

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

**LOK SABHA
UNSTARRED QUESTION NO.4335
TO BE ANSWERED ON 13TH DECEMBER, 2019**

NATIONAL RURAL HEALTH MISSION

†4335. **SHRI AJAY NISHAD:**

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

- (a) the present status of implementation of National Rural Health Mission in the country;
- (b) whether the Government is aware of the non-availability of essential medicines, diagnostic tests and also medical equipments remaining out of order in many Government hospitals of the country;
- (c) if so, the details thereof and the corrective measures taken in this regard;
- (d) whether the Government has reviewed the progress and implementation of medical facilities/schemes/programmes under the National Rural Health Mission recently in various States; and
- (e) if so, the outcome thereof and the corrective measures taken by the Government to remove the shortcomings?

ANSWER

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

(a) The 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.

Statements showing physical achievements and outcomes under NHM are given at Annexure-I and II respectively.

(b) & (c) 'Public Health and Hospitals' being a State subject, the primary responsibility of ensuring availability of essential medicines, diagnostic tests and medical equipments in public health facilities lies with the respective State Governments. To ensure availability of essential drugs, diagnostics, Medical Equipment and reduce the Out of Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI), Free Diagnostics Service Initiative and Bio-Medical Equipment Management and Maintenance Programme (BMMP) under NHM.

Under NHM, technical and financial support is provided to States / UTs for provision of free essential medicines, free essential diagnostics and medical equipment in public health facilities based on the requirements posted by them in their Programme Implementation Plans (PIPs) within their overall resource envelope. This support also includes, support for strengthening/setting up robust systems of procurement, quality assurance mechanism, warehousing, prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines, and IT backed supply chain management systems like Drugs and Vaccines Distribution Management Systems (DVDMS).

All States/ UTs have reported that they have notified this policy to provide free essential medicines in public health facilities. The Ministry has also provided illustrative list of essential medicines that should be provided at Sub Centres, Primary Health Centres, Community Health Centres and District Hospitals.

DVDMS is a web-based Supply Chain Management System that deals in purchase, supply, distribution and inventory management of various drugs, sutures, surgical and consumable items. It has an in-built provision of monitoring and checking the availability of medicine at all facilities at district and state level. DVDMS links various Regional/ District Drug Warehouses (DWH), District Hospitals (DH), their sub stores like Community Health Centres (CHC) and Primary Health Centres (PHC). Moreover, it has the functionality for distribution of drugs to patients, thus enabling tracking of consumption till last mile.

Under Free Diagnostics Service Initiative, a Guidance Note has been shared with States/ UT, which provide an expanded list of essential diagnostics tests specific to various levels of care that includes 14 tests at Sub Centre level, 63 tests at PHC level, 97 tests at CHC level, 111 tests at SDH level and 134 tests at DH level. The tests encompass hematology, serology, bio-chemistry, clinical pathology, microbiology, radiology, and cardiology.

Comprehensive guidelines of BMMP have been linked with uptime of equipment (95% in District Hospital, 90% in Community Health Centres and 80% in Primary Health Centres). The technical manual for BMMP implementation in In-house and PPP mode is released in August 2019, which provides details on planning, monitoring, SOPs for Inventory management, protocols & training components for effective planning and execution of BMMP. 30 States/ UTs have reported implementation of BMMP.

In addition to this Ayushman Bharat programme, 1.5 lakh Sub Health Centres and Primary Health Centres across the country are being transformed into Health and Wellness Centres (AB-HWC) by December 2022 for provision of comprehensive primary care that includes preventive healthcare and health promotion at the community level with continuum of care approach.

All these Ayushman Bharat – Health & Wellness Centres (AB-HWCs) have the provision of free essential medicines and diagnostics to the visiting patients.

(d) & (e) The working of National Health Mission (NHM) has been regularly assessed, inter-alia, through external surveys such as, National Family Health Survey (NFHS) and Sample Registration System (SRS). Further, Common Review Missions (CRMs) also undertake a review of NHM annually. The details of various reports of CRM are available in public domain at <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=795&lid=195>

Further, under National Health Mission (NHM), the performance of various health programmes is being regularly assessed, through regular review meetings, video conferences & field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc.

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) are envisaged to act as a forum to improve the functioning and service provisioning, increase participation and enhance accountability, for provision of better facilities to the patients at the level of Primary Health Centres and above.

Physical Achievement/Progress under National Health Mission
(As on June 2019)*

Annexure -1

S.N	State/UT	Health Human Resources Augmentation	Functional FRUs (First Referral Units)	Mobile Medical Units (MMUs)	Ambulances (Operational)	Accredited Social Health Activists (ASHAs)	No of PHCs working on 24X7 basis	Setting up RogiKalyanSamitis	Village Health Sanitation and Nutrition Committees constituted
1	Bihar	13570	68	6	1102	88791	496	2003	8406
2	Chhattisgarh	6021	37	30	590	69515	247	999	19180
3	Himachal Pradesh	819	16	3	323	32376	81	667	7790
4	Jammu & Kashmir	7463	55	11	331	12355	204	795	6741
5	Jharkhand	8001	63	92	2120	41312	114	582	30012
6	Madhya Pradesh	10671	148	150	1358	77018	754	1617	49567
7	Odisha	9228	64	8	1004	46566	117	1795	46060
8	Rajasthan	8787	82	214	1353	63972	982	3008	43440
9	Uttar Pradesh	32687	334	134	4008	162959	439	1710	69580
10	Uttarakhand	2070	50	5	234	12212	87	330	15296
11	Arunachal Pradesh	1531	13	16	149	3880	64	228	3772
12	Assam	15386	73	130	938	32256	314	1221	27673
13	Manipur	1528	7	9	43	4090	66	126	3878
14	Meghalaya	1693	8	4	43	6697	61	150	6249
15	Mizoram	1073	9	9	60	1170	41	85	830
16	Nagaland	936	16	11	82	1992	33	167	1346
17	Sikkim	299	3	4	9	656	24	30	641
18	Tripura	497	11	0	0	8044	84	153	1038
19	Andhra Pradesh	9524	240	52	439	42346	596	1385	12940
20	Goa	428	2	0	51	0	13	36	247
21	Gujarat	11871	132	74	587	45092	314	2200	17644
22	Haryana	8500	36	12	363	20025	251	640	6049
23	Karnataka	12085	164	70	911	43458	1006	2930	26087
24	Kerala	4638	87	29	43	30042	171	1296	19692
25	Maharashtra	20645	219	50	3611	70285	704	3535	39788
26	Punjab	5351	205	33	242	21436	211	670	12956
27	Tamil Nadu	23543	569	415	936	3905	1315	2586	15015
28	Telangana	13260	156	0	632	32575	314	1074	10426
29	West Bengal	15600	143	49	3616	61471	234	1223	46862
30	A & N Islands	328	1	0	1	422	20	29	275
31	Chandigarh	479	4	0	15	32	0	5	0
32	D & N Haveli	310	2	1	0	539	7	6	61
33	Daman & Diu	122	2	0	11	124	2	6	28
34	Delhi	1670	32	2	234	5781	0	34	0
35	Lakshadweep	220	2	0	0	110	4	9	9
36	Puducherry	467	4	4	11	206	23	48	100
TOTAL		251301	3057	1627	25450	1043710	9393	33378	549678

Source: - NHM-MIS report

*Cumulative figures as on June 2019

ANNEXURE – II

The outcomes achieved under the NHM are:

- Á Decline in the Maternal Mortality Ratio (MMR) to 122 during 2015-17 from 130 during 2014-16;
- Á Decline in the Infant Mortality Rate (IMR) to 33 in 2017 as compared to 42 in 2012.
- Á Decline in the Under 5 Mortality Rate (U5MR) to 37 in 2017 from 52 in 2012.
- Á Decline in the Total Fertility Rate (TFR) to 2.2 in 2017.

(State/UT wise details of CBR, CDR, MMR, IMR, U5MR and TFR is enclosed)

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

- Á Annual Parasite Incidence (API) of Malaria Cases has declined to 0.02 in 2019 from 1.10 in 2011.
- Á The incidence of Tuberculosis (TB) per 1 lakh population has been reduced to 204 in 2017, from 234 in 2012.
- Á The target of prevalence of leprosy <1/one lakh population has been achieved nationally.
- Á At the end of November 2019, 92% Kala-azar endemic blocks have achieved the elimination target of <1 Kala Aazar case per 10,000 population at block level.
- Á 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)]

Statement showing State/UTs wise Details of IMR, U5MR and TFR

Sl. No.	States	SRS 2017					
		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	23	37	2.2
1	Andhra Pradesh	16.2	7.2	32	23	35	1.6
2	Assam	21.2	6.5	44	22	48	2.3
3	Bihar	26.4	5.8	35	28	41	3.2
4	Chhattisgarh	22.7	7.5	38	26	47	2.4
5	Gujarat	19.9	6.2	30	21	33	2.2
6	Haryana	20.5	5.8	30	21	35	2.2
7	Jharkhand	22.7	5.5	29	20	34	2.5
8	Karnataka	17.4	6.5	25	18	28	1.7
9	Kerala	14.2	6.8	10	5	12	1.7
10	Madhya Pradesh	24.8	6.8	47	33	55	2.7
11	Maharashtra	15.7	5.7	19	13	21	1.7
12	Odisha	18.3	7.4	41	32	47	1.9
13	Punjab	14.9	7.0	21	13	24	1.6
14	Rajasthan	24.1	6.0	38	27	43	2.6
15	Tamil Nadu	14.9	6.7	16	11	19	1.6
16	Telangana	17.2	6.6	29	20	32	1.7
17	Uttar Pradesh	25.9	6.7	41	30	46	3.0
18	West Bengal	15.2	5.8	24	17	26	1.6
19	Arunachal Pradesh	18.3	6.1	42	..	..	..
20	Delhi	15.2	3.7	16	14	21	1.5
21	Goa	12.5	6.2	9	..	..	..
22	Himachal Pradesh	15.8	6.6	22	14	25	1.6
23	Jammu & Kashmir	15.4	4.8	23	17	24	1.6
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	24	35	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 2017, RGI

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

India/States	2015-17 *
India	122
Andhra Pradesh	74
Assam	229
Bihar	165
Jharkhand	76
Gujarat	87
Haryana	98
Karnataka	97
Kerala	42
Madhya Pradesh	188
Chhattisgarh	141
Maharashtra	55
Odisha	168
Punjab	122
Rajasthan	186
Tamil Nadu	63
Telangana	76
Uttar Pradesh	216
Uttarakhand	89
West Bengal	94

Source : * latest available SRS (2015-17)