



Table 4: Details of NRHM Components

Component	Details
Accredited Social Health Activists (ASHA)	One female voluntary worker in every village per population of 1000*; coordinates and promotes various health and sanitation programmes in the village; helps prepare and implement the Village Health Plan; receives performance based compensation
Sub-Centres (SCs)	Provide an annual United Fund and maintenance fund of Rs 10,000 each; provide medicines; create additional sub-centres; improve existing facilities
Primary Health Centres (PHCs)	Provide a constant supply of drugs and medical equipment; make 24hr medical services available in half of the PHCs; allocate additional resources for disease prevention programmes; increase staff to two doctors; add a 24hr referral service in all PHCs
Community Health Centres (CHCs)	Rogi Kalyan Samitis (stakeholder committees) for hospital management; devise standards for hospital services and costs; develop and comply with a Citizen's Charter
District Health Plans	Create district health plans using goals for health, nutrition, water, and sanitation to guide planning, implementation, and monitoring of NRHM; merge other district and state level health and family welfare programmes under this district health plan
Sanitation and Hygiene	Promote sanitation and hygiene activities through the Village Health & Sanitation Committee; merge existing sanitation and hygiene programmes under NRHM
Disease Control Programmes	Create initiatives for controlling the spread of diseases; launch disease surveillance system at the village level; provide a district mobile medical unit for outreach programmes; merge National Disease Control programmes for malaria, TB, kala azar, filarial, blindness & iodine deficiency under NRHM
Public-Private Partnerships	Increase regulation of private-sector healthcare services; create guidelines for public-private partnerships
Health Financing Mechanisms	Form a task group to study financing healthcare; create standards for all medical services; constitute a National Expert Group to review and advise on financing healthcare
Health/Medical Education	Make health education supportive of rural health issues; create new medical and para-medical facilities on a needs basis

*\*Note: ASHA workers are only for high-focus states and tribal areas in other states, but some states have applied this in other areas.\**  
Sources: Ministry of Health & Family Welfare, National Rural Health Mission 'Mission Document'; NRHM Broad Framework for Preparation of District Health Action Plan; NRHM Framework for Implementation 2005-2012.

# National Rural Health Mission— Decentralized System

## ISSUE BRIEF

### Context

- Rural healthcare is provided at three levels: the sub-centre, the primary health centre, and the community health centre. In total, there are 171,687 rural healthcare centres as of March 2007.
- The Ministry of Health and Family Welfare (MHFW) launched the National Rural Health Mission (NRHM) in April 2005 to provide comprehensive and affordable healthcare in rural areas. The NRHM will continue to operate until 2012.
- The scheme covers all states but gives special consideration and assistance to 18 'high focus' states with weak public healthcare systems and facilities.
- High focus states have an Accredited Social Health Activist (ASHA) in villages with a population of at least 1000 as well as state and district level project support.
- One of the main aims of the Mission is to bridge the gap between rural and urban healthcare, improve hospital care and management, and create a decentralized system that enables a consolidation of health schemes and effective use of resources.
- Key components of the NRHM include creating accredited social health activists, strengthening existing health centres, creating district health plans, guiding sanitation and hygiene projects, and strengthening disease control programmes.
- Under NRHM, healthcare is managed at the local level. The plan uses the Panchayati Raj Institutions (PRI) to undertake and implement the programmes under this scheme.
- The village, gram panchayat, cluster, block, and district level health committees are responsible for creating local specific health plans and health related activities.

### Budget Allocations

The NRHM budget will incorporate all health related schemes and expenditures under the Eleventh Plan. The funds under NRHM are distributed to the respective Health Societies (permanent bodies providing guidance and management) at the state and the district levels. Allocation of funds is done on the basis of population, disease burden, health indicators, state of public health infrastructure, etc.<sup>3</sup>

[%20PDF%20Version/Rural%20Health%20Care%20System%20in%20India.pdf.](#)

- Ministry of Health & Family Welfare, NRHM. 'National Rural Health Mission: Mission Document'. See <http://mohfw.nic.in/NRHM/Documents/NRHM%20Mission%20Document.pdf>.
- Ministry of Health & Family Welfare, NRHM. 'Framework for Implementation 2005-2012'. See <http://mohfw.nic.in/NRHM/Documents/NRHM%20-%20Framework%20for%20Implementation.pdf>.
- Ministry of Health & Family Welfare, NRHM. 'Common Review Mission Report'. See [http://mohfw.nic.in/NRHM/Documents/CRM\\_report\\_full\\_report\\_version.pdf](http://mohfw.nic.in/NRHM/Documents/CRM_report_full_report_version.pdf).
- Ministry of Health & Family Welfare, NRHM. 'Major Stakeholders & Their Roles'. See <http://mohfw.nic.in/NRHM/stakeholders.htm#sg>.

### Endnotes

- Ministry of Health & Family Welfare, NRHM. 'Rural Healthcare System in India'. March 2007. See <http://mohfw.nic.in/Bulletin%20on%20RHS%20-%20March,%202007%20-%20>

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## Context

The Ministry of Health and Family Welfare (MHFW) launched the National Rural Health Mission in 2005 to increase access to quality and affordable healthcare in rural areas. The aim of NRHM is to “bridge the gap in rural healthcare through creation of a cadre of Accredited Social Health Activists (ASHA) and improve hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources.”<sup>1</sup>

### Goals for the National Rural Health Mission (2005-2012)

- Reduce the Infant and Maternal Mortality Rate
- Provide universal access to public health services
- Prevent and control spread of diseases
- Provide access to primary healthcare
- Promote population, gender and demographic balance
- Revitalize local health traditions
- Encourage healthy lifestyles

Source: Ministry of Health & Family Welfare, NRHM, 'Mission Document'.

The scheme covers all states but focuses on 18 states with weak public health indicators or health infrastructure.<sup>2</sup> These states will have an Accredited Social Health Activist in villages with a population of 1000 as well as state and district level project support.<sup>3</sup>

Figure 1 shows the 18 high focus states.

Figure 1: High Focus States



## NRHM Target Outcomes

Table 1: Targets for Some Key Health Indicators

Indicators	Target Rate
Infant Mortality	30/1000 live births
Maternal Mortality	100/100,000 live births
Total Fertility Rate	2.1
Malaria Mortality Reduction	50% by 2010, additional 10% by 2012
Dengue Mortality Reduction	50% by 2010, elimination by 2012
Kala Azar Mortality Reduction	100% by 2010, sustain until 2012
Filaria/Microfilaria Reduction	70% by 2010, 80% by 2012, & elimination by 2015
Tuberculosis DOTS series	85% cure rate through 2012
Leprosy Prevalence	1/100,000 prevalence rate

Source: Ministry of Health & Family Welfare, NRHM 'Framework for Implementation'.

## Decentralized Rural Healthcare

Currently, rural healthcare services are provided at three levels: the sub-centre (SC), the primary health centre (PHC), and the community health centre (CHC). The SC provides basic health services to the villagers and refers more serious cases to the PHC. The PHC encompasses about six sub-centres and focuses on preventative and curative health practices. The CHC usually covers the area of four PHCs and provides specialized care and consultations.<sup>1</sup>

Table 2 below provides an overview of the existing rural healthcare centres.

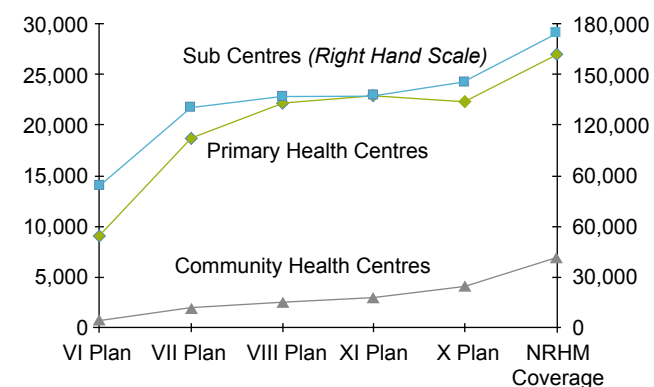
Table 2: Rural Healthcare Centres

(As of March 2007)				
Centre	Population Covered	Villages Covered	Staff	Existing Centres
SC	3000-5000	4	2-3	145,272
PHC	20,000-30,000	29	14	22,370
CHC	80,000-120,000	158	25	4,045
<b>Total</b>				<b>171,687</b>

Sources: Ministry of Health & Family Welfare, NRHM, 'Rural Healthcare System in India'; PRS.

Figure 2 show the growth of healthcare centres beginning with the Sixth Plan and include projections for additional centres under the NRHM.

Figure 2: Trends in Rural Health Centres



Sources: Ministry of Health & Family Welfare, NRHM, 'Rural Healthcare System in India'; PRS.

## NRHM Structure

The committees, plans and programmes under the NRHM are executed at various institutional levels. One of the key aims of the NRHM is to bring the management of healthcare to the local level. The plan uses the Panchayati Raj Institutions (PRI) to undertake and implement the programmes under this scheme.

Table 3: NRHM Committees

Level	Committees
Village	<ul style="list-style-type: none"> <li>• Village Health &amp; Sanitation Committee</li> <li>• Village Health Plan &amp; Register</li> </ul>
Gram Panchayat	<ul style="list-style-type: none"> <li>• Sub-Centre Health Level Committee</li> <li>• Gram Panchayat Level Health Plans</li> <li>• Cluster Primary Healthcare PRI Committee</li> <li>• Cluster Level Health Plan</li> <li>• Rogi Kalyan Samiti</li> </ul>
Block/CHC	<ul style="list-style-type: none"> <li>• Block Level Monitoring and Planning Committee</li> <li>• Block Health Plan</li> <li>• Rogi Kalyan Samiti</li> </ul>
Zila Parishad (District Level)	<ul style="list-style-type: none"> <li>• District Health Mission</li> <li>• District Health Action Plan</li> <li>• Mobile Medical Unit</li> <li>• Programme Management Units</li> </ul>
State	<ul style="list-style-type: none"> <li>• State Health Mission</li> <li>• State Health Plan</li> <li>• Integration of Departments of Health &amp; Family Welfare</li> <li>• Programme Management Units</li> </ul>
National	<ul style="list-style-type: none"> <li>• National Mission Steering Group</li> <li>• Empowered Programme Committee</li> <li>• Standing Mentoring Group</li> <li>• Task Groups for Selected Tasks</li> <li>• Integration of Health &amp; Family Welfare Departments</li> <li>• National Expert Group</li> </ul>

Sources: Ministry of Health & Family Welfare, NRHM Health Mission 'Mission Document'; NRHM Broad Framework for Preparation of District Health Action Plan; NRHM Framework for Implementation 2005-2012.

### Village Level

The village health and sanitation samiti includes members of the panchayat, ANM/MPW, anganwadi workers, teachers, ASHA, community health volunteers, etc. The committee prepares the village health plan, the village register, and the household survey. The combination of all village health plans form the gram panchayat, cluster block and finally district level plans.<sup>5</sup>

### Gram Panchayat

The sub-centre health level committee reports to the gram panchayat that oversees and supports the village level household survey and health plan. The gram panchayat level health plan is a consolidation of plans from multiple villages.<sup>3</sup>

### Cluster

The PHC committee consults with the panchayat and the community to create a cluster level plan. The cluster oversees sub-centre work and any health activities at the gram panchayat level.<sup>3</sup> The Rogi Kalyan Samiti has two main functions: (a) use public participation to increase accountability, and (b) increase quality and maintenance of health facilities.<sup>4</sup>

### Block Level

The block level group includes the adhyaksha (head) of the block panchayat samiti, the block medical officer, the block development officer, NGO representative, and the head of the CHC Rogi Kalyan Samiti. The block level group manages the household surveys and organizes

public health events to help with the plan preparation.<sup>3</sup>

### Zila Parishad/District

The district level team includes the zila parishad adhyaksha, the district medical officer, and the district magistrate. The district mission supervises and assists in creating a draft district health plan, which is “the key strategy for integrated action under NRHM.”<sup>3</sup> The district level group also organises public events to help with the plan preparation.<sup>3</sup> The district plans are reviewed by the state health mission, which also monitors district compliance to the citizen's charter (a document for citizens health rights). Finally, the district mission is responsible for submitting the annual work plan, budgets, and perspective plan to the state level mission.<sup>3</sup>

### State Level

Each state government is responsible for ensuring the proper functioning of NRHM. The state organizes stakeholder workshops, prepares a state action plan, develops a district strategy for vulnerable populations, and oversees the health programmes run by the Panchayati Raj Institutions. It also provides guidelines for the formation of health committees and the selection and training of the ASHA workers.<sup>5</sup>

### National Level

There are several national level committees constituted to monitor and oversee the implementation of the NRHM. The committees include: (a) a national mission steering group headed by the Union Minister for Health & Family Welfare; (b) empowered programme committee chaired by the secretary of HF&W; and (c) standing mentoring group to oversee the ASHA component. In addition, the mission can constitute issue specific tasks groups.

### Components of the NRHM Scheme

In addition to the ASHA scheme, NRHM proposes to (a) strengthen existing village sub-centres, primary healthcare centres, and community healthcare centres; (b) form district health plans; (c) guide sanitation and hygiene projects under NRHM; (d) strengthen disease control programmes; (e) foster public-private partnerships in healthcare; (f) implement new finance mechanisms; and (g) revise health education.<sup>5</sup>

### Janani Suraksha Yojana (JSY)

- Centrally funded scheme that uses cash incentives to promote institutional delivery among BPL women
- Goal is to reduce maternal and infant mortality
- Applies to BPL pregnant women above 19 years for up to two live births (up to three live births in 10 states)
- For each delivery, the mother gets up to Rs 1400 and the ASHA up to Rs 600

Source: Ministry of Health & Family Welfare.