GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO.2916
TO BE ANSWERED ON 2ND DECEMBER, 2016

NATIONAL HEALTH MISSION

2916. SHRI SHIVKUMAR UDASI:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the salient features and objectives of the National Health Mission (NHM);

(b) whether the Government has failed to achieve its objectives and targets under NHM and if so, the details thereof and the reasons therefor; and

(c) whether the Government has conducted evaluation of various programmes running under the NHM and if so, the details thereof, State/UT-wise?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a): The National Rural Health Mission (NRHM) was launched in 2005 to improve the healthcare services, particularly in rural areas. NRHM has since been subsumed as a Sub Mission of the overarching National Health Mission (NHM) with the National Urban Health Mission (NUHM) as the other Sub Mission. NUHM aims at providing equitable and quality primary health care services to the urban population with special focus on slum and vulnerable sections of the Society. Under NHM, support to States/UTs is provided for five key programmatic components:

(i) Health Systems Strengthening including infrastructure, human resource, drugs & equipment, ambulances, MMUs, ASHAs etc under NRHM and NUHM.

(ii) Reproductive, Maternal, Newborn, Child and Adolescent Health Services (RMNCH + A)

(iii) Communicable Disease Control Programmes.

(iv) Non-Communicable Diseases Control Programme interventions upto District Hospital level.

(v) Infrastructure Maintenance- to support salary of ANMs and LHVs etc.

The objectives of NRHM are as summarised as under:

i. Reduction in child and maternal mortality
ii. Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
iii. Access to integrated comprehensive primary health care.
iv. Population stabilisation, gender and demographic balance.
v. Revitalize local health traditions & mainstream AYUSH.
vi. Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunisation.
vii. Promotion of healthy life styles.

(b): NHM did not achieve the 11th Plan targets of Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR). However, the NHM has been successful in accelerating the rate of decline of Under 5 Mortality Rate (U5MR), MMR IMR and TFR. It has also achieved most of the disease control targets.

(c): The implementation of NRHM is reviewed through external surveys such as National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS) and Sample Registration System (SRS). NFHS-4 Survey is presently ongoing. Institute of Economic Growth conducted an evaluation of NRHM on behalf of the Planning Commission. Further, Common Review Missions (CRMs) also undertake a review of NRHM/NHM every year. The information is available in public domain as under:

DLHS 4: https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx

AHS:http://www.censusindia.gov.in/vital_statistics/AHS

SRS:http://www.censusindia.gov.in/vital_statistics/SRS _Report_2012/1_Contents_2012.pdf

Evaluation of NRHM: Institute of Economic Growth:http://planningcommission.nic.in/report/peoreport/peoevalu/peo 2807.pdf

CRM reports: http://nrhm.gov.in/monitoring/common-review-mission/7th-common-review-mission.html

A summary of observations of the Common Review Missions and the external evaluation by the Institute of Economic growth is at Annexure.

Annexure

1) The various Common Review Mission highlighted implementation progress and lacuna for specific states. CRMs being participatory, multi stakeholder analysis, allowed for all components to be reviewed in depth monitoring and recommendations were used for district and state planning. The common observations pertain to Health Human Resource shortages, particularly of specialists, issues of procurement, slow progress on SNCU and facility based new-born care, out of pocket expenditures (although these declined form 2005 levels), Limited progress on PPP, VHSNC and RKS, lack of attention to areas such as family planning, and adolescent health etc.

2) The Planning Commission commissioned an external evaluation through the IEG in 2010-2011 in 37 districts seven states of India- five high focus states and two non-high focus states. The study reported that considerable progress was made on the infrastructure front in all states except Jharkhand. The study also reported limited progress on filling HR gaps especially specialists. Regarding Medical Officers, many states were still short of targets. In most high focus states ANM/GNM schools began functioning around 05-06, and it appears that the position has improved around FY 12-13. The findings for ASHA showed that high levels of coordination were reported with ANM and AWW and less so with PRI members. The report also observes that there is less movement of VHSNC and local planning. Overall ASHAs were found to be functional in their roles as facilitator. The study reported poor progress on operationalization of First Referral Units (FRUs) and that Rogi Kalyan Samitis (RKS) were established in most states except J&K. States appear to be on track with regard to at least establishing the platforms for decentralized management at the district levels, although integration of bank accounts appears to be incomplete.