Review of NRHM in Southern States of India

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"Health creates Wealth" – A common adage that holds good for a developing country like India.

Health care in India has improved in an impressive manner in the recent decades but undoubtedly it has been urban-centric due to the fact that aout 75% of health infrastructure, human resources and other resources are concentrated in urban areas where only 27% of the population lives.

The rural India faces the problem of burden of several morbidity patterns. This is reflected in the life expectancy (63 years), infant mortality rate (80/1000 live births), and maternal mortality rate (438/100000 live births). Given the limited health facilities available quality health-care is still beyond the reach of millions of rural masses. This can be considered as violation of basic human right of the people to have the benefit of quality health services. This also highlights the health equity issues.

The issue of rural health needs to be addressed both at macro and micro levels involving a coordinated, holistic approach so as to improve the health status in rural India. The National Health Policy addresses the prevailing inequalities, and promotes a long-term perspective plan, mainly for rural health.

Launching of National Rural Health Mission (NRHM) in India in 2005 aiming at integrating different vertical programmes, decentralising health care service delivery at the village, and improving intersectoral action, was a major step in this direction. NRHM activities are also expected to help in substantial reduction in maternal and infant mortality from communicable diseases in the years to come.

This paper makes an attempt to understand the programmatic issues in health sector with specific reference to rural India and progress and review of NRHM in non-high focus large southern states of India, viz., Andhra Pradesh, Karnataka and Tamil Nadu. This paper is based on the review of available literature and analysis of available secondary data.

The review indicates progressive trends in terms of NRHM implementation and its impact. For instance, in Karnataka, there is an improvement in institutional deliveries from 60% in 2005 to 72% December 2007. The crude birth rate (CDR) reduced from 20.6 to 19.6 during 2005- 2008, while IMR declined to 47/1000 live births from 50/1000 in 2005.

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