



## **National Rural Health Mission (NRHM): Recommendations for DRR Linkage**

### *Integrating Disaster Management in the programmes and policies of Health Sector*

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#### **Introduction:**

Recognizing the importance of health, Government of India launched National Rural Health Mission (NRHM) in 2005. A lot of emphasis was given to strengthen the rural health infrastructure, including the physical manpower, and other facilities. However, as on date a huge gap is clearly visible between demand and supply of health centers, and facilities. The current health conditions (verified by the *Bulletin on Rural Health Statistics in India 2009*) are one of the reasons for India's poor rank in Human Development Index. And at the time of disasters, extreme conditions the health related infrastructure vulnerabilities are clearly visible. Now one thing is for sure that a need is being felt for the concerted efforts to create awareness on disaster risk reduction amongst all health fraternity & allied stakeholders, irrespective of their location and local vulnerabilities. And National Rural Health Mission (NRHM) can be an ideal platform to cover this very vital aspect, and it can reach from top to the lowest level through Government support and assistance from other partners.

#### **Integration:**

The National Alliance for Disaster Risk Reduction (NADRR) was formed in 2007 with an aim to bring together regional, national and local stakeholders in order to integrate Disaster Risk Reduction (DRR) concerns into mainstream development planning and actions on the ground. As part of alliance activities, a grassroots campaign has taken up titled, "**Demystifying DRR**", where in the alliance with its constituent members would learn, share, guide, advocate and partner to promote disaster resilient programmes and policies that enhance capacities of vulnerable communities. In view of this NADRR has initiated the Action Group on "Collaborative Efforts for Disaster Risk Reduction: Demystifying DRR" with Disaster Management Community of Solution Exchange. Among other activities planned, NADRR generated discussion on possibilities of integrating DRR with current programmes of Government of India. In this regard, Alliance started a discussion on National Rural Health Mission (NRHM). The entire discussion was facilitated by Disaster Management (DM) Community Resource Team of UNDP Solution Exchange. And a query was floated across the entire DM and Maternal & Child Health (MCH) communities (having more than 4800 experts). Through this query, the alliance (NADRR) wanted to discuss the scope of integrating DRR in National Rural Health Mission (NRHM). Specifically NADRR wanted members to provide their views on addressing the following concerns:

- Primary Health Centres and Community Health Centres are not fully equipped to continue functioning during disasters. Since NRHM is meant to strengthen these centres, can it also equip the centres to fulfill emergency response requirements by ensuring adequate availability of doctors, nurses, drugs and equipment? If so, how can these be done?
- Currently, health workers under NRHM are not equipped to help meet emergency health care needs of communities. What initiatives can be taken for ASHA, Anganwadi, ICDS (Integrated Child Development Services) Scheme, ANM and local NGO staff to be able to provide emergency health care needs/ support during disasters?
- Most of the Health Centres do not have Disaster Management Plans. What training can be provided at these centers as a part of NRHM to facilitate preparation of such plans (by integrating DRR with Health Plan).

In relation to this, an overwhelming response was received by members of both the communities. And in parallel to this, the NADRR Secretariat also carried out an in depth study of concerned features of NRHM development program and possible linkages with the current management structure, for program institutionalization.

Based on the feedback received from members, and the research work of Secretariat, the Alliance prepared a set of recommendations, to put forth for consideration to the Government of India. The recommendations are as follows:

## **Recommendations on integration of DRR components with NRHM**

Following are four key components, which need special attention in relation to the integration of DRR components with National Rural Health Mission (NRHM).

1. Adequately equipped PHCs and CHCs,
  2. Role of health workers and allied agencies,
  3. Integrated Emergency Health Management Plan,
  4. Phase wise institutionalization leading to sustainability.
- 1. The Primary Health Centers (PHCs) and Community Health Centers (CHCs) have to be fully equipped.** In order to deal with any kind of emergency, and health related requirements, the following action points to be taken into account:
- a) At PHCs and CHCs, there should be adequate staff (including Doctors, Nurses, Health Assistants etc). In number of districts, the health workers are yet to be sanctioned/ recruited/ positioned.
  - b) The required equipments and appropriate drugs should always be available, to meet the emergency needs. In many places, quite old medical instruments are still being used (not calibrated/ recently verified).
  - c) Inventorisation of PHCs and CHCs has to be carried out periodically. It should be maintained at block level by respective Block Health Committee and to be reviewed by District level Executive Committee.
  - d) There should be provision for Mobile Medical Units (MMUs) at CHC level. It is a good way to improve the outreach emergency services especially in rural pockets.
- 2. The role of health workers and allied agencies is very vital,** as they will be the first port of call for any health related demands, at community level. Following are key points for consideration in this regard:
- a) There should be provision for First Aid and Disaster Management (DM) training & retraining for health workers, including Accredited Social Health Activist (ASHA), Aanganwadi Worker (AWW), Auxiliary Nurse Midwife (ANM) and PRI members.
  - b) ASHAs, ANMs, AWWs, PRI members should be part of the Village level/ Cluster level/ Block level Disaster Management Teams. And they should play active role at the time of emergency by providing prompt medical assistance.
  - c) At block level, there should be identified Master Trainers available for capacity building of concerned persons, health workers and allied agencies.
  - d) Trained community level workers, representatives at village level should be made available with a drug kit for generic ailments.
- 3. The Integrated Emergency Health Management Plan is an ambitious work in itself from convergence point of view.** The following suggestions can help a lot in making and utilizing this concise document:

- a) District Health Societies like Governing Body and Executive Committee should take up responsibility to prepare, update and review the Emergency Health Management Plan in line with village to district. and block to CHC, PHC level.
- b) These health plans should be well integrated with Village Disaster Management Plans, Block Disaster Management Plans, and District Disaster Management Plans etc. So that concerned agencies should know their role and responsibilities at the time of disaster. .
- c) Health plan for each village should be prepared with the help of Village Health & Sanitation Committee and Village Disaster Management Committee. The plan should be vertically integrated with Health and Family Welfare programmes, and three tier PRI structure, in context of Disaster Risk Reduction (DRR).
- d) The emergency health plan should be further integrated with Village Development Committee (VDC) in order to articulate urgent need for health services. Further at community level, a CERT (Community Emergency Response Team) to be formed and sensitized about health related treatments, first aid etc. So that more people can take the benefit during emergency.

4. **Phase wise institutionalization** is a must to set the tone for the long term sustainability of mainstreaming DRR with NRHM. Following are the key steps for consideration in this regard:

- a) Prior to institutionalization, a detailed pre work/ Risk Mapping have to be carried out. The purpose is to ensure that highly vulnerable areas are being covered, from emergency medical assistance point of view.
- b) For planned institutionalization of DRR components with NRHM, the progress review of key activities is very vital. Applicable states should utilize the Programme Committee for Health & Family Welfare (formed under State Health Mission) to expedite the progress against concerned issues in relation to DRR.
- c) For sustainability of the programme, community ownership has to be brought in, through the decentralized planning. For this, the implementation teams would require the development of special skills, particularly at district and state level. Later on the community learning can be documented and shared across.
- d) In current circumstances, a grave need is being felt for Public Private Partnership (PPP) in health sector to address the Disaster Risk Reduction. (Ex: With the help of partnership, a grant system can be introduced). It will certainly help in the long run to sustain the implementation of NRHM at all levels, with the involvement of public.

At the outset, it can be said that a beginning has been made so far through NRHM activities. However we still have a long way to go. A few baby steps have been taken towards integration of DRR with the NRHM, but these are not at all sufficient. It has been realized so far that apart from the main issues of infrastructure, there are several other allied issues also to be addressed, like Female involvement in health services, non availability of life saving drugs/ equipments at health centers, doctors absenteeism in remotely located areas.

As NRHM is also getting matured and more susceptible in its 5th year of running, now it's high time for integration as quickly as possible. The Implementation of above steps will surely contribute towards building a culture of resilience and safety at all appropriate levels w.r.t. education stream. After streamlining the integration of DRR with NRHM, the concept can be further extended to newly born National Urban Renewal Mission (NURM), in order to expand the reach to larger masses for safer tomorrow.

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