

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

**LOK SABHA
UNSTARRED QUESTION NO. 773
TO BE ANSWERED ON 5TH FEBRUARY, 2021**

NATIONAL RURAL HEALTH MISSION (NRHM)

773. SHRI VIJAY KUMAR:

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

- (a) salient features of National Rural Health Mission (NRHM)
- (b) the details of targets set and achieved during each of the last five years under NRHM year wise and State/UT-wise;
- (c) whether the said Mission has been successful in centralizing various vertical health schemes and decentralization of healthcare facilities at village level; and
- (d) if so, the details thereof?

ANSWER

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

- (a) & (b): 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. Technical and financial support is provided to States/UTs under National Health Mission in rural and urban areas for strengthening of their healthcare systems based on the proposals submitted by them in their Programme Implementation Plans (PIPs) subject to availability of resources. The targets under the National Health Mission are aligned with the targets of National Health Policy (NHP) 2017 and Sustainable Development Goals (SDG)-3. However, no State specific targets are set. A statement showing targets set at the national level under National Health Mission and status of current achievements thereon is annexed.
- (c) & (d) : Yes, the integration of vertical health programmes at all levels has been one of the core strategies of the National Rural Health Mission (NRHM)/National Health Mission (NHM). The integration of vertical health programs under one umbrella of NHM has given the States/UTs flexibility to plan, implement State specific action plans and utilize available funds as per their felt needs and priorities within the broad national parameters.

Under Ayushman Bharat, AB initiative Health & Wellness Centres (AB-HWCs), an integrative and expanded range of health services is being provided at the primary level. AB-

HWCs has helped to move from a selective approach of healthcare to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care.

Further, various institutional mechanisms under the Mission such as District Health Society, Rogi Kalyan Samitis, Village Health Sanitation and Nutrition Committees, etc. act as important instruments for bringing effective integration and decentralization of health programmes/schemes at all levels including at village level.

Annexure

Sl. No	Name of the Output/Outcome	Committed Target of the Indicator in EFC note of 17-20	Progress/ Status of Indicator year wise				Remarks
			2017-18	2018-19	2019-20	2020-21	
A. Reproductive and Child Health (RCH)							
1.	Reduction of Maternal Mortality Ratio	From 167/100000 to 100/ 100000	122 (SRS 2015-17)	113 (SRS 2016-18)			Latest MMR data is as per SRS 2016-18
2.	<ul style="list-style-type: none"> • U5MR • IMR • NMR 	U5MR- from 45/1000 to 32/1000 IMR- from 37/1000 to 26/1000 NMR- from 26/1000 to 20/1000	U5MR: 37/1000 live births in 2017 IMR: 33/1000 live births in 2017 NMR: 23/1000 live births in 2017	U5MR: 36/1000 live births in 2018 IMR: 32/1000 live births in 2018 NMR: 23/1000 live births in 2018			Latest data of Child Mortality is available for the year 2018 as per SRS-RGI
3.	Total Fertility Rate(TFR)	Reduce and sustain TFR from 2.3 to 2.1 at National and Sub-National level.	2.2 (SRS 2017)	2.2 (SRS 2018)			Latest TFR data is as per SRS 2018
4.	Modern Contraceptive Prevalence Rate	By 0.5% annually from the current level of 52.1 (Track 20 Estimate) and 47.1 (DLHS-3)	47.8 (NFHS-4)				
5.	Antenatal Care Coverage (ANC) and Skilled	Increase Antenatal Care Coverage from 85.2 to 90% and	ANC Coverage: 96.5%	ANC Coverage: 97.3%	ANC Coverage: 97%	ANC Coverage: 67.3% (* The	

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			2017-18	2018-19	2019-20	2020-21	
	Attendance at Birth (SBA)	Skilled Attendance (SBA) at Birth from 81.01 to 90%.	SBA: 93.7% <i>Source: HMIS</i>	SBA: 94.6% <i>Source: HMIS</i>	SBA: 95.5% <i>Source: HMIS</i>	drop possibly due to COVID SBA: 95.9% <i>Source: HMIS</i>	
6.	Full Immunization of all newborns	Increase Full Immunization of all newborns by one year of age from 87.5 to 90%	86.71 (HMIS)	87.01 (HMIS)	92.83 (HMIS)	76.71 (HMIS April-October 2020)	
B. National Vector Borne Disease Control Programme (NVBDCP)							
7.	Leprosy	118 districts to achieve elimination (<1/ 10000)	133	120	107	Data not available	Increase in no. of districts endemic for Leprosy in 2017-18 and 2018-19 is due to detection of higher number of leprosy cases through intensified active case search campaigns
	Kala Azar (case less than 1/10000 at block level)	54 (No. of endemic districts yet to achieve)	54	14	8	5	Situation till Nov 2020.
	Lymphatic Filariasis	256 districts to achieve elimination (mf<1%)	89 districts achieved	95 districts achieved	98 districts achieved	98 districts achieved	Non- endemic districts are being re-mapped in endemic states.

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							Since October 2020, the endemic districts for the ELF are 272 instead of the earlier figure of 257. Hence the denominator of the indicator has increased.
	Malaria API	Presently API< 1	0.64	0.32	0.25	-	Indicators are calculated annually
	ABER	Presently ABER> 10	9.58	9.31	9.95	-	
8.	Reduce/ sustain case fatality rate for dengue	Case fatality rate for dengue at <1% (by 2018 & 2019)	< 1%	< 1%	< 1%	-	
	Set up one sentinel site Hospital (SSH) in each district	No. of SSH in 2018 and 2019 is 15 and 10 respectively	609	646	680	695*	*Till date
C. National Tuberculosis Elimination Programme (NTEP)							
9.	Achieve and maintain a treatment success rate of 90% amongst notified drug sensitive TB cases by 2020 (treatment successes rate among notified drug sensitive TB	90%	81.4%	82.64%	80.78%	80.66% (Upto Jan-June 2020)	

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			2017-18	2018-19	2019-20	2020-21	
	patients is 76% as per Annual Report 2016).						
D. National Programme for Control of Blindness (NPCB)							
10.	Blindness	Reduce the prevalence of blindness to 0.3% and disease burden by one fourth of 1.1% (2007).	<ul style="list-style-type: none"> The National Blindness Survey done from 2015-2019 indicates that prevalence of blindness has reduced to 0.36%. Achieved. Disease burden has been reduced by 67%. 				
E. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)							
11.	No. of persons screened for High BP and High Blood sugar	10% increase from the previous year	4,65,75,176	6,79,62,186	6,60,95,757	1,83,82,045 (till Sep 2020)	Data is taken from 6 of NPCDCS opportunistic screening
F. National Tobacco Control Programme (NTCP)							
12.	Reduce prevalence of current tobacco use	Reduce by 15% vis-vis current level of 28.6% as per Global Adult Tobacco Survey (GATS-2) of 2016-17	<ul style="list-style-type: none"> Prevalence of tobacco use is measured through GATS. In the scheme period no GATS has been undertaken, therefore progress against the target is not available and will be assessed when next GATS is undertaken. 				However as per the 4 th round of Global Youth Tobacco Survey (GYTS-4), conducted among the 13–15-year age group students, there has been relative reduction of 41.78% over a period of 10 years, vis-à-vis GYTS-3 conducted in 2009(i.e., from 14.6% to 8.5%).

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							This estimates to 4.2% reduction every year. Using this reduction as proxy reduction among 15 years and above, it is estimated, there is decrease in 16.8% of tobacco use prevalence, which is nearly the same as target of 15% reduction.
G. Utilization of Public Health Facilities (PHFs)							
13.	Utilization of Public Health Facilities	Increase utilization by 22.5% from the then levels of 25% for OPD, 38% for IPD.	<u>Outpatient Treatment:</u> Proportion of OPD services from Govt. facilities increased by 32%(from 25% to 33%). Achieved. <u>Inpatient Treatment:</u> Proportion of IPD Services from Govt. facilities increased by 21.05% (from 38% to 46%)				Source: 75 th Round of National Sample Survey, 2017-18.
H. Out of Pocket Expenditure (OOPE)							
14.	Out of Pocket Expenditure (OOPE)	Reduce OOPE on health by 15% from 64.2% (NHA 2014-15)	8.56% reduction to 58.7% (NHA2016-17)				The latest estimate of OOPE as a share of total health expenditure (THE) is available for 2016-17