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Title of the Thesis	:	"National Rural Health Mission and Panchayati RajInstitutions: A Study of Select Districts in Madhya Pradesh with special reference to Socially Excluded"

Abstract

Keywords: National Rural Health Mission, socially excluded, maternal and child health, IMR, MMR, Game Theory, Madhya Pradesh

Maternal and child healthcare are the most important aspects of health service delivery in rural India. National Rural Health Mission which was launched in April 2005, employs the strategy of providing selective primary healthcare. Itfocuses on areas with weak health infrastructure, which are inhabited mostly by poor and socially marginalised sections of population.

Chapter 1 of this thesis explains the rationale of the study and, inter alia, looks into the issue of 'inclusion' of the poor, SCs, STs, minorities (mainly Muslims) in the public healthcare system, and also special efforts, if any, required to include them. It also examines whether NRHM has, in its concept, design and implementation, devised special schemes to target these vulnerable sections and whether it translates into any substantial reduction of Maternal Mortality Ratio, Infant Mortality Rate and Total Fertility Rate. This study is made in four districts of Madhya Pradesh – Bhopal, Sehore, East Nimar (Khandwa) and Betul – which have predominantly minority (Muslim), SC and ST population.

Chapter 2 outlines the framework of research and the methodology. The study uses secondary data and information from Census 2001 and Census 2011, state and district level data from progress reports of NRHM, District Level Household and Facility Surveys 1, 2 and 3, National Family Health Survey, Sample Registration System (SRS) Bulletins, Annual Health Survey 2010-11 and various monitoring reports.

Chapter 3 gives an overview of NRHM and its focus on socially excluded and economically vulnerable sections. Chapter 4 gives the status of NRHM in MP. Special innovative schemes such as JananiSurakshaYojana, Janani Express Yojana, VijayaRajeJananiKalyanBeemaYojana, JananiSahyogiYojan and other similar schemes have been discussed in this chapter.

Chapter 5 discusses the Perception Survey and its results. An analysis of responses reveals that the PHCs and CHCs in Scheduled Caste Special Plan (SCSP) and Tribal Sub-Plan (TSP) areas have not fared too well even after the advent of NRHM. In Chapter 6, results of statistical regression analysis of data related to NRHM with IMR as dependent variable and allocation, expenditure, flexipool expenditure, expenditure on HR and ASHA training as independent variables, has been presented.

Chapter 7 looks at the issue of 'inclusion' of the socially excluded for proper health care through a programme like NRHM from Game Theory perspective by modelling a three player game between the Eligible Couples (who contribute in a major way to population growth), Society (which is concerned with development) and Health Worker (who represents the Public Health System).

A detailed analytical review in Chapter 8 looks into the maternal and child healthcare indicators and the status of healthcare services for women and children on the basis of literacy level and status of women, sex ratio, and access to public health institutions. The initial achievements under NRHM have been derived through analysis of the results of District Level Household and Facility Survey 3 (2007-08). NRHM has resulted in an increase in allocations and expenditures under RCH, immunization and for activities such as infrastructure strengthening, recruitment and training of ASHAs, setting up of emergency obstetric centres. Planning under NRHM has to be in a decentralised mode but it is found that the entire planning is done by the District Health Society, an autonomous body though the RogiKalyanSamitis have brought in an element of community participation.

The final inference is that NRHM has been implemented by a poorly-staffed system with an inadequate infrastructure. In such a system, the poor and the socially excluded were placed at the end of the demand hierarchy so their needs were mostly unmet. As the way forward a number of policy improvements have also been suggested in the thesis.