

PERFORMANCE OF NRHM PROGRAMME IN NORTH BIHAR - AN APPRAISAL

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Abstract

An important objective of the present paper is to assess the availability, adequacy and utilization of health services in the rural areas, the role played by ASHAs, AYUSH in creating awareness of health, nutrition, sanitation and hygiene among the rural population and to identify the constraints and catalyst in the implementation of the NRHM. The study has evaluated the NRHM Programme and its crucial components towards service delivery in 4 districts of North Bihar viz. Darbhanga, Muzaffarpur, Saharsa and Bhagalpur.

Key-Words: AYUSH, Hygiene, NRHM, Sanitation.

INTRODUCTION

The district specific sample design, for the districts under the purview of the present paper, envisaged selection of District Hospital, Two CHCs covered under the selected DH, 4 PHCs with 2 PHCs under each of the selected CHC, SCs with 2 SCs under each of the selected PHC. Thus, 4 SCs got selected in each district and selection of each facility was done under circular system sampling procedure with implicit stratification criterion of distance of sub-facilities from the main selected facility to provide representative sample of different level facilities in all the 4 districts which were taken to be sample for the purpose of the study.

Thereby, selection of 4 villages under 4 SCs was to facilitate purposive selection 25 households with the objective criterion of selection of at least households having respondents under each of the following five categories viz, pregnant women, lactating women with new born children of less than one year, five women with children between 1-5 years, five respondents suffering from chronic diseases, and five women using contraception. Thus, the design facilitated selection of 400 households from the North Bihar area covering designated four districts.

Facility survey of all the DHs, CHCs, PHCs, and SCs was conducted by canvassing structured schedules with the concerned officials in the selected facilities. In addition we had held focussed group discussions with ANMs and ASHAs, in-depth interviews with District Health Mission officials, Chief Medical Officers and Medical Superintendents. The structured schedules were also canvassed with AYUSH doctors and Gram Panchayat members. The household schedules were canvassed in the selected households in all the districts under the purview of the paper.

The household schedule comprised main sections including socio-economic and demographic characteristics of members of the household, details about utilization of ANC by the pregnant women, utilization of the delivery and post-natal care for children aged 0-5 years, utilization of immunization services for children aged 1-5 years, details of Chronic Diseases and Illness and treatment sought by the family members in the households during three months prior to the survey., Additionally information was elicited over benefits of Janani Suraksha Yojana (JSY), sources of health services, etc. in the surveyed villages. Further, we gathered information about awareness about NRHM, ASHA, JSY, existence of VHSC, etc. and also client's satisfaction with the health services. Additionally, details about consumption of food items in the households, inventories and conveniences like toilet, water, etc. was also elicited from the households.

The present paper has been devoted to make an appraisal of performance of NRHM programme in North Bihar. Firstly, we have made analysis with the help of secondary datum; then after we have presented the findings of household surveys conducted to collect empirical outcomes for interpretation and analysis purpose.

PREVALENCE OF MAIN DISEASES UNDER NRHM

For proper healthcare, it is necessary to identify the main diseases and arrange for their prevention or cure. It is noticed that, in 2015-16, the number of cases was the highest in respect of Acute Respiratory illness (13.5 lakh), followed by Fever of Unknown Origin (10.3 lakh). Other important diseases as per their prevalence in 2015-16 are - Acute Diarrhoea (5.1 lakh), Dysentery (2.8 lakh) and Enteric Fever (2.6 lakh). To improve the healthcare services in Bihar, the state government has undertaken the following new initiative:

- Under Chief Minister Kala-azar Relief Fund, a financial assistance of Rs. 6600 is given to each patient for medical treatment. In 2015-16, there is 29 percent reduction in Kala-azar which is due to introduction of advanced medicine like Atribisome and continuous spray of Synthetic Pyrethroid.
- Under National De-worming Programme, a total of 346 lakh children of age-group 1-19 years were treated with Albendazole tablets.
- Under National Urban Health Mission, 73 Urban PHCs were made operational in which approximately 2 lakh patients have already been treated.

- A Memorandum of Cooperation was signed between Bill and Melinda Gates Foundation and the state government to provide support for 5 years (2017-2021) for improvement of services in sectors of Health, Nutrition, Sanitation, ICDS, Agriculture and Rural Development.
- Taprovardhan Prakritik Chikitsa Kendra, Bhagalpur will be developed as an Advanced Naturopathy Centre in order to promote naturopathy system of medicine in the state.
- Under Awsar Badhe, Aage Padhe, a component of Saat Nischay of the state government, General Nursing and Midwifery (GNM) institutes will be established in 23 identified districts of Bihar in the coming five years.
- Under Public-Private-Partnership with Global Health Private Limited (Medanta, Gurgaon) 'Jayprabha Medanta Super Speciality Hospital' is being established in the campus of Jayprabha Hospital, Patna.

Table 1: Prevalence of Diseases (2016-17, Sept, 2016)

Districts	Acute Diarrhoeal Disease	Bacillary Dysentery	Viral Hepatitis	Enteric Fever	Malaria
Patna	9760	6463	2666	2918	146
Nalanda	4425	2481	0	382	485
Bhojpur	5772	3164	0	880	0
Buxar	898	2677	87	4204	113
Rohtas	10608	1950	242	10516	1166
Kaimur	5981	3699	29	13511	344
Gaya	3135	2459	18	1669	1810
Jehanabad	5415	3174	8	3717	17
Arwal	1666	1781	0	1510	0
Nawada	5882	3671	6577	1579	2336
Aurangabad	2794	1019	0	961	96
Saran	1973	904	0	395	27
Siwan	11048	5266	0	5930	303
Gopalganj	6703	548	35	391	22
W. Champaran	13942	1229	0	0	0
E.	1725	1322	0	925	0

Champanan					
Muzaffarpur	14374	3413	616	6590	939
Sitamarhi	12037	5902	0	3843	1
Sheohar	3391	2367	0	2598	3
Vaishali	13639	17576	5860	21389	810
Darbhangha	4155	2177	1021	1898	171
Madhubani	13431	8040	290	8860	473
Samastipur	16474	11266	1	10846	420
Begusarai	14088	3639	0	14027	38
Munger	8099	5605	88	291	3438
Sheikhpura	610	473	0	40	43
Lakhisarai	1435	788	0	324	92
Jamui	6394	6081	7	3685	1148
Khagaria	18427	2744	0	73	11
Bhagalpur	236	104	0	0	0
Banka	2564	794	0	73	54
Saharsa	6016	3856	6	1302	0
Supaul	3388	1935	1	993	2
Madhepura	38	0	0	0	0
Purnea	13202	5536	6	1302	0
Kishanganj	3944	911	179	1586	21
Araria	10995	11935	0	1010	1538
Katihar	11719	6396	0	2333	1344
Bihar	270388	143345	17731	135441	17424

Source: Website of Bihar State Health Society, Government of Bihar

Table 2: Prevalence of Diseases (2016-17, Sept, 2016)(Contd.)

Districts	Fever of Unknown origin	Acute Respiratory Infection(ARI)	Pneumonia	Dog bite	Any other state specific Disease	Unusual Syndromes NOT Captured Above
Patna	10327	10566	1655	15916	3980	10491
Nalanda	8037	7677	903	11813	0	0
Bhojpur	54	17499	9	12219	343	0
Buxar	4426	29871	1471	1940	0	0
Rohtas	10876	21643	1137	10623	0	0
Kaimur	7230	10424	580	3241	0	0
Gaya	14442	11814	554	2585	1991	0
Jehanabad	14209	17928	364	6421	0	495
Arwal	5225	2100	88	3508	0	0
Nawada	16935	4912	1792	4465	2446	4749
Aurangabad	530	2513	1120	2523	228	0
Saran	4695	3411	92	2080	0	0
Siwan	35485	41796	608	9632	1395	1052
Gopalganj	29367	31078	266	3777	0	0
W. Champaran	2090	17737	1241	4077	1243	0
E. Champaran	5104	1541	780	473	405	170
Muzaffarpur	30021	24126	1088	15079	0	935
Sitamarhi	7193	18084	1549	9677	131	0
Sheohar	1467	3074	0	2405	0	0
Vaishali	26354	62227	1376	14576	0	0
Darbhanga	4684	16966	47	5191	525	2528

Madhubani	12538	25486	332	6034	651	0
Samastipur	29299	37795	174	5471	875	0
Begusarai	28838	25191	145	9943	0	0
Munger	11207	15887	101	4129	0	0
Sheikhpura	1268	2128	68	1072	0	0
Lakhisarai	422	4069	89	1123	1105	663
Jamui	51307	41903	810	2397	0	0
Khagaria	55581	53838	361	1904	0	0
Bhagalpur	26459	14062	0	6913	0	0
Banka	1760	23506	52	2314	0	0
Saharsa	13227	35047	106	1198	0	0
Supaul	9599	3051	29	2156	590	748
Madhepura	0	0	0	0	0	0
Purnea	14626	28011	210	2646	868	0
Kishanganj	2337	3946	0	1420	232	0
Araria	2610	3714	162	1124	863	303
Katihar	7283	16676	140	1771	122	1747
Bihar	507112	691297	19499	193836	17993	23881

Source: Website of Bihar State Health Society, Government of Bihar

Table 3: Prevalence of Main Diseases in Bihar

Diseases	2013-14	2014-15	2015-16
Acute Diarrhoea	6.87 (11.7)	6.87 (13.1)	5.1 (13.0)
Bacillary Dysentery	4.00 (6.8)	3.64 (6.9)	2.8 (7.2)
Viral Hepatitis	0.14 (0.2)	0.26 (0.5)	0.3 (0.7)
Enteric Fever	3.11 (5.3)	3.07 (5.9)	2.6 (6.7)
Malaria	0.33 (0.6)	0.29 (0.6)	0.3 (0.8)
Fever of Unknown Origin	16.43 (28.0)	13.18 (25.2)	10.3 (26.6)
Acute Respiratory Illnesses	21.52 (36.6)	17.30 (33.0)	13.5 (34.7)
Pneumonia	0.73 (1.2)	0.49 (0.9)	0.4 (1.1)

Dog Bite	4.15 (7.1)	6.27 (12.0)	2.7 (7.0)
Any other State Specific Disease	0.42 (0.7)	0.29 (0.6)	0.3 (0.8)
Unusual Syndromes not captured above	1.03 (1.8)	0.71 (1.4)	0.6 (1.5)
Total	58.74 (100.0)	52.37 (100.0)	38.8 (100.0)

Source: Website of Bihar State Health Society, Government of Bihar

PERFORMANCE OF NRHM IN NORTH BIHAR - AN ANALYSIS

In-depth interviews with the Key Officials in the State Headquarters, District Headquarters, District NRHM Health Societies (DHSs), District Program management Units, Chief Medical Officer; Office (CMO), Medical Superintendent (MS) office, etc. we had elicited lot of information on the key- dimensions like profile of members of the DHS, demographic characteristics of the District, flow of funds, roles and responsibilities, National Disease Control Programme/other schemes under NRHM, District health Plans, etc. Additionally we gathered quantitative details on physical health infrastructure comprising of both public as well as private, Human Resources, Rogi Kalyan Samities (RKSs), Janani Suraksha Yojana (JSY), and Financial Flow Mechanisms.

Further information on provision and utilization of health services, NRHM initiatives under Public Private Partnerships like Rogi Kalyan Samities (RKSs) and Village Health and Sanitation Committees (VHSCs), initiatives under mainstreaming of AYUSH, recruitment and training of ASHAs, conducting Village Health and Nutrition Days (VHNDs), financial outlays and utilization of NRHM funds under RCH and NRHM additionalities, etc. got focused in the interviews with key health personnel in District Head Quarters and District Health Societies. Additionally, structured schedules were canvassed in state headquarters to elicit information about demographic profiles, health infrastructure and its utilization, some key interventions under NRHM, etc.

After interacting with District NRHM society member for collection of district level information on general physical health infrastructural facilities in the district comprising of both public as well as private, human resources, functioning of Rogi Kalyan Samiti, Janani Suraksha Yojana, Institutional Deliveries, and financial mechanism in the district visits were made to DHs to collect detailed information on physical infrastructure, availability of residential quarters in the hospital premises, services rendered in Obstetric and Gynaecological wings, surgical and medical sections, paediatric and diagnostic sections, etc.

The household survey has covered 400 households from 80 villages stretched over 4 districts in the state under the purview of present study. In each selected village selection of 5 households was purposive as it was

based on identification of one household under each of the following categories viz, households having pregnant woman, households having lactating women, households with children 1-5 years, households with at least one chronic disease patient, and households having utilized family planning services. The identification of the households with the objective criteria was accomplished with the help of ASHAs/ANMs working in the selected villages.

Information from eligible respondents utilizing different components of RCH, Family Planning, and Chronic Disease services along with some general socioeconomic and demographic background characteristics from each of the selected 400 households was elicited through structured schedules. Further, complete household schedules were canvassed in all the selected households irrespective of the objective criterion with which these were identified and selected.

The study reveals that

- Younger aged women depict significantly higher likelihood of usage of institutional delivery care facilities compared with the women in higher age groups. Likelihood of using the delivery care facility amongst women aged 20 is almost 75% compared with women aged 35 with the likelihood of 51% only.
- Women's education plays an important role towards utilization of the delivery care from both private as well as public sector health care facilities. Further, we find that increase in probability for utilization of private health care facilities for delivery is higher compared with the increase in probability of utilization of public sector health facilities. In other words, while controlling for other predictor variables in the model we find that more educated women prefer to seek delivery care from private compared with the public health care facilities. Still, probability of usage of public health care facilities for the delivery care increases from around 60% for illiterate women to almost 70% for higher educated women.
- Women from economically better households depict a tendency to use more of private health facilities for the delivery care compared to public health facilities. Overall we find that probability of no-use of delivery care gets reduced for women from households owning the house compared to households not-owning the house. Nevertheless, the probability of usage of public sector facilities for the delivery care also goes up whereas probability of use for the private sector facilities has improved.
- Proximity to the first referral unit (DH/CHC) helps in improving the utilization of public sector health facilities for the delivery care in the rural areas. Further, no-use probability for delivery care in rural areas increases with increase in distance from the FRUs. Interestingly, the proximity depicts no impact on the use-probability of private health sector facilities for the delivery care but definitely influences the use-probability of public health sector facilities. Possibly, poorer women get affected by proximity of the public health care facilities and get compelled for no-use for the delivery care. The analysis clearly

suggest that women from poor background categories benefit more for utilization of public health sector facilities for the delivery care compared to richer and educated women.

- At the service delivery point, 100% PHCs were providing OPD but only 30% were providing IPD services. ANC, PNC and new born care services were available in 90%, 90% & 45% facilities, respectively and family planning services was getting provided by 95% PHCs. AYUSH services were not good in the state as only 40% PHCs were providing the same. Monitoring & supervision was being done by 80% PHCs in the state. Collection and reporting of vital statistics was being exercised only by 45% PHCs and rehabilitation services were with only 15% PHCs.
- Almost all the ASHAs (99%) have got training but only 70% have got TA/DA during training. 8% ASHAs have told about they have got any kind of incentives and only 30% got money in advance for providing services in emergency. Co-ordination with other bodies show that 50% ASHA is working with VHSC committee and 40% is participating in preparation of VHP. 84% has reported that they are helping ANM/AWW in different health and nutrition related programmes and only 12% have interacted with SHGs in the state. 85% have told about maintaining village health register and 53% told about organizing VHND in the village.
- Institutional deliveries in almost all the districts depict quantum jump from 2005-06 to 2015-16. It may also be highlighted that proportionate women have institutional deliveries covered under JSY beneficiary scheme has also gone up substantially.
- Children immunization scheme seems have been working fine and possibly majority of the new born children have been immunized in all the states of India.
- Flow of NRHM funds is reported to be done electronically in all the districts. Districts Health Societies have reported participation in preparation of District Health Plans including financial outlays and physical targets in all the districts.
- Finally, regarding availability of common health & sanitation facilities in village. 90% GPs have reported availability of safe drinking water in the village and only 15% have reported availability of community toilets in the village. In 68% village sanitation is good. 72% VHSCs have received untied funds and 29% have reported about facing problems in the implementation. 80% are satisfied with the implementation and progress of NRHM. We may opine that rural healthcare is better in state, but not in great shape.

CONCLUSION

It is being claimed that state has made great strides in health sector since 2005. Health infrastructure in the state has so improved that the number of patients visiting government health facilities has increased manifold.

Facts and figures do not paint that rosy a picture, however The Union health ministry recently released Rural Health Statistics 2015. As per National Rural Health Mission (NRHM) norms, there has to be a health sub-centre (HSC), the first point of contact of health facility in a rural area, for every 4,000 population. But in Bihar one HSC caters to 9,491 people, the highest across India. HSCs shortage in the state is 48%.

For every 30,000 people, there ought to be one primary health centre (PHC). However, a little less than 50,000 people are dependent on every PHC in Bihar. This is the third highest in India. The shortage is by 39%. Interestingly, the Union government figures say there are 1,883 PHCs in Bihar while the state government puts their number at 533. Experts clarify there are 1,350 additional PHCs which have been clubbed with PHCs in the central data.

One community health centre (CHC) should be there for 1.2 lakh people. In Bihar, however, every CHC caters to a population of over 13 lakh, the highest in India. The shortfall of CHCs is 91% in the state.

To be fair to the Nitish-led 'sushasan', things have certainly changed for the better since 2005 when Nitish took over as the CM. But Bihar chapter convener of Jan Swasthya Abhiyan Dr. Shakeel regrets that the scenario, after improving a tad, stagnated. "We have not been able to properly spend our NRHM budget in many years."

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