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Village Health and Outreach Programme: A New Arrival in Rural Health Care in Assam

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Abstract:
This article is about the current health care system in Assam especially in rural areas. It also highlights the current status of Health in rural Assam along with its various initiatives from time to time. The article has been written with the aim to highlight the various approaches taken by National Rural Health Mission in Assam to improve the health condition of rural people. To highlight the innovativeness of Government of Assam to increase the health services coverage to the remotest part, a programme called as "Village Health Outreach Programme (VHOP)" has been projected. The VHOP programme can be considered among the most creative initiative of the Government of Assam to cover the unserved rural population by the basic health care services. The programme was launched in 2011, since than has been able to impact measurably in bring the underprivileged rural masses under roof of Rural Health Care Services of Assam.

1. Introduction

Speaking about Rural Health Care Services delivery, Assam has been in the genocide sector since long. All the programmes, schemes and projects were fully implemented in this state along with all other states and union territories of India from time to time. Since the very first Five Year Plan in 1952, Assam has its shares to all the planning and budget marked for Health Services.

Under the mandate of National Common Minimum Programme (NCMP) of UPA Government, health care is one of the seven thrust areas of NCMP, wherein it is proposed to increase the expenditure in health sector from current 0.9 % of GDP to 2-3% of GDP over the next five years, with main focus on Primary Health Care. The National Rural Health Mission (NRHM) has been conceptualized and the same is being operationalised from April, 2005, throughout the country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 North East States (Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura) Himachal Pradesh and Jammu & Kashmir.

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care, especially to poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health Care through creation of a cadre of Accredited Social Health Activists (ASHA) and improves the hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine Deficiency, Filaria, Kala Azar T.B., Leprosy and Integrated Disease Surveillance. Further, it addresses the issue of health in the context of sector-wise approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector Departments i.e. AYUSH, Women & Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development.

The Mission further seeks to build greater ownership of the programme among the community through involvement of Panchayati Raj Institutions, NGOs and other stakeholders at National, State, District and Sub District levels to achieve the goals of National Population Policy 2000 and National Health Policy. Under the strategy of NRHM, in order to fill the gaps in the existing rural health care infrastructure available in the country, the key components, inter-alia, of the Mission are as given below:

1. Creation of a cadre of Accredited Social Health Activists (ASHA) in 2.5 lakh villages in four years – 8 EAG States, J&K and Assam.
2. Creation of village health scheme and preparation of village health plan – 18+ states. 6
3. Strengthening sub centres with untied funds of Rs. 10,000/- per annum –10+8+States.
4. Raising 2000+CHCs to the level of IPHS.
5. Codification of Indian Public health Standards (IPHS) – 18+states.
6. Integrating vertical health and family welfare programmes under NRHM at National, State and District level – all states.
7. Strengthening Programme Management Capacities at National State and District level – 10+8+states.

8. Institutionalizing district level management of health – all districts.
9. Supply of generic drugs (both Allopathic and AYUSH) – 18+States.
10. School health check up programme – 18+States
11. Promotion of multiple health insurance model – all states.
12. Supplementing Vitamin 'A' and Iron Folic Acid to deficient children at Anganwadi level – 18+states.
13. Promotion of private sector for achieving public health goals – all states.
14. Setting up of comprehensive Health and Family Welfare clinics – 5 States+select districts.
15. Services of ANM and medical officers, PHCs to be ensured at fixed days at Anganwadi levels.
16. Mainstreaming ISM. Exploring new Health Financing Mechanism, Policy reforms in Medical Education and Public Health Management.
17. The mission shall focus on rural areas since bulk of the strategic interventions are aimed at improvement of primary health care in rural areas.

2. Current Scenario in Assam-From NRHM Perspective

- Infrastructural facilities in Assam comprise of 22 DHs, 103 CHCs, 844 PHCs and 4592 SCs. There are 103 health facilities functioning on 24x7 basis and only 60 are functioning as FRUs. The 60 FRUs comprise 22 DHs, 2 SDHs, and 36 CHCs. The up gradation of CHCs to FRUs needs priority attention. Shortage of blood banks and ill functioning blood storage units is a serious snag towards full utilization of health facilities like FRUs especially for emergency and surgical services. However, facility surveys have already been conducted and civil works for up-gradation up to IPHS norms has increased tremendously.
- Human Resources in Assam seem to be a serious snag. Out of requirement of 412 doctors, we find only 365 are in position and out of with 117 have been appointed on contractual basis under NRHM additionalities. Similarly we find around 178 Medical Doctors have been appointed on contractual basis under NRHM but still 61 PHCs are without doctors. Similarly 2112 staff nurses have been recruited under NRHM and still there is serious shortage of staff nurses. However, an innovative idea of introducing rural health practitioners (RHPs) by imparting 3 years training to 10+2 pass outs is expected to improve rural health services. While human resource has increased, there is a still a long way to go in fully preparing facilities for all kinds of morbidities. 20
- Case load has improved significantly in the State. Number of institutional deliveries has up surged from around 1.49 lakhs in 2005-06 to around 3.57 lakhs in 2008-09. Improvement in the outreach of healthcare gets depicted by increase in the number of children fully immunized to over 5.5 lakhs in 2008-09. Introduction of Rural Health Practitioners under NRHM has been as innovative idea and is going to make a huge difference in delivery of health services at PHC levels in Assam. Improvement in deployment of Human Resources has facilitated start of evening OPDs in Assam and is going to bring effective utilization of existing physical health infrastructure in Assam.
- NDCP in the State needs to be strengthened as malarial cases are reported to have gone up from 58134 in 2004 to 83939 in 2008, TB cases from 26422 to 38454, and Blindness cases from 22920 to 56641. Only Leprosy cases, which again are quite high compared to other states, have gone down marginally from 1293 to 1137 during the period. However, the malarial deaths have gone down from 304 in 2006 to 86 in 2008. Another killing disease in the State is Japanese Encephalitis Deaths because of suspected reported deaths were 133 in 2007 and 99 in 2008. Similarly deaths due to Kala-Azar were also reported to be around 98 in 2007 and seem to have been controlled.
- Quality and outreach of the health services in the State has improved on several accounts. Introduction of Rural Health Practitioners (RHPs) with 3 years training of higher secondary students has facilitated improvement in the quality of health services in the rural areas. Substantial improvement in patient friendly physical infrastructure/ health facilities and mobilization of human resources has been reported to bring up the quality of health services in the rural areas. Most of the health facilities were found to be clean with sufficient lighting and clean toilets. Segregation of waste with deep burial and construction of pits has been initiated in most of the DHs and CHCs and some lower level health facilities.
- ASHAs in position are 26,225 in 26312 villages in the State. All are reported to have completed Module IV training. ASHAs are the visible face of NRHM and JSY work of ASHAs is quite popular among the rural women in the State. Most of them have reported yearly earnings of less than Rs. 10,000. Medicine kits provided but no arrangement for replenishment. A weekly radio programme on ASHAs seems to be quite popular in the State. General demands of ASHAs in the State are higher incentive as well as referral transport money for accompanying pregnant women.
- AYUSH services have not been provided in any of the DHs, CHCs and PHCs. Earlier budgetary provision of 1.54 crore in 2007-08 under AYUSH department of MoHFW have been enhanced to almost 88 crore in 2007-08, 86 crore in 2008-09 and further surged to 144 crore in 2009-10. Several initiatives like provision of Setting of 24 AYUSH wings (14 for Ayurveda and 10 for Homeopathy), training and recruitment of corresponding number of specialists in both systems of the medicines, provision of 4 mobile vans, conducting of health 'melas' in the state are proposed to strengthen the AYUSH system in the State in 2009-10 PIP. The AYUSH mainstreaming objective in the State seems to be under focus in the State.
- Decentralization process in the State is working well as the number of ASHAs in position is 26255 in around 26312 villages in Assam. All the ASHAs have been trained and are equipped with kits. Total number of VHSCs in Assam is 26816 with around 24085 with operational joint accounts. Number of registered Rogi Kalyan Samities is 987 with 22 in DHs, 108 in

CHCs, 13 in 21 Block PHCs and 844 in PHCs. Utilization of untied funds seems to have been improving over the recent past depicting that activities under NRHM have been getting strengthened.

- Family Planning services need more attention. Procurement and supply of drugs needs to be strengthened for regular supply and sufficient stocks. VHNDs in Assam have gone up from 1.6 lakhs in 2007-08 to 2.2 lakhs in 2008-09 in Assam but still needs to be strengthened as per village VHND comes out to be much below the average for India.

3. Progress and Performance

Its has been observed that since the very beginning whether it may be from ver first Five Year Plan or from the launch of National Rural Health Mission, Assam has been striving hard with all possible efforts and initiatives to improve that status of Health of its People. This makes it very much necessary to look at the position of Assam compare to national achievements under the various health indicators.

Indicator	Past Status before NRHM (2005-06)	Assam (Present Status)	India (Present Status)
MMR (Maternal Mortality Ratio) Per 1,00,000 live birth	490 (Source: SRS, 2001-03)	301 (Source: Annual Health Survey 2012-13)	178 (Source: RGI 2010-12)
IMR (Infant Mortality Rate) Per 1000 live birth	68 (Source: 2005, SRS Bulletin)	55 (Source: 2012, SRS)	42 (Source: 2012, SRS)
TFR (Total Fertility Rate)	2.9 (Source SRS, 2005)	2.4 (Source: 2012, SRS)	2.4 (Source: 2012, SRS)
Crude Birth Rate (Birth Rate) per 1000	25.1 (Source: 2006, SRS Bulletin)	21.2 (Source: Annual Health Survey 2012-13)	21.6 (Source: 2012, SRS)
Natural Growth Rate	16.3 (Source: 2005, SRS Bulletin)	14.6 (Source: 2012, SRS)	14.5 (Source: 2012, SRS)
Crude Death Rate (Death Rate) per 1000	8.8 (Source: 2006, SRS Bulletin)	7.9 (Source: 2012, SRS)	7.0 (Source: 2012, SRS)
Sex Ratio	935 (Source: Census 2001)	954 (Source: Census 2011)	940 (Source: Census 2011)
Full Immunization	31.6% (Source: NFHS-III, 2005-06)	78.3% (Source: CES, RRC-NE, 2012-13)	61% (Source: Coverage Evaluation Survey UNICEF, 2009)-
Under Weight Children	36% (Source: NFHS-II, 1998-99)	40% (Source. NFHS-III, ' 2005-06)	46% (Source: NFHS-III, 2005-06)
Children (6-35 months) who are Anaemic	63.2% (Source: NFHS-II. 1998-99)	76.7% (Source: NFHS-III, 2005-06)	79.2% (Source: NFHS-III, 2005-06)
Anaemia among Ever Married Women (15-49 years)	69.7% (Source: NFHS-II. 1998-99)	69.0% (Source: NFHS-III, 2005-06)	56.2% (Source: NFHS-III, 2005-06)
Institutional Delivery	35.3% (Source: DLHS 3, 2007-08)	64.4% (Source: Coverage Evaluation Survey UNICEF, 2009)	72.9% (Source: Coverage Evaluation Survey UNICEF, 2009
% of girls married below age 18 years	40.7% (Source NFHS-II, 1998-99)	Total=21.8% Rural=23.2% (Source: DLHS 3, 2007-08)	Total= 21.5% Rural=26.6% (Source: DLHS 3, 2007-08)
Child Sex Ratio (0-6 years)	965 (Source: Census 2001)	957 (Source: Census 2011)	934 (Source: Census 2011)

Table 1

From the above achievements and current status of Health Indicators in Assam clearly suggest that the Assam is on right path, but still to go a long way. It can also be concluded that the health care services delivery in rural areas are still far behind the expected. This findings can be attributed to various factors like low manpower at the PHCs, CHCs, Sub-Centres, poor transportation facility and connectivity of villages to the nearest health facility, wage lose due health facility visit by beneficiaries, poor disease management, low level of awareness etc. The most alarming fact is that the rural population is more at risk of getting chronic diseases which can be prevented with early identification and referral as compared to minor ailments. To address the issues which are acting as major hindrances to the health care service delivery in rural Assam, the government of Assam felt the need to deliver the basic health care services and identify the diseases attacking these rural people , so that more comprehensive health care service delivery structure can be developed and the health institutions which are invested with hoppy money for infrastructure and manpower development can be utilized in best possible way.

In this direction, on 16th February 2011, the Health and Family Welfare Department, Govt. of Assam and National Rural Health Mission., Assam, in collaboration with Health Management and Research Institute (HMRI) have launched the Village Health Outreach Programme (VHOP)-Sanjeevani to meet the health care need of Village population at their door steps.

Village Health Outreach Programme (VHOP)-Sanjeevani is a technology enabled dedicated health care solution for rural people of Assam. This is fixed day-once in a month outreach initiative for those habitations which are 3KM away from any health facility. The objective of this service to provide comprehensive health services for identification, screening, diagnosis, referrals, monitoring and treatment of 7 Chronic diseases(Malaria, TB, Defective Vision, Asthma, Diabetes and Hypertension) and minor illness, thus managing morbidity and mortality.

The programme was started with 78 Mobile Medical Units in all 27 districts of Assam covering 3744 villages of Assam under 91 Block Primary Health Centers, 127 Dev. Blocks and 1670 Health Sub-Centers with total population of 62 lakhs. Every MMU Van comprises of team of Registration& Measurement Officer, ANM, Pharmacist, Laboratory Technician and Pilot each. In a month, each MMU Van conducts 2 Health Service Delivery Session per day in pre-scheduled Villages for 24 days. The date of visit to a particular village remains fixed in a month.

4. Services Offered under the Programme

4.1. Pregnancy Care

1. Antenatal checkups
2. Once a month blood test
3. Check for Immunization, I&F supplements
4. Monitor ASHAs to visit mother and infant for post-natal and neo-natal care during the first 30 days
5. High risk cases referred to hospitals (early MTPS services & early registration, risk identification); HMS link

4.2. Child Care

1. Birth defect identification
2. Monitoring Immunization, Vitamin A and I&F supplements
3. Growth monitoring, nutritional supplements (in conjunction with Anganwadi workers)
4. Treatment for ARI & Diarrhea

4.3. Chronic Disease Management

1. Diagnostic testing with a focus on Diabetes, Convulsions, Malaria, TB, Anemia, Asthma-COPD, Hypertension, and defective vision
2. Referral for treatment to the nearest Government Health Institutions.
3. Supply of drugs
4. Monthly monitoring
5. Treatment compliance and defaulter retrieval for TB

5. Progress Made so Far

Since the programme has completed almost 4 years in Assam, it is very much essential to measure its impact on the rural people of Assam. The available data since inception to 7th Jan 2015 on the performance of VHOP-Sanjeevani Programme (see table below) shows that almost 30% of the total targeted population already been registered in VHOP, which can be said as excellent in comparison to any other services delivery programmes or institutions in Assam and have become the beneficiaries of the programme. If we look at the services accessing by the beneficiaries on revisits basis than it can be observed that almost 30 lakhs visits have already been made by the registered beneficiaries for availing the VHOP services on once and more occasions. Out of the beneficiaries registered with VHOP, more than 37% of them have been screened for 7 chronic diseases and 24% of the screened chronic disease beneficiaries have been confirmed with one or the other among the 7 targeted chronic diseases. It is also found that 6.2% and 1% of the registered beneficiaries were provided with any of the PNC and ANC services respectively. Services and treatment provided for minor ailments is at the higher side with 68% of the total service visits.

VHOP Service Details	Performance from 1st March'11 to 7th Jan'14
Total Revisit	1245096
Total Screening Chornic Disease	692418
Screening Hypertension	188236
Screening Diabetes	493732
Screening Defective Vision	34854
Screening Epilepsy	1144
Screening Asthma	27202
Screening Tuberculosis	1228
Screening Malaria	3037
Total Chornic Disease Confirmed	166249
Hypertension	65718
Diabetes	81971
Defective Vision	2220
Epilepsy	846
Asthma	13814
Tuberculosis	1089
Malaria	591
Total ANC	112300
Total PNC	3330
OTHERS (MINOR AILMENTS, PEDIATRIC Etc.)	2105447

Table 1: Performance Report of VHOP-Sanjeevani (Assam)

** Total 78 MMUs deployed *MMUs covers 3744 villages of Assam under 91 BPHC, 127 Dev. Block & 1670 sub-center*

The above figures and findings, shows that the programme has been contributing greatly in the following areas.

1. Identification of cases which usually remains unreported for long.
2. Providing ANC and PNC services such as Hemoglobin tests which is first step for identifying anemic pregnant cases.
3. Beneficiaries need not lose their day wages for treating minor ailments to visit far located health institutions.
4. Chronic Disease management, which are mostly avoidable and preventable.
5. Sharing the work load of remotely placed health units such as Sub-centers.
6. Integration of Health Services with other village level health programmes such as ICDS Scheme.
7. Generating awareness on Health issues and providing health education.
8. Beneficiaries are aware of their health status.

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