

Role of Non Government Organization in National Rural Health Mission

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Abstract

The national rural health mission was introduced as a flagship scheme of the united progressive alliance (UPA) government in 2005-2006 to address the needs of rural population. NRHM seeks partnership with non-governmental health care contributors through better guidelines and translucent systems of authorization for quality health services at approved costs and rules. Given the broad diversity in the quality and costs of non-governmental providers, NRHM stresses the need for ethical partnerships based on delivery of quality services. Involvement of community groups in the process of partnerships will assist a more open and transparent relationship with non-government sector.

Keywords: NRHM, NGO, MNGO, Reproductive Child Health, ASHA, Partnership.

Introduction

The National Rural Health Mission (NRHM) was launched on April 12, 2005. NRHM is an Indian health program for improving health care delivery across rural India. The mission initially mooted for 7 years (2005-12), is run by the ministry of health. The main features of NRHM are the provision of accessible, affordable, effective and reliable primary health care services, especially to the poor and vulnerable sections of the rural population. The scheme proposes a number of new mechanisms for health care delivery including local residents as accredited social health activist (ASHA) and Janani Suraksha Yojna (JSY). It also aims at improving hygiene and sanitation infrastructure. Noted economist Ajay Mahal and Bibek Debrey have called it "the most ambitious rural health initiative ever. Objectives: the objective of the study is to examine the role of Non-governmental organization in National Rural Health Mission.

Aim of the Study

The aim of the study is to examine the role of Non-governmental organization in National Rural Health Mission.

Review of Literature

D Banerji (2005) in his article titled " politics of rural health in India" in this article the author stresses that since independence the rural health services is not up to the mark. But in 2005 the United Progressive Alliance (UPA) government clearly limited the political promise to improving the rural health service has restricted the National Rural Health Mission (NRHM) mostly to some superficial problems that have come in the path of development of the rural health services.

P.K.Dutta (2005) in his article titled "Need of training for Health professionals on National Rural Health Mission" in this article the author reveals that good quality training is necessary for achieving the success of National Rural Health Mission, because training is important component for health care system, and for that purpose the professionals can play a major role in training activities associated with National Rural Health Mission. The author says that training activities for implementing the National Rural Health Mission aim in providing the various categories of health functionary, necessary facilities, and opportunities in acquiring knowledge, develop skills for achieving the goals of National Rural Health Mission in an effective way.

Shyam Ashtekar (2008) in his article titled "the National Rural Health Mission: A stocktaking" in this article the author says that early years of National Rural Health Mission have made only subsidiary impact on the health system, ASHA scheme shows some positive features but it remains weak in some areas like training, accreditation, drug kit, payment. The author highlights that the private sector has 70% of share in the health system but it is largely bypassed in National Rural Health Mission leading

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to no great progress in the addition of the health sector. The Rogi Kalyan Samiti also functioning poorly, community monitoring of National Rural Health Mission is limited to some NGO's, monitoring itself is weak, but Advertisement on TV has definitely helped the National Rural Health Mission.

Role of a Non-Government Organization in National Rural Health Mission

In the Ninth five year plan (1997-2002), the department of family welfare introduced the Mother NGO scheme under the reproductive and child health (RCH) programme. Under the scheme, grants were sanctioned to NGOs called mother NGOs (MNGOs) in allocated districts, who in turn issued grants to small NGOs called field NGOs (FNGOs) in the districts. The broad objective of the MNGO scheme were, addressing the gaps in information on RCH services in the project area, building institutional capacity at the state/district/field level, encouragement and awareness generation. The selection of organization in the MNGO scheme was formalized through detailed guidelines issued by the GOI in 2003 which predate the design and launch of NRHM. Although numerous clarificatory amendments to the guidelines were issued, repeated evaluations of the scheme revealed that while the scheme had the potential to reach the vulnerable and marginalized, several limitations of the design elements, including limited decentralization, and transparency in the selection of NGOs, lack of clarity in the roles and responsibilities of the participating NGOs, complicating programmatic and financial guidelines, and delays in fund releases, had limited the effectiveness of the scheme. After the MNGO scheme was decentralized from 2008-09 onwards, the ministry of health and family welfare through its NGO division has been providing grant-in-aid to 10 regional resource center, which are national level NGOs working for capacity building of NGOs in the states.

NRHM seeks partnership with non-governmental health care providers through better regulation and transparent systems of accreditation for quality health services at agreed costs and norms. Given the wide diversity in the quality and costs of non-governmental providers, NRHM emphasis the need for ethical partnerships based on delivery of quality services. Involvement of community groups in the process of partnerships will facilitate a more open and transparent relationship with non-government sector. The legal framework to ensure minimum standards of all government and non-government health care facilities is necessary. The legal framework protects citizens' rights and also determines minimum standards for quality services. NRHM will provide a platform for improved regulation, setting up standards, distribution of standards, treatment protocols, franchising for seeking standard

rates and costs for agreed services. The partnership of private sector to meet public health goals would be attempted under the NRHM in transparent manner to ensure that states making full use of health care providers available in remote regions. Given the NRHM commitments regarding maternal and child health, partnerships with the non-governmental sector to increase institutional deliveries and to facilitate improvement of standards in the Government and non-governmental system would be attempted. Various models and inventions in Government and non-governmental partnerships have emerged in the States to ensure quality health services to the citizens. Contracting out and contracting in of services has been attempted. Arrangements for availability of diagnostic services through partnerships are being experimented in many states. The NRHM will encourage a diversity and plurality of Government and non-governmental partnerships in a transparent way so that quality of services, rates of services and treatment protocols are widely known under the umbrella of a strong monitoring and accountability framework.

The role of Non-government organizations (NGOs) is critical for the success of NRHM. Their partnership is being utilized under the diseases control programme, reproductive and child health, routine immunization, and special immunization activities. To this effect, a highly imaginative Janani Suraksha Yojna (JSY) is already making use of partnership of various NGOs. Efforts are being made to involve NGOs at all levels of the health delivery system and more infrastructure in training of Accredited Social Health Activist (ASHAs) (300 mother NGOs are involved in ASHA training). This involves entering into partnership arrangement with the private sector. For the improvement of support services such as cleaning services, laundry services, diagnostic facilities and ambulatory services. Some of the other innovative actions in this domain are about developing out vacant land in the premises of the hospital for commercial purposes, with a view to improve financial position of the health societies, encouraging community participation in the maintenance and upkeep of the hospital, promoting measures for resource conservation through adoption of wards by institutions or individuals, and adopting sustainable and environmental friendly measures for the day to day management of the hospital.

Conclusion

To conclude we can say that Non government organization (NGO) have played an important role in shaping the design of National Rural Health Mission (NRHM). Their role is to praise the efforts of government like counseling the people on various issues, awareness regarding the good health

practices. For the success of NRHM, the role of NGO is essential, and this partnership is being used under the diseases control programme, routine immunization, special immunization activities and reproductive and child health.

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