Chapter

2

NATIONAL HEALTH MISSION (NHM)

2.1 INTRODUCTION

The National Health Mission (NHM) encompasses two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A) and 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.

National Rural Health Mission (NRHM): NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is to establish a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels and to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

National Urban Health Mission (NUHM): NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating the access to quality primary health care. NUHM covers all 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 ACHIEVEMENTS UNDER NRHM/NHM

2.2.1 Healthcare service delivery requires intensive human resource inputs. There has been an enormous shortage of human resources in public health care sector in the country. NRHM/NHM has attempted to fill the gaps in human resources by providing nearly 1.82 lakh additional health human resources to states including 7,363 GDMOs, 3,308 Specialists, 70,674 ANMs, 36,383 Staff Nurses etc. on contractual basis. Apart from providing support for health human resource, NHM has also focused on multi skilling 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 District Hospitals. A total of 25,903 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 facilities in 8214 PHCs, 2649 CHCs, 497 DHs, 5716 health facilities above SC but below block level and 421 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 (HFS) can be used for infrastructure development. Details of new construction and renovation/upgradation works undertaken across the country under NHM are as follows:

Facility	New Construction		Renovation/Upgradation	
	Sanctioned	Completed	Sanctioned	Completed
SC	26613	17871	15850	14071
PHC	2139	1534	9517	8673
CHC	554	401	3770	2895
SDH	101	59	677	626
DH	92	58	1137	937
Other*	1646	886	940	690
Total	**31145**	**20809**	**31891**	**27892**

These facilities are above SCs but below block level.

2.2.4 ASHA: More than 9.43 lakh ASHAs are in place across the country and serve as facilitators, mobilizers and providers of community level care. ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus on women and children. Since 2013, when the National Urban Health Mission was launched, ASHA are being selected in urban areas as well. Several evaluations and successive Common Review Missions (CRM) show that the ASHA has been a key figure in contributing to the positive outcomes of increases in institutional delivery, immunization, active role in disease control programmes (Malaria, Kala-azar and Lymphatic Filariasis, in particular) and improved breastfeeding and nutrition practices. The majority of states have in place an active training and support system for the ASHA to ensure continuing training, on site field mentoring and performance monitoring.

2.2.5 National Ambulance Services(NAS): As on date, 31 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. 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 Call Centre.

Presently, 7661Emergency Response Service Vehicles (ERSVs) under Dial-108, 600 ERSVs under Dial-104 and 7704ERSVs under Dial-102 are operational under NRHM, beside 6199 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 (NMMUs): Support has been provided in 335 out of 672 districts for 1122 MMUs under NHM in the country. To increase visibility, awareness and accountability, all Mobile Medical Units have been repositioned as "National Mobile Medical Unit Service" with universal colour and design.

2.2.7 The Untied Grants to Sub-Centres (SCs) has given a new confidence to our ANMs in the field. The SCs are far better equipped now with Blood Pressure measuring equipment, Hemoglobin (Hb) measuring equipment, stethoscope, weighing machine etc. This has facilitated quality antenatal care and other health care services.

2.2.8 Rogi Kalyan Samiti (Patient Welfare Committee)/Hospital Management Society is a simple yet effective management structure. This committee is a registered society whose members act as trustees to manage the affairs of the hospital and is responsible for upkeep of the facilities and ensure provision of better facilities to the patients in the hospital. Financial assistance is provided to these committees through untied fund to undertake activities for patient welfare. 29,116 Rogi Kalyan Samitis (RKS) have been set up involving the community members in almost all District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) till date.

2.2.9 The Village Health Sanitation and Nutrition Committee (VHSNC) is an important tool of community empowerment and participation at the grassroots level to address issues of environmental and social determinants. VHSNC membership includes Panchayati Raj representatives, ASHA & other frontline workers and also representatives of the marginalized communities. Untied grants of Rs. 10,000 are provided annually to each VHSNC under NRHM, which are utilized through involvement of other community members in many States. Till date,

5.10 lakh VHSNCs have been set up across the country. Capacity building of the VHSNC members with regards to their roles and responsibilities including public service monitoring and planning is being initiated in States.

2.2.10 Mother and Child Tracking System (MCTS)/Reproductive & Child Health (RCH) Portal: It is a name based tracking system, launched by the Government of India as an innovative application of information technology directed towards improving the health care service delivery system and strengthening the monitoring mechanism. MCTS is designed to capture information on and track all pregnant women and children (0-5 Years) so that they receive 'full' maternal and child health services and thereby contributes to the reduction in maternal, infant and child morbidity and mortality which is one of the goals of National Health Mission.

2.2.11 RCH portal is an online software application based on the integrated RCH Register. RCH portal has been designed for early identification and tracking of the individual beneficiary throughout the reproductive life cycle. Further, RCH portal is envisaged to promote and support the Reproductive, Maternal, Newborn and Child Health (RMNCH) schemes/programme delivery and reporting. This portal will facilitate all the stakeholders with readily available information at one place.

2.3 KEY INITIATIVES UNDER NHM

Recent Key initiatives of Ministry of Health & Family Welfare (MoHFW) are as under:

- **Kayakalp - an initiative for Awarding Public Health Facilities** :Kayakalp initiative has been launched to promote cleanliness, hygiene and infection control practices in public health facilities. Under this initiative, public healthcare facilities shall be appraised and public healthcare facilities that show exemplary performance, meeting standards of protocols of cleanliness, hygiene and infection control will receive awards and commendation. Further, Swachhta Guidelines for public health facilities to promote cleanliness, hygiene and infection control practices in public health facilities were released on 15th May, 2015. The guidelines provide details on the planning, frequency, methods, monitoring etc. with regard to Swachhta in public health facilities.

- **Free Drugs Service Initiative:** Detailed Operational Guidelines for NHM - Free Drugs Service Initiative were released to States on 2nd July, 2015. All States have notified free drug policy. Model IT application Drugs and Vaccines Distribution Management Systems (DVDMS), developed by CDAC has been shared with States. Over 25 States are implementing IT based supply chain management application.

- **Free Diagnostics Service Initiative:** Operational Guidelines on this Initiative released on 2nd July, 2015. 23 States have taken support under the NHM for Free Diagnostics.

- **Pradhan Mantri National Dialysis Programme:** Guidelines of National Dialysis Programme including the Request for Proposal (RFP) from the private providers to provide hemo-dialysis services in District Hospitals were released on 07-04-2016. All the States have obtained approval under the NHM. Under this programme, free dialysis services are provided to poor people.

- **Comprehensive Primary Health Care:** Comprehensive Primary Health Care is the path to UHC in India. In FY 2015-16, six States were provided with as part of the PIP to undertake pilots to roll out comprehensive primary health care at the level of the sub centre. This is to be done by strengthening and expanding the sub centre to transfer this facility as a Health and Wellness centre and make it the first point of care. A Mid-Level provider (a Nurse or an AYUSH provider) would be trained in a six-month bridge course that is currently being finalized by IGNOU. The Frontline worker team of ASHA and ANM will be trained in team work and work flow management in primary health care. Family Health folders to improve continuity of care and reduce fragmentation are also being designed. The initiative to strengthen district hospitals would be

leveraged for District Hospital to serve as a training and referral centre.

- **National Quality Assurance Framework for Health facilities**: To improve quality of healthcare in over 31000 public facilities and provide a clear roadmap to States, Quality Standards for District Hospitals (DHs), CHCs and PHCs under National Quality Assurance Framework were rolled out in November, 2014.

- **Kilkari and Mobile Academy:**

  - **Kilkari,** which means 'a baby's gurgle', delivers free, weekly, time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is one year old. Kilkari has been launched in Jharkhand, Odisha, Uttar Pradesh, Uttarakhand and High Priority Districts (HPDs) of Madhya Pradesh and Rajasthan in the first phase.

  - **Mobile Academy** is a free audio training course designed to expand and refresh the knowledge base of Accredited Social Health Activists (ASHAs) and improve their communication skills. Mobile Academy offers ASHAs a training opportunity via their mobile phones which is both cost-effective and efficient. It reduces the need to travel – sometimes great distances – and provides them with the flexibility they need to learn at their own pace and at times they find convenient. Mobile Academy has been launched in Jharkhand, Madhya Pradesh, Rajasthan and Uttarakhand.

  - Together, Kilkari and Mobile Academy are improving family health – including family planning, reproductive, maternal and child health, nutrition, sanitation and hygiene – by generating demand for healthy practices by empowerment and capacity building at the individual and community level and by creating an enabling environment. Kilkari and Mobile Academy were launched by Hon'ble HFM on 15th January, 2016.

  - Approximately 3.61 crore successful calls (average duration of content played in each call: approximately 1 minute) were made under Kilkari as on 5th November, 2016. A total of 51,249 ASHAs registered in MCTS have started the Mobile Academy course, out of which 45,412 (i.e, approximately 89%) ASHAs have completed the course as on 5th November, 2016.

2.4 NATIONAL URBAN HEALTH MISSION (NUHM)

Recognizing the significant gap in availability of public health services in urban areas, the National Urban Health Mission (NUHM), as a sub-mission under an overarching National Health Mission (NHM), was launched in May, 2013 for providing equitable and quality primary healthcare services to the urban population with special focus on slum and vulnerable sections of the Society. NUHM seeks to improve the health status by facilitating the urban populations access to quality primary healthcare.

NUHM covers all cities and towns with more than 50,000 population and district headquarters & State headquarters with more than 30,000 population. The smaller cities/towns continue to be covered under National Rural Health Mission (NRHM).

NUHM aims to provide comprehensive primary healthcare services in urban areas through Urban

Primary Health Centres (U-PHCs), Urban Community Health Centres (U-CHCs) (which can act as first referral units), strong outreach services and accessible frontline health workers. Accredited Social Health Activist (ASHA) i.e., frontline health worker serves as an effective and demand generating link between the health facility and the urban slum population. *Mahila Arogya Samiti (MAS)* have been formed to facilitate community mobilization, monitoring and referral with focus on preventive and promotive care, facilitating access to identified facilities and management of grants received.

NUHM has also converged with Urban Local Bodies (ULBs) i.e., Municipal Corporations, in seven metropolitan cities, viz., Mumbai, New Delhi, Chennai, Kolkata, Hyderabad, Bengaluru and Ahmedabad. For the remaining cities, the State Health Department decides whether the Urban Health Programme is to be implemented through health department or other urban local bodies.

2.4.1 Key thrust areas identified for accelerating NUHM program are as follows:-

- Mapping of urban vulnerable populations and understanding their special needs;
- Service delivery to urban poor and vulnerable population through proximal U-PHCs and U-CHCs;
- Outreach through Urban Health and Nutrition Days (UHNDs) and special outreach camps to address special and community specific health needs;
- Improving ambience, signage, patient amenities, infection prevention protocols should be prioritized at U-PHCs and U-CHCs;
- Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities;
- Special focus on urban specific health needs such as Non-Communicable Diseases (NCD)- Diabetes, Hypertension, Cardiovascular conditions, Substance abuse, Mental health, etc. in addition to RMNCH+A services;
- Robust and assured referral mechanism with systematic follow up by U-PHC of the referred cases (to FRUs and specialized services for NCDs etc.) – Integration of National Health Programs at the U-PHCs;
- Convergence with Urban Local Bodies (ULBs), with clearly defined roles for the State Health Department and the ULB in NUHM implementation for each city;
- Financial strengthening under NUHM- registration and transfer of funds under NUHM through PFMS, formation and registration of RKS, etc.and
- Implementation of Public Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.

2.4.2 Progress So Far

An outlay of Rs.1386.00 crore has been allocated for financial year 2015-16 out of which 725.00 crore was released to 36 States/UTs and in FY 2016-17, an amount of Rs.950.00 crore was allocated for NUHM out of which Rs.297.90 crore has been released to 23 States/UTs till the end of November, 2016. The statement of fund allocated and released in FY 2015-16 and FY 2016-17 is at **Annexure.**

Since the launch of the Programme in Financial Year 2013-14, support has been provided for strengthening of 4507 facilities in urban areas, construction of 461 new UPHCs and 37 new UCHCs. The human resources approved under the programme includes 2,916 Medical Officers, 274 Specialists, 16,694 ANMs, 7,939 Staff Nurses, 3,668 Pharmacists and 3,592 Lab Technicians, 557 Public Health Managers, 67,409 ASHAs and 1,11,157 MAS.

The following guidelines have been shared with the States/UTs viz. NUHM Implementation Framework, Guidelines for ASHA and Mahila Arogya Samiti in the Urban Context, Induction Module for Mahila Arogya Samiti (MAS), Induction Module for ASHAs in Urban areas, ToR for engagement of Public Health Manager and Quality Standards for Urban Primary Health Centre. Brochures on thrust areas for NUHM, Community Processes, IEC/BCC and Quality

Assurance have also been shared with States/UTs.

2.5 FUNDING PATTERN FOR THE PROGRAMMES UNDER NATIONAL HEALTH MISSION (NHM)

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 for the Financial Year 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 are as follows:

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

(Rs. in crore)

S. No.	Year	Approved Plan Budgetary Outlay (BE)	Revised estimate (RE)	Plan Expenditure
1.	2012-13	20542.00	17000.00	16762.77
2.	2013-14	20999.00	18100.00	18215.44
3.	2014-15	21912.00	17627.82	18037.99
4.	2015-16	18295.00	18295.00	18282.40
5.	2016-17	19000.00	--	11675.13*

** The plan expenditure for the 2016-17 is upto 01/11/2016 and is provisional*

2.6 IMPROVEMENT IN THE QUALITY OF HEALTHCARE

The improvement in the status of healthcare 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 21.0 in 2014. 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 6.7 in 2014. Also, the Total Fertility Rate (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 2014 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 (MMR) has also declined from 437 per one lakh live births in 1992–93 to 167 in 2011-13 according to the SRS Report brought out by RGI. Infant Mortality Rate (IMR), which was 110 in 1981, has declined to 39 per 1000 live births in 2014.

Table 1: Achievements of Health & Family Welfare Programme

Sl. No.	Parameter	1951	1981	1991	2001	2014 (Latest available)
1	Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	25.4	21.0
2	Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	8.4	6.7
3	Total Fertility Rate (Per women)	6.0	4.5	3.6	3.1	2.3 (2014)
4	Maternal Mortality Ratio(Per 100,000 live births)	NA	NA	437 (1992-93) NFHS	301 (2001-03) SRS	167 (2011-13) SRS
5	Infant Mortality Rate (Per 1000 live births)	146 (1951-61)	110	80	66	39
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	67.9 (2010-14) Mid-year 2012

Source: Office of Registrar General & Census Commissioner, India, Ministry of Home Affairs.
NFHS- National Family Health Survey SRS- Sample Registration System

2.7 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Health Management Information System (HMIS) is a web-based monitoring system that has been put in place by the Ministry of Health & Family Welfare to monitor health programmes under National Health Mission and provide key inputs for policy formulation and interventions.

It was launched in October 2008 with district wise data uploading on HMIS portal. To make HMIS more robust and effective and in order to facilitate local level monitoring, all States/UTs were requested to shift to *"facility based reporting"* from April, 2011. At present, 674 (out of 676) districts are reporting facility wise data while Brihan, Mumbai and Kolkata are uploading district consolidated figure on the HMIS web portal. Presently, 1.98 lakh health facilities (across all States/UTs) are uploading facility wise data on monthly basis on HMIS web portal. The data is being made available to various stakeholders including general public in the form of standard & customized reports, factsheets, score-cards etc. HMIS data is widely used by the Central/State Government officials for monitoring and supervision purposes.

Home Page of HMIS Portal

Periodic review meetings, workshops and trainings are conducted to discuss data quality issues and latest developments including new reports, features available on the portal etc. To enhance the analytical capabilities of National and State level users, they have been provided SAS, WRS and SAS-VDD software. A national level review workshop and four regional workshops covering all States & UTs were conducted during 2015-16 in regard to HMIS.

National Workshop 2016-17

GIS enabled HMIS application was launched by Hon'ble HFM on 29th March 2016. GIS enabled HMIS application is a repository of 1.72 lakh health facilities across country and it is in the public domain. GIS application provides visual/spatial depiction of HMIS data on dynamic maps.

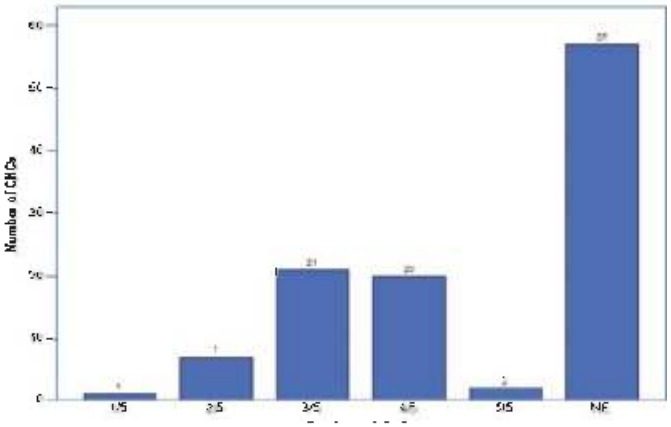
GIS enabled HMIS application launched by Hon'ble HFM on 29th March 2016

GIS enabled HMIS Application

Grading of CHCs:

The methodology for grading of Community Health Centers (CHCs) was introduced in January, 2015. This methodology has been revised in April, 2016. The CHCs have been assigned grades for 1st quarter of FY 2016-17 (i.e. April, 2016 to June 2016) as per the revised methodology.

Grading of CHCs in Haryana for 1st qtr. of FY 2016-17



New Features added to HMIS Portal:

- Provision of automatic alerts for sensitive data items;
- Methodology for grading of Primary Health Centers (PHCs) has been finalized;
- Provision for uploading of photograph of the facilities in HMIS Masters;
- Provision for uploading National Identification Number (NIN) for facility in HMIS Masters;
- Representation of grades of Community Health Centers (CHCs) in GIS application and
- Representation of photograph of health facilities in GIS application.

2.8 MOTHER AND CHILD TRACKING SYSTEM (MCTS)/REPRODUCTIVE CHILD HEALTH (RCH) APPLICATION AND ANM ON LINE (ANMOL)

Provision of quality Ante Natal Care (ANC) to pregnant women and immunization to children helps to bring down the maternal and child mortality and morbidity. Considering this, MCTS - a web based name based tracking system was introduced to facilitate timely delivery of antenatal and postnatal care services to all the

pregnant women and immunization to all the children.

Under MCTS, alerts are sent to health service providers about the services due and service delivery gaps. Furthermore, the system also provides ready reference about the status of services/vaccination delivered to pregnant women and children. Appropriate health promotion messages to beneficiaries that are relevant according to the month of pregnancy or date of birth of the child are being sent on mobiles of beneficiaries. MCTS is also being used for direct transfer of Janani Suraksha Yojana (JSY) benefits into the Bank Account of pregnant women after delivery, wherever possible.

The data collection formats of MCTS have been revised so that more comprehensive Reproductive and Child Health (RCH) related information may be captured. These formats are called Integrated RCH Register. This will obviate the need for ANMs to collect and maintain information on aspects like Family Planning, Maternal Health, Child Health, Immunization, etc. in multiple registers, often resulting in entering of similar information in many registers, resulting in duplication of ANM's efforts.

RCH portal is an online software application based on the Integrated RCH Register. RCH portal has been designed for early identification and tracking of the individual beneficiary throughout the reproductive lifecycle. Further, RCH portal is envisaged to promote and support the Reproductive, Maternal, Newborn and Child Health (RMNCH) schemes/programme delivery and reporting. This portal will facilitate all the stakeholders with readily available information at one place.

Approximately 11.84 crore pregnant women and 10.13 crore children were registered on MCTS/RCH portal since its inception till 17th November, 2016.

Department of Health and Family Welfare has developed a tablet based application, called ANMOL (which stands for ANM On Line) with the UNICEF support, for Integrated RCH Register. This application has been piloted in the entire State of Andhra Pradesh. Further, ANMOL acts as a job aid to the ANMs by providing them with readily available guidance based on data entered etc. This standardizes the maternal and child care services provided by ANMs. ANMs are able to generate the work plan on the fly, which in turn benefits ANMs saving time for preparation of workplan. ANMs can also plan the Village Health and Nutrition Day (VHND) as per the date specified along with the vaccines and logistic required. ANMOL allows ANMs to enter and update data for beneficiaries of their jurisdiction. This ensures more prompt entry and updation of data as well as improvement in the data quality since the data is being entered "at source" (by providers of health services themselves) and there is clear accountability for the quality of data. ANMOL works in the off-line mode also when no internet connectivity is available. As soon as the internet connectivity is available, the data is synchronised with the central server. ANMOL is also Aadhaar enabled to help in authentication of the records of field workers and beneficiaries. Another important component of the ANMOL is

audio and video counselling. This helps create awareness among beneficiaries about the various government schemes and facilitates beneficiaries getting authentic knowledge about family planning, pregnancy and child care.

ANMOL was launched by Hon'ble Minister for Health and Family Welfare on World Health Day i.e. 7th April, 2016. 11,735 ANMs in Andhra Pradesh are using ANMOL as on 16th November, 2016. MoHFW plans to roll-out ANMOL in a phased manner across the country over the next few years.

2.9 MOTHER AND CHILD TRACKING FACILITATION CENTRE (MCTFC)

Mother and Child Tracking Facilitation Centre (MCTFC) has been set up at National Institute of Health and Family Welfare (NIHFW). It is a major step taken by Government of India under the National Health Mission in improving the maternal and child health care services.

The Facilitation Centre has 86 Helpdesk Agents (HAs) and it is designed to:

- provide a supporting framework to MCTS and help in validating the data entered in MCTS by making phone calls to pregnant women and parents of children and health workers;
- be a powerful tool in 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 right health practices and behavior;
- contact 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 like Janani Shishu Suraksha Karyakaram (JSSK), Janani Suraksha Yojana (JSY), Rashtriya Bal Swasthya Karyakram (RBSK), National Iron plus Initiative (NIPI), contraceptive distribution by ASHAs etc. This feedback helps the Government of India/State Governments to easily and quickly evaluate the programme interventions and plan appropriate corrective measures to improve the health service delivery;
- check with ASHAs and ANMs regarding availability of essential drugs and supplies like ORS packets and contraceptives.

A new Helpdesk Service Provider (HSP) has been identified to augment the MCTFC project with 86 HAs and added functionalities of inbound calling, SMS integration, campaign management, calling in 5 new regional languages, enhanced Interactive Voice Response (IVR) System etc. Currently, implementation of augmented MCTFC project is expected to go-live by December, 2016.

As on 14th November, 2016 approximately 33.91 lakh calls have been made to beneficiaries (pregnant women and parents of new born child) through MCTFC for data validation, promotion and facilitation in availing maternal and child health services and government schemes. Approximately 7.90 lakh calls have been made to ANMs and ASHAs for data validation and resolution of their queries. Till 14th November, 2016 more than 18.50 lakh voice messages on maternal and child care have been delivered to the beneficiaries, ANMs and ASHAs.

2.10 SURVEYS AND EVALUATION ACTIVITIES

2.10.1 National Family Health Survey (NFHS): Three rounds of National Family Health Surveys were carried out in 1992-93 (NFHS-1), 1998-99 (NFHS-2) and 2005-06 (NFHS-3) under the stewardship of the Ministry of Health and Family Welfare, Government of India, with the International Institute for Population Sciences (IIPS), Mumbai, serving as the nodal agency for conducting the survey. The Ministry has decided to integrate all surveys and to conduct one survey (i.e. National Family Health Survey) to provide district and above level data with a periodicity of three years. Accordingly the Ministry has initiated the activities related to the fourth round of the Survey (NFHS-4) which will provide essential data on Health and Family Welfare.

The fourth round of National Family Health Survey (NFHS-4) has been planned in two phases covering all States and UTs in the country. The main survey

field work in 16 States/Regions covered in first phase has been completed and the Ministry has so far released the results in the form of State/District Factsheets from 18 States/UTs covered in the first Phase of NFHS-4. Among the 15 States/Regions covered in the second phase of NFHS-4, the main survey fieldwork has already been completed in 12 States/Regions. The field work is underway in the remaining second phase States/Regions. Activities for next round of NFHS has also been initiated.

2.10.2 Regional Evaluation Teams (RETs): There are 8 Regional Evaluation Teams (RETs) located in the Regional Offices of the MoHFW. Of these, RET Pune is at present defunct due to lack of staff. The RETs undertake evaluation of the NHM activities including Reproductive and Child Health Programme (RCH) on a sample basis by visiting the selected districts and interviewing the beneficiaries. These teams generally visit two adjoining districts in a State every month and see the functioning of health facilities and carry out sample check of the beneficiaries to ascertain whether they have actually received the services. Reports of the RETs are sent to the States/UTs for taking corrective measures on issues highlighted in the reports. During 2015-16, the RET's have completed evaluation reports pertaining to 95 districts. As on November, 2016, 49 districts reports have been received which was conducted by the RETs during 2016-17 and have been sent to States/UTs concerned for taking corrective measures.

2.11 POPULATION RESEARCH CENTRES (PRCs)

The Ministry has established 18 Population Research Centres (PRCs) in various institutions in the country with a view to carry out research on various topics pertaining to Population Stabilization, Demographic and other Health related programs. While 12 of these PRCs are located in Universities, the remaining six are located in the institutes of national repute. The Ministry of Health and Family Welfare provide 100% financial grant-in-aid to all PRCs on year to year basis for incurring expenditure towards salaries of staff, books and journals, TA/DA, data processing/stationary/contingency etc., and other infrastructure requirement.

Annual Reports of all the 18 PRCs along with the audited statement of accounts are laid on the tables of both the Houses of Parliament. During 2015-16, the PRCs have completed 90 Research Studies and monitoring of Programme Implementation Plan of National Health Mission (NHM) in respect of 198 districts. During 2016-17, till 15th November 2016, the PRCs have completed 19 Research Studies and monitoring of NHM Programme Implementation Plan in 121 districts.

Annexure

Financial Statement showing Allocation and Release of FY 2015-16 and FY 2016-17

(Rs. in Crore)

Sl. No.	Name of State/UT	2015-16		2016-17	
		Allocation	Released	Allocation	Released (upto Nov. 2016)
1	A &N Islands	0.38	0.00	0.43	0
2	Andhra Pradesh	92.16	43.14	58.62	43.97
3	Arunachal Pradesh	1.61	0.00	1.10	0.83
4	Assam	36.34	0.00	24.91	12.46
5	Bihar	32.28	16.14	21.41	0
6	Chandigarh	3.10	7.13	3.53	1.49
7	Chhattisgarh	27.98	13.99	18.55	13.91
8	Dadra & Nagar Haveli	0.22	0.39	0.25	0.13
9	Daman & Diu	0.21	0.11	0.24	0.18
10	Delhi	54.03	54.03	61.47	44.54
11	Goa	0.98	0.00	0.65	0.49
12	Gujarat	65.31	48.98	43.31	21.66
13	Haryana	32.04	24.03	21.25	15.94
14	Himachal Pradesh	1.08	0.81	0.72	0.36
15	Jammu & Kashmir	12.02	11.22	7.97	0
16	Jharkhand	17.34	13.01	11.50	0
17	Karnataka	74.80	0.00	49.60	0
18	Kerala	35.55	26.66	23.56	17.68
19	Madhya Pradesh	88.17	63.98	58.46	0
20	Maharashtra	214.24	0.00	142.06	0
21	Manipur	3.77	0.00	2.58	1.94
22	Meghalaya	7.79	0.00	5.34	0
23	Mizoram	8.85	4.20	6.07	4.55
24	Nagaland	8.65	4.07	5.93	2.97
25	Odisha	26.41	24.59	17.51	8.75
26	Puducherry	3.33	1.67	3.79	0.19
27	Punjab	31.96	16.89	21.19	15.89
28	Rajasthan	48.70	48.70	32.29	0
29	Sikkim	3.07	0.00	2.11	0.94
30	Tamil Nadu	111.99	111.99	74.26	37.13
31	Telangana	65.87	49.40	46.16	0
32	Tripura	13.92	1.77	9.54	3.39
33	Uttar Pradesh	136.55	72.15	90.54	45.27
34	Uttarakhand	9.79	4.90	6.49	3.24
35	West Bengal	115.53	61.06	76.61	0
Total		**1386.00**	**725.00**	**950.00**	**297.90**