सत्यमेव जयते

Government of Rajasthan

Speech of Shri Aimaduddin Ahmad Health Minister Rajasthan at the Writers Conclave on Attaining MDGs with specific emphasis on Education and Health

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
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Distinguished Member of the Planning Commission
Smt. Sayeda Hameed ji, Chairman of the Conclave Committee
Smt. Alka Kala ji, distinguished delegates,

1. It gives me immense pleasure to participate in the Writers Conclave on attaining Millennium Development Goals in Rajasthan with specific emphasis on Education and Health. The progress towards the millennium development goals has been uneven across States and across countries. The low income States of the union have the slower progress than high income States. While tackling the MDGs is critically important, the key challenge is to ensure that benefits accrue to those who need them most. The focus of governmental interventions should be the *Aam Aadmi* and my endeavour has been to ensure that the *Aam Aadmi's* health status and access to health services shows significant improvement. In this regard, it is important to constantly review implementation of policies and programs of Government to ensure that the increasing domestic and external investments in health sector result in optimum utilisation of available resources.

2. The policy and institutional reform, reallocation in spending patterns and improved macro economic environment has given the Government adequate fiscal space to focus on health investments. The flagship program of the Union Government in the Health Sector is the National Rural Health Mission. A lot has been achieved in the rural health sector since the launch of the

NRHM as can be seen from increase in institutional deliveries, Sterilisation cases, ambulance services, infrastructure development and manpower deployment. That said, the challenges of improvements in rural health sector are enormous and would necessitate substantial absorption and spending capacities by States. As a high focus State, Rajasthan's allocations under the XIth Five Year Plan have been projected at Rs. 6200 crores. At the end March 2010, the State would have utilized Rs. 2500 crores of the XIth Plan allocations. We have successfully scaled up utilization in the year 2008-09 to Rs. 980 crores from Rs. 335 crores in 2007-08, an increase of nearly 300 percent, and seek to further scale upto Rs. 1300 crores in 2009-10. Despite this fiscal expansion, there is an urgent need to further scale up absorption and spending capacities so that XIth Plan allocations are fully utilized.

3. A burgeoning size of NRHM PIP in the coming years, imposes tremendous strain on State resources given that States have to contribute 15 percent matching share. The State share for NRHM has increased in the past 3 years from Rs. 45 crores in 2007-08 to Rs. 126 crores in 2009-10. By 2011-12 the size of the NRHM Program Implementation Plan would be Rs. 2100 crores and this would necessitate a State share of Rs. 210 crores imposing substantial burden on an already crowded State Plan. It is therefore imperative to introduce a lesser resource burden on States in the coming years, particularly as NRHM is likely to

continue in the XIIth Five Year Plan period. I have raised this issue in other fora like the Central Council of Health and Family Welfare and would flag it again for Smt. Sayeda Hameed's notice. Planning Commission should consider reducing the State share burden to enable States to identify policy interventions outside the NRHM umbrella. One such initiative which has been successful is the *Mukhya Mantri Jeevan Raksha Kosh* which provides social security in health care to BPL families and is funded outside NRHM.

4. The key MDGs pertaining to health sector are (a) reduction in child mortality including under 5 mortality rate, infant mortality rate and immunisation against measles; and (b) improving maternal health by improved proportion of births attended by skilled health personnel and reduction in maternal mortality ratio. The MDGs related to child survival can only be met by substantial reduction in neonatal mortality. For reduction in neonatal mortality improvements are necessary in quality of primary care services, equitable access to health care facilities, skilled assistance at delivery, immunisation against the infectious diseases, improved maternal and child nutrition. The *Priyadarshini* FBNC scheme offers a first step in this direction. *Priyadarshini* FBNCs at District Hospitals will need to be backed by *Priyadarshini* Stabilisation Units at CHC level. The key to improving maternal health is skilled attendance at delivery, functional referral systems, available obstetric care and policies

promoting equitable access to RCH services including family planning and antenatal, delivery and post partum care. Similarly the Malnutrition treatment centers at District Hospitals being established in the current year, need to be backed by a referral system from Anganwadi centers.

5. Currently NRHM's thrust for improving maternal and child health indicators is the ASHA. Rajasthan's experience with the ASHA Sahyogini for the last four years has been disappointing with a large number of ASHAs not contributing adequately to health sector indicators. It is now increasingly apparent that the ASHA while being a community health worker cannot be a replacement for the ANM. This conclave should focus on the architectural corrections needed under the ASHA program that would enable the ASHA to perform better on health indicators. Currently an ASHA contributes to 1.7 institutional deliveries, 1.7 Sterilisation cases and 2.4 Immunisation cases as per DLHS-III, which is the lowest performance indicator in the country. Unless ASHA performs better the quantum of progress envisaged on institutional delivery, immunisation and sterilisation cannot be achieved.

6. The Auxiliary Nurse Midwife is a critical input for skilled birth attendance. Rajasthan currently faces a shortage of 20,000 ANMs. The rigidities under NRHM have not enabled an early deployment of nursing cadres. The benefits of 3 ANMs at Sub center are immense for the health indicators in terms of skilled

delivery and immunisation. I would urge all of you to identify the best way of deploying the 5000 newly created posts of Auxiliary nurse midwifes in the State to obtain optimum results. I have been faced with the dilemma of lacs of MCHN sessions being conducted in the State delivering poor full immunisation percentage as per National Surveys. This conundrum needs to be carefully analysed to improve the effectiveness of the immunisation program.

7. Strengthening health systems necessitates deployment of a well trained and motivated work force. Government must also have the capacity to retain quality staff through provision of adequate salaries, incentive schemes, appropriate performance rewards and high quality professional education and trainings. The National Rural Health Mission has enabled deployment of well qualified staff at the management level with the capacity to generate timely, accurate and disaggregated information to monitor progress and plan accordingly. The need is now to bring in a cadre of specialists who will make the community health centers and district hospitals as vibrant functional health centres capable of handling large patient loads. While public health institutions of the State remain amongst the most stressed institutions of the country, increasing specialists will enable significant improvement in quality health care.

8. There is also a need to provide secure and stable health care financing mechanism to reduce the unacceptably large out of

pocket health payments. Rajasthan has implemented three health insurance schemes, all of which resulted in low claim settlement compared to the premium collected by the insurance company. This compelled us to launch the *Mukhya Mantri Jeevan Raksha Kosh Yojana,* which has benefited 8.5 lacs of BPL patients at a cost of Rs. 12.5 crores.

9. Our Government's focus has been the *Aam Aadmi.* We have sought to target the vulnerable populations for providing them with quality health services. Referral transport services under the 108 ambulance service scheme, Urban RCH centres in urban slum areas, Rajiv Gandhi Mobile Medical Units for camps in un-served villages are all steps in this direction. That said, the most successful 'reaching the poor' program has been a conditional cash incentive scheme 'the *JSY'.* The mandate for similar schemes in immunisation should also be explored.

10. Community driven development is a key element for empowering communities and local Governments. The Village health and sanitation committees with 2.84 lac members provide a platform for engaging local authorities in health sector determinants.

11. There is a need to align investments, increase donor support and bring in institutional reforms if the State is to achieve the health sector goals for the MDGs. I am hopeful that the three day deliberations would provide significant policy directions to

achieve these objectives.

12. I wish the conference all success. I would also like to thank the organisers for giving me this opportunity to share my thoughts on this occasion.

Jai Hind