

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:2891

ANSWERED ON:13.03.2015

NATIONAL RURAL HEALTH MISSION

Bohara Shri Ramcharan;Giluwa Shri Laxman;Laguri Smt. Sakuntala;Mishra Shri Bhairon Prasad;Raj Smt. Krishna

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

- (a) the details along with salient features and objectives of the National Rural Health Mission (NRHM);
- (b) whether the Government has failed to achieve its objectives and targets under NRHM;
- (c) if so, the details thereof and the reasons therefor;
- (d) whether the Government proposes to amend/restructure the said scheme and if so, the details thereof;
- (e) whether the Government has also identified some districts which need more attention under NRHM; and
- (f) if so, the details thereof and the monitoring mechanism put in place to ensure proper implementation of NRHM?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a): The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable and quality health care to the rural population especially the vulnerable sections. The key features include making public health delivery system fully functional and accountable to the community, human resource management, community involvement, decentralisation, rigorous monitoring & evaluation against standards, convergence of health and related programmes for village level onwards, innovations and flexible financing and also interventions for improving health indicators. The objectives of NRHM are as summarised as under:

Reduction in child and maternal mortality

Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.

Access to integrated comprehensive primary health care.

Population stabilisation, gender and demographic balance.

Revitalize local health traditions & mainstream AYUSH.

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.

Promotion of healthy life styles.

(b) & (c): The key goals of the National Rural Health Mission (NRHM) at the time of its launch and achievements are as below:

key Goals	Achievements
Reduce Infant Mortality Rate (IMR) to 30/1000 live births by 2012	The IMR for the country is 42/1000 live births as per SRS 2012

Reduce Maternal Mortality Ratio (MMR) to 100/100000 live births by 2012	The MMR for the country is 178/100000 live births as per SRS 2010-2012
---	--

Reduce TFR to 2.1 by 2012	The TFR for the country is 2.4 as per SRS 2012
---------------------------	--

Bring down Malaria Mortality Rate by 50% upto 2010 and additional 10% by 2012	The achievement is 46%.
---	-------------------------

Tuberculosis - maintain 85% cure rate The treatment success rate which is a sum through the entire Mission period and of Cured and Treatment completed is 88%.
also sustain planned detection rate

Engage 4,00,000 female Accredited 8.66 lakhs ASHAs were engaged as on
Social Health Activist (ASHAs) 31 March, 2012

Although goal of IMR, MMR and TFR were not achieved, the Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Total Fertility Rate (TFR) have shown accelerated decline post launch of NRHM. The percentage annual compound rate of decline in IMR during 2005-2013 rose to 4.5% from 2.1% observed during 1990-2005. The percentage annual compound rate of decline in MMR during 2005 to 2011 accelerated to 5.8% from 5.1% observed during 1990 to 2005. The percentage annual compound rate of decline in TFR during 2005-2012 has risen to 2.7% from 1.8% observed during 1990-2005. The achievements on many key indicators have not been as per the goals mainly on account of inadequate funding and governance challenges in certain States.

(d): There is no such proposal.

(e) & (f): To ensure equitable health care and to bring about sharper improvements in health outcomes, the bottom 25% of the districts in every State according to the ranking of districts based on composite health index have been identified as High Priority Districts (HPDs) All Left Wing Effected districts and districts with majority tribal population, whose composite health index is below 50% are also categorized as HPDs. The List of 184 HPDs is at Annexure.

The monitoring of implementation of NRHM is through the following:

- i. Mechanisms include external surveys such as Sample Registration Survey (SRS), the District Level Household Survey (DLHS) and National Family Health Survey (NFHS) which provide data on outcomes and service delivery.
- ii. The national program is subject to the CAG audit.
- iii. All States/districts also have a system of periodic concurrent audit and an annual audit.
- iv. Annual Common Review Missions (CRM) which comprise of government officials from Different Ministries and Planning Commission, public health experts and representatives of development partners and civil society. Monitoring is also done through Hospital Management Information System (HMIS), Mother and Child Tracking System (MCTS). HMIS is a web-based Monitoring system that has been put in place by MoHFW to monitor its health programmes and provide key inputs for policy formulation and interventions. MCTS is a centralized web based application, which facilitates in real time entry of the information related to pregnant women and children and subsequent health care services provided to them.
- v. Regular integrated monitoring visits from National Program Management Units to States & districts and from States to districts & blocks.
- vi. Monitoring through Regional Evaluation Teams (RETs) located in the Regional Offices of the Ministry which undertake evaluation of the NRHM activities including Reproductive and Child Health Programme (RCH) on a sample basis by visiting the selected Districts and interviewing the beneficiaries.
- vii. Review at the National level is also done through quarterly reports on physical and financial progress of approved activities and through periodic video conferences/ meetings.