.94
4	2009-10	91887	75450.54
5	2010-11	112210	103658.14
6	2011-12	132645	1318658.14

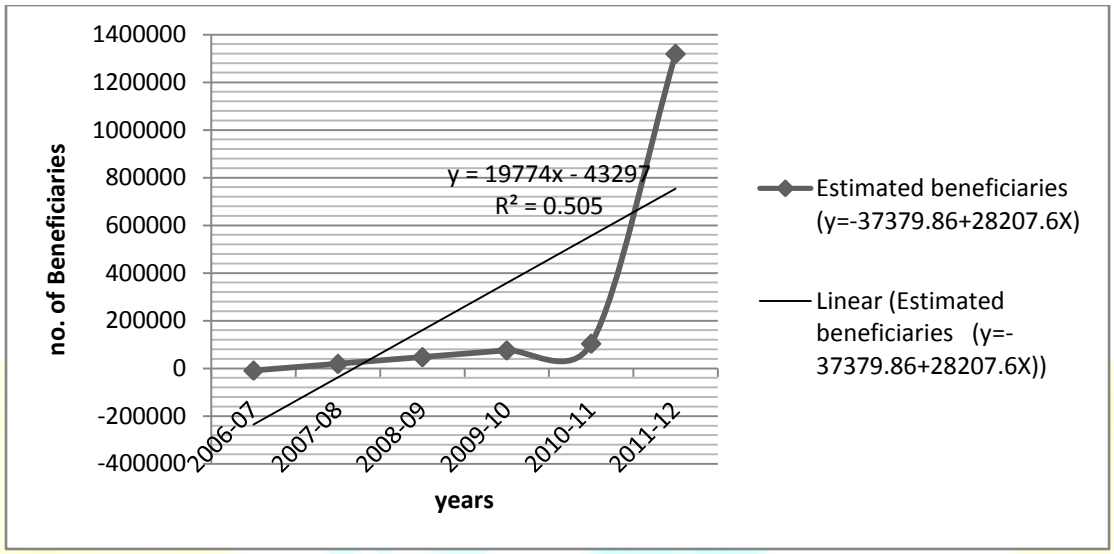


Figure 2: Number of beneficiaries' trend line

It is evident from the above figure that the number of beneficiaries in the initial years of the implementation of the scheme was low and after 2009-10 the number of beneficiaries has increased as shown in the trend line. The coefficient of determination calculated R^2 = 0.50, which shows that there is significant increase in the number of beneficiaries during the reference period.

6) Neonatal care services

For the provision of neonatal care services to the newly born children, 259 baby care corners,66 stabilisation units and 5 sick neonatal care units in District Hospitals have been established.

7) Infrastructural Development

In the first phase of NRHM (2005-12), the focus of NRHM was on bridging infrastructure gaps and augmentation of man power to improve the delivery of health care services .Thus, infrastructural development viz construction and up gradation of hospitals was considered to be an important component for the success of NRHM in Jammu and Kashmir. As per the data provided by Department of Health and Family Welfare Rs. 267 crore has been provided for the construction of Community Health Centres, Primary Health Centres and Sub centres under NRHM, from which Rs. 224.95 crore i.e. about 84 percent have been spend up to Jan. 2012.

Financial Performance of NRHM in Jammu and Kashmir

Under the NRHM the grants are provided to the states by the Ministry of Health and Family Welfare (MOH&FW), Govt. of India (GOI) with the state contribution of 15 per cent. However, state's contribution from 2012-13 would be only 10 percent and 90 percent of funds would be

given by the centre provided utilisation certificates are properly maintained and satisfactorily utilised up to the mark. MOH&FW GOI has released Rs.592.61 crores and an amount of Rs. 87.12 crores has been provided as state share to the state Health Society ending Jan., 2012. Out of total availability of Rs. 679.73, Rs. 573.02 (84%) stands utilised ending Jan., 2012. The year wise release of funds and expenditure made is given in table.

Table 1.3: Year wise release of funds and expenditure under NRHM Rs lacs

Year	Opening Balance	Funds released by GOI	State Share released	Total funds available	Expenditure
2005-06	-	27.00	-	27.00	1.44
2006-07	25.56	39.47	-	65.03	9.54
2007-08	55.49	135.25	-	190.74	49.11
2008-09	141.63	49.42	12.46	203.51	85.17
2009-10	118.34	80.10	-	198.44	113.55
2010-11	84.89	121.79	61.16	267.84	162.71
2011-12 (ending jan 2012)	105.13	139.58	13.50	258.21	151.50
Total	530.94	592.61	87.12	679.73	573.02

Source: - Department of Health and Family Welfare, NRHM, Govt. of J & K

The above table shows that in 2010-11, total funds released by the govt. accounts for Rs 267.84 lacs, out of which 60 percent funds has been utilised. On the whole, from the inception of the scheme (Dec.-2005) up to ending Jan. 2012, total funds released both by central and state government amounts to Rs. 679.73 crore, out of which Rs. 573.02 lacs(84.30) has been utilised for the success of NRHM as well as for the betterment of rural masses. The data contained in the above table regarding funds available and expenditure has been further analysed with help of correlation and regression. There is positive correlation (0.87) between funds available and expenditure. The regression equation Y=-31.41+0.654X, where Y is expenditure and X is funds available, shows that one percent increase in funds results 0.65 percent increase in expenditure. In other words, we can say that when 100 percent funds are provided under NRHM, only 65

percent funds are utilised. The following table and diagram shows the estimated expenditure under NRHM.

Table 1.4: Fund utilization under NRHM

Year	Total funds available (X)	Expenditure (Y)	Estimated expenditure $\hat{Y}$=-31.41+0.654$\hat{X}$
2005-06	27.00	1.44	-13.75
2006-07	65.03	9.54	11.12
2007-08	190.74	49.11	93.34
2008-09	203.51	85.17	101.69
2009-10	198.44	113.55	98.37
2010-11	267.84	162.71	143.76
2011-12	258.21	151.50	137.46
Total	1210.50	573.02	573.02

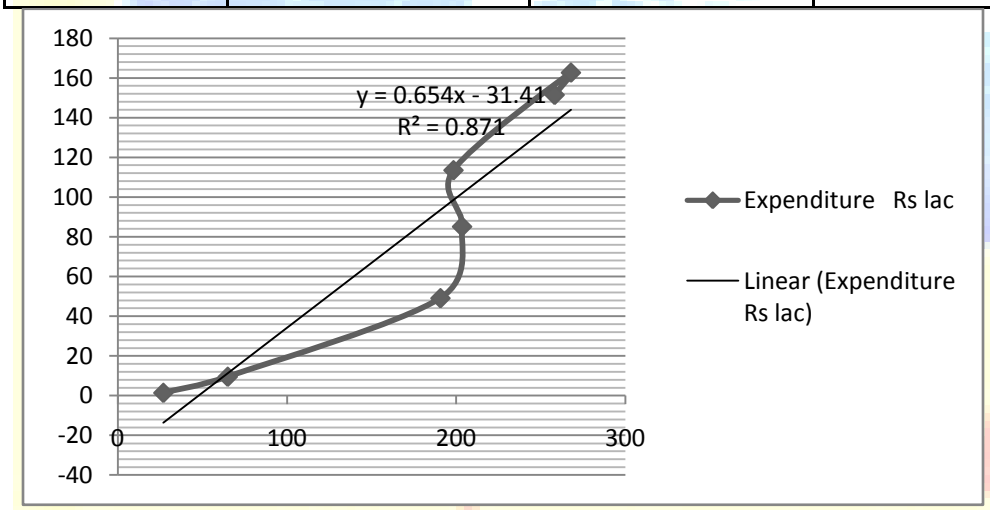


Figure 3: Fund utilization under NRHM trend line

It is evident from the above figure that the expenditure over the reference period has increased, as the trend line obtained shows an increasing trend value with a slight decline in 2009-10, because the availability of funds during the period has decreased. The value of coefficient of determination calculated between the availability of funds and expenditure incurred R^2 = 0.87, which shows that there is highly significant relation between the availability of funds and the expenditure on NRHM for betterment of health facilities in the rural areas over the reference period.

Conclusion

To sum up we conclude that, Public spending on health is a small percentage of the total government expenditure and a huge portion of the expenditure is inefficient due to certain institutional factors such as health service access, health service delivery, lack of physical infrastructure, equipments, human resource, weak link between programmes and incompetent management of cash flow, drugs supply, quality of care, monitoring mechanism, referral and other communication act as a barrier to the success of public spending. Modern health care is a relatively newer concept in the rural masses most of which are unaware of its advantages and are dependent on traditional system of health care, so in order to produce better health outcomes health policies and programmes should be framed to generate for modern health care and institutionalization of traditional health practices and efficiency of health care supply by providers should be checked at regular intervals and policies should be framed accordingly. It is need of an hour both at central and State level that in order to make the Programme successful in Jammu and Kashmir utmost care should be taken to provide better health care services to the rural masses.

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