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Knowledge and Perceptions about NRHM Scheme among the Panchayat Members: A Case of Karnataka

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Abstract

Panchayats in India are an age-old institution for governance at village level. In 1992, through the enactment of the 73rd Constitutional Amendment, Panchayati Raj Institutions (PRI) were strengthened as local government organizations with obvious areas of authority, sufficient power, power and funds proportionate with responsibilities. As per the act, Panchayats have been given 29 rural development activities, including several, which are related to health and population stabilization. The National Rural Health Mission (NRHM) was introduced in the year 2005. It is a flagship programme to invigorate the rural public health system care in the country. The NRHM has many sub programs to improve the health status of the rural people. Panchayat are having a key role in the success of the NRHM programme. Implementation of NRHM is significantly dependent on the functioning style of Gram, Block and District level Panchayat. This study has been done in Karnataka having an objective to reveal Knowledge and Perceptions about NRHM Scheme among the Panchayat Members. Mixed method is used to do the study and conclude that members need more awareness about NRHM and its objectives.

Key Words: Health, Rural, JSY, PRI and Policy

Introduction

India at the present witness for two types of health development dimensions that have the capacity to considerably improve the health of its citizens. First and foremost is the rising recognition that the structure of public delivery of health services in India is in deep crisis. And the second is India's brave efforts to reinforce the voice of the rural poor through health decentralization focusing Panchayati Raj Institutions (PRI). It is argued that that these two new trends can converge to generate real reforms in the health care sector in India through increased accountability that local governments can provide.

The National Rural Health Mission (NRHM) was introduced in the year 2005. It is a flagship programme of the then UPA-1 government, to invigorate the public health system care in the country. In the last Eleven years of its accomplishment, NRHM has brought

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primary, continuing and noticeable changes in the rural care health sector in India. The National Rural Health Mission (NRHM) is seen as a vehicle to ensure that preventive interventions reach the vulnerable and marginalized sections through expanding the outreach and linking with local governance institutions. It is found that the PRIs are seen as vital agencies for framing, accomplishment, and monitoring of the NRHM programme. Implementation of NRHM in significantly dependent on the functioning style of Gram, Block and District level Panchayat'. At the District level, a District Health Mission will coordinate the NRHM functions. Key to NRHM success are: inter-sectoral convergence, community ownership steered through village level health committees at the level of the Gram Panchayat, and a well-functioning public sector health system with the support from the private sectors(NGOS)'. In the PRI act, "The XI schedule includes Family Welfare, Health and Sanitation, (including hospitals, primary health centers, and dispensaries,) and the XII schedule includes Public Health. Thus the possible realm of influence of the Panchayat extends over a significant proportion of public health issues. The Gram Sabha, where empowered has the potential to act as a community level answerability instrument to ensure that the functions of the village Panchayat in the area of public health and family welfare, actually respond to people's needs" (web based).

The argument is that decentralization brings governments closer to people thereby allowing them to respond more effectively to the local health needs and preferences. In the health sector, decentralization has been explicitly conferred a crucial role in the chain of service delivery under the National Rural Health Mission (NRHM). Thus efforts at rural decentralization (73rd amendment) have been undertaken within the context of strengthening accountability in the governance structures and moreover, health decentralization gives enhanced supervision and enforcement on various health schemes. Experts felt the accurate outline of the health sector, a decentralized institutional apparatus that focus on a bottom up participatory system can positively assist to rectify some of the potential failings in the sector such as absenteeism, corruption by strengthening accountability through NRHM programme focusing Decision Space, Capacity, Accountability, Strategic and Operational Planning, Budgets Governance, Monitoring, Evaluation (Guptha,2010).

It is found that through the NRHM, decentralization has additionally moved in two directions: (1) additional devolution of powers and capital to local institutions, and (2) de-concentration of powers and resources to the districts and lower levels of health administration. It seems first way was tremendously imperative in the circumstance of local mistakes and remedies. More than a few approaches have been concurrently followed to meet these objectives: (a) empowering District and Block Level Samitis (societies), and RKS (Rogi Kalyana Samithi) at the facility level

by providing them with increased institutional capacity and untied funds; (b) Creation of Village Health and Sanitation Committees in each village, which will be given a consolidated grant on yearly basis to use on local and crucial priorities.

Methodology

Area of the study: Koppole and Mysore districts of Karnataka state

Sampling: Around 79 Panchayath Members from the above two districts have been selected using simple random sampling technique from all three levels of the Panchayaths

Tools used to collect data

1. Survey
2. Interview
3. Focus group study

Data analysis: Data analyzed using SPPS software

Socio economic Status of the Studied Panchayath Members

Tab 1

Particulars	N=79	Percentage
Age (in years)		
25-30	26	32.9
30-40	10	12.6
40-45	15	18.9
Above 45	28	35.4
Gender		
Male	45	56.9
Female	34	43
Educational level		
Primary	12	15.2
High school	31	39.2
College	7	8.8
Illiterates	16	20.2