

# ACCOUNTABILITY INITIATIVE

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## BUDGET BRIEFS

### NRHM, GOI 2014-15

Launched in 2005, the National Rural Health Mission (NRHM) is the Government of India's (GOI) largest public health programme.

Using government data, this brief reports on NRHM expenditures along the following parameters:

- Overall trends in fund allocations and expenditures of GOI and states;
- Physical coverage of Primary Health Centres (PHCs);
- Human resource availability;
- Performance of Janani Suraksha Yojana (JSY); and
- Progress in health outcomes.

**Cost Share and Implementation:** Allocations by GOI for individual states are based on a weightage system, where states with the poorest health indicators get a larger share of the allocations. As of 2012, 75% of the funds are to come from GOI and the rest from the states. Release of funds is based on state Project Implementation Plans (PIPs).

Complete expenditure data is only available till FY 2012-13.

#### Highlights

1	Government of India (GOI) allocation for Ministry of Health and Family Welfare (MoHFW) in Financial Year (FY) 2014-15 (in crores)	₹39,238
2	GOI allocations for NHM in FY 2014-15 (in crores)	₹24,491
3	GOI allocations for NRHM in FY 2013-14	₹17,428

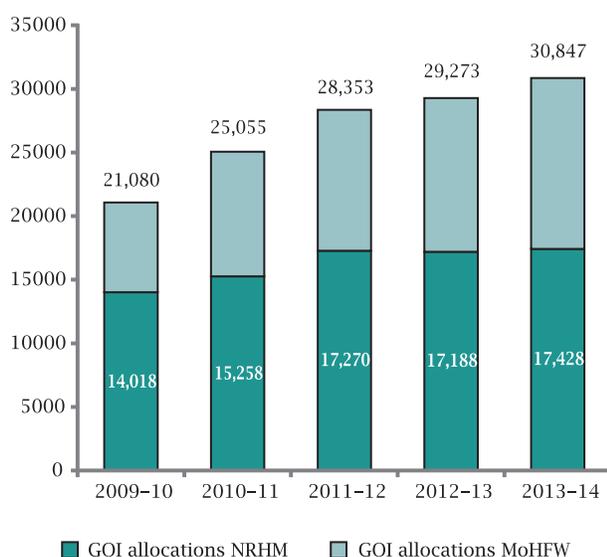
#### Summary and Analysis

- Total public health expenditure (GOI and states) increased by 72% between FY 2009-10 and FY 2012-13. However, in FY 2013-14 as a proportion of the Gross Domestic Product (GDP) public expenditure was only 1.4%.
- GOI allocations for NRHM have increased by 20% from ₹14,018 crores in FY 2009-10 to ₹17,428 crores in FY 2013-14. In the Expenditure Budget tabled on July 10, 2014, there were no separate allocations for NRHM.
- There have been marginal improvements in health infrastructure. Between March 2011 and March 2013, shortfall in the number of Primary Health Centres (PHCs) and Community Health Centres (CHCs) dropped by 1 percentage point and 5 percentage points, respectively.
- There has been little progress on vacancy rates amongst PHC doctors. Between March 2011 and March 2013, vacancy rates stood at 12%. Vacancy rates amongst specialists dropped by 18 percentage points during the same period. As of March 2013, 47% specialist positions were vacant.
- India has made some progress in health outcomes. Maternal Mortality Rate (MMR) has improved from 254 per 1 lakh live births in 2004-06 to 178 per 1 lakh live births in 2010-12.

## Overall Trends in GOI Allocations and Expenditure

- **Allocations:** The Ministry of Health and Family Welfare (MoHFW) allocations have increased by **86 percent** from ₹21,080 crores in FY 2009-10 to ₹39,238 crores in FY 2014-15.

### Steady Increase in MoHFW budget.



**Source:** India Expenditure Budget, Vol 2, Ministry of Health and Family Welfare. Available online at <http://indiabudget.nic.in>

**Note:** Figures are in crores of rupees and are revised estimates. With the launch of the National Health Mission, separate allocations for NRHM are not always available. In order to make it comparable across years, all components except the ones that were classified as National Urban Health Mission were added.

- Spending on health and family welfare accounted for **1.99 percent** of total GOI expenditure in FY 2013-14.
- Total public health expenditure (GOI and states) increased by **72 percent** between FY 2009-10 and FY 2012-13. Despite this increase, in FY 2013-14, public expenditure on health (GOI and states combined) accounted for only **1.4 percent** of India's Gross Domestic Product (GDP). This is considerably lower than most developing countries. For example, in 2010, Brazil, South Africa and China spent **4.2 percent**, **3.9 percent**, and **2.7 percent** of their GDP on health care, respectively.
- In 2005, GOI launched the National Rural Health Mission (NRHM), an umbrella programme subsuming existing rural health schemes.
- In 2013, NRHM was integrated with the National Urban Health Mission (NUHM) to form the National Health Mission (NHM). In the Expenditure Budget tabled on July 10, 2014, there were no separate allocations for NRHM. GOI allocation for NHM in FY 2014-15 stands at ₹24,491 crores.

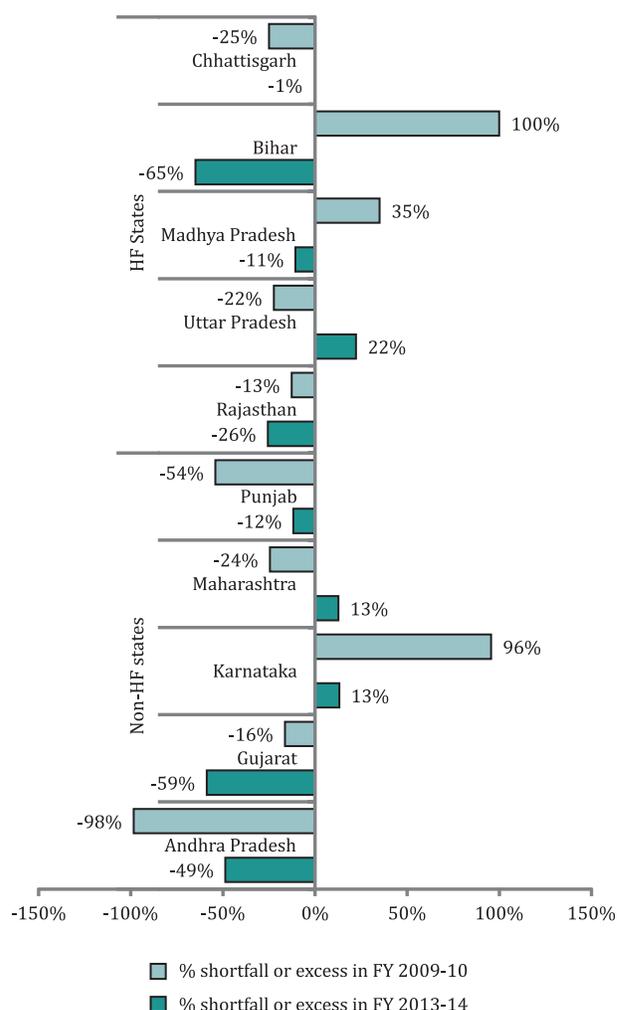
## Trends in GOI Allocations and Expenditure for NRHM

- **Allocations:** Between FY 2009-10 and FY 2013-14, allocations for NRHM increased by **20 percent** from ₹14,018 crores to ₹16,756 crores.
- Once approved, funds are released by GOI and states to autonomous bodies at the state level known as State Health Societies (SHS). Since the start of the Twelfth Five-Year Plan (FYP), in 2012, funds are to be shared by GOI and states in a **75:25** ratio.
- **Releases:** Since FY 2009-10, GOI has released nearly **100 percent** of its allocations. By the third quarter of FY 2013-14, **81 percent** of the total allocations had been released.
- **Expenditure Performance:** Expenditure as a percentage of total releases has dropped in the last 3 years. In FY 2009-10, over **100 percent** of total releases (GOI and state share) were spent. This dropped to **84 percent** in FY 2012-13. Till December 2013, **63 percent** of the total releases were spent (data on expenditure is only available till December 2013).

## State-level NRHM Allocations and Expenditure

- Allocations for NRHM are based on Project Implementation Plans (PIPs), prepared by state governments. The PIPs are finalised after negotiations with GOI.
- To address regional imbalances in health outcomes, a set of 18 'high focus' (HF) states with the poorest health indicators were identified. These states received about 60 percent of the total GOI allocations for NRHM in FY 2013-14.
- **Proposed versus Approved Allocations:** The share of approved allocations as a proportion of proposed (in the PIP) has dropped between FY 2012-13 and FY 2013-14.
- For instance, in FY 2012-13, Madhya Pradesh got more than its proposed budget. However, approvals dropped to 71 percent in FY 2013-14. Similarly, only 39 percent of proposed allocations were approved in Assam in FY 2013-14, a drop from 67 percent in FY 2012-13. These sharp drops are on account of budget cuts by GOI.
- **Releases by States:** Since its launch, state releases for NRHM have been lower than their required share. In FY 2013-14, Bihar released 65 percent less than its required share. Similarly, Andhra Pradesh released 49 percent less than its required share.

### Shortfall / Excess in State Share Since Inception.

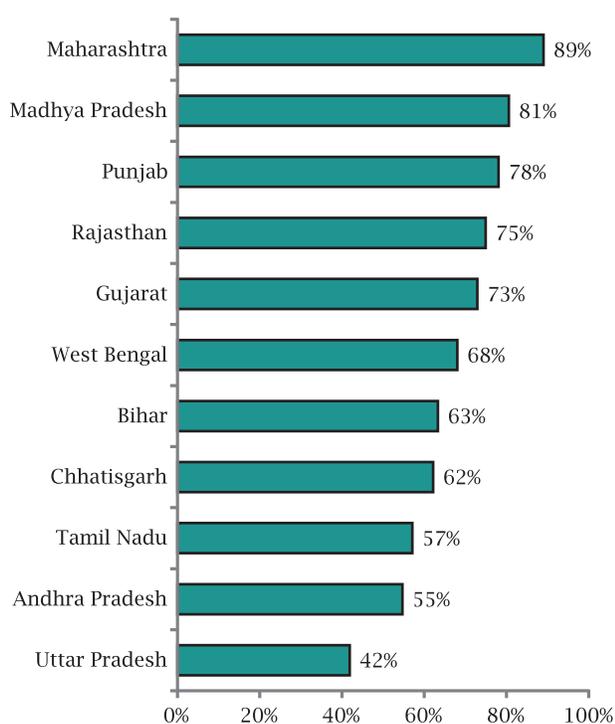


**Source:** RTI filed by Accountability Initiative. Also available on NRHM Website, State Programme Implementation Plans, Record of Proceedings 2013-14. Available online at <http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html>

**Note:** Negative numbers indicate shortfall and positive numbers indicate excess.

- **Expenditure Performance:** There are wide variations in expenditure patterns across states. In FY 2012-13, Kerala spent more than its available funds (opening balance and total releases). Uttar Pradesh, on the other hand, spent a mere 42 percent.
- Rajasthan and Tamil Nadu spent 75 percent and 57 percent of their available funds in FY 2012-13, respectively. This improved significantly in FY 2013-14. In fact, by December 2013, both states had spent 75 percent and 86 percent, respectively. This is as much and in some states, marginally more than what they spent through the entire FY 2012-13.

**Maharashtra and Madhya Pradesh spent 89% of funds available; Uttar Pradesh spent 42%.**



■ % utilised out of total resource envelope (including unspent balance and state share) in FY 2012-13

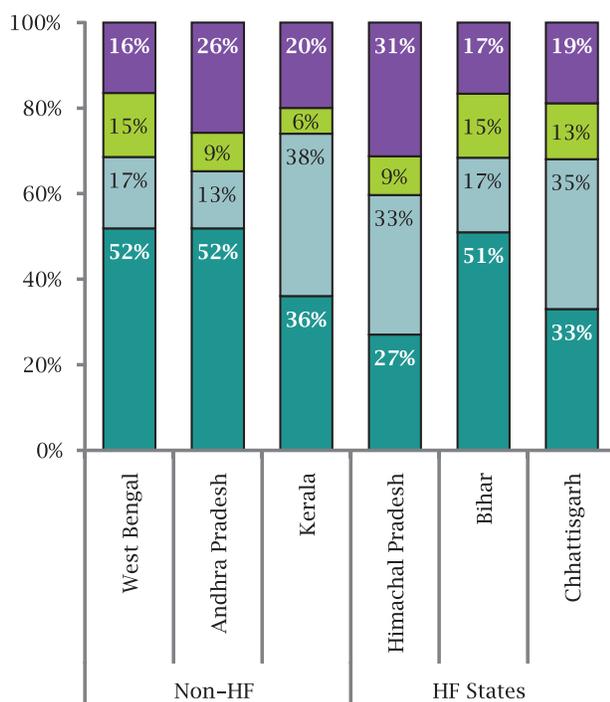
**Source:** NRHM Website, State Programme Implementation Plans 2013-14. Available online at: <http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html>  
Expenditure figures are taken from RTI filed by Accountability Initiative.

**Note:** PIP for FY 2013-14 has been used for FY 2012-13 figures.

## Component-wise Trends in NRHM

- There are 5 main components for which funds are allocated under NRHM. These are: a) Reproductive, Maternal, Newborn, and Child Health services (RMNCH); b) NRHM Mission Flexipool or funds for strengthening health resource systems, innovations and Information, Education and Communication (IEC); c) Immunisation including the Pulse Polio Programme; d) National Disease Control Programme (NDCP); and, e) Funds for Infrastructure Maintenance.
- In FY 2013-14, at the national level, 34 percent of total NRHM funds were allocated to the NRHM Flexipool. This was followed by 31 percent for RMNCH and 25 percent for Infrastructure Maintenance.
- **Investment Patterns Across States:** There is no major difference in the investment patterns in HF and non-HF states. For instance, in FY 2013-14, Bihar, Andhra Pradesh, and West Bengal (HF and non-HF states) allocated over 50 percent of their NRHM budget to RMNCH activities.
- There are variations in the way states allocate funds across categories. States such as Chhattisgarh and Himachal Pradesh allocated an equal share to both RMNCH and NRHM Flexipool in FY 2013-14. Himachal Pradesh allocated the highest share for infrastructure maintenance at 31 percent. However, the state has consistently met all its physical infrastructure targets.

**Bihar allocated 51% to RMNCH; Himachal Pradesh allocated 27%.**



■ Infrastructure Maintenance    ■ Immunization and NDCP  
■ NRHM Flexipool                      ■ RMNCH

**Source:** NRHM Website, State Programme Implementation Plans 2013-14. Available online at: <http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html>

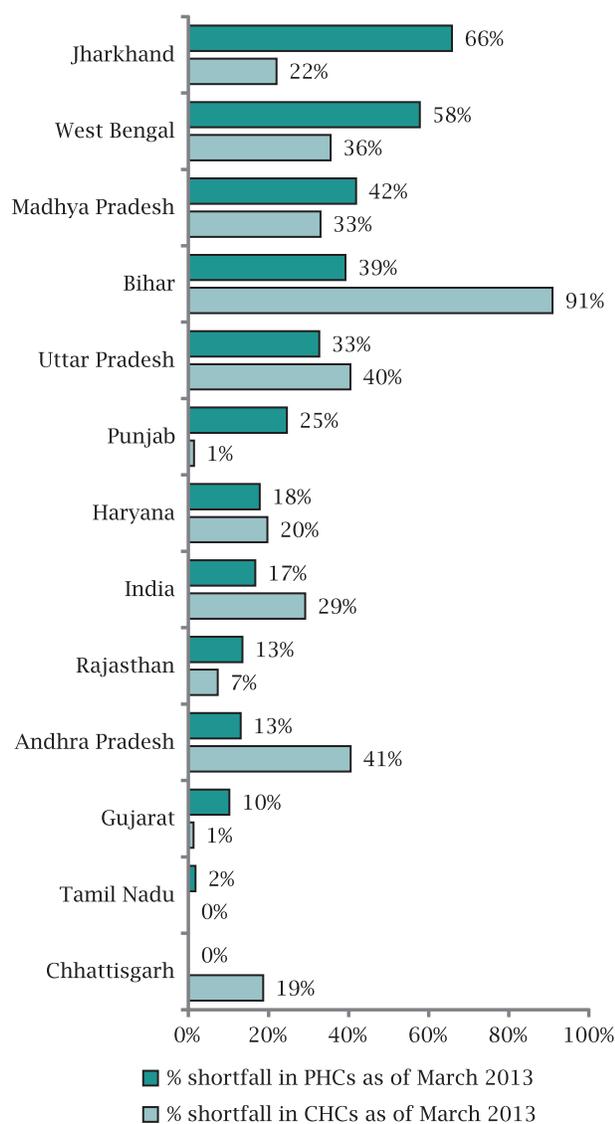
**Note:** PIP for FY 2013-14 has been used for FY 2012-13 figures.

### Coverage and Implementation

- Progress in health infrastructure has been slow. In 2012, there were only **23,916** functioning government hospitals across India.
- **Sub-Centres (SCs):** Sub-Centres are the focal point between the community and a primary health care system. According to the NRHM guidelines, there should be **1 SC** for **5,000** people in the plains and **1 SC** for **3,000** people in hilly regions.

- As of March 2013, on average, **1 SC** caters to **5,497** people.
- There are state variations. The average population covered by an SC in Uttar Pradesh, Bihar, and Delhi is high at **7,569**, **9,491**, and **11,027**, respectively. In contrast, in Rajasthan, Chhattisgarh, and Kerala, the average population covered by an SC is less than **4,000** people.
- **PHCs:** The Primary Health Centre (PHC) is the first point of contact with access to a qualified doctor in rural areas. According to GOI norms, there should be **1 PHC** for **30,000** people in plain areas and **1** for **20,000** people in hilly or tribal areas.
- As with SCs, the average population covered by PHCs in some states continues to be high. As of March 2013, PHCs in West Bengal, Jharkhand, and Delhi catered to over **65,000** people.
- **CHCs:** Community Health Centres (CHCs) are primarily referral centres for patients from PHCs requiring specialised services. As per the norms, there must be **1 CHC** for every **1,20,000** people in the plains and **1 CHC** for **80,000** people in tribal and desert areas. Between March 2011 and March 2013, there has been an **8** percent increase in the number of CHCs.
- However, there is a significant shortfall between the number of PHCs and CHCs sanctioned and the number required by GOI population norms. In March 2011, there was an **18** percent shortfall in the required number of PHCs and **34** percent for CHCs. This has decreased marginally to a **17** percent shortfall for PHCs and **29** percent for CHCs, as of March 2013.

As of March 2013, India had a shortfall of 17% for PHCs and 29% for CHCs.



**Source:** Bulletin on Rural Health Statistics 2013, Detailed Statistics. Available online at: <https://nrhm-mis.nic.in/SitePages/Pub-RHS2013.aspx>

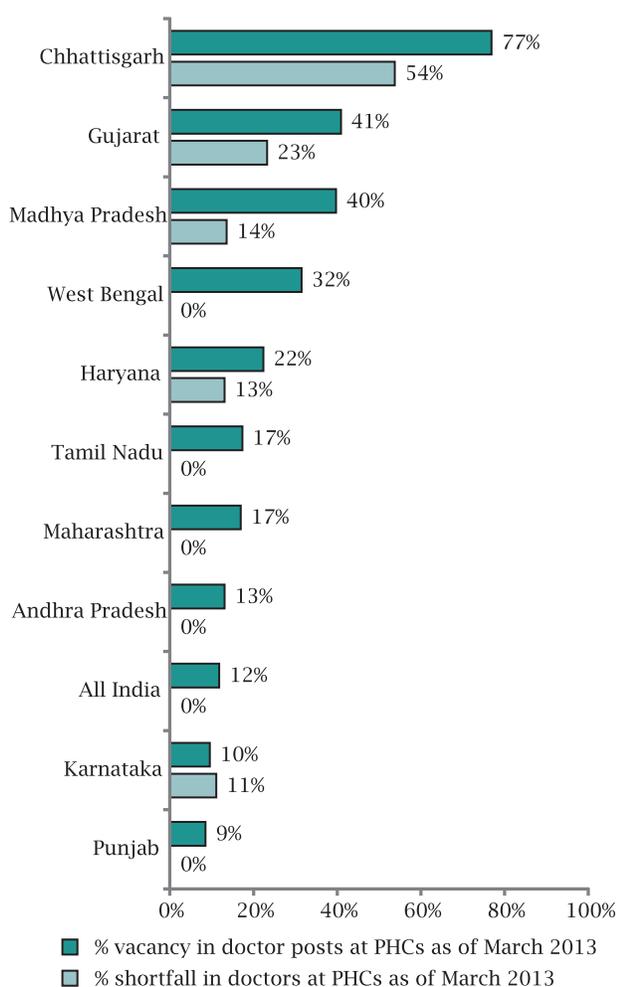
**Note:** Figures are up to March 2013.

- There are state variations in the shortfall of CHCs and PHCs. As of March 2013, Bihar had a **91** percent shortfall in CHCs and **39** percent shortfall in PHCs. In contrast, Jharkhand had a higher shortfall for PHCs with **66** percent less PHCs and **22** percent less CHCs than required.
- Kerala and Himachal Pradesh have met their requirements for both PHCs and CHCs.
- The quality of health infrastructure in PHCs continues to be low. The Indian Public Health Standards (IPHS) sets measures for the quality of health infrastructure in all PHCs, CHCs, and government hospitals at a pan-India level. As of March 2013, only **18** percent of PHCs across India were functioning as per IPHS standards, up from **15** percent in March 2011.
- Most PHCs lacked basic infrastructure. As of March 2013, **30** percent of PHCs did not have a labour room, **4** percent were functioning without electricity, and **7** percent were without regular water supply.

### Human Resources

- **Doctors in PHCs:** As of March 2013, most PHCs had the required number of doctors. Vacancy rates however, remained unchanged between March 2011 and March 2013 at **12** percent.

### 12% vacancy in doctor posts in PHCs.

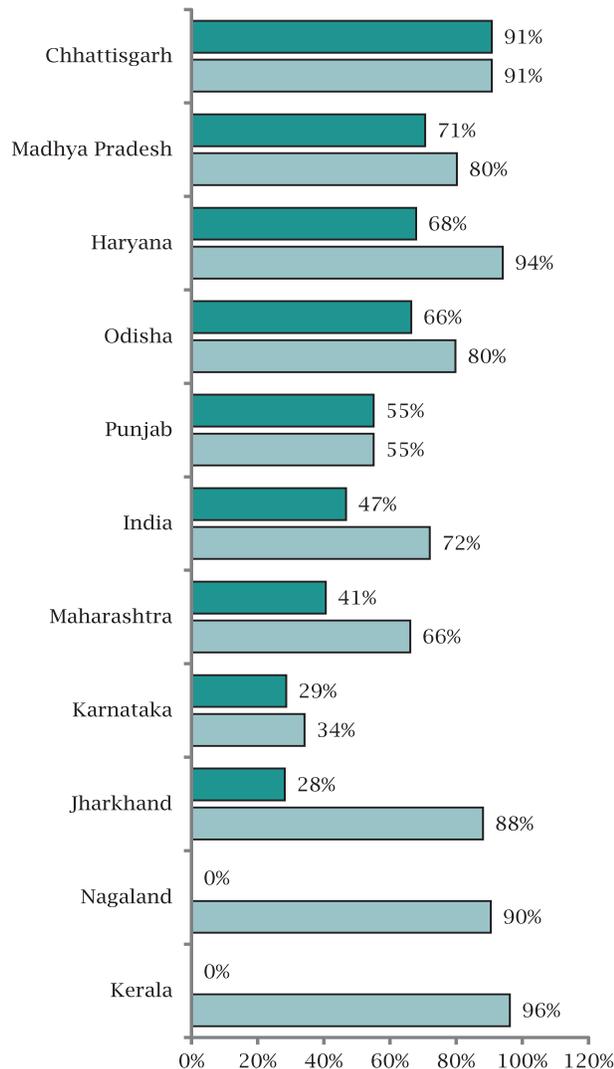


**Source:** Bulletin on Rural Health Statistics 2013, Detailed Statistics. Available online at: <https://nrhm-mis.nic.in/SitePages/Pub-RHS2013.aspx>

**Note:** Figures are up to March 2013.

- There are significant state-wise differences. As of March 2013, Chhattisgarh had a vacancy rate of 77 percent and a 54 percent shortfall in the required posts for doctors in PHCs. Similarly, in Gujarat the vacancy rate was 41 percent and there was a 23 percent shortfall in doctor posts.
- By March 2013, states such as Kerala, Bihar and Jharkhand had filled all their vacant posts for doctors in PHCs.
- **Specialists in CHCs:** Specialists at CHCs include surgeons, paediatricians, physicians, obstetricians, and gynaecologists.
- As of March 2013, there was a 72 percent shortfall in the posts of specialists. This is 8 percentage points higher than in March 2011. Vacancy rates for specialists (against sanctioned posts) have also increased significantly from 29 percent in March 2011 to 47 percent by March 2013.
- There are of course, state-level variations. Kerala, Nagaland, and Jharkhand had a high shortfall in sanctioned posts for specialists at 96 percent, 90 percent and 80 percent, respectively. However, all vacant positions against the sanctioned posts have been filled.
- In March 2011, Chhattisgarh had an 86 percent shortfall in the posts for CHCs and an equal number of vacant posts. This has worsened to 91 percent by March 2013.

**72% CHCs in India do not have the required number of specialists.**



■ % vacancy in specialist posts at CHCs as of March 2013  
 ■ % shortfall in specialists at CHCs as of March 2013

**Source:** Bulletin on Rural Health Statistics 2013, Detailed Statistics. Available online at: <https://nrhm-mis.nic.in/SitePages/Pub-RHS2013.aspx>

**Note:** Figures are up to March 2013.

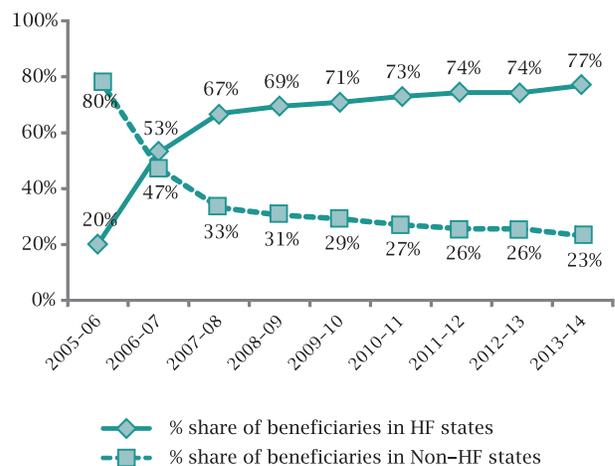
### Janani Suraksha Yojana

- The Janani Suraksha Yojana (JSY) is an important innovation under NRHM. It is a conditional cash transfer scheme aimed at reducing maternal and neo-natal mortality. It provides a cash incentive to encourage women to deliver in a medical facility. Incentives are also given to Below Poverty

Line (BPL) women over the age of 19, if they deliver at home with the help of a Skilled Birth Attendant (SBA).

- Beneficiaries:** At a national level, there has been a 6 percent increase in total JSY beneficiaries from 100.8 lakhs in FY 2009-10 to 106.6 lakhs in FY 2012-13.
- The increase is driven by the rising number of beneficiaries in HF states. At the start of the programme in FY 2005-06, HF states accounted for only 20 percent of total JSY beneficiaries, while non-HF states formed the bulk of the beneficiary pool at 80 percent. By December 2013, 77 percent of JSY beneficiaries were from HF states.

**Share of JSY beneficiaries in HF states increased from 20% in FY 2005-06 to 77% in FY 2013-14.**

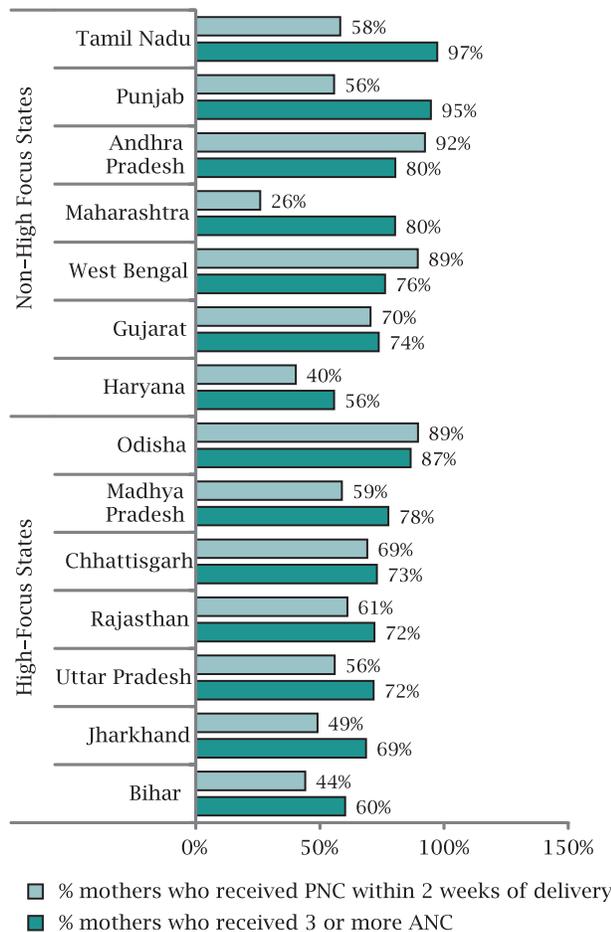


**Source:** Calculated from NRHM Portal, Quarterly NRHM MIS report (Status as on 31.12.2013) Available online at <http://nrhm.gov.in/nrhm-components/rmnc-h-a/child-health-immunization.html?id=405>

- Provision of Ante and Postnatal care (ANC and PNC) is low. In FY 2013-14 (up to December), only 60 percent of mothers received 3 or more ANCs in Bihar. In contrast, over 90 percent of mothers reported receiving 3 or more ANC check-ups in Tamil Nadu and Punjab.

- Similarly, while **89** percent of mothers received PNC within **2** weeks of delivery in Odisha, only **26** percent received it in Maharashtra.
- Receiving full ANC includes at least three visits, one TT injection and **100** Iron and Folic Acid (IFA) tablets. However, very few beneficiaries receive full ANC. According to preliminary data released by the fourth round of District Level Health Survey (DLHS-4), only **24** percent of pregnant women in Punjab and **40** percent in Maharashtra received full ANC in FY 2012-13.

**Only 26% of mothers received PNC within 2 weeks of delivery in Maharashtra.**

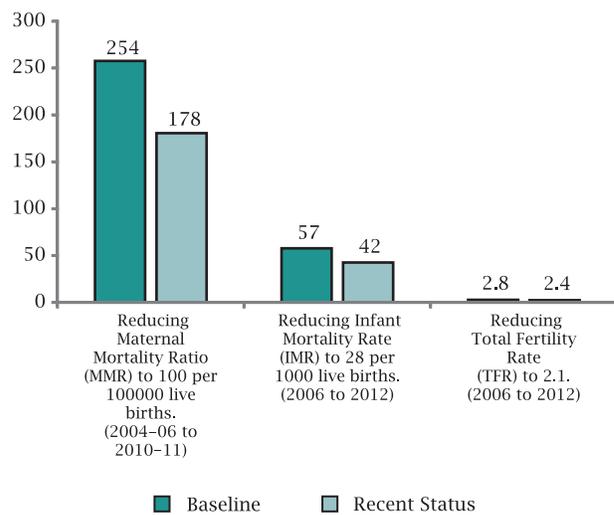


**Source:** Calculated from NRHM Portal, Quarterly NRHM MIS report (Status as on 31.12.2013). Available online at: <http://nrhm.gov.in/nrhm-components/rmnc-h-a/child-health-immunization.html?id=405>

### Outcomes

- India has made some progress in meeting its Millennium Development Goals (MDGs). Between FY 2004 and 2006 (referred to as baseline in the graph), Maternal Mortality Ratio (MMR) was **254** per **100,000** live births. This has improved to **178** in FY 2010-11 (the latest year for which data is available).
- Similarly, Infant Mortality Rates (IMR) have improved from **57** in 2006 to **42** in 2012.

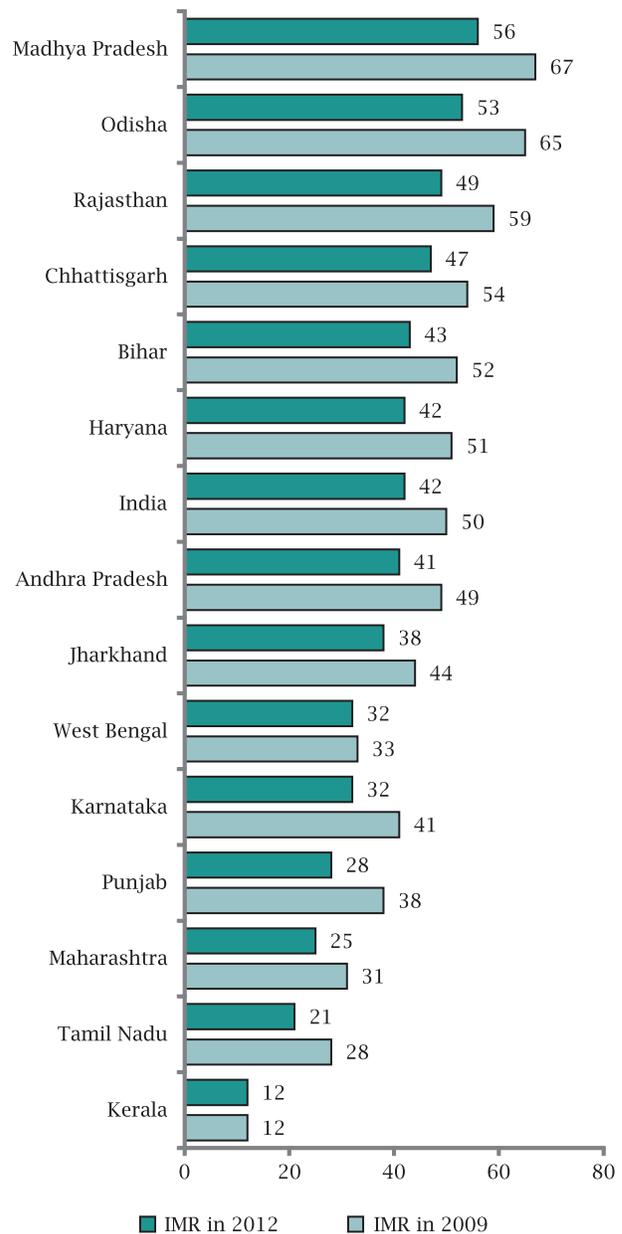
**Slow progress in meeting health outcome goals.**



**Source:** Twelfth Five-Year Plan Document, Volume 3. Available online at: <http://planningcommission.gov.in/plans/planrel/12thplan/welcome.html> and Time Series data on CBR, CDR, IMR & TFR. Available online at: <https://nrhm-mis.nic.in/Part%20B%20Demographic%20and%20Vital%20Indicators/Time%20Series%20data%20on%20CBR,%20CDR,%20IMR%20and%20TFR.xls> Data on MMR is available from Census 2011, MMR Bulletin. Available online at: [www.censusindia.gov.in/2Fvital\\_statistics%2F%20FSRS\\_Bulletins%2FMMR\\_Bulletin-2010-12.pdf](http://www.censusindia.gov.in/2Fvital_statistics%2F%20FSRS_Bulletins%2FMMR_Bulletin-2010-12.pdf)

- There are, again, state-wise variations. IMR in Madhya Pradesh and Odisha has dropped from over 65 in 2009 to 56 and 53 in 2012, respectively. Kerala had amongst the lowest IMR in India and there hasn't been any change.

IMR decreased from 67 to 56 in Madhya Pradesh between 2009 and 2012.



Source: Time Series data on CBR, CDR, IMR & TFR. Available online at: <https://nrhm-mis.nic.in/Part%20B%20Demographic%20and%20Vital%20Indicators/Time%20Series%20data%20on%20CBR,%20CDR,%20IMR%20and%20TFR.xls>



**This section offers some practical leads to accessing further, more detailed information on the Union Government's health sector budget. Reader patience and persistence is advised as a lot of this information tends to be dense and hidden amongst reams of data.**

Data Sources	Useful Tips
Union Budget, Expenditure Vol.2 <a href="http://www.indiabudget.nic.in">www.indiabudget.nic.in</a> , <i>last accessed on 8th July 2014</i>	Provides total ministry-wise and department-wise allocations as well as disaggregated data according to sectors and schemes FY 1998-99 onwards. The data has both revised estimates and budget estimates and should be calculated according to the Major-Head and Sub Major-Head. For health and family welfare, the heads are 2210 and 2211.
Economic Survey of India 2012-13, Chapter on 'Human Development.' Available online at <a href="http://indiabudget.nic.in/budget2013-2014/es2012-13/echap-13.pdf">http://indiabudget.nic.in/budget2013-2014/es2012-13/echap-13.pdf</a> <i>last accessed on 7th July 2014</i>	Sectoral trends and expenditure on health as a percentage of total central government expenditure and GDP.
NRHM Portal, All India Executive Summary <a href="http://nrhm.gov.in/mediamenu/presentations/nrhm-workshop-conference/bhopal-workshop.html?id=405">http://nrhm.gov.in/mediamenu/presentations/nrhm-workshop-conference/bhopal-workshop.html?id=405</a> <i>last accessed on 7th July 2014</i>	Year-wise details on GOI allocations, releases, and expenditure on different schemes under the NRHM. Data is also available on institutional delivery, ANC, PNC, JSY beneficiaries, and other outcome indicators.
NRHM Portal, State PIP <a href="http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html">http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html</a> <i>last accessed on 7th July 2014</i>	State Programme Implementation Plans (PIP) for FY 2013-14 and FY 2012-13 and Record of Proceedings (ROP) include approved allocations and physical performance for various components of NRHM. NPCC meetings contains progress in 2012-13 and budget and expectations for 2013-14
Bulletin on Rural Health Statistics in India, 2013 <a href="https://nrhm-mis.nic.in/SitePages/Pub-RHS2013.aspx">https://nrhm-mis.nic.in/SitePages/Pub-RHS2013.aspx</a> <i>last accessed on 7th July 2014</i>	Information on PHCs, CHCs, sub-centres, doctors, nurses, and specialists.
NRHM, Health Management Information System (HMIS) Portal. Quarterly MIS Report <a href="http://nrhm.gov.in/nrhm-components/rmch-a/child-health-immunization.html?id=405">http://nrhm.gov.in/nrhm-components/rmch-a/child-health-immunization.html?id=405</a> <i>last accessed on 7th July 2014</i>	Report giving information about progress of NRHM, status of public healthcare facilities, and so on.
Twelfth Five-year Plan, <a href="http://planningcommission.gov.in/plans/planrel/12thplan/welcome.html">http://planningcommission.gov.in/plans/planrel/12thplan/welcome.html</a> <i>last accessed on 7th July 2014</i>	Information on Twelfth Plan outlays for health, review of performance across states on basic health indicators.
Time Series data on CBR, CDR, IMR & TFR. <a href="https://nrhm-mis.nic.in/Part%20B%20Demographic%20and%20Vital%20Indicators/Time%20Series%20data%20on%20CBR,%20CDR,%20IMR%20and%20TFR.xls">https://nrhm-mis.nic.in/Part%20B%20Demographic%20and%20Vital%20Indicators/Time%20Series%20data%20on%20CBR,%20CDR,%20IMR%20and%20TFR.xls</a> <i>last accessed on 7th July 2014</i>	Contains information on vital demographic indicators over time

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