2.25 NRHM Initiatives: Improving access to healthcare through strategic incentives in Assam

Aiming to improve the healthcare scenario in Assam, the state team of the National Rural Health Mission (NRHM) launched some innovative programmes in 2010 to promote health-seeking behaviour among beneficiaries and improve service delivery. Morom is one such initiative that provides cash incentives to in-patients at public health facilities. A total of 117,181 patients have benefitted in 2013–2014, with approximately Rs. 3.5 crore being disbursed. Likewise, another scheme, Mamata, provides baby kits to mothers who stay on at health facilities for 48 hours after delivery to receive post-partum care. The state has also set up Nutrition Counselling cum Management Centres (NCMCs) to augment the reach and efficacy of the existing Nutrition Rehabilitation Centres (NRCs) in proactively screening and treating malnourished children.

Rationale

Assam faces severe challenges with regard to health of women and children. *Table 1* shows some critical indicators. The Government of Assam, working through state NRHM, has taken various initiatives to enhance the state's performance on these health indicators. Improved service delivery and people's access to healthcare, primarily in rural areas, is the core focus of these initiatives.

NRHM, Assam launched three important initiatives in 2010: i) Nutrition Counselling-cum-Management Centres; ii) Mamata; and iii) Morom.

Nutrition Counselling-cum-Management Centres (NCMCs) are unique centres established to assist the existing district level set-up of Nutritional Rehabilitation Centres (NRCs). The NRCs were set up by the Government of India to tackle the issue of severe acute malnourishment (SAM) in children under the age of five years. Such cases have a high fatality rate. The number of children afflicted with this condition is 4.98% in Assam, with a particularly high concentration among tribals and populations displaced by ethnic conflicts, such as in Kokrajhar. Child malnourishment is caused by a variety of factors, including poverty, low literacy rate, lack of knowledge about family planning, poor hygiene, improper infant feeding and poor dietary habits.

Table 1: Mother and child health indicators for Assam

Indicator	Assam	All India
Maternal Mortality Ratio	347 (2010, Source Annual Health Survey 2011-12)	212 (Source RGI 2007-09)
Infant Mortality Rate	55 (Source: SRS Bulletin, 2011)	44 (Source: SRS Bulletin, 2011)
Under Weight Children	40% (Source. NFHS-III, 2005-06)	46% (Source: NFHS-III, 2005-06)
Children who are Anaemic	76.7% (Source: NFHS-III, 2005-06)	79.2% (Source: NFHS-III, 2005-06)

Source: www.nrhmassam.in

Mamata has been initiated to address the issue of high maternal mortality rate (MMR). An estimated 21.5% of Assam's maternal population does not undergo delivery in health facilities, which increases their vulnerability to disease and death. There are also barriers to receiving postpartum care, owing to lack of awareness on the part of the patient and lack of concern on the part of doctors, who are often under pressure to treat a large numbers of patients at public health facilities.

Mamata incentivises mothers to remain at the health facility for 48 hours after delivery to receive postpartum care. The initiative, thus, has two positive consequences. Firstly, it provides direct health benefits to the newborn, and secondly, it serves as a conditional reward that empowers mothers to insist that they remain in the hospital for at least 48 hours, thereby receiving the requisite postpartum care.

Morom has been initiated for the poorer sections of society in general and daily wage workers in particular. Weaker sections of society, particularly casual labourers, avoid seeking healthcare as it costs them their daily wages. Ailments are ignored, causing a negative impact on overall health. Morom seeks to compensate for the wage loss suffered during the period of hospitalisation.

Objectives

NRHM, Assam launched these three initiatives to meet different objectives. NCMCs, extensions of NRCs, have been set up with the objective of expanding reach in peripheral areas to identify and provide medical care to children with SAM under the age of five years and educate mothers on appropriate nutritional practices. Mamata, on the other hand, aims to incentivise mothers for seeking postpartum care by providing them baby kits. The objective of Morom is to provide monetary incentives to in-patients at public health facilities so as to motivate them to access healthcare.

Key Stakeholders

The key stakeholders of NCMCare the NRCs, National Rural Health Mission, Department of Health and Family Welfare, Department of Social Welfare, Department of Panchayati Raj and Rural Development, United Nations Children's Fund (UNICEF) and partner NGOs and CSOs.

In the case of Morom and Mamata, the stakeholders are: beneficiaries, who are given the incentives in return for their health-seeking behaviour; NRHM, Assam, which provides the funds; and the hospital administration teams, which undertakes the disbursal of benefits

Implementation Strategy

Nutrition Counselling cum Management Centres

The first NRCs in Assam were set up in 2010–2011 in districts with high tribal and displaced[1] populations – in the civil hospitals at Udalguri and Kokrajhar districts and at the Primary Health Centre (PHC) in the Kharupetia block of Darrang district. By the year 2012–2013, 10 NRCs were established across Assam, and nine more were slated to be set up. The NCMCs are extensions of NRCs and are located either at the district hospital itself or at peripheral locations, bringing beneficiaries closer to health services. They have been set up in four districts (Dibrugarh, Nagaon, Darrang and Morigaon)

Figure 1: Key stakeholders in the implementation of NCMC

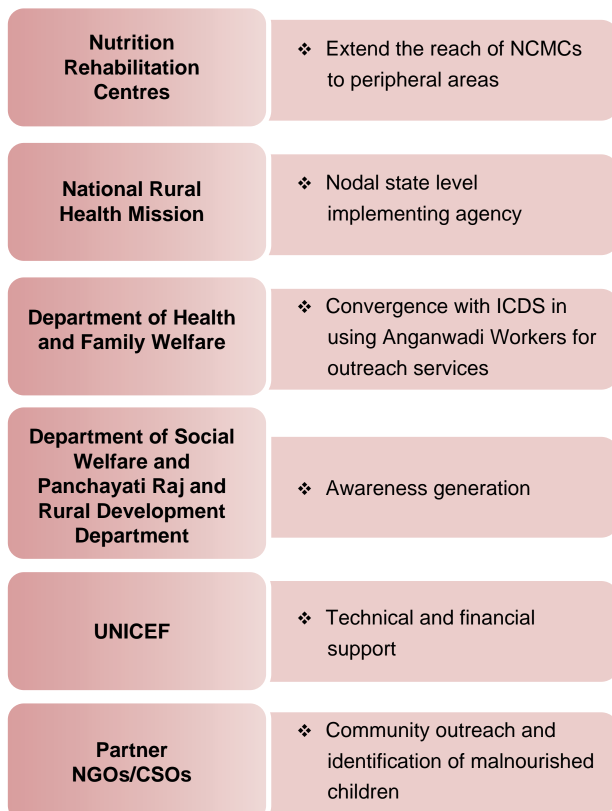
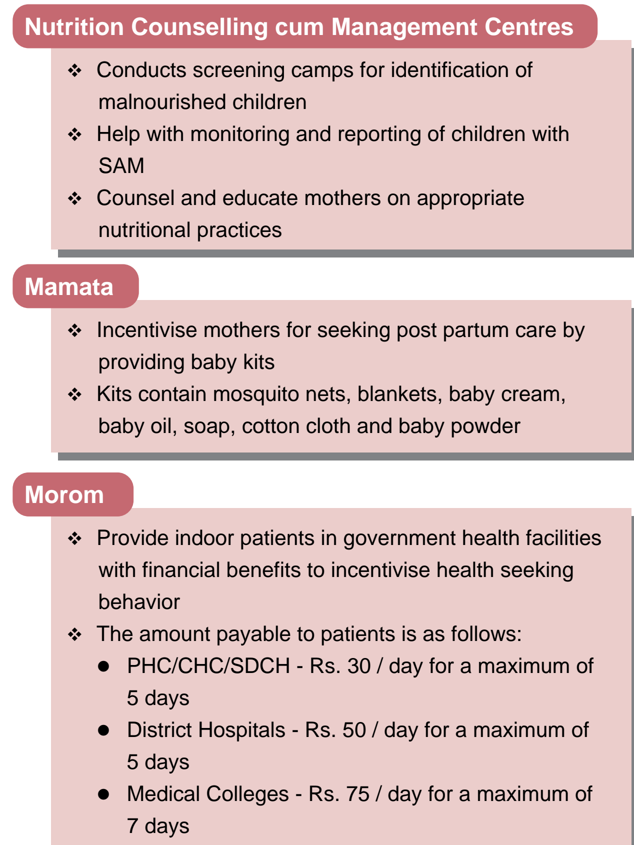


Figure 2: Three initiatives under NRHM, Assam



[1] *Kokrajhar has witnessed significant ethnic and communal violence that has displaced large numbers of people.*

and sanction has been received for expansion to the remaining 23 districts.

As opposed to NRCs that attend to children in the SAM category, the NCMC is an out-patient activity attached to the health centre focusing on providing preventive health services. The counsellors at the NCMC also take height and weight measurements of pregnant women to calculate their body-mass index and counsel them according to the needs identified, besides attending to attending to women in the post-natal stage counselling and guiding them to inculcate proper breast-feeding practices. They also counsel mothers for the nutritional needs of children under the age of five years.

Besides this, the counsellors also conduct screening camps and take anthropometric measures of children under the age of five years to find out about their nutritional status and identify cases of malnutrition. Children found to belong to the SAM category are referred to the NRC for treatment.

At the community level, the nutrition counsellors are part of the Village Health and Nutrition Day activities every Wednesday in collaboration with other actors like Auxiliary Nurse Midwife (ANMs), Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs) and Health Workers (HWs). The Village Health and Nutrition Day also serves as an event where children with SAM can be identified. This integration of the NCMCs activities across departments such as Health, and Women and Child Welfare, is modelled on the implementation of the Pulse Polio programme.

The nutrition counsellors at NCMCs are graduates or post-graduates in disciplines such as home science and have a good command on the subject of mother and child nutrition. They undergo a four-day orientation training following their induction into service. This training is conducted by master trainers from the medical college and the state agriculture university. Besides this, they undergo additional orientation programmes twice a year.

Morom and Mamata

Morom and Mamata were both initiated in May 2010. Being relatively simple initiatives to implement, they utilise the existing health infrastructure for disbursing funds and baby kits and only require awareness generation among beneficiaries. A large scale IEC campaign, comprising hoardings and newspaper advertisements, was launched to build awareness about the two initiatives.

The process flow for Morom and Mamata initiatives is similar. In the case of Morom, when patients are admitted

Image 1: Mother with a baby kit at Morigaon Civil hospital

into the general ward of a public health facility, they are informed that they are entitled to the relevant amount and their details are entered into the indoor patients (IPD) register. The incentive amount varies depending on the type of public health facility. For example, while an indoor patient admitted to any of the medical colleges in Assam would receive Rs. 75/day for a maximum of seven days, the patients admitted to district hospitals and CHCs/PHCs receive an amount of Rs. 50/day and Rs. 30/day, respectively, for a maximum of five days.

When patients are discharged, their discharge slip is cross-verified with hospital records and the relevant amount is disbursed through cash and cheque.

In the case of Mamata, the mother is entitled to the baby kit only after she completes the stipulated 48-hour stay at the health facility after delivery. Entries are made in hospital records when the mothers come in. After discharge, the baby kit, containing mosquito nets, blankets, baby cream, baby oil, soap, cotton cloth and baby powder can be obtained from the hospital store after showing the discharge certificate and signing in the Mamata register.

Resources Utilised

The NCMCs do not entail very high expenditures besides the salaries of Rs 15,000 per month for the counselors, the budget for which has been leveraged from ICDS, NRHM and the Tribal Development Department. A one-time expense (not more the Rs 40,000) is allocated per NCMC towards establishment costs and for purchase of equipment to measure height and weight.

Financial support for both Morom and Mamata is provided by the NRHM. The annual running expenditure for the Morom initiative is Rs. 12-13 crore.

People speak...

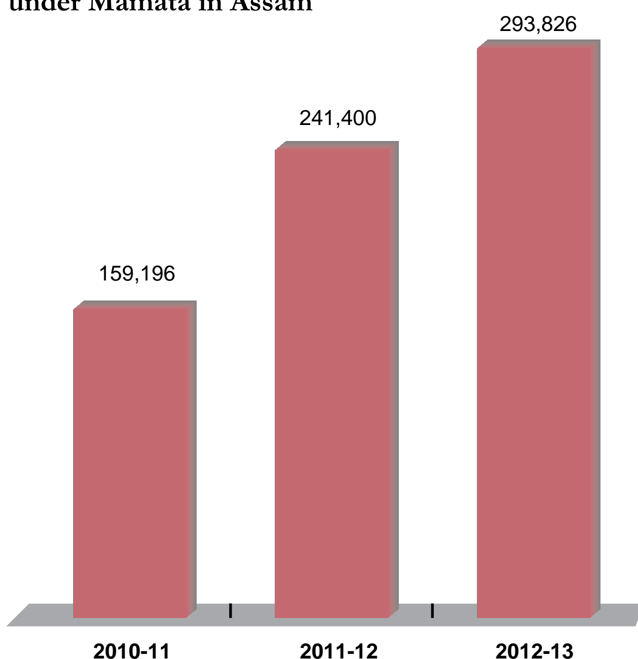
Cerebral palsy is one of the consequences of malnourishment. The child on the left had already succumbed to this mental disorder by the time the ASHA diagnosed him with SAM. However Nazima Khatoon, the young mother on the right, promptly brought her daughter to the NRC upon SAM diagnosis. She expressed gratitude and happiness and was satisfied with the facilities offered to her daughter.

Impact

Bringing health services closer to the people: The NCMCs are located at health centres like the district hospital or health centres at peripheral locations, bringing beneficiaries closer to health services. They have been set up in four districts and sanction has been received for expansion to the remaining 23 districts. The four districts are covered by 37 NCMCs staffed by an equal number of nutrition counsellors 35 of whom are women and two are men.

High uptake of services: Under the Morom initiative, a total of 117,181 patients from across Assam benefited in the year 2013-2014, with approximately Rs. 3.5 crore being disbursed. Mamata has also registered a steep increase in performance, as seen in *Figure 3*.

Figure 3: Total number of baby kits distributed under Mamata in Assam



Key Challenges

There are only 37 NCMCs as of now to address the nutritional needs of mothers and children in over 20,000 villages of Assam. Counsellors are found to be overburdened as they are responsible for providing a vast range of services and deal with increasing footfalls at the NCMCs.

Mobilisation of mothers and children remains a big challenge. Doctors are not adequately sensitised to the role performed by counsellors, and there is low appreciation of counsellors among other medical personnel. As a result, clients arriving at the out-patient departments (OPD) are not directed to meet with the NCMC counsellors.

Block-level monitoring, which is a vital role of the NCMC counsellors, involves travelling to distant places and this is a challenge for the counsellors. Even though some money is provided for fuel expenses out of the Block Monitoring Pool Fund, the location of health facilities at remote places poses challenges of accommodation, especially for women counsellors.

The chronic violence in the region also affects the access of clients to services and creates impediments in service provision. Assam has been plagued by insurgency and frequent communal, ethnic and regional conflicts. These have affected the functioning of NCMCs, particularly those in difficult areas such as Kokrajhar and Bodoland Territorial Area Districts (BTADs).

Fund transfer has been an issue for Morom and the NRCs. According to NRHM guidelines, payment disbursals must be done only through cheques. However, owing to poor financial inclusion among beneficiaries, cash is still being used for disbursal at NRCs and for Morom.

Replicability and Sustainability

The NCMCs have no major sustainability challenges as they have been attached to government health establishments. There are plans to expand on the NCMCs and eight more counsellors have been hired to join in the calendar year 2014. The State government is also committed to expanding the NCMC network and so, funding them is not an issue. The demand generated in the communities they serve has been steadily increasing, reflecting the community's acceptance. The same holds true for Morom and Mamata initiatives. Therefore, their sustainability and replicability are largely dependent on local initiatives as they are essentilly supply-driven

programmes that do not bank upon a revenue model for sustainability.

Besides demand for human resources, replicability of NCMC does not require much infrastructure either (but for height, weight and arm measuring instruments, registers and charts). The Morom and Mamata initiatives only require finances and strong procurement systems.

Conclusion

NRHM, Assam's initiatives to bolster access to healthcare are clearly generating greater demand, as can be seen in the increase in beneficiary numbers over time. The strategy of using incentives to address access constraints and to motivate beneficiaries to adopt health seeking behaviour seems to offer a workable solution for improving rural healthcare.

Fact Sheet

Theme	Health
Nodal Implementing Agency	National Rural Health Mission, Assam
Geographical Coverage	All districts of Assam State
Target Groups	NCMCs- Malnourished children under the age of 5 years and mothers Morom- Casual labourers/Daily wage earners Mamata- Pregnant and nursing mothers
Years of Implementation	2010 - Present