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

LOK SABHA
UNSTARRED QUESTION NO.3385
TO BE ANSWERED ON 12TH JULY, 2019

NRHM

3385. SHRI DEVUSINH JESINGBHAI CHAUHAN:

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

(a) the aims and objectives of the National Rural Health Mission (NRHM) and strategies worked out for its implementation;

(b) the details of the key goals of NRHM and achievements made thereunder, State/UT-wise;

(c) whether few programmes are lagging behind in terms of performance under NRHM and if so, the details thereof along with the reasons therefor; and

(d) the corrective measures taken/being taken by the Government to achieve the targets?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) to (d) National Rural Health Mission (NRHM) is a sub-Mission under the overarching National Health Mission (NHM), along with National Urban Health Mission (NUHM) as the other sub-Mission. It is implemented in all the States/UTs in the country. The National Health Mission (NHM) aims for attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health. The key objectives of NHM are 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 equality 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.

The key goals of NHM are to focus on the survival and well being of women and children, reduce existing disease burden and ensure financial protection for households. To achieve these goals, strategies which are being implemented under NHM is given at Annexure-1
.

Further, Public health and hospitals being a State subject, the primary responsibility to provide healthcare facilities to its citizens lies with the State Governments. However, under National Health Mission (NHM), the performance of various health programmes is being regularly assessed, inter-alia, through review meetings, video conferences & field visits of senior officials, setting up benchmarks for service delivery and rewarding achievements etc. Similarly, Common Review Missions (CRMs) undertake review of NHM implementations in the States annually.

At village level, Village Health Sanitation & Nutrition Committee (VHSNC) is constituted which function under the ambit of the Panchayati Raj Institution (PRI) and acts as a sub- Committee or a Standing Committee of the Gram Panchyat, to enable communities to take collective action for the attainment of better health status in the village. A similar mechanism in urban areas is the Mahila Arogya Samiti (MAS). Untied funds are provided to the VHSNC and MAS on an annual basis to undertake their functions. Similarly, at health facility level, Rogi Kalyan Samitis (RKSs) act as a forum to improve the functioning and service provisioning, increase participation and enhance accountability for provision of better services to the patients at the level of Primary Health Centres and above.

Further in every district, DISHA (District Development Coordination and Monitoring Committees) are constituted for monitoring of various Centrally Sponsored Schemes. It also includes representatives from Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs).

Statements showing Key achievements under NHM is given at Annexure-II. Also, State/UTs-wise status of key health indicators under NHM are at Annexure-III and IV.

Strategies

1. Support and supplement state efforts to undertake sector wide health system strengthening through the provision of financial and technical assistance.
2. Build state, district and city capacity for decentralized outcome based planning and implementation, based on varying diseases burden scenarios, and using a differential financing approach. There will be a focus on results and performance based funding including linkage to case loads.
3. Enable integrated facility development planning which would include infrastructure, human resources, drugs and supplies, quality assurance, and effective Rogi Kalyan Samitis (RKS).
4. Create a District Level Knowledge Centre within each District Hospital to serve as the hub for a range of tasks including inter alia, provision of secondary care and selected elements of tertiary care, and the site for skill based training for all cadres of health workers, collating and analyzing data and coordinating district planning.
5. Improve delivery of outreach services through a mix of static facilities and mobile medical units with a team of health service providers with the skill mix and capacity to address primary health care needs.
6. Strengthen the sub-centre/Urban Primary Health Centre (UPHC) with additional human resources and supplies to deliver a much larger range of preventive, promotive and curative care services- so that it becomes the first port of call for each family to access a full range of primary care services.
7. Prioritize achievement of universal coverage for Reproductive Maternal, Newborn, Child Health + Adolescent (RMNCH+A), National Communicable Disease Control and Non Communicable Diseases programmes.
8. Expand focus from child survival to child development of all children 0-18 years through a mix of Community, Anganwadi, and School based health services. The focus of such services will be on prevention and early identification of diseases through periodic screening, health education and promotion of good health practices and values during these formative years and timely management including assured referral for secondary and tertiary level care as appropriate.
9. Achieve the goals of safe motherhood and transition to addressing the broader reproductive health needs of women.
10. Focus on adolescents and their health needs.

11. Ensure the control of communicable disease which includes prompt response to epidemics and effective surveillance.
12. Use primary health care delivery platforms to address the rising burden of Non Communicable Diseases
13. Converge with Ministry of Women & Child Development and other related Ministries for effective prevention and reduction of under-nutrition in children aged 0-3 years and anaemia among children, adolescents and women.
14. Empower the ASHA to serve as a facilitator, mobilizer and provider of community level care.
15. Strengthen people's organizations such as the Village Health Sanitation and Nutrition Committees (VHSNC) and Mahila Arogya Samitis (MAS) for convergent inter-sectoral planning to address social determinants of health and increasing utilization of health and related public services at the community level.
16. Create mechanisms to strengthen Behaviour Change Communication efforts for preventive and promotive health functions, action on social determinants and to reach the most marginalized.
17. Enable Social Protection Function of Public Hospitals through the universal provision of free consultations, free drugs and diagnostics, free emergency response and patient transport systems.
18. Develop effective partnerships with the not-for-profit, nongovernmental organizations and with the for-profit, private sector to bring in additional capacity where needed to close gaps or improve quality of services.
19. Improve Public Health Management by encouraging states to create public health cadre, and strengthening/ creating effective institutions for programme management, providing incentives for improved performance and building high quality research and knowledge management structures.
20. Support states to develop a comprehensive strategy for human resources in health, through policies to support improved recruitment, retention and motivation of health workers in rural, remote and underserved areas, improved workforce management, required staff to help achieve IPHS norms of human resource deployment, development of mid level care providers and creation of new cadres with appropriate skill sets, and in-service training.
21. Enhance use of Information & Communication Technology to improve health care and health systems performance.

22. Strengthen Health Management Information Systems as an effective instrument for programme planning and monitoring, supplemented by regular district level surveys and a strong disease surveillance system.
23. Ensure universal registration of births and deaths with adequate information on cause of death, to assist in health outcome measurements and health planning.
24. Establish Accountability Frameworks at all levels for improved oversight of programme implementation and achievement of goals. Mechanisms for accountability shall range from participatory community processes like Jan Sunwais/Samwads, Social Audit through Gram Sabhas to professional independent concurrent evaluation.

Annexure – II

The outcomes achieved under the NHM are:

- Decline in the Maternal Mortality Ratio (MMR) to 130 during 2014-16 from 178 during 2010-12;
- Decline in the Infant Mortality Rate (IMR) to 33 in 2017 as compared to 42 in 2012.
- Decline in the Under 5 Mortality Rate (U5MR) to 39 in 2016 from 55 in 2011.
- Decline in the Total Fertility Rate (TFR) to 2.3 in 2016.

Further various diseases-related health indicators have also shown improvement, such as:

- Annual Parasite Incidence (API) of Malaria Cases has declined to 0.30 in 2018 from 1.10 in 2011.
- The incidence of Tuberculosis (TB) per 1 lakh population has been reduced to 204 in 2017, from 234 in 2012.
- The target of prevalence of leprosy <1/one lakh population has been achieved nationally.
- At the end of December 2018, 92% Kala-azar endemic blocks have achieved the elimination target of <1 Kala Aazar case per 10,000 population at block level.
- The prevalence of tobacco use has reduced by six percentage points from 34.6% (2009-10) to 28.6% (2016-17) as per Global Adult Tobacco Survey (GATS-2)]

ANNEXURE-III

Statement showing State/UTs wise achievements made under NHM

		SRS 2017			SRS 2016		
Sl. No.	**States**	**Crude Birth Rate**	**Crude Death Rate**	**Infant Mortality Rate**	**Neo-natal Mortality Rate**	**Under 5 Mortality Rate**	**Total Fertility Rate**
	ALL INDIA	**20.2**	**6.3**	**33**	**24**	**39**	**2.3**
1	Andhra Pradesh	16.2	7.2	32	23	37	1.7
2	Assam	21.2	6.5	44	23	52	2.3
3	Bihar	26.4	5.8	35	27	43	3.3
4	Chhattisgarh	22.7	7.5	38	26	49	2.5
5	Gujarat	19.9	6.2	30	21	33	2.2
6	Haryana	20.5	5.8	30	22	37	2.3
7	Jharkhand	22.7	5.5	29	21	33	2.6
8	Karnataka	17.4	6.5	25	18	29	1.8
9	Kerala	14.2	6.8	10	6	11	1.8
10	Madhya Pradesh	24.8	6.8	47	32	55	2.8
11	Maharashtra	15.7	5.7	19	13	21	1.8
12	Odisha	18.3	7.4	41	32	50	2.0
13	Punjab	14.9	7.0	21	13	24	1.7
14	Rajasthan	24.1	6.0	38	28	45	2.7
15	Tamil Nadu	14.9	6.7	16	12	19	1.6
16	Telangana	17.2	6.6	29	21	34	1.7
17	Uttar Pradesh	25.9	6.7	41	30	47	3.1
18	West Bengal	15.2	5.8	24	17	27	1.6
19	Arunachal Pradesh	18.3	6.1	42	..	..	..
20	Delhi	15.2	3.7	16	12	22	1.6
21	Goa	12.5	6.2	9	..	..	..
22	Himachal Pradesh	15.8	6.6	22	16	27	1.7
23	Jammu & Kashmir	15.4	4.8	23	18	26	1.7
24	Manipur	14.6	5.3	12	..	..	..
25	Meghalaya	22.8	6.1	39	..	..	..
26	Mizoram	15.0	4.0	15	..	..	..
27	Nagaland	13.5	3.6	7	..	..	..
28	Sikkim	16.4	4.5	12	..	..	..
29	Tripura	13.0	5.2	29	..	..	..
30	Uttarakhand	17.3	6.7	32	30	41	1.9
31	A&N Islands	11.4	5.1	14	..	..	..
32	Chandigarh	13.5	4.5	14	..	..	..
33	D&N Haveli	23.6	4.4	13	..	..	..
34	Daman & Diu	20.2	4.7	17	..	..	..
35	Lakshadweep	15.0	6.5	20	..	..	..
36	Puducherry	13.2	7.3	11	..	..	..

.. Not available , Source : SRS, RGI

ANNEXURE-IV

MATERNAL MORTALITY RATIO (per 1,00,000 live births)

India/States	2014-16 *
India	130
Andhra Pradesh	74
Assam	237
Bihar/Jharkhand	165
Gujarat	91
Haryana	101
Karnataka	108
Kerala	46
Madhya Pradesh/Chhatisgarh	173
Maharashtra	61
Odisha	180
Punjab	122
Rajasthan	199
Tamil Nadu	66
Telangana	81
Uttar Pradesh/Uttarakhand	201
West Bengal	101

Source: * latest available SRS