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DECLARATION

I Ms. Joyashri Dey bearing Registration No. Ph.D/1953/12 dated 25.09.2012, hereby declare that the subject matter of the thesis entitled **“GOVERNANCE IN HEALTH CARE UNDER NATIONAL RURAL HEALTH MISSION IN CACHAR DISTRICT OF ASSAM”** is the record of work done by me and that the contents of this thesis did not form the basis for award of any degree to me or anybody else to the best of my knowledge. The thesis has not been submitted in any other University/Institute.

Date:

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Place: Silchar

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GOVERNANCE IN HEALTH CARE UNDER NATIONAL RURAL HEALTH MISSION IN CACHAR DISTRICT OF ASSAM

PREFACE

The term ‘Governance’ was initially articulated in World Bank Publication (1989). In recent years, considerable attention has been devoted by the academia to the problem of realizing governance. Both in developed and developing parts of the world, there have been a welcome shift of focus from traditional concept of government to the concept of Governance. It is an umbrella concept that refers to efficient and effective administration in a democratic set up. The governance in health care is associated with an effective delivery of health services which is paramount due to its impact on human well-being.

Assam is one of the medium –sized states of India with an area of 78000 sq. Km and a population of 31 million as per 2011 census, located at the gateway of North east India and is separated by Bangladesh from mainstream India. Cachar district is one of the backward regions of Assam; this region of Assam is geographically, historically, socially and economically distinct from other parts of the state. This region is one of the problem ridden areas of the state. Natural calamities , mainly floods, ethnic tension, economic backwardness and poverty, massive unemployment, poor health infrastructure have tormented the area The health condition of this region is very deplorable due to its poor health infrastructural facility, service delivery system and weak manpower resources To deal with this situation the Govt. of Assam launched the National Rural Health Mission (NRHM) in April 2005, and actively trying to support the Directorate of Health and services, both General and Family Welfare by providing effective health care in all the areas of health, especially in the rural areas.

In this background it has been revealed in course of studies that there is enough scope and opportunity to have an in-depth study on the service delivery pattern under NRHM infrastructure facilities and administrative set up available in the Block level Primary Health Center’s for service delivery, the Socio-economic condition of the patients visiting for BPHCs, the nature and types of disease of the patient and treatment offered by BPHCs. With this precedence the present study also explores the perception of the patient towards the services of BPHCs and the role and intervention

of grass root actors like PRI, ANM and ASHA in governing Block Primary Health Center (BPHC) in Cachar district of Assam, highlighting the challenges of Red - tapism in service delivery and neglect to basic principles of governance. This study has been conducted in 8 BPHCs of Cachar district. In the next stage equal proportion of patients from each BPHC has been collected based on the condition that who used to come BPHCs most of the time as and when required and who are from reproductive age group having at least one child. It constitutes a group of 200 female patients for the study. Beside these, data has been collected from ASHA worker, ANM, PRI, BPM and SDMHO to understand the challenges faced by different health care providers and village administrator in the delivery of services to the end users.

The present study has been divided into a total of seven chapters. The chapter one gives an overview of the topic of the study related to governance and health care, the chapter two deals with Review of Literature, Chapter three describes the methodology adopted to continue the present study, the chapter four gives detailed about the research areas. The chapter five deals with the data analysis and interpretation, chapter six deals with major findings and chapter seven deals with the concluding discussions, recommendation and social work intervention.

LIST OF ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwives
ASHA	Accredited Social Health Activists
AYUSH	Ayurveda Yoga Unani Siddha and Homeopathy
BCC	Behaviour Change Communication
BDOs	Block Development Officer
BPHC	Block Primary Health Centre
BPM	Block Programme Manager
CHC	Community Health Centre
DHS	District Health Society
DLHS	District Level Household Survey
DOTs	Directly Observed Treatment Short-Course
DPM	District Programme Manager
DPMU	District Programme Management Unit
DSM	District Health Mission
EAG	Empowered Action Group
EPC	Empowered Programme committee
FRU	First Referral Unit
GDP	Gross Domestic Product
GP	Gram Panchayat
HDI	Human Development Index
HMIS	Health Monitoring Information System
HSR	Health Sector Reform
IFA	Iron and Folic Acid
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standards
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
MAHUD	Municipal Administration Housing and Urban Department
MCH	Mother and Child Health

MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MMU	Mobile Medical Unit
MNP	Minimum Needs Programme
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MPHWs	Multipurpose Health Workers
MSG	Mission Steering Group
NBCU	New Born Care Unit
NEP	New Economic Policy
NFHS	National Family and Household Survey
NGOs	Non-Govt. Organization
NHM	National Health Mission
NHP	National Health Policy
NHS	National Health Security
NPP	National Population Policy
NPTK	Nichoy Pregnancy Test Kit
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
OPD	Out Patient Department
ORS	Oral Rehydration Therapy
PHC	Primary Health Centre
PHED	Public Health and Engineering Department
PMG	Programme Management Group
PR& RD	Panchayat Raj and Rural Development
PRI	Panchayati Raj Institution
RCH	Reproductive and Child Health
RHS	Rual Health Statistics
RKS	Rogi Kalyan Samitee
RMCNA	Reproductive, Maternal, Neo-Natal, Child and Adolescent Health
RNTCP	Revised National Tuberculosis Programme
SAP	Structural Adjustment Programme

SDMHO	Sub- Divisional Medical and Health Officer
SHG	Self-Help Group
SHM	State Health Mission
SHS	State Health Society
SMCH	Silchar Medical College and Hospital
SPSMU	State Programme Support and Management Unit
SRS	Sample Registration System
TFR	Total Fertility Rate
U5MR	Under Five Mortality Rate
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Programmes
UNICEF	United Nations Children's Emergency Funds
VHD	Village Health Day
VHP	Vertical Health Programme
VHSNC	Village Health Sanitation and Nutrition Committee
WCD	Women and child Development
WHO	World Health Organization

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