

National Health Mission (NHM)

2.1 INTRODUCTION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

The continuation of the National Health Mission - with effect from 1st April, 2017 to 31st March, 2020, with a budgetary support of Rs. 85,217 crore (Rupees Eighty-Five Thousand Two Hundred Seventeen crore only) as Central Share over this period, has been approved by Cabinet in its meeting dated 21.03.2018.

NHM fund sharing pattern is 60:40 between Central Government and most of the States and UTs with Legislature (Delhi & Puducherry). For the States of Jammu & Kashmir, Himachal Pradesh, Uttarakhand and North-Eastern States including Sikkim, the sharing pattern is 90:10 between the Central Government and the States. For UTs without Legislature, funding pattern is of 100% Central Share.

National Rural Health Mission (NRHM)

The National Rural Health Mission (NRHM) was launched in April, 2005. Under NRHM, support is provided to the States and the Union

Territories (UTs) to provide accessible, affordable, accountable and effective healthcare upto DH(District Hospital) level, especially to the poor and vulnerable sections of the population. It also aims to bridge the gap in rural healthcare services through improved health infrastructure, augmentation of human resources, enhanced service delivery and decentralization of the programme to the district level to facilitate context specific, need based interventions, improve intra and inter-sectoral convergence and promote effective utilization of resources.

National Urban Health Mission (NUHM)

On 1st May 2013, the Cabinet accorded approval for launch of the National Urban Health Mission (NUHM) as a sub-mission of NHM, with NRHM being the other sub-mission. The Cabinet approved that NHM, including the sub-mission of NUHM, would use the institutional mechanisms already created under NRHM at the National, State and District level. NUHM seeks to improve the health status of the urban population particularly the urban poor and other vulnerable sections by facilitating their access to quality primary health care. NUHM covers all the State capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under NRHM.

2.2 MAJOR INITIATIVES UNDER NHM

2.2.1 Health care service delivery requires intensive human resource inputs. There

has been an enormous shortage of human resources in the public health care sector in the country. NHM has attempted to fill the gaps in human resources by providing nearly 2.40 lakh additional health human resources to the States including 11,028 GDMOs, 3144 Specialists, 54,414 Staff Nurses, 82,512 ANMs, 39,605 Paramedics, 429 Public Health Managers and 17,179 Programme Management staffs etc. on contractual basis. Apart from providing support for health human resource, NHM has also focused on multi skilling of human resources. NHM also focused on multiskilling of doctors at strategically located facilities identified by the States e.g. MBBS doctors are trained in Emergency Obstetric Care (EmOC), Life Saving Anaesthesia Skills (LSAS) and Laparoscopic Surgery. Similarly, due importance is given to capacity building of

nursing staff and auxiliary workers such as ANMs. NRHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCs and DHs. A total of 27,547 AYUSH doctors have been deployed in the States with NRHM funding support.

2.2.2 Mainstreaming of AYUSH: Mainstreaming of AYUSH has been taken up by allocating AYUSH services in 7,621 PHCs, 2,762 CHCs, 495 DHs, 3,923 health facilities above SC but below block level and 371 health facilities other than CHC at or above block level but below district level.

2.2.3 Upto 33% of NHM funds in High Focus States can be used for infrastructure development. Details of new construction/renovation as on 31.12.2018 undertaken across the country under NHM are as follows:

Facility	New Construction		Renovation/Upgradation	
	Sanctioned	Completed	Sanctioned	Completed
SC	27423	20844	17182	14972
PHC	2635	2011	12126	11234
CHC	596	461	6485	5619
SDH	230	135	1113	942
DH	190	124	2757	2181
Others*	1517	975	877	851
Total	32591	24550	40540	35799

*These facilities are above SCs but below block level.

2.2.4 There are 10.33 lakh ASHAs across the country in rural and urban areas under the NHM who act as a link between the community and the public health system. The Cabinet has recently approved increase in amount of routine and recurring incentives under National Health Mission for ASHAs that will now enable ASHAs to get at least Rs. 2000/- per month against Rs.1000 earlier. The cabinet has also

approved proposal to cover all ASHAs and ASHA facilitators meeting eligibility criteria under Pradhan Mantri Jeevan Jyoti Bima Yojana and Pradhan Mantri Suraksha Bima Yojana which would be fully funded by Government of India.

2.2.5 National Ambulance Services (NAS): As on date, 32 States/UTs have the facility where people can dial 108 or 102 telephone number for calling an ambulance. Dial 108

is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient transport aimed to cater the needs of pregnant women and children though other categories are also taking benefit and are not excluded. Janani Shishu Suraksha Karyakram (JSSK) entitlements e.g. free transport from home to facility, inter facility transfer in case of referral and drop back for mother and children are the key focus of 102 service. This service can be accessed through a toll-free call to a dedicated call centre.

Presently 9312 Dial-108, 604 Dial-104 and 9976 Dial-102 Emergency Response Service Vehicles are supported under NHM, besides 5857 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

2.2.6 National Mobile Medical Units: Support to Mobile Medical Units (MMUs) under NHM, now encompassing both NRHM and NUHM, is a key strategy to facilitate access to public health care particularly to people living in remote, difficult, under-served and unreached areas.

As on March, 2019, States/UTs have 2160 mobile medical units which includes mobile medical units, mobile health units, mobile medical/health vans, boat clinics, eye vans/mobile ophthalmic units, dental vans under NRHM and NUHM. Approvals of Rs. 351.02 crore have been accorded to the 36 States/UTs including operational cost and HR in 2018-19.

2.2.7 Free Diagnostic Service Initiative : Operational Guidelines on Free Diagnostics Service Initiative were developed in consultation with experts and the States and disseminated amongst States/UTs on 2nd July,

2015. The guidelines also contain model RFP documents for a range of PPPs such as Tele-radiology, Hub and Spoke model for laboratory diagnostics and CT Scan diagnostics services in District Hospitals. In FY 2018-19, an approval of Rs 1218.31 Crore was given for 33 States/UTs. Free diagnostics laboratory services have been implemented in 32 States/UTs (In-house in 22 States/UTs and in PPP mode in 10 States/UTs). free diagnostics CT Scan services have been implemented in 24 States/UTs (In-house in 11 States/UTs and in PPP mode in 13 States/UTs) and Free Tele-radiology services have been implemented in 10 States/UTs in PPP mode.

2.2.8 Biomedical Equipment Maintenance and Management Programme : To address the issue of non-functional equipment across public health facilities, comprehensive guidelines were designed on Biomedical Equipment Management & Maintenance Program (BMMP) and disseminated among States. In FY 2018-19, an approval of Rs. 298.57 crore was awarded to 34 States/UTs. BMMP has been implemented in 28 State/UTs (22 States/UTs in PPP mode and in 6 States/UTs in In-House mode. The implementation of BMMP has helped in improving Diagnostics Services in health facilities by making equipment available with 95% uptime, thereby reducing cost of care and improving the quality of care in public health facilities

2.2.9 My Hospital / MeraAspataal Initiative

‘MeraAspataal’ is a patient centric initiative which is simple intuitive and multilingual ICT Based system that captures patients’ feedback in a very short time on the services received from the public and private empaneled health facilities through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing

(OBD) mobile application and web portal. It was established with a goal to improve patient centric care by obtaining patients' feedback using technology based solutions.

MeraAspataal is currently functioning in 24 States and 5 UTs. It was initiated in September, 2016 with a mandate to integrate with Central Government Hospitals (CGHs) and District Hospitals (DHs). In 2018-19, 1698 facilities were integrated into Mera Aspataal

2.2.10 The Untied Grants to Sub-Centres

(SCs): At the Village Level, the Village Health, Sanitation and Nutrition Committee (VHSNC) among others, monitors the services provided by the Anganwadi Worker, the ASHA, and the sub-centre. These Committees are envisaged to function under the ambit of the Panchayati Raj Institutions with adequate representation from women and weaker sections of the society. The VHSNC acts as a subcommittee or statutory body of the Gram Panchayat. The same institutional mechanism is also mandated in urban areas. VHSNCs are provided an untied fund of Rs. 10,000 on annual basis which is topped up based on expenditure of previous year. More than 5.40 lakh VHSNC have been set up across the country till Dec, 2018. In many States, capacity building of VHSNC members with regard to their roles and responsibilities for maintaining the health status of the village is being done.

2.2.11 Rogi Kalyan Samiti (Patient Welfare Committee)/Hospital Management Society is a simple yet effective management structure. This committee is a registered society that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these committees through untied fund to undertake activities for patient welfare. 33,076 Rogi Kalyan Samitis (RKS) have

been set up involving the community members in almost all District Hospitals, Sub-divisional Hospitals, Community Health Centres and PHCs till date.

2.2.12 **24 X 7 Services and First Referral facilities:** To ensure service provision for maternal and child health, 24x7 services at the PHCs have been made available. 9,698 PHCs have been made 24x7 PHCs and 3135 facilities (including 714 DH, 737 SDH and 1684 CHCs & other level) have been operationalized as First Referral Units (FRUs).

2.2.13 **Kayakalp Awards:** As part of contribution towards the Swachh Bharat Abhiyaan launched by the Prime Minister on 2nd October, 2014, the MoHFW Government of India launched "Kayakalp - Award to Public Health Facilities" on 15th May, 2015 as a national initiative to give awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. During its first year, the initiative incorporated award for DHs only, which was extended to PHC and CHC/SDH in the next year, followed by urban health centres from the FY 2017-18

With a view to maintain higher level of hygiene and sanitation in public hospitals and through a range of instruments including outsourcing and to change the mindset and perception about public hospitals, MoHFW evolved a Kayakalp Scheme in the year 2015 to incentivize and recognize such public hospitals under the Ministry of Health and Family Welfare that show exemplary performance in adhering to standard protocols of cleanliness and infection control.

Over the period, number of participating facilities under Kayakalp rose from 750 health facilities in Year 2015-16 to 26147 facilities in Year 2018-19. Number of

facilities receiving Kayakalp awards also increased from 97 facilities in Year 2015-16 to 1539 facilities in Year 2016-17 and 2962 in 2017-18.

In FY 2018-19, all States and UTs have completed their assessments. As per the

information available for 25 States and UTs, 306 DHs, 820, CHCs/SDHs, 1935 PHCS, 308 urban health facilities have scored more than 70%. Total 3369 facilities have been awarded under this scheme in FY 2018-19.



Kayakalp Awards Function at Dr. RML Hospital, New Delhi on 19th April, 2018



Kayakalp Awards Function at Dr. RML Hospital, New Delhi on 19th April, 2018



Kayakalp Awards Function at Dr. RML Hospital, New Delhi on 19th April, 2018

2.2.14 National Quality Assurance Programme:

MoHFW is focusing on quality improvement of public health facilities. National Quality Assurance Program is an NHM initiative for providing quality health services at public health facilities. Launched in November' 2013, the initiative is being implemented in all the States and UTs. Under the programme, there are National Quality Assurance Standards (NQAS), separately for district hospitals, community health centres, primary health centres and urban-primary health centres. The quality standards and assessor training programme have received international accreditation from ISQua (International Society for Quality in Healthcare). Currently, 310 health facilities are quality certified nationally and 509 health facilities at the State level.

2.3 NATIONAL URBAN HEALTH MISSION

On 1st May, 2013, the Cabinet accorded approval for launch of the National Urban Health Mission (NUHM) as a sub-mission of NHM, with NRHM being the other sub-mission. The Cabinet approved that NHM, including the sub-mission of NUHM, would use the institutional mechanisms already created under NRHM at the National, State and District level. NUHM seeks to improve the health status of the urban population particularly the urban poor and other vulnerable sections by facilitating their access to quality primary health care. NUHM covers all the State capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under NRHM.

2.4 FUNDING PATTERN UNDER NATIONAL HEALTH MISSION

The National Health Mission (NHM) is a major instrument of financing and support to the States to strengthen public health systems and healthcare delivery. Financing to the States is based on the State's Programme Implementation Plan (PIP). The State PIP's comprises following major pools.

A. NRHM RCH Flexible Pool

- B. National Urban Health Mission Flexible Pool
- C. Flexible Pool for Communicable Diseases
- D. Flexible Pool for Non-Communicable
- E. Infrastructure Maintenance

The budgetary outlay and expenditure of NHM are as follows:

Statement of Progressive Plan Budgetary Outlay (BE) / RE and Plan Expenditure

(Rs. in crore)

Sl. No.	Year	Approved Plan Budgetary Outlay (BE)	Revised Estimate (RE)	Plan Expenditure
1	2012-13	20,542.00	17,000.00	16,762.77
2	2013-14	20,999.00	18,100.00	18,215.44
3	2014-15	21,912.00	17,627.82	18,037.99
4	2015-16	18,295.00	18,295.00	18,282.40
5	2016-17	19,000.00	20,000.00	18,915.92
6	2017-18	21,940.00	26,110.66	25,975.13
7	2018-19	25,154.61	26,118.05	26,040.43

2.5 IMPROVEMENT IN THE QUALITY OF HEALTH CARE

The improvement in the status of health care over the years in respect of some of the basic demographic indicators is given in Table 1. The Crude Birth Rate (CBR) has declined from 40.8 in 1951 to 29.5 in 1991 and further to 20.2 in 2017. Similarly there has been a sharp decline in Crude Death Rate (CDR) which has decreased from 25.1 in 1951 to 9.8 in 1991 and further to 6.3 in 2017. Also, the TFR (average number of children

likely to be born to a woman aged 15-49 years) has decreased from 6.0 in 1951 to 2.3 in the year 2016 as per the estimates from the Sample Registration System (SRS) of Registrar General & Census Commissioner, India (RGI), Ministry of Home Affairs.

The Maternal Mortality Ratio has also declined from 437 per one lakh live births in 1992-93 to 130 in 2014-16 according to the SRS Report brought out by RGI. IMR, which was 110 in 1981, has declined to 33 per 1000 live births in 2017.

Table 1: Achievements of Health & Family Welfare Programme

Sl. No.	Parameter	1951	1981	1991	2001	2017 (Latest available)
1	Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	25.4	20.2 (SRS)
2	Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	8.4	6.3 (SRS)
3	Total Fertility Rate (Per women)	6.0	4.5	3.6	3.1	2.3 (2016)
4	Maternal Mortality Ratio(Per 100,000 live births)	NA	NA	437 (1992-93) NFHS	301 (2001-03) S.R.S.	130 (2014-16) S.R.S.
5	Infant Mortality Rate (Per 1000 live births)	146 (1951-61)	110	80	66	33 (SRS)
6	Expectation of life at Birth	-	55.4 (1981-85) Mid-year 1983	59.4 (1989-93) Mid-year 1991	63.4 (1999-03) Mid-year-2001	68.7 (2012-16) Mid-year 2014

Source: Office of Registrar General & Census Commissioner, India, Ministry of Home Affairs.

2.6 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Health Management Information System (HMIS) is a Government to Government (G2G) web-based monitoring information system that has been put in place by MoHFW, to monitor the NHM and other health programmes and provide key inputs for policy formulation and appropriate programme interventions.

HMIS was launched in October, 2008 with initial objective to upload district wise consolidated figures. Subsequently in 2011, the facility based reporting was initiated in the HMIS. Around 2 lakh health facilities (across all States/UTs) are uploading facility wise service delivery data on monthly basis, training data on quarterly basis and infrastructure related data on annual basis on HMIS web portal.

HMIS data is being utilised in grading of health facilities, identifications of aspirational districts, review of State Programme Implementation Plan (PIPs), etc. The data is being made available to various stakeholders in the form of standard & customized reports, factsheets, score-cards etc. It is being widely used by the Central / State Government officials for monitoring and supervision purposes.

HMIS captures facility-wise information as follows:

- i. Service Delivery (reproductive, maternal and child health related, immunisation family planning, vector borne diseases, Tuberculosis, morbidity and mortality, OPD, IPD services, surgeries etc. data) on monthly basis.

- ii. Training data (trainings imparted to medical and paramedics staff at district and State level data) on quarterly basis.
- iii. Infrastructure (manpower, equipment, cleanliness, building, availability of medical services such as surgery etc., super specialties services such as Cardiology etc., diagnostics, paramedical and clinical Services etc. data) on annual basis.

The existing HMIS has limited infrastructure (hardware & software), capacities and improvements such as introduction of APIs are not feasible. Therefore, the Ministry is in the process of revamping existing HMIS with

its integration to Integrated Health Information Platform (IHIP) to provide real time quality data.

Capacity Building

Periodic trainings are conducted to discuss latest developments including new reports, features etc. available on the portal. To enhance the analytical capabilities of National and State level users, they have been provided SAS, WRS and SAS-VDD software.

National Workshop 2018-19: National level review workshop was conducted on 6th and 9th Aug, 2018 at New Delhi.



National Workshop 2018-19 held under Chairmanship of AS&MD (NHM) at Nirman Bhawan, New Delhi

Regional Workshops: Regional workshop was conducted at New Delhi on 17th August, 2018 to discuss data quality issues like reporting,

validation, outlier on HMIS, understanding of HMIS data element definition, various standard and analytical reports.



Regional HMIS Review-Meeting 2018-19 held under chairmanship of DDG Statistics

GIS Feature in HMIS

GIS enable HMIS application is available on public domain. A short video depicting the salient features of this GIS enabled HMIS application is

added on the portal for easy understanding and its usage. It is a support system for better monitoring and decision making to improve service delivery status. Map representation of one of the health indicator “% of ANC Registration” is given below.



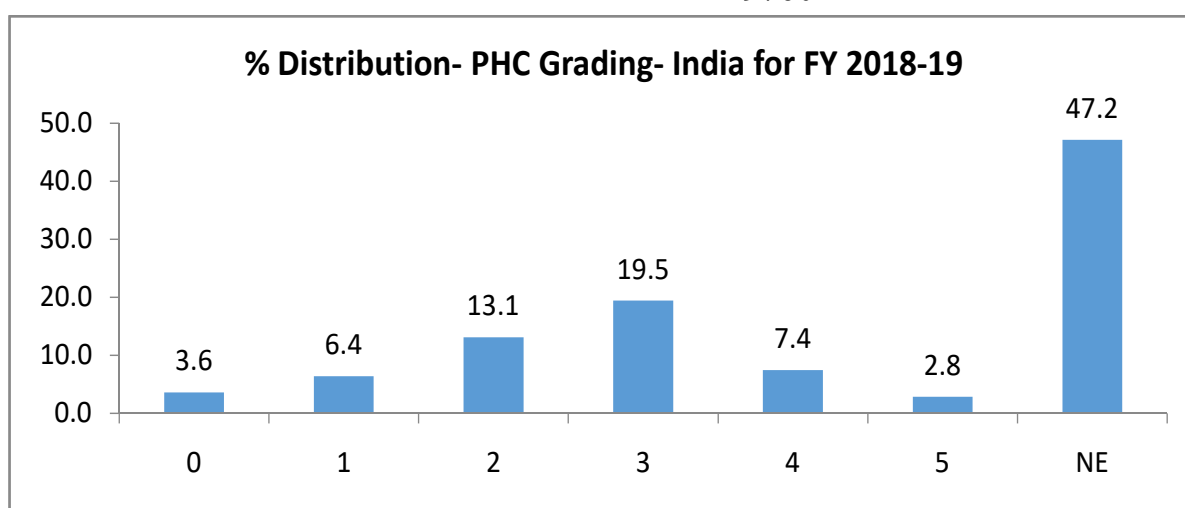
Image of % of ANC Registration on GIS enabled HMIS Application

Primary Health Centre (PHC) Grading

PHC is the first point of contact for rural health services with doctors available for the sick and those who directly report or/are referred from Sub-Centres for curative, preventive and promotive health care. Also to provide a primary level healthcare facility to urban population, Urban PHCs are established. There are 29760 PHCs in the country which include 24152 rural PHCs and 5608 Urban PHCs.

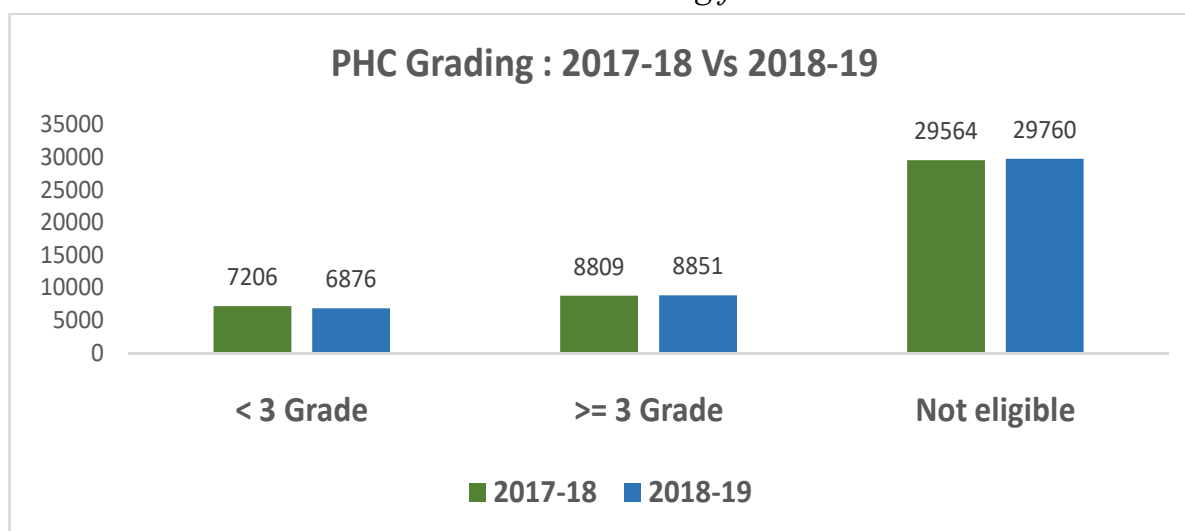
To monitor the performance of the PHCs, criteria for grading these PHCs were devised. The methodology for grading of PHC was introduced in 2017-18. The PHCs have been assigned grades on a scale of 1 to 5 (1 for poor and 5 for excellent). Grading of PHCs based on 2018-19 data as per the revised methodology has been done and a summary in form of chart is given below along with a comparison to the last year performance.

Total no. of PHCs- 29760



*NE – Not eligible

All India PHCs Grading for 2018-19



All India PHCs Grading for 2017-18 Vs 2018-19

Activities of HMIS for District Hospital Ranking

1. NITI Aayog in consultation with MoHFW and other stakeholders initiated the process of District Hospital Ranking which would be done by NITI Aayog on annual basis.
2. Comprises a limited set of indicators distributed into three broad categories – Structure (10%), Process (15%), and Outcomes/Outputs (75%) with maximum weightage given to measurable outputs and outcomes since these remain the focus of achievement.
3. Indicators with specific numerator and denominator were finalized including the source of data and each indicator has weightage for finalization of DH Ranking.
4. Categorization of district hospitals for ranking purpose was also done as per bed strength.
5. HMIS data was also shared to NITI Aayog for FY 2017-18 (MIS & Infrastructure).
6. Third party data validation exercise is being undertaken by NITI Aayog through NABH (a unit of Quality Council of India) for this activity.

2.7 MOTHER AND CHILD TRACKING SYSTEM (MCTS) / REPRODUCTIVE AND CHILD HEALTH (RCH) PORTAL AND ANM ONLINE (ANMOL)

To facilitate timely delivery of healthcare services to all the pregnant women, lactating mothers and children, web-based name-based tracking system called Mother & Child Tracking System (MCTS) was introduced across all the States & UTs to provide ready reference about the status of services/vaccination delivered to pregnant women and children. The Ministry has rolled out an upgraded version of MCTS, called RCH Portal which is designed for early identification and tracking of the individual beneficiary throughout

the reproductive lifecycle and promote, monitor and support the reproductive, maternal, newborn and child health (RMNCH) schemes/programme delivery and reporting.

MCTS/RCH portal is capturing data of beneficiaries, which is used by multiple applications like ANMOL, MCTFC, Kilkari and Mobile Academy, RBSK. RCH Portal data is also used for direct transfer of Janani Suraksha Yojana (JSY) benefits to pregnant women and payments to ASHAs, wherever possible.

RCH portal has been implemented in 33 States / UTs and remaining 3 States (Gujarat, Rajasthan & Tamil Nadu) are using their State based application. A total of 16.54 crore pregnant women and 13.95 crore children were registered in MCTS / RCH portal as on 31st March, 2019.

RCH portal is playing a vital role in key decision making and monitoring the implementation of health schemes in the country. RCH portal has helped health worker in planning for service delivery and identification of beneficiary due for ante-natal check-up, post-natal check-up and immunization services. It helps in identification of high-risk pregnant women and tracking of health conditions and assistance during the delivery of pregnant women. Data of children's immunisation requirement is also helping health worker in generation of work plan for delivery of immunisation service. This initiative has a positive impact in improving the healthcare service delivery in the country.

ANM OnLine (ANMOL)

ANMOL is a tablet-based application which empowers ANMs - the frontline health workers in carrying out their day to day work efficiently and effectively by entering and updating service records of beneficiaries on real / near real time basis. Further, ANMOL also acts as a job aid to the ANMs by providing them with readily available information such as due list, dashboard and guidance based on data entered etc. This

standardizes the maternal and child care services provided by ANMs who can also plan the Village Health and Nutrition Day (VHND) along with vaccines and logistics required. Audio and video counselling facility of ANMOL helps in creating awareness among beneficiaries about the various Government schemes and facilitates beneficiaries towards getting authentic knowledge about family planning, pregnancy and child care. ANMOL application was launched by Hon'ble Union Minister of Health and Family Welfare on 7th April, 2016. As on 31st March, 2019, ANMOL is presently operational in 7 States: Andhra Pradesh, Telangana, Madhya Pradesh, Odisha, Himachal Pradesh, Haryana and Chhattisgarh and used by more than 14,000 ANMs. To enhance the performance of ANMOL, an ANMOL Intermediate Server (AIS) has also been initiated to integrate seamless data reporting in RCH. More than 34,500 tablets have been procured by the States for rollout of ANMOL across the State.

2.8 MOTHER AND CHILD TRACKING FACILITATION CENTRE (MCTFC)

Mother and Child Tracking Facilitation Centre (MCTFC) was set up at National Institute of Health and Family Welfare (NIHFW) and it went live on 29th April, 2014. It is a major step taken by Government of India under the NHM in improving the maternal and child health care services.

The Centre is operational with 86 Helpdesk Agents (HAs) 2 Medical Specialists, 2 Supervisors and few more administrative and IT staff. MCTFC is a tool for providing relevant information and guidance directly to the pregnant women, parents of children and to community health workers, thus creating awareness among them about health services and promoting healthy practices and behaviour. The centre contacts the service providers and recipients of mother and child care services to get their feedback on various mother and child care services, programmes and initiatives viz. JSSK, JSY, RBSK and contraceptive distribution by ASHAs etc. MCTFC also validates

and verifies records of beneficiaries and health workers. The feedback helps the MoHFW / State/ UT Governments to easily and quickly evaluate the programme interventions and plan appropriate corrective measures to improve the health service delivery.

Inbound calling has been implemented with short code 10588 to resolve the queries of beneficiaries and health workers. At MCTFC, the helpdesk agents also check with ASHAs and ANMs regarding availability of essential drugs and supplies like Iron Folic Acid, ORS packets, contraceptives etc. Information relating to upcoming programmes, initiatives, validation of data, etc. is also provided to the beneficiaries and health workers.

As on 31st March, 2019, more than 89.39 lakh calls were made to beneficiaries through MCTFC for data validation, and promotion and facilitation in availing maternal and child health services and Government schemes. More than 11.53 lakh calls were made to ANMs and ASHAs for data validation and resolution of their queries, and more than 50.38 lakh voice messages on maternal and child care have been delivered to the beneficiaries.

MCTFC is making calls in 20 States/UT, which include Andhra Pradesh, Assam, Bihar, Chandigarh, Chhattisgarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Orissa, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Telangana and Nagaland. MCTFC is presently supporting calling in 7 languages i.e. Hindi, English, Telugu, Bengali, Gujarati, Odiya and Assamese.

2.9 SURVEYS AND EVALUATION ACTIVITIES

The National Family Health Surveys (NFHSs) are conducted periodically under the stewardship of the MoHFW, Government of India to generate data on important demographic and health indicators. The first round of NFHS was conducted in 1992-

93 followed by NFHS-2 in 1998-99 and NFHS-3 in 2005-06. In addition to NFHS, the Ministry had also been conducting District Level Household and Facility Survey (DLHS) with varying periodicity.

To meet the requirement of National, State and District level information needed to monitor performance of health programmes/ schemes at closer interval, the Ministry had taken a decision to conduct one integrated survey with a periodicity of three years in place of different surveys of similar nature (National Family Health Survey, District Level Household and Facility Survey etc.) being carried out by the Ministry. In line with this decision, the fourth round of National Family Health Survey (NFHS-4) was conducted in 2015-16 as an integrated survey with the aim to provide estimates of the levels of fertility, infant and child mortality by background characteristics at State / National level, and other key family welfare and health indicators at the National, State and District levels. The earlier NFHSs (i.e. NFHS-1, NFHS-2 & NFHS-3) provided only National and State level estimates. However, for NFHS-4, National/ State reports and National/ State/UT/ District factsheets are available in the public domain.

The activities of next round of NFHS (NFHS-5) are under process and NFHS-5 is having the specific goals of providing essential data on nutrition, health and family welfare needed by the Central and State Governments and other stakeholders, for policy formulation, tracking progress and also for acquiring information on important emerging health and family welfare issues. As in the case of previous rounds of NFHS, International Institute for Population Sciences (IIPS) is the Nodal Agency for conducting NFHS-5. NFHS-5 field work is planned in two phases covering half of the country in each phase. 707 districts including the new 67 districts created upto March, 2017 (After Census 2011) would be covered in NFHS-5, as against 640 districts covered in NFHS-4. The scope of NFHS-5 has been modified wherever required to make the target population ranges align with those

of Sustainable Development Goals (SDGs). Thus expanded age range will be considered for diabetes, hypertension and also for its risk factors. The scope of NFHS-5 has also been expanded by including questions inter-alia on disability, collection of Dried Blood Sample (DBS) for carrying out tests for Malaria, HbA1C, Vitamin-D and measurement of waist/ hip circumferences. The preparatory activities of the survey have been completed and mapping and listing is under progress in most of the Phase-I States/ part of State/ group of States/ UTs.

2.11 POPULATION RESEARCH CENTERS (PRCs)

MoHFW, Government of India, has established 18 Population Research Centres (PRCs) in various universities and research institutions in the country with the mandate to provide critical research based input on the field of demography, especially concerning the Health and Family Welfare programs and policies at the National and State levels. At present there are 18 PRCs, spread over 16 major States of India, 12 of which are located in universities and 6 in reputed research institutions. PRC is a central sector scheme and MoHFW provides 100% grants-in-aid for meeting, expenditure towards salary, allowances, approved research studies, infrastructure development, non-recurring expenditure etc. These PRCs are autonomous in nature, governed by the rules and regulations of the universities/research institutes (host organizations) in which these are located but following broad guidelines provided by the MoHFW from time to time.

The research studies and the monitoring of districts under NHM, PIP to be conducted by PRCs is decided by Ministry during the Annual Work Plan (AWP) meeting held every year during the month of March. AWP Meeting of the Population Research Centres (PRCs) for 2018-19 was held on 27th and 28th March, 2018, under the Chairpersonship of Deputy Director General (Statistics), MoHFW at Institute of Economic Growth (IEG) Delhi. The

main purpose of the meeting was to review the work of PRCs done during 2017-18 and to finalise the AWP for the year 2018-19. During 2017-18, the PRCs have completed 80 Research Studies and monitoring of Programme Implementation Plan of National Health Mission (NHM) in respect of 182 districts. For the year 2018-19, the PRCs have been assigned 88 research studies and 180 districts for PIP Monitoring.

The status of research studies conducted and the monitoring of districts under NHM, PIP done by PRC till date 31.03.2019 is as below:

	Approved by the Ministry for the year 2018-19	Completed till 31.03.2019
No. of research studies	88*	57
No. of districts to be monitored for NHM, PIP	180	162

**one study is a long term study (continued over the years)*

The 3rd Dissemination Workshop of PRCs for disseminating the research studies conducted by PRCs during 2017-18 was organized by the MoHFW and PRC, IEG Delhi at Udaipur on 29th, 30th and 31st October, 2018.

2.12 NATIONAL HEALTH SYSTEM RESOURCE CENTRE (NHSRC)

National Health System Resource Centre (NHSRC) was set up in 2007, to provide technical support to the Ministry of Health & Family Welfare on policy issues and development of strategy beside taking up capacity building of States. The NHSRC functions under the guidance of a Governing Board headed by the Secretary, Ministry of Health & Family Welfare, Government of India and an Executive Committee headed by the Additional Secretary & Mission Director, National Health Mission. The Regional Resource Centre, North East (RRC-NE), a Branch of the NHSRC serves as the technical support organisation for the States in the North East.

