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National Health Mission (NHM)

GoI, 2019-20

The **National Health Mission** (NHM) is Government of India's (GoI) largest public health programme. It consists of two sub-missions:

- National Rural Health Mission (NRHM), and
- National Urban Health Mission (NUHM).

Using government data, this brief reports on:

- Allocations and expenditures,
- NHM approvals as per programmatic components and constituent activities, and
- Physical and human resources.

Cost share and implementation: Since FY 2015-16, the funding pattern between GoI and the states is in the ratio of 60:40 for all states except the eight Northeastern and three Himalayan states which is 90:10. The analysis does not include Union Territories (UTs).

Complete expenditure data is available up to FY 2017-18. Data on approved budgets is available up to FY 2019-20, except Tripura (available up to FY 2018-19).

HIGHLIGHTS

₹ 64,559 cr
GoI allocations for Ministry of Health and Family Welfare (MoHFW) in FY 2019-20

₹ 32,995 cr
GoI allocations for NHM in FY 2019-20 (BE)

SUMMARY & ANALYSIS

- Allocations for MoHFW increased by 15 per cent from ₹56,045 crore in Financial Year (FY) 2018-19 Revised Estimates (REs) to ₹64,559 crore in FY 2019-20 Budget Estimates (BEs). In FY 2019-20, GoI allocated ₹32,995 crore to NHM, an increase of 8 per cent from the previous year's RE of ₹30,683 crore.
- The share of funds for the Reproductive Child Health (RCH) flexipool out of the total approved funds for NHM has declined significantly over the last four years, from 40 per cent in FY 2016-17 to only 20 per cent in FY 2019-20.
- A break-up of the total NHM approved funds along functional budget heads reveals that between FY 2018-19 and FY 2019-20, approvals for infrastructure, including maintenance, increased significantly by more than one and a half times. Approved funds for community interventions increased by 34 per cent. In contrast, service delivery – community-based, and united funds decreased by 15 per cent and 11 per cent, respectively.
- The share of health facilities meeting Indian Public Health Standards (IPHS) out of the total functioning health facilities in the country has continued to decline. As of March 2018, only 7 per cent of functioning Sub-Centres (SCs), 12 per cent of Primary Health Centres (PHCs) and 13 per cent of Community Health Centres (CHCs) met IPHS norms. The shortfall of specialists in CHCs continues to be high. As of March 2018, there was an 82 per cent shortfall in the total specialists required.

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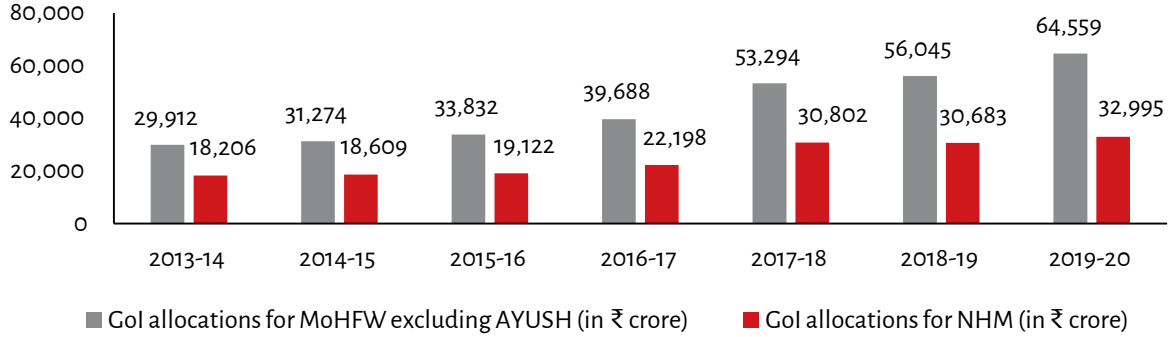
TRENDS IN GOI ALLOCATIONS AND RELEASES

- In May 2013, the Government of India (GoI) launched the National Health Mission (NHM), aimed at achieving universal access to health care by strengthening health systems, institutions and capabilities. NHM consists of two sub-missions: a) the National Rural Health Mission (NRHM) launched in 2005 to provide accessible, affordable and quality health care in rural India; and b) the National Urban Health Mission (NUHM), a sub-mission launched in 2013 for urban health. The mission period of NHM has been extended to 31 March 2020 by the Cabinet.
- On 1 February 2018, GoI announced the launch of the Ayushman Bharat scheme. The scheme has two main components: a) the creation of Health and Wellness Centres (HWCs) through the upgradation of existing infrastructure under NHM, and b) the launch of the Pradhan Mantri Jan Aarogya Yojana (PMJAY) providing a benefit cover of ₹5 lakhs to 10 crore families by subsuming the erstwhile Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS).

Allocations

- Allocations for MoHFW increased by 15 per cent from ₹56,045 crore in FY 2018-19 (RE) to ₹64,559 crore in FY 2019-20 (BE).
- This growth in the MoHFW budget is driven by the increase in allocations for both components of Ayushman Bharat, namely Health and Wellness Centres and Pradhan Mantri Jan Arogya Yojana (PMJAY).
- The shift in focus to an insurance-based public health care system has meant that the share of NHM funds out of the total MoHFW allocations has declined. In FY 2019-20 (BE), NHM accounts for 51 per cent of the total MoHFW budget, as compared to 55 per cent in the previous year.
- In FY 2019-20 (BE), the allocations for NHM are 8 per cent higher than the REs for FY 2018-19. This increase, however, masks a continued decline in funds for the Reproductive and Child Health (RCH) Flexipool over the years. In FY 2018-19 (RE), allocations for RCH Flexipool had decreased by 24 per cent, compared to FY 2017-18 (RE). In addition, the allocations for the Communicable Diseases (CD) and Non-Communicable Diseases (NCD) Flexipools had also decreased by 31 and 41 per cent, respectively. Although the allocations for CD and NCD Flexipools increased in FY 2019-20 by 19 per cent and 27 per cent, respectively, compared to FY 2018-19 (RE); allocations for RCH Flexipool have remained the same as FY 2018-19 (RE).
- The growth in overall NHM allocations was driven by an increase in funds for the Health System Strengthening component which increased by 15 per cent between FY 2018-19 and FY 2019-20. The other administrative component, namely Infrastructure Maintenance (Direction and Administration), which had increased by 12 per cent between FY 2017-18 (RE) to FY 2018-19(RE), showed a increase again by 2 per cent in FY 2019-20 from FY 2018-19 (RE).

GOI ALLOCATIONS FOR NHM INCREASED BY 8% FROM 2018-19 TO 2019-20



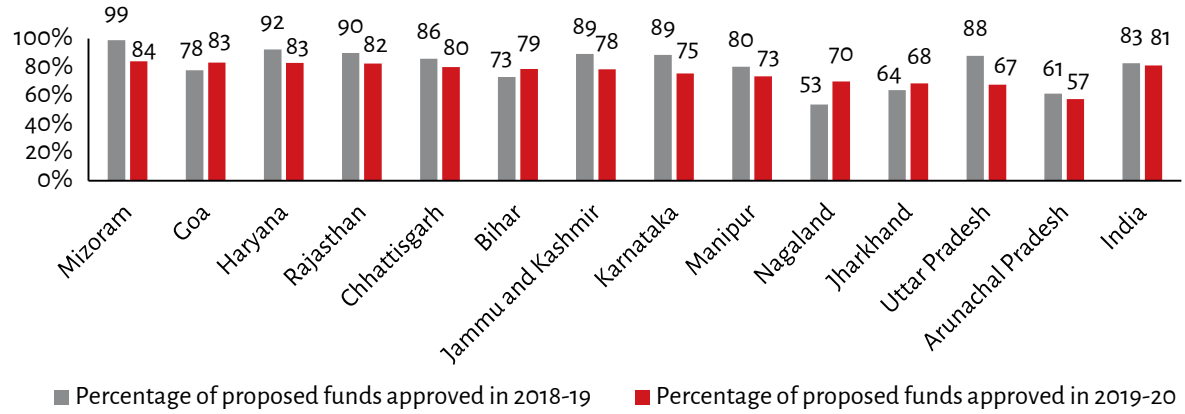
Source: India Expenditure Budget, Vol 2, Ministry of Health and Family Welfare. Available online at: http://indiabudget.nic.in.
Note: Figures are in Rupees crore and are REs, except for FY 2019-20 which are BEs. GoI allocations for MoHFW do not include allocations for Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH). Last accessed on 28 June 2019.

TRENDS IN STATE-WISE APPROVALS AND EXPENDITURES

Proposals and Approvals

- Total approvals under NHM are based on Project Implementation Plans (PIPs) submitted by state governments and approved by GoI. These approved allocations are called Records of Proceedings (ROPs). The final budget comprises the total available resource envelope, which is calculated on the basis of GoI's own funds, the proportional share of state contributions, and unspent balances available with the states. Further, states may request additional funds through the submission of Supplementary Project Implementation Plans (SPIPs).
- There are differences in the budgets proposed by states and those approved by the GoI (including supplementary budgets approved). In FY 2018-19, more than 83 per cent of the total state proposal of ₹47,007 crore was approved. In FY 2019-20, this decreased marginally to 81 per cent of the total state proposal of ₹50,027 crore.
- There are state differences. Proportion of state proposals approved in FY 2018-19, was above 80 per cent for most states. Nagaland had the lowest funds approved at 53 per cent followed by Arunachal Pradesh at 61 per cent. Other states which had a relatively low share of proposed funds approved were Jharkhand (64 per cent) and Bihar (73 per cent).
- This trend continued in FY 2019-20 with over 80 per cent of proposed budgets approved for most states. States with the lowest funds approved out of proposed include Arunachal Pradesh (57 per cent), Uttar Pradesh (67 per cent), Jharkhand (68 per cent), Nagaland (70 per cent), Manipur (73 per cent), and Karnataka (75 per cent).

ARUNACHAL PRADESH GOT THE LOWEST APPROVAL OUT OF ITS PROPOSED BUDGET IN 2019-20



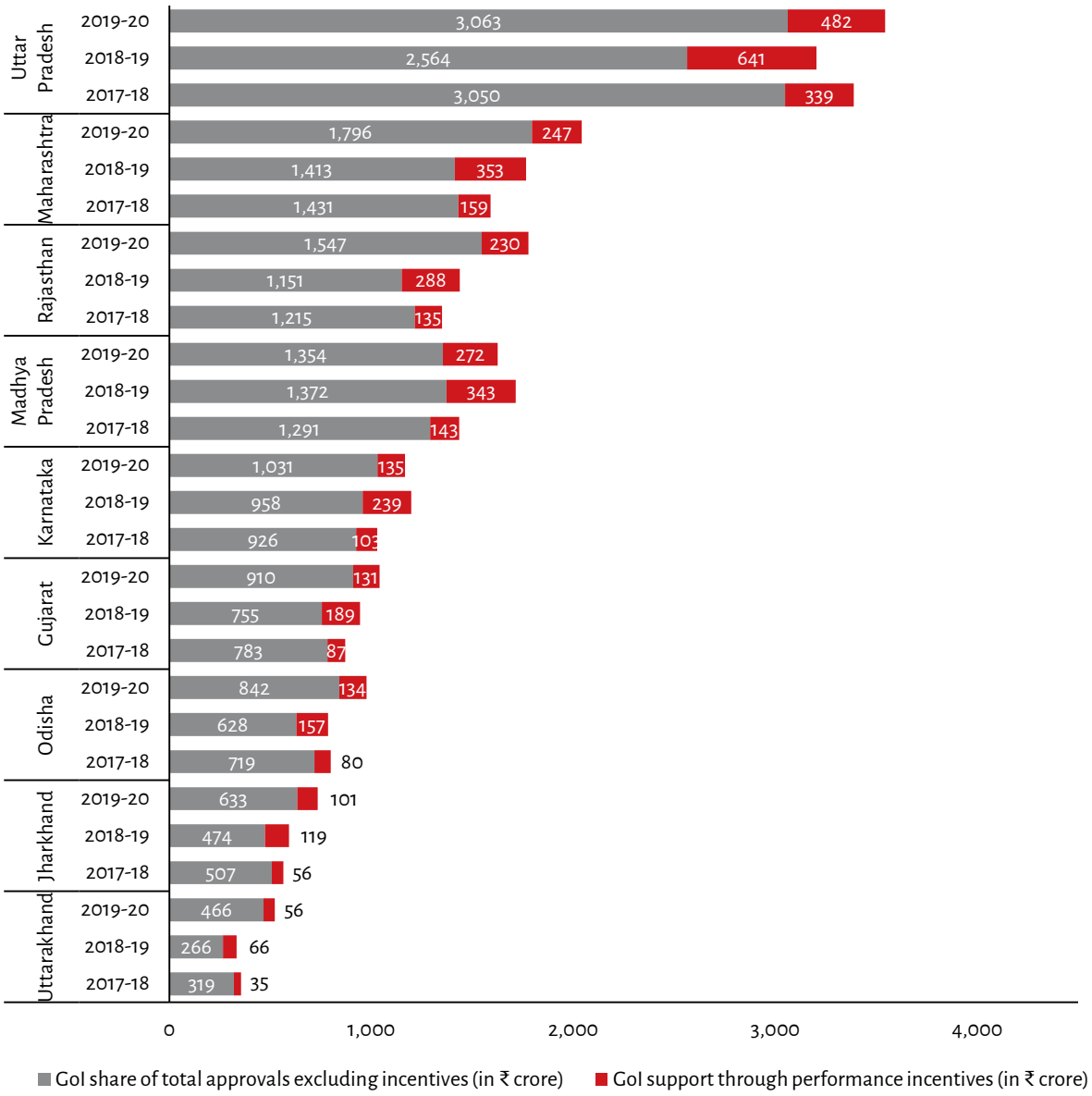
Source: NHM, Record of Proceedings (ROPs) and Supplementary ROPs in FY 2018-19 and FY 2019-20 of all states. Available online at: https://nhm.gov.in/index4.php?lang=1&level=0&linkid=449&lid=53. Last accessed on 28 June 2019.

State-wise GoI Approvals

- Till FY 2014-15, GoI provided 75 per cent of the funds for NHM and states provided 25 per cent. In October 2015, the fund sharing ratio was changed to 60:40 for all states except the eight Northeastern and three Himalayan states which is 90:10.
- On 25 June 2019, the National Institution for Transforming India (NITI Aayog) released the second edition of the 'Healthy States, Progressive India' report. The report focuses on measuring the overall performance and incremental improvement over a two-year period (FY 2016-17 and FY 2017-18) across states and UTs. It ranks states and UTs on their year-on-year incremental change in health outcomes, as well as their overall performance with respect to each other on a health index. The health index is a weighted composite index based on 23 indicators grouped into the domains of 'Health Outcomes' (10 indicators, 70 per cent weightage), 'Governance and Information' (3 indicators, 12 per cent weightage), and 'Key Inputs and Processes' (10 indicators, 18 per cent weightage).

- The Conditionalities Framework 2019-20 under Record of Proceedings (ROP) stipulates incentives or penalties based on 8 conditionalities, prescribing 5 per cent to 40 per cent incentive or penalty. Two of these conditionalities include data from the NITI Aayog report. The highest-proportion-incentive or penalty conditionality (40 per cent) is based on the NITI Aayog ranking of states on 'Performance on Health Outcomes'.
- It prescribes that the states showing overall improvement be incentivised, states showing no overall increment get no penalty and no incentive, and states showing decline in overall performance be penalised. Further, the percentage of incentive/penalty is to be in proportion to overall improvement shown by the best performing state and the worst performing state: +40 to -40 points. A footnote with the conditionality also clarifies that the numbers are indicative of weights assigned, and the actual budget given as incentive/penalty would depend on the final calculations and available budget. It further prescribes that the total incentives to be distributed among the eligible states would be 20 per cent of the total NHM budget.

GOI SUPPORT (EXCLUDING INCENTIVES) DECLINED FOR 14 STATES BETWEEN 2017-18 AND 2018-19 BUT RECOVERED IN 2019-20



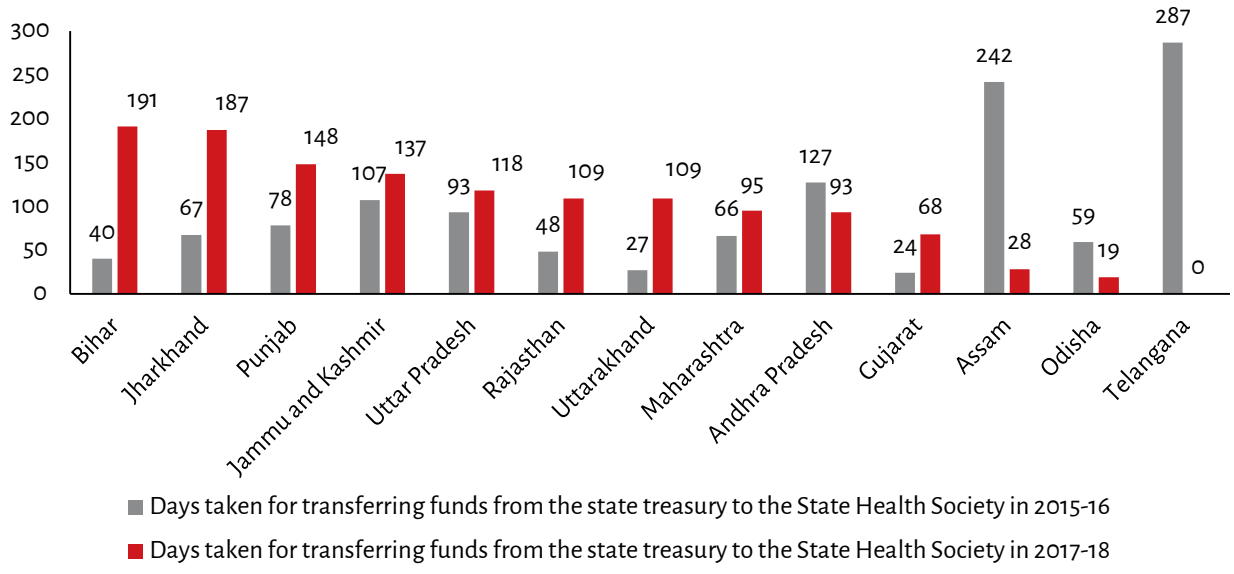
Source: NHM, Record of Proceedings (ROPs) and Supplementary ROPs in FY 2017-18, FY 2018-19, and FY 2019-20 of all states. Available online at: https://nhm.gov.in/index4.php?lang=1&level=0&linkid=449&lid=53. Last accessed on 5 January 2019 for FY 2017-18 RoPs and 28 June 2019 for FY 2018-19 RoPs.

- Between FY 2017-18 and FY 2018-19, total GoI share, as seen in state-wise ROP approvals, increased by 11 per cent from ₹19,995 crore to ₹22,181 crore. This increase, however, was driven by the enhancement of the performance incentive which grew over two-fold from ₹2,000 crore to ₹4,436 crore. In fact, GoI's share excluding the conditional performance incentive declined by 1 per cent. Amongst states, GoI share (excluding incentives) decreased in 14 states, including by 13 per cent in Odisha, 16 per cent in Uttar Pradesh, and 17 per cent in Uttarakhand.
- In FY 2019-20, the trend is reversed, as seen in state-wise ROP approvals. While the performance incentive, for 28 states (excluding Tripura, for which ROP 2019-20 is not available) declined by 25 per cent from ₹4,403 crore to ₹3,283 crore, GoI share excluding the incentive increased by 28 per cent. As a result, total GoI approvals for 28 states, increased from ₹17,610 crore in FY 2018-19 (RE) to ₹22,515 crore in FY 2019-20. Madhya Pradesh is the only state where core GoI share (excluding incentives) declined by 1 per cent.

Releases

- Release of funds by GoI have been high, but falling over the years. In FY 2014-15, 98 per cent of GoI allocations were released. This decreased to 83 per cent in FY 2016-17 and FY 2017-18 and 81 per cent in FY 2018-19. In FY 2019-20, till May 2019, 17 per cent of GoI allocations had been released.
- Since FY2014-15, funds for NHM are released by GoI to the state treasury. The treasury in turn releases the funds to an autonomous implementation body known as the State Health Society (SHS).
- There are significant delays in the release of funds, particularly from the state treasury to the SHS. As per data available in the Health Index, the average number of days taken to transfer funds from the state treasury to the SHS were as high as six months in Jharkhand and Bihar. In contrast, funds were transferred on the same day in Telangana.

DAYS TAKEN TO TRANSFER FUNDS FROM THE STATE TREASURY TO SHS INCREASED IN MOST LARGER STATES FROM 2015-16 TO 2017-18

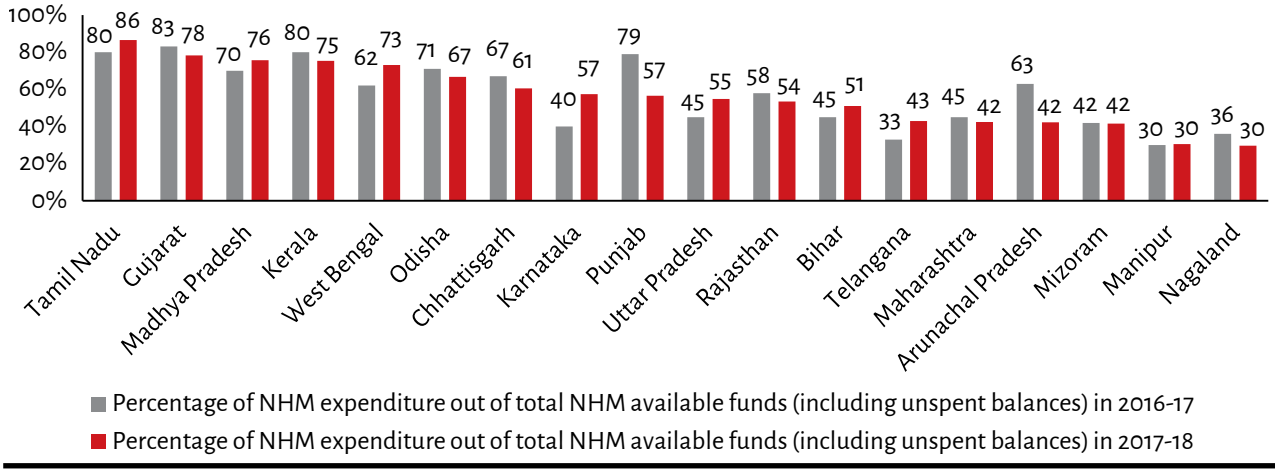


Source: NITI Aayog's 2nd health index report titled Healthy States Progressive India – Report on the Ranks of States and Union Territories, released on 25th June 2019. Available online at: http://social.niti.gov.in/uploads/sample/health_index_report.pdf Last accessed on 1 July 2019.

Expenditures

- Expenditure as a proportion of total budget is low. In FY 2016-17, 57 per cent of total budget was spent. This increased to 59 per cent in FY 2017-18. States spending over 75 per cent of their budget include Tamil Nadu, Gujarat, Madhya Pradesh, and Kerala. In contrast, less than half the available budget was spent in Telangana (43 per cent), Maharashtra (42 per cent), Arunachal Pradesh (42 per cent), Mizoram (42 per cent), Goa (38 per cent), Manipur (30 per cent), and Nagaland (30 per cent).
- Despite improvements in expenditure, unspent balances under NHM continue to remain high. In FY 2016-17, unspent balances amounted to ₹10,595 crore. This increased in FY 2017-18 to ₹12,431 crore and further to ₹12,594 crore in FY 2018-19.

PUNJAB'S EXPENDITURE FELL BY 22% FROM 2016-17 TO 2017-18



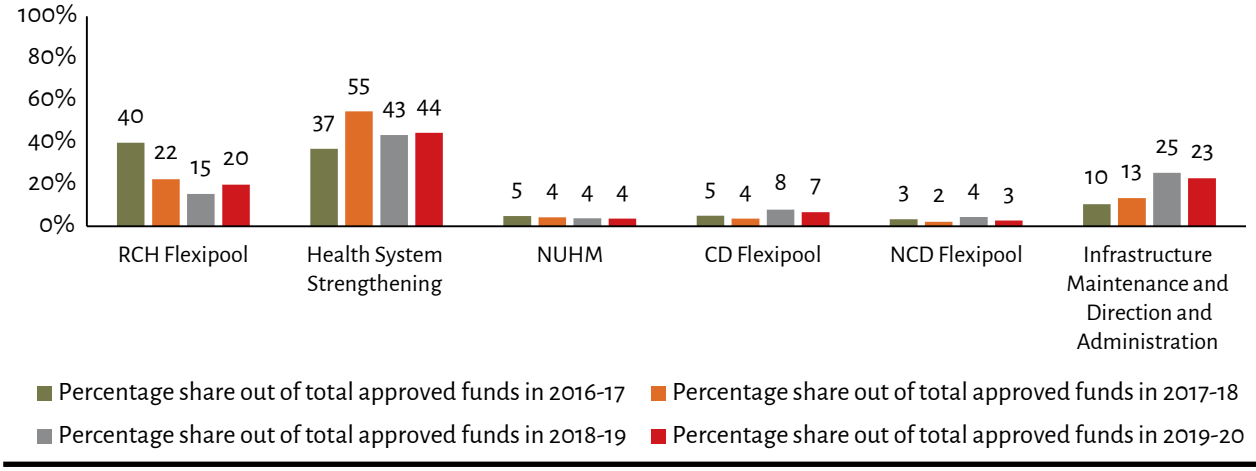
Source: Financial Management Reports for FY 2016-17 and FY 2017-18 received through RTI response from MoHFW on 21 January 2019.

TRENDS IN COMPONENT-WISE APPROVALS

- NHM consists of the following six major financing components:
  - RCH Flexipool to fund maternal and child health, family planning, and the Janani Suraksha Yojana (JSY). This now also includes the erstwhile 'Immunisation' Flexipool for financing routine immunisation and pulse polio immunisation, as well as the National Iodine Deficiency Disorders Control Programme (NIDDCP).
  - The Health Strengthening System (HSS)/NRHM Mission Flexipool (MFP) which finances untied funds, annual maintenance grants, and hospital strengthening.
  - NUHM Flexipool to address the healthcare needs of the urban poor with a special focus on the vulnerable sections.
  - Communicable Diseases (CD) Flexipool for financing the National Disease Control Programme (NDCP). This includes programmes such as the Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Disease Control Programme (NVBDCP), Integrated Disease Surveillance Programme (IDSP), and National Leprosy Eradication Programme (NLEP).
  - Non-Communicable Diseases (NCD) Flexipool for financing programmes such as the National Programme for Control of Blindness (NPCB), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), National Tobacco Control Programme (NTCP), National Programme for the Healthcare of the Elderly (NPHCE), National Mental Health Programme (NMHP).
  - Direction and Administration funds (also known as Infrastructure Maintenance), which are allotted across various programmatic divisions of NHM.

- The composition of NHM funding approvals (as seen in state-wise ROPs) has seen a marked shift over the last four years. The share of RCH Flexipool in total GoI share of NHM approved funds for states has declined significantly from 40 per cent in FY 2016-17 to only 20 per cent in FY 2019-20. In contrast, the share of Infrastructure Maintenance and Direction and Administration funds has increased from 10 per cent to 23 per cent in the same period.
- The share of CD funds, in total GoI share of NHM approved funds for states, has marginally increased from 5 per cent to 7 per cent, while the shares of NCD and NUHM funds remain around 3 per cent to 4 per cent, respectively.

SHARE OF APPROVED FUNDS FELL FOR RCH FLEXIPOOL BUT INCREASED FOR DIRECTION AND ADMINISTRATION FROM 2016-17 TILL 2018-19



Source: NHM, Record of Proceedings in FY 2016-17, FY 2017-18, FY 2018-19, and FY 2019-20 of all states. Available online at: http://nhm.gov.in/nrhm-in-state/stateprogram-implementation-plans-pips.html. Last accessed on 28 June 2019.

- In FY 2018-19, NHM simplified its reporting format by reclassifying existing budget line items into 18 major budget heads, which has continued in FY 2019-20 as well. Although there is now a new format for PIPs, it will continue to retain requisite details to facilitate implementation and review of the programmes.
- The 18 reorganised budget heads reclassify programmatic expenditures along functional domains, allowing for a comprehensive view of cross-cutting components under different NHM programmes. The reorganised budget heads are as follows:

1. Service Delivery - Facility Based
2. Service Delivery - Community-based
3. Community Interventions
4. Untied Grants
5. Infrastructure
6. Procurement
7. Referral Transport
8. Service Delivery - Human Resource
9. Training and Capacity Building
10. Review, Research, Surveillance and Surveys
11. Information, Education, Communication/Behaviour Change Communication (IEC/BCC)
12. Printing
13. Quality Assurance
14. Drug Warehousing and Logistics
15. Public-Private Partnerships (PPP)
16. Programme Management
17. IT Initiatives for Strengthening Service Delivery
18. Innovations

- The 'Service Delivery – Facility Based' budget head largely includes the following: a) allocations towards services that beneficiaries claim at health care facilities under various NHM programmes, such as medical tests and screenings, blood transfusions, dialysis, sterilisation procedures etc; b) beneficiary compensation and allowances for various schemes such as the JSY, and family planning initiatives; and c) operational costs for healthcare facilities including rent, electricity, office expenses, maintenance of clinical and diagnostic equipment etc.

- The 'Service Delivery – Community-Based' budget head includes allocations towards: a) efforts to provide mobile healthcare services in communities, including the initiative for National Mobile Medical Units (MMUs) and Vans; b) recurring costs such as support for mobile health teams and immunisation efforts; and c) outreach activities such as the monthly Village Health and Nutrition Days, screenings and sensitisation efforts in schools and colleges, etc.

- The 'Service Delivery – Human Resources' component includes allocations for all costs towards human resources, annual increment for all the existing positions, Employee Provident Fund (EPF) - employer's contribution, incentives and allowances.

- The 'Programme Management' component includes allocations for all costs towards planning activities, monitoring and data management, mobility support, operational cost, Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) activities, Health Management Information System (HMIS) and Mother and Child Tracking System (MCTS), human resources and other programme management activities.

- The 'Community Interventions' component includes allocations for all costs towards incentives, honorariums, selection and training of ASHAs, the training and sensitisation of members of Panchayati Raj Institutions (PRIs), and other community interventions.

- For the purpose of analysis, this brief has combined the budget heads 'Procurement' and 'Drug Warehousing and Logistics' into one category, 'Procurement, Drug Warehousing and Logistics'. Further, the GoI grant in kind for immunisation, shown separately in FY 2019-20 RoPs, has been combined with the budget head of 'Procurement, Drug Warehousing and Logistics'. The 'Infrastructure' component includes allocations for all costs towards upgradation of existing facilities, new constructions, and other construction/civil works. Similarly, GoI support for infrastructure maintenance, shown separately in FY 2019-20 RoPs has been combined with the budget head of 'Infrastructure', and shown as 'Infrastructure (including maintenance)' category.

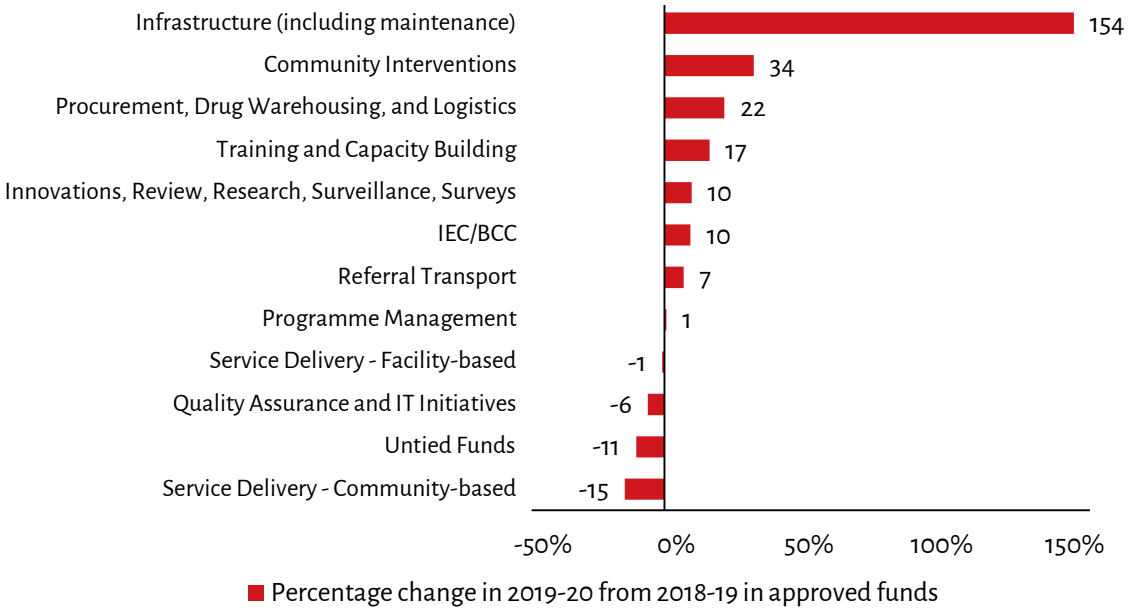
- Similarly, for the purpose of analysis, the budget heads 'Quality Assurance' and 'IT Initiatives for strengthening Service Delivery' have been combined into one category in this brief – 'Quality Assurance, IT Initiatives for strengthening Service Delivery'. Further, budget heads 'Innovations' and 'Review, Research, Surveillance and Surveys' have been combined into one category, 'Innovations, Review, Research, Surveillance and Surveys'.

- There are differences, however, between funds proposed by the states and those finally approved. A look at the component-wise approvals give a sense of GoI priorities. In FY 2019-20, approvals out of proposed funds were high for 'Service Delivery – Facility – based', 'Community Interventions', 'Quality Assurance', 'Service Delivery – Human Resources', 'Programme Management', and 'Service Delivery – Community-based' ranging between 91 per cent to 84 per cent. In contrast, approvals were low for 'IT Initiatives for Strengthening Service Delivery' (51 per cent), 'Drug Warehousing and Logistics' (66 per cent), 'Untied Funds' (67 per cent), Referral Transport (67 per cent), and IEC/BCC (68 per cent).

- A break-up of the share of different activities in the total NHM budget approval for FY 2019-20 indicates that 'Infrastructure (including maintenance)' and 'Service Delivery – Human Resources' together account for the largest share, at 41 per cent. This is followed by the category 'Procurement, Drug Warehousing and Logistics' at 16 per cent; 'Community Interventions' budget head at 12 per cent, 'Service Delivery - Facility-based' at 8 per cent; and 'Programme Management' at 7 per cent.

- Between FY 2018-19 and FY 2019-20, 'Infrastructure' (including maintenance) has increased significantly by more than one and half times. 'Community Interventions' have increased by 34 per cent. In contrast, 'Service Delivery – Community-based' and United Funds have decreased by 15 and 11 per cent, respectively.

INFRASTRUCTURE (INCLUDING MAINTENANCE) ROSE SHARPLY WITH LARGEST YEAR-ON-YEAR CHANGE IN APPROVED FUNDS BETWEEN 2019-20 AND 2018-19



Source: NHM, Record of Proceedings (ROPs) in FY 2016-17, FY 2017-18 and FY 2018-19 of all states. Available online at: http://nhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html. Last accessed on 5 January 2019.

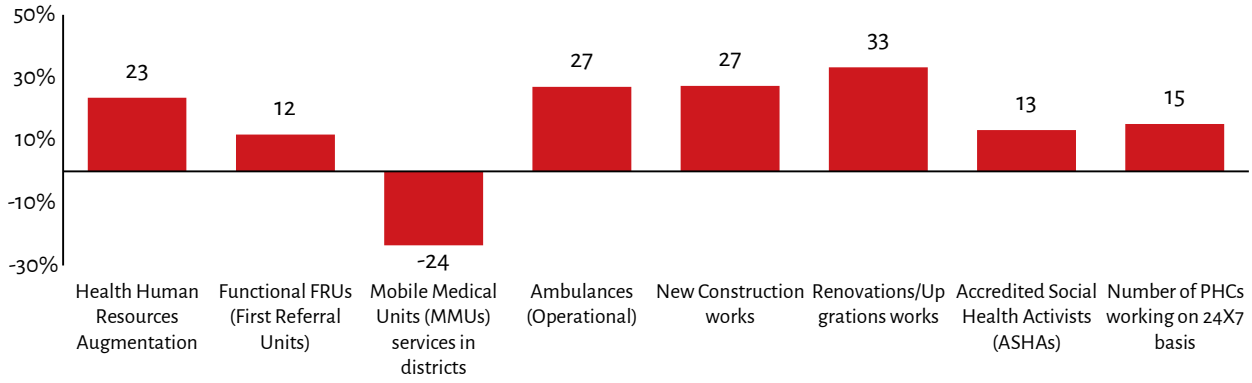
TRENDS IN OUTPUTS

Physical Infrastructure

- The rural healthcare system in India has three tiers: (a) Sub-Centres (SCs), (b) Primary Health Centres (PHCs), and (c) Community Health Centres (CHCs).
- SCs are the focal point between the community and the primary health care system. According to the guidelines, one SC has to cater to 5,000 residents in the plains and 3,000 residents in hilly regions. The PHC is the first point of contact with access to a qualified doctor in rural areas. PHCs also provide pharmaceutical and laboratory services. Each PHC is meant to serve 30,000 residents in the plains, and 20,000 residents in hilly, tribal, or difficult areas. CHCs are larger referral centres for patients from PHCs requiring specialised medical services such as surgery, gynaecology, or paediatric services. There must be one CHC for 1,00,000 residents in the plains, and one for 80,000 residents in tribal and desert areas.
- In 2018, GoI announced the creation of 1,50,000 Health and Wellness Centres (HWCs) for the provision of comprehensive primary health care as part of Ayushman Bharat by 31 December 2022. This initiative relies heavily on existing NHM infrastructure as the HWCs are to be created largely by transforming existing SCs and PHCs operating through NHM.
- In the last five years, the government has sought to supplement the physical and human resource infrastructure of the health system. Between March 2014 and March 2018, there was a 40 per cent increase in renovation and upgradation works, and 27 per cent increase in new construction works.

- Mobile medical assistance facilities have seen mixed results. The number of operational ambulances and First Referral Units (FRU) have increased by 27 per cent and 12 per cent respectively in the last five years. However, there has been a 24 per cent decline in the number of MMUs available in districts.

AROUND 30% INCREASE IN CONSTRUCTION AND UPGRADATION OF INFRASTRUCTURE BETWEEN MARCH 2014 AND MARCH 2018

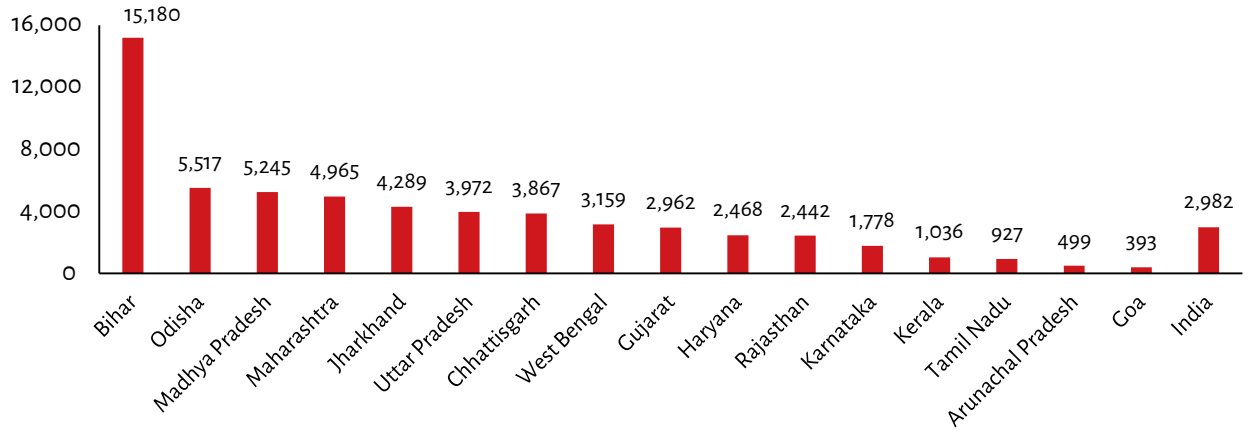


Change in physical and human infrastructure between March 2014 and March 2018

Source: Lok Sabha Unstarred Question Number 10, answered on 21 June 2019. Available online at: http://164.100.24.220/loksabhaquestions/annex/171/AU10.pdf. Last accessed on 5 July 2019.

- Despite the overall increase, existing health facilities are significantly overburdened, particularly in rural areas. As per the data on hospital beds in government facilities included in the National Health Profile 2018, the average population served per government hospital bed in rural areas was 2,982. This implies an availability of 0.3 beds per 1,000 people in rural areas.
- Bihar has the poorest bed to population ratio with 15,180 people being served per government hospital bed in rural areas. Tamil Nadu, Arunachal Pradesh, and Goa, on the other hand, have a lower population to bed ratio.

BIHAR HAS THE POOREST BED TO POPULATION RATIO BY A LARGE MARGIN



Average population served per government hospital bed in rural areas in 2018

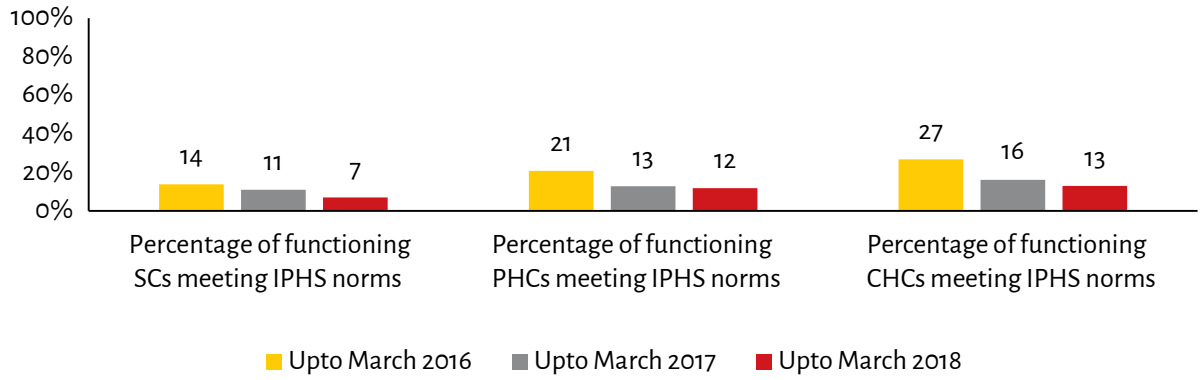
Source: (1) National Health Profile 2018. Available online at: https://www.cbhidghs.nic.in/index1.php?lang=1&level=2&sublinkid=88&lid=1138. Last accessed on 24 January 2019. (2) Census 2011 population data.

- Moreover, there are significant gaps in the quality of existing health infrastructure under NHM. The Indian Public Health Standards (IPHS) set measures for the quality of health infrastructure in all PHCs, CHCs, and government hospitals, and are expected to be the primary benchmarks for assessing the improvement of quality and functioning status of health facilities.

- There has been a steady decline in the proportion of functioning facilities that meet IPHS norms over the last three years. As on March 2018, there were only 7 per cent SCs, 12 per cent PHCs, and 13 per cent CHCs functioning as per IPHS norms.

- Haryana, Maharashtra, Nagaland, and Uttarakhand were the only states to register an increase in the number of CHCs functioning as per IPHS norms, while there was a significant drop for West Bengal and Tripura. There are 15 states which reported zero SCs, PHCs and CHCs functioning as per IPHS norms.

STEADY DECLINE IN FACILITIES MEETING IPHS NORMS



Source: Rural Health Statistics 2018. Available online at: https://nrhm-mis.nic.in/SitePages/HMIS-Publications.aspx. Last accessed 16 January 2019.

Human Resources

- The IPHS norms stipulate personnel requirements for each of the three levels of health care centres in keeping with the functions they are expected to perform and the catchment areas they serve. SCs are required to be staffed by 1 full-time female health worker known as the Auxiliary Nurse Mid-Wife (ANM) and 1 full-time Male Health Worker (MHW) at the minimum.

- PHCs have a minimum requirement of 11 medical practitioners of various capacities including a doctor, pharmacists, nurses, lab technicians and male and female health workers and assistants. CHCs have a total staff requirement of 46 members, including a minimum of 4 specialists, namely a general surgeon, a physician, an OB-GYN, a paediatrician, and an anaesthetist.

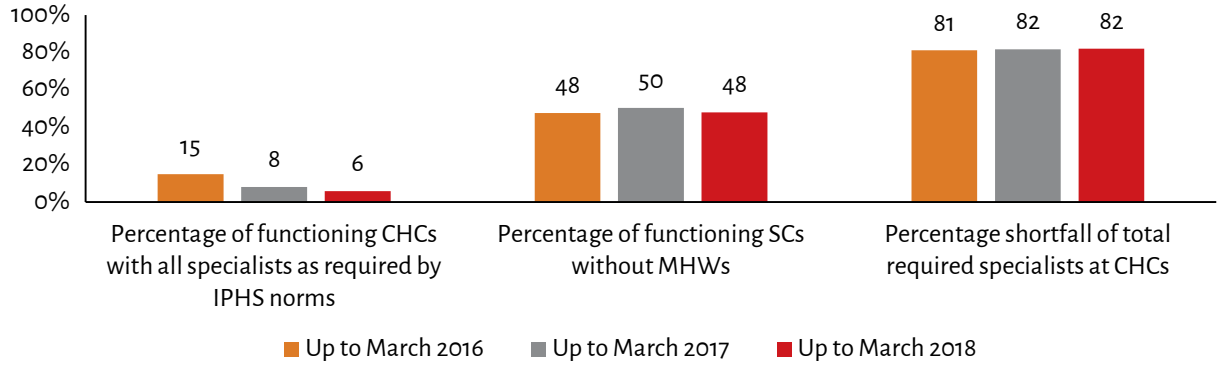
- The transformation of SCs and PHCs to HWCs under Ayushman Bharat involves expanding the staff present in these facilities to include male and female multi-purpose health workers, ASHAs, and mid-level health providers.

- Data on personnel by the Rural Health Statistics report large number of vacanices of key posts. As of March 2018, half the functioning SCs did not have MHWs.

- There is an acute shortage of specialists at the CHC level. As of March 2018, out of a requirement of 5,624 surgeons in CHCs across the country, there was a reported shortfall of 4,757 surgeons (85 per cent of the total requirement). Similarly, there was a 75 per cent shortfall of OB-GYNs, an 86 per cent shortfall of physicians, and 83 per cent shortfall of paediatricians.

- The percentage of functioning CHCs with all specialists as stipulated by the IPHS norms has been declining in the last three years. It fell from an already low 15 per cent in 2016 to 6 per cent as of March 2018.
- As of March 2019, the overall shortfall of specialists across India stood at 82 per cent. States with over 85 per cent shortfall in specialists included Nagaland, Uttarakhand, Jharkhand, Tamil Nadu, and Bihar.

ACUTE SHORTAGE OF PERSONNEL IN HEALTH CENTRES



Source: Rural Health Statistics 2016, 2017, 2018. Available online at: https://nrhm-mis.nic.in/SitePages/HMIS-Publications.aspx Last accessed 16 January 2019.