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BUDGET BRIEFS

NRHM, GOI, 2013-14

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 allocation 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. Generally, 85% of the funds come from GOI and the rest from the states. Release of funds is based on state Project Implementation Plans (PIPs).

Complete GOI and state expenditure data is publicly available up to FY 2011-12.

Highlights

1	Government of India (GOI) allocations for Ministry of Health and Family Welfare (MoHFW) in FY 2013-14 (in crores)	₹37,330
2	GOI allocations for NRHM in FY 2013-14 (in crores)*	₹19,120
3	% spent out of total funds released in FY 2011-12	86%

*Does not include allocations for National Health Mission.

Summary and Analysis

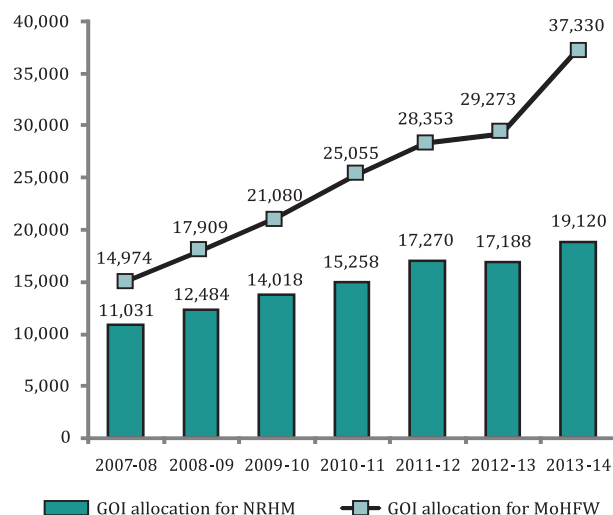
- In FY 2012-13, public expenditure on health accounted for 1.4 percent of India's Gross Domestic Product (GDP). This is significantly lower than most developing countries.
- GOI allocations for NRHM have increased by 73 percent, from FY 2007-08 to FY 2013-14.
- Most states have been slow in releasing their required share for NRHM. In FY 2010-11, Andhra Pradesh did not release any money to the State Health Society, while West Bengal and Bihar released 79 percent and 48 percent less than the required share.
- Financial allocations for increasing human resources in public health facilities have increased nearly 3-fold between FY 2010-11 and FY 2012-13. Yet, vacancy rates for doctors in Primary Health Centres across India are high.
- Specialists are even harder to find. 64 percent of Community Health Centres in India do not have the required number of specialists.
- JSY beneficiaries have increased exponentially from 7.38 lakh beneficiaries in FY 2005-06 to 109.38 lakh beneficiaries in FY 2011-12.
- India has made slow progress in meeting its Millennium Development Goals (MDGs). At the start of the Eleventh Five-Year Plan in 2004-06, Maternal Mortality Ratio (MMR) was 254 per 100,000 live births. This has decreased to 212 in 2007-09.



Trends in GOI Allocations and Expenditures

- **Allocations:** The Ministry of Health and Family Welfare (MoHFW) allocations have increased significantly from ₹14,974 crores in FY 2007-08 to ₹37,330 crores in FY 2013-14.

Health and Family Welfare Budget has risen by over 2-fold in 7 years.



Source: 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 include North-East component. Figures for NRHM include NRHM component under AYUSH. Figures for all years are revised estimates except for FY 2013-14, which are budget estimates.

- In FY 2012-13, spending on health and family welfare accounted for **2.06** percent of the total GOI expenditure, an increase from **1.89** percent in FY 2005-06.
- In FY 2012-13, public expenditure on health (all ministries, centre and state) accounted for **1.36** percent of India's Gross Domestic Product (GDP). This is significantly lower than most developing countries. In 2010, Brazil spent **9** percent, China **5.1** percent, Nepal **5.5** percent, and Sri-Lanka spent **2.9** percent of GDP on health care.
- In 2005, GOI launched the National Rural Health Mission (NRHM), an umbrella programme subsuming many existing schemes, including the Reproductive and Child Health Project (RCH II), National

Disease Control Programme (NDCP), and Integrated Disease Surveillance Project (IDSP). The programme was initially conceived as a 7-year mission. In 2013, GOI extended the mission to another 5 years.

- Allocations for NRHM have increased by **73%** from FY 2007-08 to FY 2013-14. In FY 2013-14, NRHM allocations stand at ₹19,120 crores, accounting for **51** percent of the total MoHFW budget.
- **Expenditure performance:** Expenditure as a percentage of total releases has improved over the last 7 years. When NRHM was launched, in FY 2005-06, only **72** percent of the total released funds (GOI and state) were spent. In FY 2011-12, **86** percent of released funds were spent.
- In FY 2012-13, per-capita (rural) NRHM expenditures stood at ₹213. If the total population (urban and rural) is taken into account, the per-capita expenditure was ₹131.

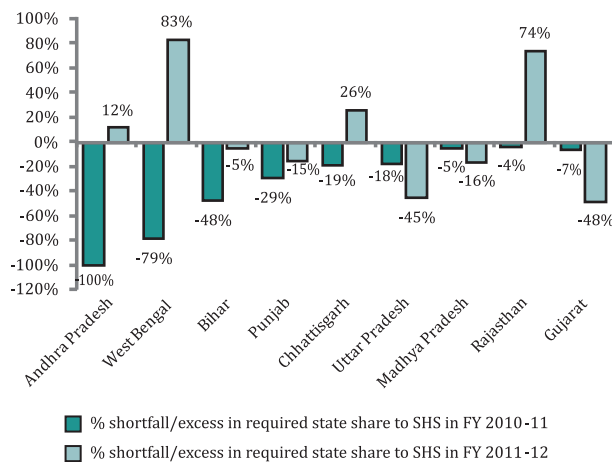
State-level NRHM Allocations and Expenditures

- At the state level, NRHM is implemented through specially constituted State Health Societies (SHS). To strengthen decentralized hospital management, NRHM has also instituted District Health Societies (DHS) and Village Health and Sanitation Committees (VHSCs). By design, state allocations are based on Project Implementation Plans (PIPs). These are meant to be an aggregation of district plans prepared by the DHS.
- To address regional imbalances in health outcomes, a set of **18** 'high focus' (HF) states with the poorest health indicators have been identified. These states receive about **60** percent of the total GOI allocations for NRHM.
- Between FY 2005-06 and FY 2011-12, GOI NRHM allocations to states have increased

significantly. For example, GOI allocations for Bihar and Maharashtra increased from ₹383 crores and ₹348 crores, respectively, to over ₹1,000 crores.

- Most states have been slow in releasing their required share. In FY 2010-11, Andhra Pradesh did not release any money to the SHS, while West Bengal and Bihar released 79 percent and 48 percent less than the required share, respectively.

Slow release of state share to SHS.

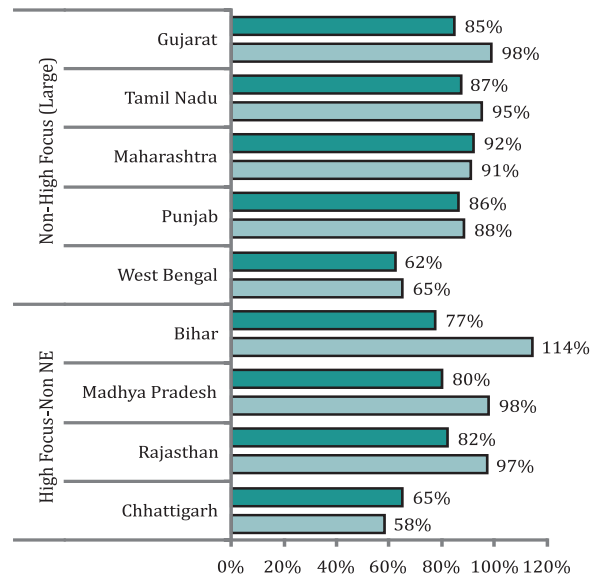


Source: NRHM Website, State Programme Implementation Plans, Record of Proceedings 2012-13 and 2011-12. Available online at: <http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html>

Note: Figures for FY 2011-12 have been taken from 2012-13 PIP and for 10-11 from 11-12 PIP to get the latest figures. Negative numbers indicate shortfall and positive numbers indicate excess.

- State releases improved significantly in FY 2011-12. Andhra Pradesh, for instance, released 12 percent more than its required share, while West Bengal released 83 percent more than its required share.
- Expenditure performance:** There are wide variations in expenditure patterns across states. Chhattisgarh increased expenditure from 58 percent in FY 2010-11 to 65 percent in FY 2011-12. On the other hand, expenditure in Gujarat, Madhya Pradesh, and Rajasthan slowed down from near 100 percent in FY 2010-11 to an average of 82 percent in FY 2011-12.

Utilization of available funds slowed down in FY 2011-12.



■ % utilised out of total resource envelope (including unspent balance and state share) in FY 2011-12
 ■ % utilised out of total resource envelope (including unspent balance and state share) in FY 2010-11

Source: NRHM Website, State Programme Implementation Plans 2012-13 and 2011-12. Available online at: <http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html>
 Expenditure figures are taken from state-wise progress as on 30.09.2012. Available online at: http://nrhm.gov.in/images/pdf/monitoring/progress-nrhm/statewise_progress_under_nrhm_status_on_30-09-2012.pdf

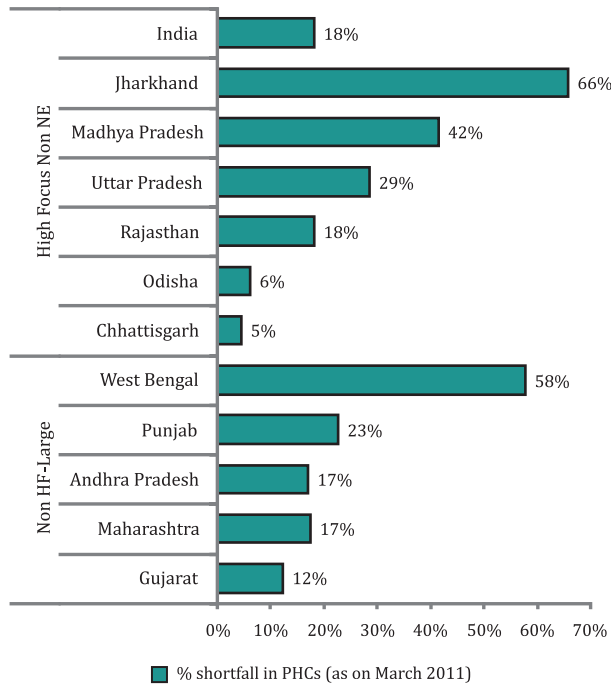
Note: PIP for 2012-13 has been used for 11-12 figures and PIP for 2011-12 has been used for FY2010-11 figures. North-Eastern states and UTs have not been included.

Coverage and Implementation

- Despite improvements in NRHM allocations and expenditures, progress on health infrastructure has been slow.
- PHCs:** The Primary Health Centre (PHC) is the first point of contact with a qualified doctor for people 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, tribal or difficult areas.
- Between March 2005 and March 2011, the total number of PHCs has increased by 3 percent. The average population covered by PHCs in some states continues to be high. As of March 2011, PHCs in West Bengal and Jharkhand covered 68,442 and 75,870 people, respectively.

- According to GOI norms, the shortfall is calculated based on a comparison between the number of PHCs sanctioned and the number required based on norms. As of March 2011, on average there was an **18 percent** shortfall in the required number of PHCs.

18% shortfall in required number of PHCs.



Source: Bulletin on Rural Health Statistics 2012. Available online at: <http://nrhm-mis.nic.in/UI/RHS/RHS%202010/RHS%202010/RHS%20Bulletin-March%202010.pdf>
Note: Figures are up to March 2011. North-Eastern states and UTs have not been included.

- There are wide variations in the shortfall of PHCs across states. Jharkhand had the largest shortfall at **66 percent**, followed by West Bengal at **58 percent**. In Madhya Pradesh, the shortfall was **42 percent**.
- The Indian Public Health Standards (IPHS) sets uniform measures for the quality of health infrastructure in all PHCs, CHCs, and government hospitals across the country. Only **15 percent** of existing PHCs were functioning as per IPHS norms.
- Most PHCs lack basic infrastructure facilities. As of March 2011, **8 percent** of PHCs across India, did not have an

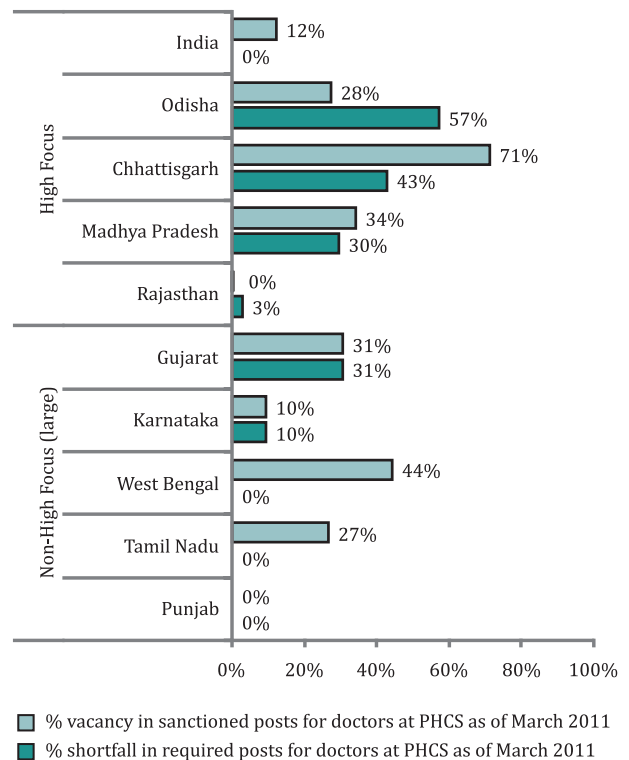
electricity connection and **13 percent** did not have regular water supply. Another **34 percent** did not have a labour room.

- Jharkhand's PHCs scored the lowest on infrastructure. About **59 percent** of PHCs did not have an electricity connection and **70 percent** did not have a regular water supply.

Human Resources

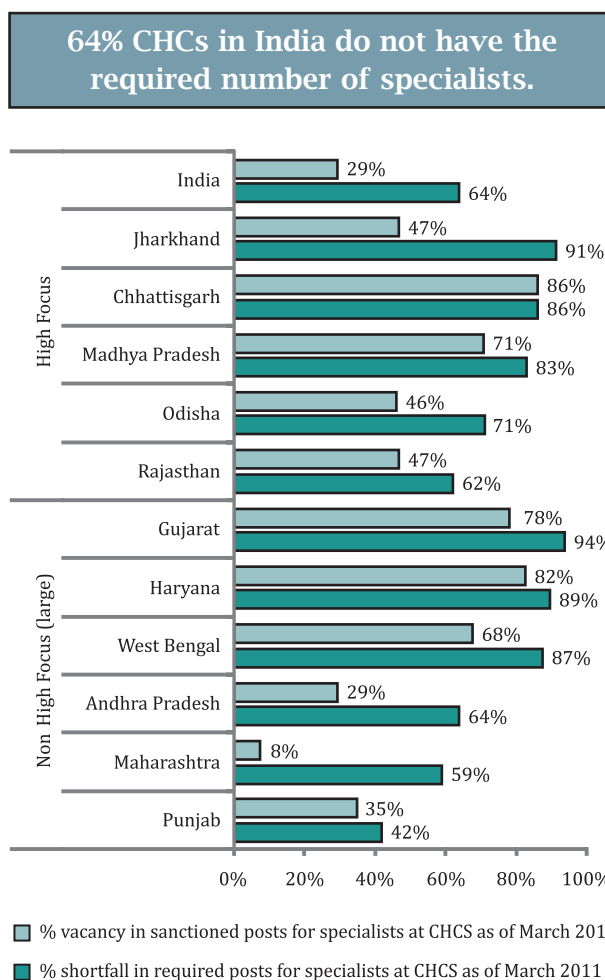
- In the last few years, financial allocations for increasing human resources in public health facilities have increased nearly **3-fold** from **₹769 crores** in FY 2010-11 to **₹2,179 crores** in FY 2012-13. Yet, vacancies and shortages are high.
- Doctors in PHCs:** Across India, vacancy rates remain high at **12 percent**.

12% vacancy in doctor posts in PHCs.



Source: Bulletin on Rural Health Statistics 2012. Available online at: <http://nrhm-mis.nic.in/UI/RHS/RHS%202010/RHS%202010/RHS%20Bulletin-March%202010.pdf>
Note: Figures are up to March 2011. North-Eastern states and UTs have not been included.

- There are wide state variations as well. In Odisha and Chhattisgarh, the shortfall is high at 57 percent and 43 percent, respectively in required posts. These states also have a high vacancy rate for the sanctioned posts at 28 percent and 71 percent, respectively. Gujarat and Madhya Pradesh had around a 30 percent shortfall in the requirement of doctors and 30 percent of sanctioned posts are lying vacant.
- **Specialists in CHCs:** The availability of specialists at CHCs (surgeons, paediatricians, physicians, obstetricians and gynaecologists), is much worse. Data up to March 2011 reveals that across India, only 36 percent of the required specialist positions were sanctioned. In addition, 29 percent of sanctioned posts for specialists were vacant. Only 13 percent of CHCs had all the 4 required specialists.
- There are state variations. Chhattisgarh had an 86 percent shortfall in the sanctioned posts. Moreover, 86 percent of these were vacant. Jharkhand had a 91 percent shortfall in the requirement of specialists at CHCs and 47 percent of the sanctioned posts were vacant.



Source: Bulletin on Rural Health Statistics 2012. Available online at: <http://nrhm-mis.nic.in/UI/RHS/RHS%202010/RHS%202010/RHS%20Bulletin-March%202010.pdf>

Note: Figures are up to March 2011. North-Eastern states and UTs have not been included.

- Non-HF states fare no better. Gujarat had a 94 percent shortfall in required posts and 78 percent vacancy rate, while Haryana had an 89 percent shortfall in required posts and an 82 percent vacancy rate.

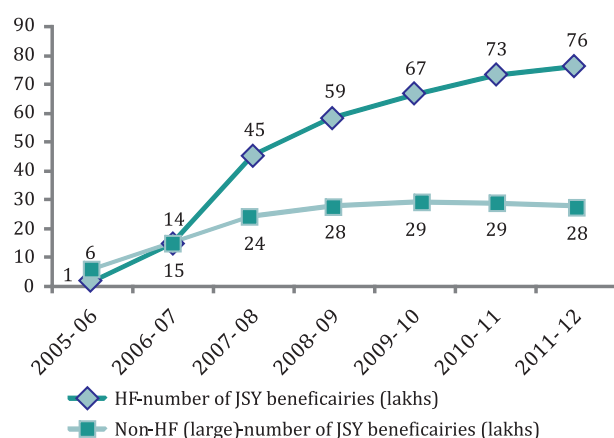
Janani Suraksha Yojana

- An important innovation under NRHM has been the introduction of the Janani Suraksha Yojana (JSY). JSY is a conditional cash transfer scheme aimed at reducing maternal and neo-natal mortality. It provides a cash incentive to women for delivering 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).

- Allocations for JSY have increased from ₹98 crores in FY 2005-06 to over ₹1,700 crores in FY 2011-12.
- Since its launch, the number of beneficiaries has increased exponentially from 7.38 lakh in FY 2005-06 to 109.38 lakh in FY 2011-12. This increase has been driven by an increasing number of beneficiaries registered in HF states.

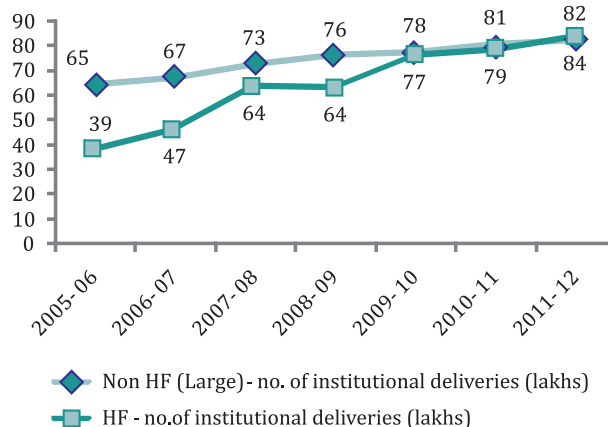
Significant increase in JSY beneficiaries in HF states.



Source: State-wise progress as on 30.09.2012. Available online at: http://nrhm.gov.in/images/pdf/monitoring/progress-nrhm/statewise_progress_under_nrhm_status_on_30-09-2012.pdf
 Note: North-Eastern states and UTs have not been included.

- **Institutional delivery:** Since the launch of JSY, there has also been a significant increase in the percentage of institutional deliveries in HF states. The increase has not been as rapid in non-HF states. For instance, in FY 2005-06, there were 65 lakh reported institutional deliveries in non-HF states compared with only 39 lakh in HF. In FY 2011-12, both HF and non-HF states reported about 80 lakh institutional deliveries.

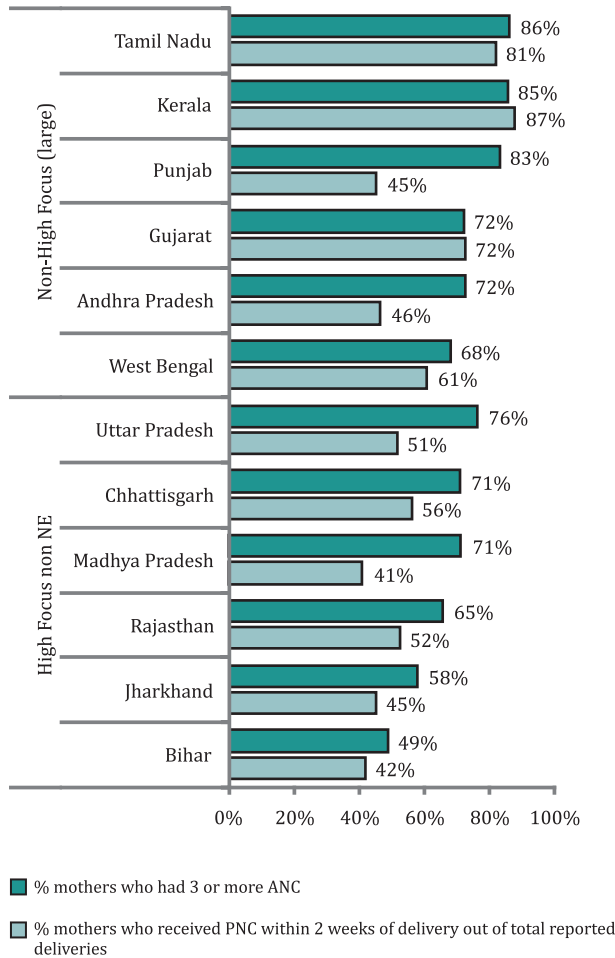
Gap between HF and Non-HF for institutional delivery has disappeared.



Source: State-wise progress as on 30.09.2012. Available online at: http://nrhm.gov.in/images/pdf/monitoring/progress-nrhm/statewise_progress_under_nrhm_status_on_30-09-2012.pdf
 Note: North-Eastern states and UTs have not been included.

- While institutional deliveries have increased, ante and post-natal care (ANC and PNC) remains inadequate. In FY 2012-13, up to September 2012, out of the total reported deliveries during that period, only 58 percent mothers received 3 or more ANC in the HF state of Jharkhand. Similarly, in Bihar, less than 50 percent mothers reported receiving 3 or more ANCs.

State-wise report of mothers receiving ANC and PNC.



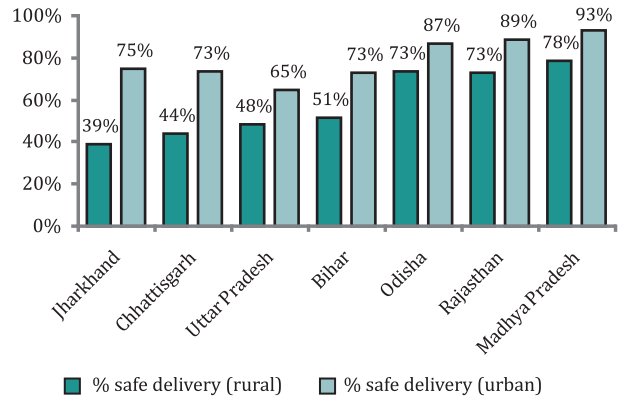
Source: State-wise progress as on 30.09.2012. Available online at: http://nrhm.gov.in/images/pdf/monitoring/progress-nrhm/statewise_progress_under_nrhm_status_on_30-09-2012.pdf

Note: North-Eastern states and UTs have not been included. Data is upto September 2012.

- Non-HF states are performing better in terms of ANC and PNC. In Tamil Nadu, over 80 percent of the mothers received both ANC and PNC.
- There remains a significant gap between rural and urban areas in meeting safe delivery targets (delivery in an institution or assisted at home with an SBA). The Annual Health Survey conducted in 9 states by MoHFW in FY 2010-11 highlights that only 39 percent of the total deliveries in rural Jharkhand were 'safe deliveries', compared to 75 percent in urban areas. The

difference was also large in Chhattisgarh, Uttar Pradesh and Bihar.

Significant differences between rural and urban areas for safe delivery.

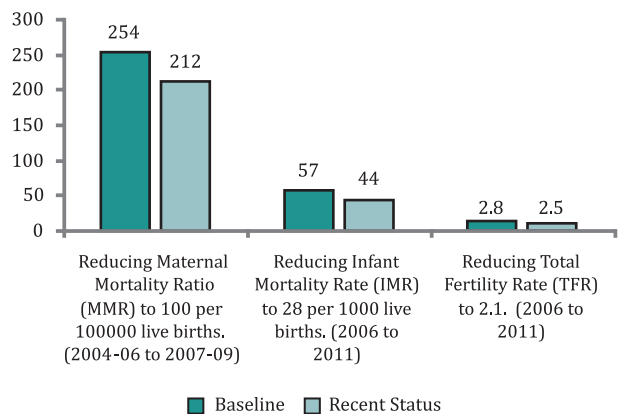


Source: Presentation on Annual Health Survey Fact Sheet, Key Findings. Available online at: http://www.censusindia.gov.in/vital_statistics/AHSBulletins/files/AHS_DLFS_16072012-final.ppt

Outcomes

- India has made slow progress in meeting its Millennium Development Goals (MDGs). At the start of the Eleventh Five-Year Plan in 2004-06 (referred to as baseline in the graph), Maternal Mortality Ratio (MMR) was 254 per 100,000 live births. This has decreased to 212 in 2007-09 (the latest year for which data is available).

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>

This section offers some practical leads to accessing further, more detailed information on the union government's National Rural Health Mission 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 www.indiabudget.nic.in <i>last accessed on February 12, 2013</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 2011-12, Chapter on 'Human Development'. http://indiabudget.nic.in/es2011-12/echap-13.pdf <i>last accessed on February 12, 2013</i>	Sectoral trends and expenditure on health as a percentage of total government expenditure and GDP.
State-wise Progress under NRHM, Status as on 30.09.2012 http://nrhm.gov.in/images/pdf/monitoring/progress-nrhm/statewise_progress_under_nrhm_status_on_30-09-2012.pdf <i>last accessed on February 12, 2013</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 http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html <i>last accessed on February 12, 2013</i>	State Programme Implementation Plans (PIP) for FY 2012-13 and FY 2011-12 and Record of Proceedings (ROP) include approved allocations and physical performance for various components of NRHM. NPCC meetings contains progress in FY 2011-12 and budget and expectations for FY 2012-13.
Annual Health Survey http://censusindia.gov.in/vital_statistics/AHSBulletins/ahs.html <i>last accessed on February 11, 2013</i>	Report giving outcome indicators such as immunization, maternal mortality, and infant mortality of select states and districts in India.
NRHM, Health Management Information System (HMIS) Portal, Report of Concurrent Evaluation of NRHM 2009. http://nrhm-mis.nic.in/frm_CER1.aspx <i>last accessed on February 11, 2012</i>	Report giving information about progress of NRHM, status of public healthcare facilities, and so on.
Comptroller and Auditor General of India, Audit Report on National Rural Health Mission, Uttar Pradesh For the year 2010-11. http://saiindia.gov.in <i>last accessed February 12, 2013</i>	Performance audit of the implementation of activities under NRHM in Uttar Pradesh.
Bulletin on Rural Health Statistics in India, 2011 http://www.mohfw.nic.in/NRHM/BULLETIN%20ON.ht <i>last accessed on February 11, 2013</i>	Information on PHCs, CHCs, sub-centres, doctors, nurses, and specialists.
Draft Twelfth Five-Year Plan, http://planningcommission.gov.in/plans/planrel/12thplan/pdf/vol_3.pdf <i>last accessed on February 12, 2013</i>	Information on Twelfth Plan outlays for health, review of performance across states on basic health indicators.

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