REVIEW OF RESEARCH
ISSN: 2249-894X
IMPACT FACTOR : 5.7631(UIF)
VOLUME - 10 | ISSUE - 12 | SEPTEMBER - 2021

ROLE OF NATIONAL RURAL HEALTH MISSION (NRHM) IN FAMILY AND COMMUNITY WELFARE WITH SPECIAL REFERENCE TO WOMEN AND CHILDREN

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ABSTRACT

Family is considered as the most important unit of society.It is the basic unit in which individuals receive most of their personal satisfaction and in which personality of the child formed. Children enjoy a healthy lifestyle when they live in a healthy family. Family is the first socialising agency of a child and therefore it influences a lot in child's life. Healthy families produce people who make positive contributions to the community too. Family is the single most important influence in a child's life. Women and children are the backbone of a family. Healthy mothers give birth to healthy children who grow up to be productive adults in society. Women and children play crucial role in development. Investing more in women and child health is not only the right thing to do, it also builds stable, peaceful and productive societies. It also helps women and children realise their fundamental human rights. The National Health Mission (NHM) seeks to provide quality healthcare to the people, especially the most vulnerable groups such as women and children. Thus, it is in this background, an attempt has been made in the present paper to study the role of National Health Mission (NHM) in family and community welfare with special reference to women and children. The paper mainly focuses on the various women and child centric health programmes under the National Health Mission (NHM). Besides, the paper also looks at the role of ASHAs in creating awareness on health and its role in mobilizing the Community towards existing health services.

KEYWORDS : *NHM, Family, Community, Mother, Child, ASHA, Community Mobilization etc.*

INTRODUCTION

The National Rural Health Mission (NRHM) was launched on 12th April 2005. The fundamental aim of NRHM is to provide accessible, affordable and quality health care to the rural population has especially the vulnerable groups such as women and children. Special focus under NRHM has been given to the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh. NRHM focuses on Reproductive, Maternal, Newborn, Child Health and Adolescent (RMNCH+A) Services. The emphasis here is on strategies for improving maternal and child health through a continuum of care and the life cycle approach. It recognises the inextricable linkages between adolescent health, family planning, maternal health and child survival. Moreover, the linking of community and facility-based care and strengthening referrals between various levels of health care

system to create a continuous care pathway is also to be focussed.(https://vikaspedia.in/health/nrhm/national-health- mission/national-rural-health-mission-nrhm).

Family is the key factor of a society. The main aim of family welfare programme is to ensure the small family norm to decrease the population growth. The small family plays a vital role in maintaining the quality of life. The department of family welfare undertook many activities for implementation of the family welfare programme to fulfil the needs of women who are at risk of unwanted births. (http://www.nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1179&lid=363). SUMAlV- Surakshit Matritva Aashwasan" lunched by Ministry of Health and Family Welfare government of India with an aim to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and new born visiting the public health facility in order to end all preventable maternal and newborn deaths and morbidities and provide, a positive birthing experience. (https://www.nhmmizoram.org/upload/Guidelines_for_Community_Processes_2014_English.pdf).

Emphasize has been given on higher neonatal and early neonatal mortality, facility based new born care services at health facilities under NHM. Facilities for care of Sick New born such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels have been established under NHM.(http://www.nhm.gov.in/index1.php?lang=1&level=2&sublinkid=822&lid=218).

Accredited Social Health Activist (ASHA) is trained female community health activists and they are important parts of National Rural Health Mission (NRHM). ASHA's are selected from the village itself and also accountable to it. ASHA's are given training to work as an interface between the community and the public health system. ASHAs are recruited and trained to work in their own communities as health activists, educators and providers of basic essential services to the family and the community welfare.

Thus, it is in this background, an attempt has been made here to study the programmes undertaken by NRHM for Women and Children welfare and the role of ASHA in Community Mobilization, specifically their role on Women and ChildrenWelfare.

REVIEW OF LITERATURE

The study explored the utilization of the JananiSurakshaYojana (JSY) scheme, the tribal motherhood scheme and the human development scheme among pregnant women. The performance of accredited social health activist (ASHA) workers were also investigated.To fulfil the study objectives, husbands and key informants were interviewed. The study shows that less than half of women delivered in health facilities and nearly 60% of births were attended by skilled medical personnel. The utilization rates for full antenatal care (ANC) and postnatal care were 70% and 50%, respectively. Nearly 60% of men had heard about the JSY scheme; however, only 57% reported that their wives had benefited from the JSY scheme. (Jungari, S., Paswan, B. 2019).

An empirical study on evaluation and implementation of national rural health mission and highlight its success and made recommendations on the future health care planning and implementation in achieving universal health coverage for the rural India.It is essential for the fourthcoming policies and plans to focus on capacity building, not only on the infrastructure and technical aspects, but also on streamlining the health workforce, which is crucial to sustaining the public health infrastructure. (Gopalakrishnan, S., & Branch Immanuel, A. *2018).*

Assessed the effects of interventions introduced under the NRHM on childbirth health services and outcomes in states with poor health indicators. Data were extracted for infant mortality rate and total fertility rate from sample registration surveys done in 2001, 2005, and 2011. Authors have extracted data for institutional deliveries and availability of infrastructure and human resources from the National Family Health Survey III (2005–06), the Annual Health Survey after the introduction of the NRHM in eightEmpowered Action Group states—i.e., states with poor health indicators. Median infant mortality rate fell by 14.6% in 2001–06, compared with 20.9% in 2006–11. Likewise, median total fertility rate fell by 10.3% in 2001–06 compared with 14.3% in 2006–11 (appendix). Although the availability ofpublic health facilities changed little (78 305 in 2005, 81 058 in 2012), the availability of

nursing staff increased from 10 633 in 2005, to 16 079 in 2012. The availability of auxiliary nurse midwives also rose, from 50 837 in 2005, to 66 001in 2012. The proportion of institutional deliveries increased from 23% in 2005–06, to 49% in 2010–11 (Prasad M, A., Bhatia, S. & Agrawal, R. 2013).

The study specially focussed on parents and teachers. The study reveals that many parents are not aware of the importance they play in their child's education and have a limited understanding of their role in their children's learning several research in the last three decades have produced convincing evidence justifying a focus on the family with a particular emphasis on early years in order to raise literacy standards. Families and parents are play a crucial role in children's attainment.The home is crucial. Early intervention is vital (Angelica, B. (2008) Emily, M. (2010) & Jennifer, C. 2011).

The study specially emphasizes on importance of family in society.The family is the smallest unit of a society and, therefore, critical to its development and maintenance. The authors in this article reviews the literature regarding the importance and current state of the family. Also some activities that educators and parents can implement in order to prepare children and youth for family responsibilities are also discussed in this article.(Enrique, J., Howk, H., &Huitt, W. (2007).

The study explored the current and potential relationship between 'Community Development' and 'Family Support' within and across Western Health Board. The study examines this relationship in terms of such issues as: ethos, approaches/processes, organisational cultures, structures and funding arrangements (McGrath, B. (2003).

The study discussed various aspects of family in many human societies, it is assumed that the family performs biological as well as social reproduction for the survival and continuation of society. According to the power distribution in the family a family can be classified as matriarchal, patriarchal and egalitarian according to the power distribution in the family. Further, a family can also be categorized as matrilocal or patrilocal according to residence rules. The role of family for personality formation and socialization of every individual cannot be denied. (Sumita, 1982).

OBJECTIVES OF THE PRESENT STUDY

The main objectives of the present study are given below:

1. To study the programmes undertaken by NHM for Women and Children welfare.
2. To study the role of ASHA in Community Mobilization, specifically their role on Women and ChildrenWelfare.

DISCUSSION:

The discussion part has been divided into two sections. Section 1 deals with the programmes undertaken by NHM for Women and Children welfare and Section 2 deals with the role of ASHA in Community Mobilization, specifically their role on Women and Children Welfare.

SECTION 1- PROGAMMES UNDERTAKEN BY NATIONAL HEALTH MISSION (NHM) FOR WOMEN AND CHILDREN WELFARE

I. Programmes and Schemes undertaken by NHM for welfare and development of Women:

Quality Ante Natal care: **-** Quality and comprehensive Ante Natal Care(ANC) incorporates minimum of at least four ANCs including early registration and first ANC with first trimester. Physical and abdominal examinations, Hb estimation, screening for Gestational Diabetes Mellitus, Thyroid disorders, HIV/Syphilis and urine investigation, T.T/Td, Immunization, distribution of IFA tablets & Calcium (6 months during Antenatal period & 6 months during postnatal period) and counselling for nutrition etc are included under package of ANC.

Essential Obstetric Care during Delivery: - Free institutional delivery in Sub-centre, primary health centres, community health centres, sub-district hospital, districts hospital etc, to reduce maternal & neonatal morbidity and mortality. In obstetric care services, Government of India is operationalizing 24 X 7 PHCs services and providing training to SNs/LHVs/ANMs under Skilled Attendance at Birth.

Post natal care for Mother and New born:- This programme ensures post-natal care within first 24 hours of delivery and subsequent home visits on 3rd, 7th, 14th and 42nd day. The ANMs, LHVs, and staff nurses are being oriented and trained for tackling emergencies identified during these visits.

Janani Suraksha Yojana (JSY):- It is a cash transfer scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortalityby promoting institutional delivery among poor pregnant women.

Janani Shishu Suraksha Karyakram (JSSK):-It was launched on 1st June, 2011 to initiative is taken for pregnant women to provide completely free and cashless services in government health institutions.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):-This program provides assured, comprehensive and quality antenatal care which is free of cost to all pregnant women on the 9th of every month.

Comprehensive Abortion Care Services: - Comprehensive and safe abortion services are provided at public health centres. Supply of Nischay Pregnancy detection kits to sub centres for early detection of pregnancy is undertaken Capacity Building of Medical officers is being carried out routinely in safe MTP Techniques.

Provision of RTI/STI services: - It is animportant strategy to prevent HIV transmission and to promote sexual and reproductive health services in all the FRUs, CHCs and at 24 X 7 PHCs.

Village Health and Nutrition Day (VHNDs):- It was organized at Anganwadicenter atleast once every month. It is a platform to provide ante natal/ post-partum care for pregnant women, promote institutional delivery, immunization, Family Planning & nutritional counselling.

NEWER INTERVENTIONS:

Midwifery - Government of India has launched midwifery services throughout the country in 2018, with an objective to provide access to quality maternal and neonatal health services, to promote natural birthing, to ensure respectful care and to reduce over medicalization.

Delivery Points: - With an aim to providing quality & comprehensive RMNCH (Reproductive, Maternal, and Neonatal& Child Health) services, all delivery points are strengthened with trained and skilled human resources, infrastructure, equipment, drugs and supplies, referral transport etc.

Obstetric HDU/ICU: - Operationalization of Obstetric ICU/HDU in a high case load tertiary care facilities is being conducted across country to handle complicated pregnancies.

MCH Wings: - In order to provide quality obstetric and neonatal care, state of the art Maternal and Child Health Wings (MCH wings) have been sanctioned at District Hospitals, District Women's Hospitals and other high case load facilities at sub-district level.

MaternalDeath Surveillance and Response(MDSR):- The process of maternal death review (MDSR) has been implemented & institutionalized by all the States since 2017 and the guidelines and tools for conducting community based MDSR and Facility based MDSR have been provided to the States from time to time.

Reproductive Child Health (RCH portal) /Mother and Child Tracking System (MCTS) Portal: **-** This system is introduced by the Government of India to track every pregnant woman, infant & child upto 5years of age for the purpose of timely ANC, Institutional Delivery and PNC along-with immunization & other related services.

Mother and Child Protection (MCP) Card: - Ministry of Health & Family Welfare and Ministry of Women and Child Development (MOWCD) launchedMother and Child Protection (MCP) Card as a tool for documenting and monitoring services for antenatal, intranatal and postnatal care to pregnant women. This card helps in timely identification and management of complications during pregnancy, child birth and post natal period.

Programmes and Schemes undertaken NHM for welfare and development of children:

Special New born Care Units (SNCU):- States have been asked to set up at least one Special New Born Care Units (SNCU) in each district. It requires 12 to 20 bedded units and 4 trained doctors. Further, 10 to12 nurses are required for round the clock services.

Newborn Stabilization Units (NBSUs):-**New Born Stabilization Units (**NBSU) is a facility within or in close proximity of the maternity ward where sick and low birth weight newborns can be cared for during short periods. NBSUs are established at community health centres / First Referral Units (FRUs). The facilities provided at NBSU include 4 bedded units, trained doctors and nurses to take care of sick newborns.

Facility Based Integrated Management of Neonatal and Childhood Illness (F- IMNCI):- Facility based IMNCI focuses on providing appropriate skills for inpatient management of major causes of Neonatal and Childhood mortality. Diseases such as asphyxia, sepsis, low birth weight and pneumonia, diarrhoea, malaria, meningitis, severe malnutrition in children etc. are covered under this provision.

Integrated Management of Neonatal & Childhood Illnesses (IMNCI):- It is an integrated approach that emphasizes on the welfare of the child. It aims to reduce death, illness and disability of the child and also to promote growth and development among children under five years of age.

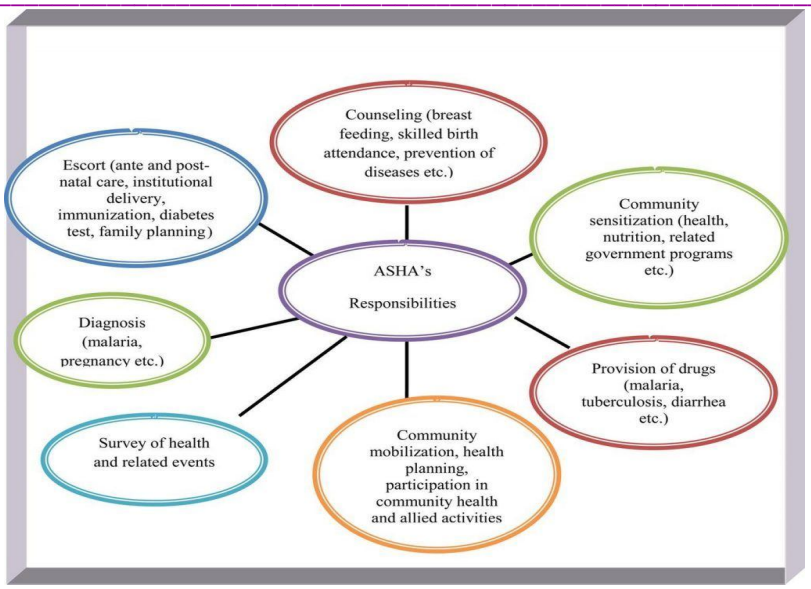
Home Based New Born Care (HBNC):-A new scheme has been launched to incentivize ASHA for providing Home Based New-born Care. ASHA will make visits to all new-borns according to specified schedule up to 42 days of life.

Home based care for young child (HBYC):-Home-Based Care for Young Child (HBYC) Programme as an extension of the Home Based New Born Care (HBNC) programme to promote evidence based interventions delivered in four key domains namely nutrition, health, childhood development and WASH (Water, Sanitation and Hygiene. Under this programme, ASHA's are required to make five home visits with support from Anganwadi workers.

Strengthening Facility based Paediatric Care: -Facility based care is complementary to community level interventions in bringing down childhood morbidity and mortality. New born and children referred from communities and primary healthcare facilities are often seriously ill and at high risk of dying. Those reaching health facilities need tobe managed appropriately and without delay in instituting care. This objective can be achieved byestablishing a well-organised unit, adequate human resources, drugs, equipment and other logistics that provides functional quality of care consistent with clinical standards.

SECTION 2: ROLE OF ASHA IN COMMUNITY MOBILIZATION, SPECIALLY THEIR ROLE ON WOMEN AND CHILDREN WELFARE.

The Role of ASHA in Family and Community Welfare: -The roles and responsibilities of an ASHA are healthcare facilitator, a service provider and a health activist. The important functions of ASHA's are- providing preventive, promotive and basic curative care to other health functionaries; educating and mobilizing communities, particularly those belonging to marginalized communities. Also they create awareness on social determinants, enhancing better utilization of health services; participation in health campaigns. They also educate people to claim health entitlements.The roles of ASHA are as follows:



- Identifying and registering new pregnancies, births and deaths.
- Mobilizing, counselling and supporting the community to demand and seek health services.
- Identifying, managing or referring cases of illness.
- Supporting health service delivery through home visits, first-aid and immunizations sessions.
- Maintaining data and participating in community-level health planning .ASHAs to help lead community mobilization, reduce neonatal mortality, encourage adherence to antiretroviral therapy among HIV-positive women and increase immunization rates, substantial gaps related to knowledge of pre-eclampsia, promotion of institutional delivery, contraceptive counselling and assessment of obstetric danger signs have also been noted.

ASHA create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services and the need for timely use of health services. ASHA's are required to counsel women and families on birth preparedness, make women aware about importance of safe delivery, breastfeeding and complementary feeding. Further, ASHA also educate women about immunization, contraception and prevention of common infections including Reproductive Tract Infection, Sexually Transmitted Infection (RTIs/STIs) and care of the young child.

Another important function of ASHA is to mobilize the community and facilitate people's access to health and health related services such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.She will be assisted by the Village Health, Sanitation and Nutrition Committee to develop a comprehensive village health plan. Further with support from VHSNC, ASHAs will assist and mobilize the community for action against gender based violence. She will arrange escort pregnant women& children requiring treatment or admission to the nearest Primary Health Centre.

The ASHA will full fill her role through five activities:

- ***Home Visits: -*** For up to two hours every day, for at least four or five days a week, the ASHA should visit the families living in her allotted area, with first priority being accorded to marginalized families. Home visits are important not only for the services that ASHA provides for reproductive, maternal, newborn and child health interventions, but also for non- communicable diseases, disability, and mental health. Special focus should be given on homes where there is a pregnant woman, newborn, child below two years of age or a malnourished child.

- ***Attending the Village Health and Nutrition Day (VHND):-***The ASHA should promote attendance of those who need Anganwadi or Auxiliary Nurse Midwife (ANM) services and help with counselling, health education and access to services at the monthly Village Health and Nutrition Day
- ***Visits to the health facility: -***This usually involves accompanying a pregnant woman, sick child, or some member of the community needing facility based care.
- ***Holding village level meeting: -***As a member or member secretary of the Village Health, Sanitation and Nutrition Committee (VHSNC), the ASHA is expected to held the monthly meeting of the VHSNC and provide leadership and guidance.
- ***Maintain records: -***Another important function of ASHA is to maintain records of different activities which help her in organizing her work and help her to plan better for the health of the people.

Thus, the first three activities discussed above related to the facilitation or provision of healthcare whereas the fourth is related to mobilization and fifth is supportive of other roles.

CONCLUSION

Thus from the above discussion we have seen that a number of important programmes have been undertaken by NHM for Women and Child welfare. The most important programmes in this respect are- Quality Ante Natal Care,Essential Obstetric Care during Delivery, Post Natal Care for Mother and New born, Provision of Emergency Obstetric and Neonatal Care at FRUs, DAKSHATA, JananiSurakshaYojana, JananiShishuSurakshaKaryakram, Comprehensive Abortion Care Services, High Risk Pregnant Women (HRPW) management, quality HBNC for reduction of infant and maternal death,Home-Based Care for Young Child (HBYC) for nutrition, health, childhood development and WASH (Water, Sanitation and Hygiene etc. Besides some new interventions were also made such as Midwifery, Delivery Points Obstetric HDU/ICU, MCH Wings, Maternal Death Surveillance and Response(MDSR), RCH portal / MCTS Portal, MCP Card etc. with a view to provide all types of health care facilities to women and children. Further, the roles and responsibilities of an ASHA includes the functions of a healthcare facilitator, a service provider and a health activist. Broadly her functions involve providing preventive, promotive and basic curative care in a role complementary to other health functionaries; educating and mobilizing communities particularly those belonging to marginalized communities, for adopting behaviours related to better health and create awareness on social determinants, enhancing better utilization of health services; participation in health campaigns and enabling people to claim health entitlements.

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