

# Child & Maternal Healthcare Status: A Performance Appraisal of NRHM in Haryana (India)

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**Abstract:** *The National Health Mission (NHM), launched by the Indian government in 2005, aims to enhance healthcare accessibility and quality, particularly for marginalized populations. In Haryana, the NHM has significantly improved maternal and child health outcomes, achieving a 13.4% reduction in the Maternal Mortality Ratio (MMR) from 2011-13 to 2018-20. The state has also seen substantial reductions in neonatal, infant, and under-5 mortality rates, with declines ranging from 27% to 31%. Institutional deliveries have increased to nearly 100%, and infrastructure has been notably enhanced with the addition of 406 First Referral Units and numerous Special Mother-Child Health Care Centers. Despite these advancements, the MMR in Haryana remains high, particularly in districts like Nuh, Palwal, Faridabad, and Gurugram. These areas require focused interventions to meet the Sustainable Development Goal 3 (Good Health & Well Being) targets. This study highlights the progress made under the NHM in Haryana and identifies areas needing further improvement, offering insights for other regions to enhance healthcare delivery and outcomes. The findings underscore the importance of targeted strategies and infrastructure development in achieving better health indicators and reducing maternal and child mortality rates.*

**Keywords:** National Health Mission, Maternal & Child Health Care, Maternal Mortality Ratio, Infant Mortality Rate, Health Infrastructure

## 1. Introduction

The National Health Mission (NHM) is a significant health improvement program initiated by the Government of India in 2005. Initially implemented in rural areas, it was later expanded to include urban areas, resulting in two major components known as the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). This comprehensive program aims to provide health facilities to marginalized sections of the population across the country. NHM is designed to enhance the accountability of the government and administration in delivering quality healthcare to the general public. The mission focuses on improving the availability and access to quality healthcare, with a specific emphasis on rural areas, impoverished communities, and women and children. It encompasses five major components: Reproductive and Child Care, National Urban Health Mission, Communicable Disease, Non-Communicable Disease, and Infrastructure Maintenance (PIB, 21/02.2017).

To successfully implement the program, a Communitize Approach was adopted, emphasizing decentralization. Capacity building was a key focus, employing the Improved Management through Capacity approach. Responsibilities for management were delegated to block and district-level offices, and provisions were made for continuous skill development through collaboration with NGOs. The Flexible Funding Approach was another integral aspect of NHM. This approach not only utilized central finance but also explored options for resource mobilization to support risk pool and reform initiatives. This flexibility allowed for a more dynamic and adaptable funding structure. Monitoring the Progress and Quality of the program is an essential

element, ensuring that the set objectives are met and maintaining the desired standard of care. Innovation in Human Resource Management is also emphasized, encouraging new and effective approaches to managing healthcare personnel within the framework of the program. (NRHM Draft, Ministry of Health & Family Welfare, GoI; August 2006).

India, characterized by its massive population, is home to 83.3 crore people residing in villages (Census of India; 2011). A notable aspect is that every fifth person in the rural India is experiencing the Multidimensional poverty (NITI, National Multidimensional Poverty Index, 2023). Despite this demographic reality and the considerable healthcare needs, the government allocates less than 2% of the total Gross Domestic Product (GDP) to the healthcare sector (National Health Accounts; 2019-20). This limited financial commitment poses challenges in providing comprehensive healthcare services to such a vast population. Geographical barriers further exacerbate the situation, leading to many parts of the country being deprived of adequate health facilities. The uneven distribution of healthcare resources creates disparities in accessibility, especially in remote or difficult-to-reach regions. Compounding these challenges is the shortage of trained personnel and inadequate health infrastructure, particularly in rural areas. This scarcity hinders the effective delivery of healthcare services and creates a significant hurdle in meeting the diverse healthcare needs of the population.

In Haryana, a state where over 65% of the population resides in rural areas, ensuring healthcare facilities for all becomes a formidable challenge (Census of India; 2011). The historical underdevelopment of districts in the southern and southeastern regions of the state can be identified as a

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contributing factor to the relatively poor health conditions in these areas. Historical factors, economic conditions, and regional disparities all play a role in shaping the healthcare landscape, making it imperative for comprehensive and targeted healthcare interventions to address the unique challenges faced by different regions within the country.

The health status of any community can be gauged by examining the health indicators related to women and children. In the case of a state like Haryana, the extent of health improvements can be ascertained by evaluating progress in Maternal and Child Health under the National Health Mission (NHM). This study seeks to identify changes in healthcare facilities and maternal and child health indicators resulting from the implementation of the National Health Mission in the state. Through this research, evaluating the effectiveness of the National Health Mission in Haryana becomes possible, offering insights that can contribute to the improved implementation of the program in the future.

## 2. Literature Review

It is crucial to acknowledge the challenges faced by the NRHM. The involvement of Non-Governmental Organizations (NGOs) plays a vital role in the communitization process of the NRHM. The success of the program hinges on the effective utilization of resources and strong leadership from Panchati institutions. To optimize the results of the mission, there is a pressing need to empower Panchayati institutions nationwide, as emphasized by **Kumar S. in 2005**.

Over the course of NRHM, significant improvements have been observed in health facilities nationwide. Government hospitals and community health centers have seen an increase in the number of beds, and there has been a rise in the count of doctors and nurses in Primary Health Centers (PHC) and Community Health Centers (CHC). Strong evidence indicates that the availability, affordability, and accessibility of health facilities have improved due to infrastructure development and an increase in human resources. Maternal and child health indicators have also witnessed positive changes, with a 40% reduction in neonatal mortality and a 52% decrease in maternal mortality from 2005 to 2019 following the introduction of NRHM (**PIB Govt of India, 2022**). NRHM has significantly contributed to the surge in institutional deliveries, and there has been a substantial increase in the number of Accredited Social Health Activist (ASHA) workers as well (**Department of Health and Family Welfare Ministry of Health and Family Welfare Government of India. Annual Report 2009-2010**).

The foundation of contemporary health policies and systems in India traces back to the recommendations of the Bhore Committee Report of 1946. This report advocated for a three-tier health system and suggested restricting the role of the private sector (**Chokshi et al., 2016**). Subsequent efforts aimed at revitalizing health facilities led to the National Rural Health Mission (NRHM), operating on the principle of decentralization (**Dhingra & Dutta, 2011**). Launched on April 12, 2005, the National Rural Health Mission (NRHM)

aims to provide Affordable, Accountable, Effective, and Reliable health facilities to the rural poor (**Prasanna, 2006**). NRHM was implemented in a "mission" mode, emphasizing the urgent need to enhance healthcare provision in India (**Devadasan & Prashanth, 2012**).

These facts underscore that health and healthcare development have not been prioritized by Indian states. The country's first health policy document was introduced 35 years after gaining independence. Health policies have varied across different five-year plans, despite health being a subject on the state list. The Bhore committee, in the 4th decade, emphasized the significant gap between rural and urban health facilities, emphasizing the need for a focus on rural India. In 2001, the draft National Health Policy was announced, marking the first time citizen feedback was solicited (**Duggal, 2014**).

Despite its successes, the NRHM faces challenges such as regional disparities in health indicators, coordination with other health schemes, and adapting to parallel health systems within different states. Additionally, ensuring universal access to all segments of society remains a major challenge, as highlighted by **Mohd Hanief Wani in 2017**.

The state of health facilities in India has been notably inadequate, characterized by limited access and poor quality of services. There is a pressing need for substantial investments in the country's health sector. In comparison to other densely populated developing nations, India allocates a relatively small proportion of its GDP to health, accounting for 10.4% in 2010, whereas the global average was 9.7%. For instance, in Brazil, another developing country with a large population, the expenditure on health constituted 8.4%. Furthermore, concerning public and private spending, only a quarter of the total expenditure is directed to the public sector in India. In contrast, countries like Brazil and China allocate 42% and 47% of their total health expenditure to the public sector, underscoring the disparity (**Grover & Singh, 2019**).

As of July 2021, the Health Minister reported a noteworthy increase in the utilization of government health benefits, rising from 28.3% to 35.5% between 2014 and 2017, particularly with the implementation of the National Rural Health Mission (NRHM) in rural areas. The percentage of individuals opting for institutional delivery at public health facilities has also shown a positive trend, rising from 56% to 69%. During this period, there has been a significant reduction in the cost of childbirth in rural areas, decreasing by Rs.1346. Furthermore, the cost of institutional delivery in rural areas has also witnessed a decrease of Rs.263. These findings indicate the positive impact of the National Health Mission (NHM) in reducing out-of-pocket expenditures (OOPE) for health, as reported by **Business Line in 2021**.

## 3. Statement of Problem

Providing healthcare in a country as populous as India, with a population exceeding 1.25 billion, poses significant challenges. Since gaining independence, successive democratic governments have earnestly worked to address this challenge. A notable initiative in this direction was the

launch of the National Health Mission in 2005. This unique effort involved creating distinct health missions for rural and urban India, recognizing their distinct environments. The initiative aimed at decentralizing public health facilities and making deliberate efforts to promote public participation in healthcare decision-making.

It would be intriguing to explore whether the decentralization of health facilities has positively impacted health outcomes in the country. Additionally, understanding the level of effective community participation and its implications is crucial. A study focusing on these aspects within the context of the National Health Mission could shed light on the changes in health conditions, particularly in a state like Haryana.

In essence, the National Health Mission's approach to tailoring health missions for diverse environments and emphasizing decentralization and public participation represents a significant strategy to address the intricate healthcare needs of a densely populated nation like India. An examination of the impact of these strategies, specifically in a state such as Haryana, would provide valuable insights into the efficacy of such healthcare initiatives and their influence on health conditions.

#### **4. Methodology**

Review and analytical approaches play a crucial role in evaluating the performance of a scheme, providing insights into its effectiveness and areas that may require improvement. The assessment typically involves measuring the achievements of the scheme against predetermined targets to gauge its success and impact.

To conduct such evaluations, various health parameters are selected as indicators of the scheme's performance. These parameters could include metrics such as maternal mortality rates, infant mortality rates, immunization coverage, and other relevant health outcomes. These indicators serve as measurable benchmarks to assess the scheme's impact on the targeted population.

Comparisons are made across different times and places to discern trends, patterns, and variations. Time-based comparisons help assess the scheme's progress over specific periods, highlighting any improvements or setbacks. Place-based comparisons are essential to understand regional disparities and identify areas where the scheme may have had a more significant impact or where challenges persist.

Appropriate tabulation and graph methods are employed to visually represent the data, making it more accessible and interpretable. Tabulation involves organizing data in tables, allowing for a systematic presentation of information, while graphs, such as line charts or bar graphs, offer a visual depiction of trends and variations. These visual aids are valuable tools for stakeholders, policymakers, and the public to grasp complex data sets and understand the scheme's performance more intuitively.

Overall, the combination of review, analytical approaches, and data visualization through tabulation and graphs creates

a comprehensive evaluation framework. It enables a nuanced understanding of the scheme's achievements, facilitates evidence-based decision-making, and guides adjustments or enhancements to improve its effectiveness in addressing health-related objectives.

### **5. Results & Discussion**

#### **Child & Maternal Health Status in Haryana**

Haryana, situated in the heart of the Hindi belt, holds significant importance in the socio-economic and political landscape of India. This state's geographical expanse stretches from the Shivalik hills of the Himalayas in the north to the semi-arid region of Rajasthan in the southwest. The influence of the Delhi metropolis region in the east and the presence of socio-economically challenged districts to the south contribute to the diverse nature of the state.

Given its strategic location and diversity, issues related to women and child health have been persistent concerns in Haryana. The state has grappled with challenges in this domain for an extended period. The implementation of specific programs has, however, marked a turning point, bringing about concerted efforts to address maternal and child care concerns across the entire state.

Through these initiatives, the program has sought to improve the alarming state of women and child health in Haryana. This involves implementing targeted measures aimed at enhancing maternal healthcare, ensuring child immunization, and addressing issues related to infant and neonatal mortality. The performance of these efforts is noteworthy, reflecting a commitment to making substantial improvements in the health outcomes of women and children throughout the state.

The specific achievements and outcomes of the program underscore the positive impact on maternal and child health. By focusing on diverse regions with varying socio-economic backgrounds, the program aims to bridge the gaps in healthcare services and uplift the overall well-being of women and children in Haryana.

#### **5.1 Maternal Health Scenario**

The current Maternal Mortality Ratio (MMR) in Haryana stands at 110 per 100,000 live births, according to the Sample Registration System data from 2018-20. Notably, there has been a significant 13.4% decline in the MMR from 2011-13 to the current period, reflecting positive strides in maternal healthcare.

Several measures have been implemented through the program to reduce the maternal mortality rate. One noteworthy achievement is the increase in institutional delivery cases from 90% to an impressive 97.5%. To enhance emergency delivery services, including C-section services, 55 First Referral Units (FRU) were made operational. Over the period from 2014 to 2022, the number of First Referral Units has seen a substantial increase of almost 40%.

Additionally, the introduction of the E-Sanjeevani OPD initiative has facilitated free online medical advice, providing online OPD services for pregnant women. This service is available 24/7 and has served one lakh pregnant women in the previous year alone, demonstrating the accessibility and efficiency of healthcare services.

The Haryana government has further expanded maternal and child healthcare infrastructure by establishing six special Mother-Child Health Care Centers (MCH) in Panchkula, Panipat, Sonapat, Nuh, Faridabad, and Palwal. Approval has been granted for two more centers in Sirsa and Kaithal. Moreover, eight obstetric High Dependency Units/Intensive Care Units (HDU/ICUs) are being established in the state to manage high-risk pregnancies with vigilant monitoring and interventions by specially trained teams.

To address severe anemia in pregnant women, the government has ensured the availability of free injectable iron sucrose, contributing to the comprehensive and proactive approach to maternal and child health in Haryana. These collective efforts showcase a commitment to improving maternal healthcare outcomes and reducing maternal mortality in the state.

To enhance antenatal care services, the months of April and May were dedicated to the celebration of Janani Suraksha Maah across all districts. During this period, a significant initiative was taken to examine pregnant women, and in the month of April alone, approximately 76,000 pregnant women underwent examinations. Through these examinations, a crucial aspect of the initiative was the identification of potential risks or dangers to the fetus.

Upon investigation, it was found that nearly every fifth fetus (approximately 20% of the cases) was identified as requiring protection from serious risks. Subsequently, measures were promptly implemented to ensure the safe delivery of these identified cases. This indicates a proactive approach to antenatal care, where early detection of potential issues allowed for timely interventions and protective measures to safeguard the health and well-being of both the pregnant women and their unborn children. The Janani Suraksha Maah initiative, by focusing on antenatal examinations and taking necessary actions, contributes to improving maternal and child healthcare outcomes in the community.

**Table 1: Maternal Health Status**

Indicators	Time Period	
	A	B
Maternal Mortality Ratio	127	110
	(2011- 13)	(2018- 20)
Institutional Delivery	90.37%	97.5%
	(2017)	(SRS 2020)
First Referral Units	40	55
	(2014)	(SRS 2020)

Source: <http://www.nhmharyana.gov.in/>

The various measures implemented in the state have played a crucial role in reducing the Maternal Mortality Rate (MMR). Over the years, there has been a substantial improvement, evidenced by a notable decrease of 17 points in the state's MMR from the period of 2011-13 to 2018-20.

This achievement brings the state's MMR closer to the national MMR, which stands at 103.

The significant drop in the MMR is a positive outcome of the concerted efforts made in maternal and child healthcare, healthcare infrastructure development, and the effective implementation of health programs. The data in Table 1.0 likely illustrates this decline, showcasing the progress made in reducing maternal mortality.

Reducing MMR is crucial for aligning with global health targets, particularly the Sustainable Development Goal (SDG) for 2030, which aims to bring down maternal mortality to 70 deaths per lakh live births. The progress observed in Haryana, as reflected in the declining MMR and its convergence with the national average, is indicative of positive strides towards achieving this SDG target. This signifies the success of health policies and interventions in safeguarding maternal health and underscores the state's commitment to achieving international health benchmarks.

**5.2 Child Health Scenario**

According to the Sample Registration System (SRS) conducted by the Government of India, the Infant Mortality Rate (IMR) in Haryana was 41 per 1000 live births in 2013. Over the subsequent years, there has been a noteworthy reduction in the IMR, reaching 28 per 1000 live births by the year 2020. This represents a remarkable achievement for the state, showcasing an impressive decline of almost 30% in the Infant Mortality Rate during this period.

Additionally, the Neonatal Mortality Rate (NMR), which specifically focuses on deaths within the first 28 days of life, has also witnessed a significant decrease. In the specified period, the NMR has declined by almost 27%. This positive trend in both IMR and NMR reflects the effectiveness of healthcare interventions, maternal and child health programs, and overall improvements in healthcare infrastructure in Haryana. Such advancements contribute to enhancing the well-being of infants and newborns, underlining the success of efforts aimed at reducing child mortality rates in the state (Table 2.0).

**Table 2: Child Health Status**

Health Indicators	Period A	Period B	Change (%)
Under-5 mortality rate	45	33	
	(SRS 2013)	(SRS 2020)	26.7
Neonatal mortality rate (NMR)	26	19	
	(SRS 2013)	(SRS 2020)	27
Infant mortality rate (IMR)	41	28	
	(SRS 2013)	(SRS 2020)	31

Source: <http://www.nhmharyana.gov.in/>

To enhance childcare facilities in the state, fundamental amenities have undergone significant expansion. The number of Special New Natal Cancer Centers has rapidly increased from 15 in 2013 to 24 in 2022. In the last year, 265,384 newborn children were admitted for medical care in these SNCUs. The count of New Born Stabilizing Units (NBSU) also witnessed a 27% increase. To enhance childcare further, the state has introduced more than double the number of New Born Care Centers (NBCC) during this period. Additionally, 11 Nutritional Rehabilitation Centers



(NRC) have been operational in the state. Furthermore, an Intensified Diarrhea Control Fortnight (IDCF) round was observed for 15 days in July 2022, during which 19,000 children suffering from diarrhea were treated with Zinc and

ORS tabs. Approximately 23.92 lakh children under the age of five received prophylactic ORS packets during the IDCF round.

**Table 3: Child Health Care Facilities**

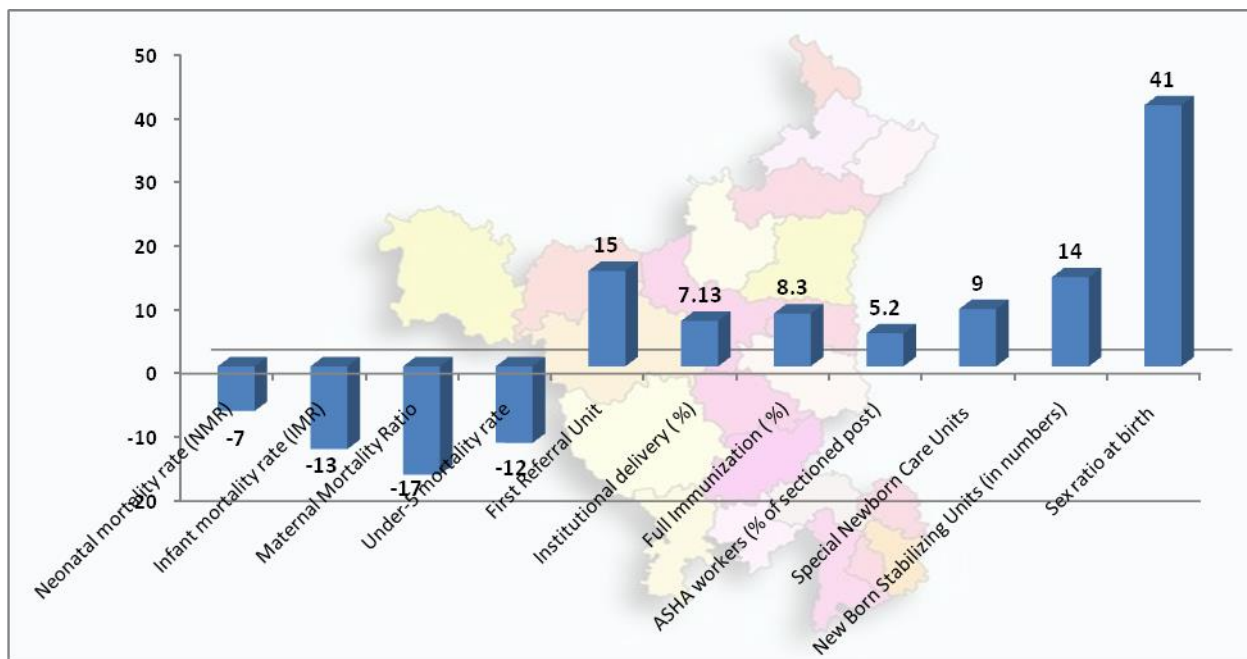
Child Health Facilities	Period A	Period B	Change (in %)
Special Newborn Care Units (SNCU)	15 (2013-14)	24 (2022-23)	60
New Born Stabilizing Units (NBSU)	52 (2013-14)	66 (2022-23)	27
New Born Care Corners (NBCC)	192 (2013-14)	439 (2022-23)	128.6
Routine Immunization coverage	62	77	24
Full Immunization	85.70	94	9.7

Source: <http://www.nhmharyana.gov.in/>

**Intensive vaccination programs** were implemented statewide to safeguard children from diverse diseases. Between 2015-16 and 19-21, routine immunization coverage in the state has risen from two-thirds to three-quarters of the targeted population. The goal is to attain a Fully Immunized Child (FIC) coverage of 94% by 2022-23. In Nuh, Palwal, and Panipat districts, approximately 70,000 children and 20,000 mothers received vaccinations under the Intensified Mission Indradhanush 4.0 initiative (Table 3.0).

Haryana through the National Health Mission. Notably, there has been a substantial decrease in all mortality rates during this period, with the most noteworthy decline observed in the Maternal Mortality Rate, highlighting the program's remarkable success. Additionally, considerable advancements have been made in essential infrastructure. The intensive implementation of the vaccination program played a pivotal role in achieving near-universal coverage. These collective initiatives led to a significant enhancement in the child sex ratio at birth in the state, marking a noteworthy improvement of 41 points between 2013 and 2023 (Graph 1.0).

The provided information indicates that commendable efforts have been undertaken for maternal and child care in



**Graph 1: Change in Health Parameters: 2013-14 to 2020-23 (NHM-Haryana)**

Source: Prepared by author from <http://www.nhmharyana.gov.in/>

## 6. Conclusion

The National Health Mission (NHM) is a crucial initiative aimed at reforming the health sector, and it has made significant contributions to improving maternal and child health in Haryana. The program has systematically worked to enhance facilities related to maternal and child health across the entire state. One notable recognition is the Atal Bihari Good Governance Award 2020-21 given to the state's

e-Sanjeevani scheme, underscoring its excellent implementation.

However, despite these efforts and achievements, there remains a concerning high maternal mortality rate (MMR) in the state. Maternal mortality refers to the number of women who die during pregnancy or within 42 days of childbirth per 100,000 live births. In Haryana, this rate is still at a worrisome level. To effectively address this issue, it is

crucial to pay special attention to specific districts, such as Nuh, Palwal, Faridabad, and Gurugram, where the performance in meeting the Sustainable Development Goal 3 (SDG-3) related to Good Health and Well-Being is lagging.

SDG-3 aims to ensure healthy lives and promote well-being for all, including targets related to maternal mortality. To improve the situation, it is essential to make necessary enhancements in the National Health Mission. This could involve reviewing and adjusting strategies, allocating resources more effectively, and implementing targeted interventions in the identified districts to enhance the overall effectiveness and responsiveness of the health reform program. The ultimate goal is to achieve a substantial reduction in maternal mortality and ensure better health outcomes for mothers and children across the state.

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