
Chapter 1 Introduction

1.1 The Mission

The National Rural Health Mission (NRHM) was launched in April 2005 throughout the country with special focus on eight Empowered Action Group (EAG) States, eight North Eastern States and the hill States of Jammu and Kashmir and Himachal Pradesh, which had poor health indicators and weak infrastructure. In Assam, the NRHM was introduced in November 2005. The main objectives of the Mission, to be achieved during the period 2005-12, are as follows:

- provide accessible, affordable, accountable, equitable, effective and reliable healthcare facilities in all the rural areas of the country, especially to the poor and vulnerable sections of the society;
- involve community in planning and monitoring;
- reduce infant mortality rate, maternal mortality rate and total fertility rate for population stabilization; and
- prevent and control communicable and non-communicable diseases, including locally endemic diseases.

1.2 Salient Features

The thrust of the Mission is towards establishing a fully functional community owned decentralized healthcare delivery system with inter-sectoral convergence at all levels to ensure simultaneous action on a wide range of determinants of health like water, sanitation, education, nutrition, social and gender equality. This is sought to be achieved through the following:

- Carrying out necessary architectural correction in the basic health care delivery system by merging most of the schemes under National Family Welfare Programme pertaining to maternal health, child health, logistic improvement and contractual staff and services into the scheme “RCH-Flexible Pool”;
- Converging various existing standalone national disease control programmes like Vector Borne Disease Control Programme, Tuberculosis, Leprosy, Blindness and Iodine Deficiency Disease Control Programmes, and Integrated Disease Surveillance Project with the exception of the National AIDS and Cancer Control programmes;
- Promoting access to improved healthcare at household level through a trained female Accredited Social Health Activist (ASHA);
- Increase in public expenditure on health from the level of 0.9 *per cent* of Gross Domestic Product (GDP) to 2-3 *per cent* of GDP over the Mission period (2005-2012);
- Operationalising community health centres into functional hospitals meeting Indian Public Health Standards in every Block of the country;

- Addressing the issue of health through a sector wise approach encompassing sanitation and hygiene, nutrition etc. as basic determinants of good health, and convergence with related social sector departments like Women and Child Development, Ayurvedic, Yoga, Unani, Siddha and Homoeopathy (AYUSH), Panchayati Raj etc.

1.3 Organisational Set up

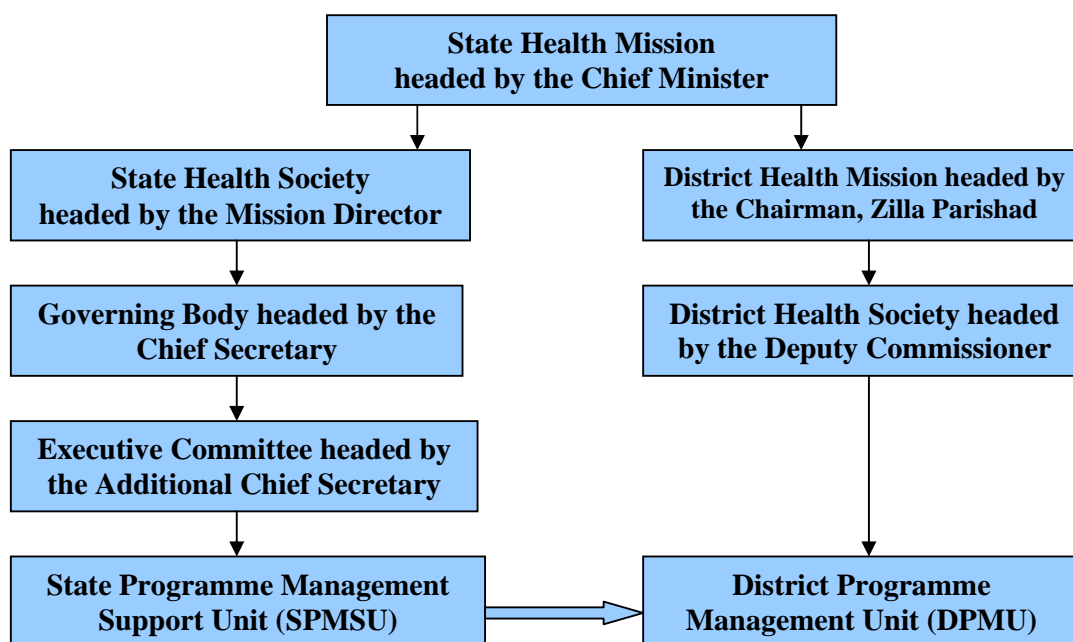
At the State level, the Mission functions under the overall guidance of the State Health Mission headed by the Chief Minister and the actual functions are carried out by the State Health Society (SHS), headed by the Mission Director. The Commissioner and Secretary, Health and Family Welfare, Government of Assam is the overall administrative head of the NRHM. The different components of the programme are being implemented independently by various Joint Directors of Health/Additional Directors of Health, under the Directors, Health and Family Welfare.

At the district level, the programme is implemented by the District Health Society (DHS) headed by the Deputy Commissioner of the district and backed, *inter-alia*, by Joint Director of Health Service as Member Secretary (NRHM) and the District Programme Management unit headed by District Programme Manager. Other vertical programmes like National Vector Borne Disease Control Programme (NVBDCP), Revised National Tuberculosis Control Programme (RNTCP) etc. are implemented independently by various District Programme Officers under the control of Joint Director/Additional Chief Medical & Health Officer of the district.

The organizational structure for implementation of the programme is given below:

- (A) For the components of Reproductive and Child Health (RCH), NRHM Flexipool, Immunisation (Finance only) & Integrated Disease Surveillance Project (IDSP).

Chart No.1



- (B) For the components of National Vector Borne Disease Control Programme (NVBDCP), Revised National TB Control Programme (RNTCP), National Programme for Control of Blindness (NPCB) etc.

Chart No.2

