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An Overview of Rural Health Policy in India

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Abstract—*The problem of the rate of increasing population in India is one of the biggest in the contemporary times. All possible attempts are made by the government to reduce the rate of increasing population in the country. Due to such a huge population (121 Crore-Census 2011), out of which rural population is in majority, it is a challenge for the government to insure quality health care to entire citizen. This is done through several programmes and awareness spread by the government among the local people through several medium. The community health workers which are an important part of the rural health care system are helping the government to spread awareness among the people in rural areas. Apart from that radio, television and banners are also used to make people aware that the family size should be small. The slogans like "Chota Pariver, SukhiPariver", "Bacche Do hi Acche" are used to spread awareness among people.*

This paper focuses on the expenditure made by the government in the health sector and also different health policies which are launched in different years. The paper also lists the aim of the national health policies of different years and also the achievements in the health sector through the years. The NRHM (National Rural Health Mission), one of the most focused topic in the rural health in India in contemporary times after 10 years of its launching has been discussed here. Apart from that the functions of the ASHA (Accredited Rural Health Activist) and ANM (Auxiliary Nurses and Midwives) have been discussed who are appointed under the NRHM.

1. INTRODUCTION

India is the second most populous country in the world after China with a total population of 121 cr. (2011 Census). The population of the country is likely to increase in the future and it is estimated that India will become the most populous nation of the world by 2050 leaving behind China. Ensuring a good health and providing best of the facilities to such a huge population all over the nation, spread over such a vast geographical area becomes challenging for the government. India being a third world country which is still on the path of development is not able to ensure good health facility for the people living here. If compared from China which has a huge population the investment on the health sector in India is very little because the difference in the total Population is not much in these two countries. China invests 5.1% of its total GDP while India spends only 3.9% of its total GDP on health.

2. PUBLIC HEALTH EXPENDITURE BY DIFFERENT COUNTRIES AND THEIR LIFE EXPECTANCY AT BIRTH

Country	Total Health Exp. per capita (USD)-2011	Total Health Exp. as % of GDP-2011	Govt. Health Exp. as % of Total Health Exp-2011	Life Expectancy at birth (years) 2012
India	$62	3.9%	30.5%	66
Thailand	$214	4.1%	77.7%	75
Sri Lanka	$93	3.3%	42.1%	75
Brazil	$1119	8.9%	45.7%	74
China	$274	5.1%	55.9%	75
Russia	$803	6.1%	59.8%	69
South Africa	$670	8.7%	47.7%	59
USA	$8,467	17.7%	47.8%	79
UK	$3,659	9.4%	82.8%	81
Germany	$4,996	11.3%	76.5%	81
France	$4,968	11.6%	76.8%	82
Norway	$9,908	9.9%	85.1%	82
Sweden	$5,419	9.5%	81.6%	82
Denmark	$6,521	10.9%	85.3%	80
Japan	$4,656	10%	82.1%	84

Source: - National Health Policy 2015 Draft, pg no. 12

The above table shows that the higher percentage of expenditure in the public health ensures better health outcomes. Since India spends less in public health and the country's population is more dependent on private sector for the health services the people who come from lower section of the society are not able to get better health services.

3. NATIONAL HEALTH POLICIES IN INDIA

There are several health policies launched in different years with different objectives and aims to improve the condition of the health sector in India. The urban and rural health system in India have different health conditions and the government focuses to provide better healthcare facilities in the rural areas also to ensure the good health of people. Also there is problem regarding the access to healthcare services. These policies launched in different years focus on solving such issues through different tools.

4. NATIONAL HEALTH POLICY 1983

- The NHP 1983 focused on setting up well-dispersed primary health care services which would be linked with health centre extensions and health education.
- It focused on resolving the elementary health problems with the help of people.
- Health volunteers should play the role of the intermediary having proper and deep knowledge and should also be skilled.
- Referral systems should be established so that the load on the higher level hospitals can be reduced and also the doctor patient ratio should be appropriate.
- An integrated network of evenly spread services and super-speciality service and encouragement of the same with the help of private sector intervention should be encouraged.

5. ACHIEVEMENTS THROUGH THE YEARS-1951-2000

Indicator	1951	1981	2000
Demographic changes			
Life Expectancy	36.7	54	64.6(RGI)
CBR	40.8	33.9(SRS)	26.1(99 SRS)
CDR	25	12.5(SRS)	8.7(99 SRS)
IMR	146	110	70(99 SRS)
Epidemiological Shift			
Malaria (cases in million)	75	2.7	2.2
Leprosy cases per 10,000 population	38.1	57.3	3.74
Small Pox (no of cases)	>44,887	Eradicated	
Guineaworm (no of cases)		>39,792	Eradicated
Polio		29709	265
Infrastructure			
SC/PHC/CHC	725	57,363	1,63,181 (99-RHS)
Dispensaries & Hospitals (all)	9209	23,555	43,322 (95-96-CBHI)
Beds (Pvt & Public)	117,198	569,495	8,70,161 (95-96-CBHI)
Doctors (Allopathy)	61,800	2,68,700	5,03,900 (98-99-MCI)
Nursing Personnel	18,054	1,43,887	7,37,000 (99-INC)

Source: National Health Policy 2002, http://mohfw.nic.in/np2002.htm, 2/9/2011

6. NATIONAL HEALTH POLICY 2002

- The NHP 2002 mainly focused on the decentralization of the health services so that the public health services are affordable to all the people even living in the rural areas.
- It would also ensure the minimizing load on the higher level hospitals.
- It also focused on the needs of the specialists in the public health sector like that of the heart specialists, physicians and specially the gynaecologists.
- The need of the education of the health care personals was also identified.
- The intervention of the civil society in the health sector apart from the private sector was also given importance.
- The availability of the drugs and medicines should also be ensured in the hospitals for patients.

7. NATIONAL HEALTH POLICY 2015

- The NHP 2015 mainly focuses on the achievements of the MDGs and the population stabilization which is still to be achieved.
- It also focuses on the inequalities in health outcomes in the different states of India.
- The quality of the care among the states is still to be achieved, and the policy focuses on providing the quality of care among all the sates in India.
- It also addresses the investment by the private and the public sector in the health sector and also the healthcare industry.
- The role of AYUSH and the NRHM in improving the health sectors and bringing the reforms in the health sector.
- The role of research and development and the regulatory role of governance in the health sector.

8. NATIONAL RURAL HEALTH MISSION: A MINOR SUCCESS

NRHM was launched in 2005 to ensure the proper availability of the public health in the rural areas. The NRHM employed five main approaches through addressing these issues- **(a)** communitization **(b)** flexible financing **(c)** improved management through capacity building **(d)** monitoring progress against standards and **(e)** innovations in human resource management It leads to the strengthening of public health system. It brought 900,000 community health volunteers to the workforce like ASHAs who were responsible for bringing the community closer to the public health services, improving utilization of services and health behaviours. NRHM added over 178,000 health workers to the

public health systems which were subject to depletion over a long period of time. It deployed over 18,000 ambulances for free emergency responses and patient transport service. It provided cash transfers to over one crore pregnant women annually, empowering and facilitating them to seek free care in the institutions. It also began to address infrastructural gaps in the public health institutions.

The NRHM was intended to strengthen state health systems to cover all health related needs, not just those addressed by the National Health programmes. It focused mainly in the areas of maternal and child health, providing delivery services to the patients at minimum cost and also the availability of specialist doctors and trained nurses in the health centres. It also focused on the routine immunization so that the child health is ensured. It brought many health workers from the community itself to ensure that the number of patients seeking public health services increases, with the help of these workers like that of ASHA, ANM, Anganwadi workers, Mamta workers etc.

The ongoing process of decentralization helped in communitizing the health care. The development of village health plan with the help of village health and sanitation committee (VHSC) and the integration of the same into the district plan which has been made the main instrument for planning, inter-sectoral convergence, implementation and monitoring, was instituted as the blue print of decentralization. At the present time more than 451,000 VHSCs are functional all over the country. The effective integration along with the other determinants of health like sanitation and hygiene, nutrition and safe drinking water through district plans is being made under this program.

9. ASHA WORKERS

ASHA workers are health workers appointed by the government to spread awareness among people at grass root level. All the ASHA workers have to go to each household in a village and make them aware of the factors, related to health, like hygiene, sanitation etc. ASHA workers mainly focus on the pregnant women and new-born children. They are given salary/payment depending on the number of patients they bring to the hospital for delivery. These health workers are selected from that village only in which they work, so that there is no language barrier for them as well as for the people.

But these ASHA workers when go to the field for making people aware face many problems. For ex:- when they ask people to take iron and folic acid tablets they are not ready to do so because they think that it would harm them. Apart from this people have a mentality that they do not need all these medicines because earlier in their family nobody has done this and still have not faced any problem. When people were asked to go for the institutional delivery they told that they fear that if they will go to the hospital they would be forced to have caesarean delivery.

Apart from this ASHA workers do not want to work because they face the problem they face the problem of regular payment. This is one of the main reasons why these ASHA workers do not do their jobs properly.

10. ANMS (AUXILIARY NURSING MIDWIFERY)

ANM is another health worker appointed by the government to conduct proper vaccination of pregnant women and new-born children. These ANMs are to be properly trained in nursing techniques so that they can take care of the pregnant women and new-born children. They have to be provided a proper drug kit so that they are able to serve the people when they go to the field. These ANMs are also responsible for creating awareness among the people and give proper vaccination to the pregnant mother and the child.

The ANMs interviewed under the field visit told that they are not provided drug kit and thus they are not able to properly serve the people. Sometimes they also do not get proper cooperation from the doctor under whom they have to work. They are treated badly by these doctors. They also fail to get the cooperation from the people in the field. They told that people often refuse to go to the hospital or they do not listen to their advices given for the child nutrition. However, people are ready to take vaccination themselves and to their children.

ANMs serve as nurses in the field while GNMs (General Nursing and Midwifery) serve as nurses in the hospital. They serve the patients coming to the hospital for the institutional delivery and look after the patients both ANC and PNC.

REFERENCES

[1] National Health Policy 2015 Draft, pg no. 12

[2] National Health Policy 2002, http://mohfw.nic.in/np2002.htm, 2/9/2011