



BUDGET BRIEFS

Vol 13/Issue 1

National Health Mission (NHM) GoI, 2021-22

National Health Mission

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

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

Against the backdrop of the COVID-19 pandemic, this brief uses government data to analyse:

- Health finances under NHM to contain the COVID-19 pandemic;
- NHM approved budgets and expenditure;
- Availability of staff, beds, and ventilators;
- Decline in service delivery during the pandemic; and
- Maternal and child health outcomes.

Cost share and implementation:

Funds are shared between GoI and the states in a 60:40 ratio. For North Eastern Region (NER) states and Himalayan states, the ratio is 90:10.

HIGHLIGHTS

₹ 73,932 cr

GoI allocations for Ministry of Health and Family Welfare (MoHFW) in FY 2021-22

₹ 36,576 cr

GoI allocations for NHM in FY 2021-22, excluding the National AYUSH Mission and Senior Citizen Health Insurance Scheme

SUMMARY & ANALYSIS

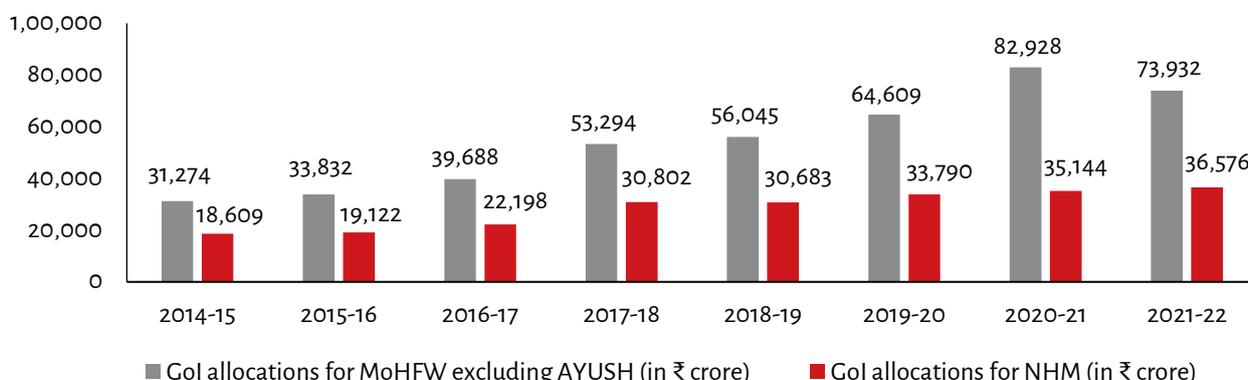
- Allocations for the MoHFW in Financial Year (FY) 2021-22 Budget Estimates (BEs) stood at ₹73,932 crore, 11 per cent lower than the previous year's Revised Estimates (REs) but 10 per cent higher than the BEs.
- NHM is the largest scheme of the Ministry and has been an important vehicle for COVID-19 finances. For FY 2021-22, GoI allocated ₹36,576 crore to NHM, 4 per cent more than the previous year's REs.
- For containing the COVID-19 pandemic, GoI announced the 'India COVID-19 Emergency Response and Health System Preparedness Package'. Under NHM, ₹6,028 crore was allocated by GoI as part of the Emergency COVID Response Package (ECRP). GoI had already released ₹5,999 crore, or over 99 per cent of the approved amount by 1 January 2021.
- Expenditures for NHM have been low. Of the total amount approved under NHM, 32 per cent or ₹16,057 crore had been spent till 30 September 2020.
- As per the latest available data, health infrastructure was overburdened even prior to the pandemic. There were 11,268 people per government allopathic doctor, and 1,843 people per government hospital bed in India.
- India's Infant Mortality Rate declined marginally from 34 in 2016 to 32 in 2018, driven by a reduction in rural areas.

- Launched in May 2013, the National Health Mission (NHM) is Government of India's (GoI's) flagship Centrally Sponsored Scheme (CSS) with an aim to achieve universal access to quality healthcare 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 healthcare in rural India; and b) the National Urban Health Mission (NUHM), a sub-mission launched in 2013 for urban health. The scheme is implemented by the Ministry of Health and Family Welfare (MoHFW).
- On 5 April 2020, to strengthen health systems and provide an immediate response to the COVID-19 pandemic, GoI announced the 'India COVID-19 Emergency Response and Health System Preparedness Package' (ERHSPP) with an allocation of ₹15,000 crore. The ERHSPP is a Central Sector Scheme with an objective to build resilient health systems to address not only the current COVID-19 outbreak but also future disease outbreaks.
- NHM is the nodal body for implementation of the scheme. The period of the package is from 1 January 2020 to 31 March 2024, with expenditure prior to 3 April 2020 claimed retroactively. It is funded through the reappropriation of existing NHM funds and through agreements with international agencies such as the World Bank (\$1 billion) and the Asian Infrastructure Investment Bank (\$500 million).
- Budget 2021 announced the launch of a new CSS known as the Pradhan Mantri Atmanirbhar Swasth Bharat Yojana, with an aim to develop capacities of primary, secondary, and tertiary health systems. The scheme will supplement the NHM and is to have an outlay of about ₹64,180 over six years. No specific allocation for this year is mentioned in the demand statements of the MoHFW.
- This brief looks at both the finances and service delivery under the new ERHSPP, as well as the ongoing programmes conducted under NHM.
- GoI allocations under Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) for National AYUSH Mission (NAM), and allocations for the Senior Citizen Health Insurance Scheme (SCHIS) have not been included under NHM for comparability of analysis across allocations, approvals, and expenditures.

Allocations

- For Financial Year (FY) 2021-22, allocations for the MoHFW stood at ₹73,932 crore. This was an 11 per cent decrease from the previous year's Revised Estimates (REs) which stood at ₹82,928 crore. An additional ₹35,000 crore has also been allocated for vaccinations under the Ministry of Finance.
- NHM is the largest scheme within the MoHFW, comprising almost half of the Ministry's allocations. For FY 2021-22, GoI allocated ₹36,576 crore for NHM, a 4 per cent increase compared to the previous year's REs in nominal terms.

GOI ALLOCATIONS FOR NHM INCREASED BY 4% FROM 2020-21 TO 2021-22



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 2015-16 to FY 2021-22. Available online at: <http://indiabudget.gov.in>. Last accessed on 1 February 2021.

Note: (1) Figures are in crores of Rupees and are Revised Estimates (REs), except for FY 2021-22, which are Budget Estimates (BEs). (2) GoI allocations for MoHFW do not include allocations for Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH).

- Even prior to the pandemic, allocations for the scheme have been low. In FY 2020-21 REs, GoI allocated ₹35,144 crore for NHM, a 4 per cent increase compared to the previous year's REs. These were significantly lower than the projected demand by the Ministry. For instance, while the projected demand for NRHM and NUHM stood at ₹64,012 crore, revised allocations were ₹29,317 crore, or 46 per cent of the projected demand.

COVID-19 HEALTH FINANCES UNDER NHM

- Release of funds under NHM are based on plans submitted by state governments, known as State Programme Implementation Plans (SPIPs). Once approved by GoI, they are called Records of Proceedings (ROPs) and comprise the total available resource envelope (which is calculated based on GoI's own funds), the proportional share of state contributions, and unspent balances available with the states.
- States may also request additional funds through the submission of Supplementary Programme Implementation Plans, the approvals of which are called Supplementary Records of Proceedings (SROPs). Post approvals, funds are shared between GoI and state governments in a 60:40 ratio for all states except the North Eastern Region (NER) states and Himalayan states where the ratio is 90:10.

Funding for COVID-19

- In response to the COVID-19 pandemic, GoI released an advisory to states to use funds under NHM and the State Disaster Relief Fund (SDRF) to undertake all activities related to management of the pandemic. These activities included the creation of quarantine centres, dedicated COVID-19 hospitals and other medical equipment, and treatment of patients.
- This was followed by the ERHSPP with an allocation of ₹15,000 crore.
- The package is broadly aimed to be utilised for the following activities:
 - Emergency COVID-19 response to slow and limit the spread of the pandemic (₹7,500 crore).
 - Strengthening national and state health systems to support prevention and preparation (₹4,150 crore).
 - Strengthening disease surveillance systems, including laboratories and pandemic research (₹1,400 crore).
 - Community engagement and risk communication (₹1,050 crore).
 - Capacity building, monitoring, and evaluation (₹900 crore).
- It is to be implemented in three phases between January 2020 and March 2024. Phase 1 is from 1 January 2020 to June 2020; Phase 2 from July 2020 to March 2021; and Phase 3 from April 2021 to March 2024. For the first two phases, ₹7,774 crore has been allocated.

Preparation of Plans

- States were requested to prepare an Emergency COVID-19 Response Plan (ECRP), with the caveat that it should not exceed more than 20 per cent of the total resource envelope under NHM indicated for the State or UT in their RoPs.
- Resources made available under ERHSPP supplement the resources indicated under NHM's Health Systems Strengthening (HSS) pool and are in addition to the envelope indicated to states for FY 2019-20 and FY 2020-21, limited to the expenditure incurred up to 30 June 2020. Since the planning process was already over, the ECRPs prepared and approved were treated as supplementary SROPs.
- For the period from 1 January to 3 April 2020, states could claim the expenditure incurred for COVID-19 response under the mechanism of retroactive financing from the World Bank. Post 4 April 2020, COVID-19 related expenditure claims were to be booked under relevant NHM budget codes.

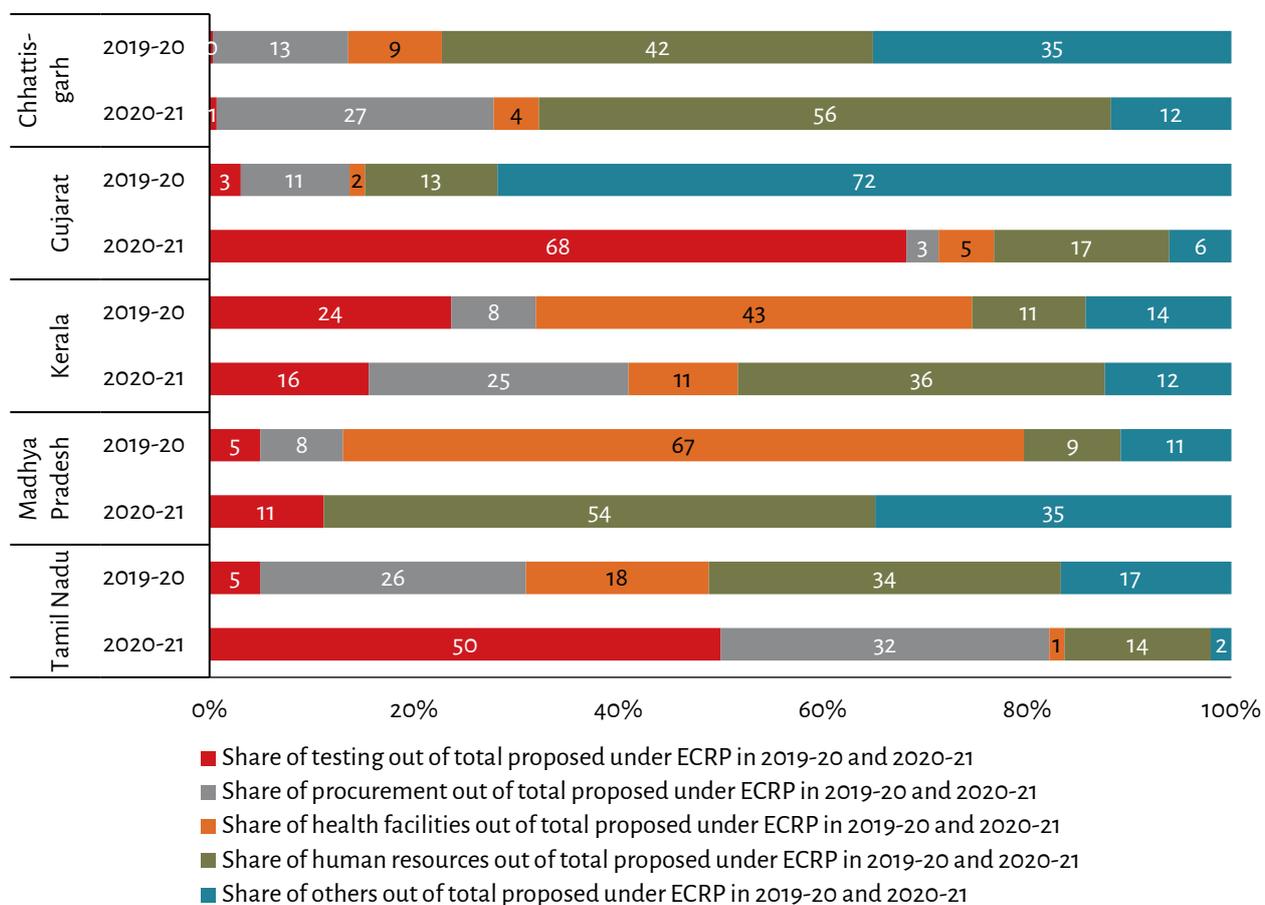
Fund Flows of ERHSPP

- The fund flow process for ERHSPP funds retains the usual NHM mechanism. Funds are transferred from MoHFW to State Treasuries, which are then transferred to State Health Societies (SHSs). To meet urgent COVID-19 related needs, State Treasuries are expected to transfer ERHSPP funds to SHSs within seven working days from the date of release by Gol.
- To ensure greater flexibility to states in responding to COVID-19, MoHFW also made several changes to the NHM fund flow process.
 - First, during the emergency phases, MoHFW encouraged states to provide 20 per cent of Gol's share or ₹1 crore (whichever is lower) directly to districts. Of this, ₹70 lakh per district could be given as untied funds with an additional ₹30 lakh available per district at the state-level for immediate utilisation in district-level COVID-19 response.
 - Second, since funding under NHM is by different flexipools, MoHFW relaxed norms of reappropriation of funds across flexipools. For the HSS flexipool, the reappropriation was relaxed to an upper limit of 10 per cent. For other flexipools, states could reappropriate across pools on a loan basis.
 - Third, the MoHFW has declared FY 2020-21 as a break year from the Conditionality Framework for 20 per cent of performance-based incentives.
 - Finally, flexibility has also been provided in procurement norms established for World Bank funding to allow preference to be given to Micro and Small Enterprises (MSMEs), products developed under Make in India, start-ups, and Public Sector Units (PSUs).
- As on 10 September 2020, ERHSPP funds were released to states in two instalments. States were required to supplement the funds released by Gol in the first instalment of ERHSPP in FY 2019-20. The first instalment supplemented the resources available under Mission Flexipool for HSS. For the second instalment in FY 2020-21, no state share was applicable.
- Till 10 September 2020, ₹4,257 crore had been released to states under the ECRP.

COMPONENT-WISE TRENDS FOR ECRP

- Information on component-wise amounts proposed and approved are available for 28 states and UTs for FY 2019-20, and 20 states and UTs for FY 2020-21. To understand how states prioritised ECRP funds, the amounts proposed by states have been analysed.
- In FY 2019-20, ₹1,314 crore was proposed by states and UTs, of which 98 per cent or ₹1,290 crore was approved. In FY 2020-21, states and UTs proposed ₹4,088 crore and 94 per cent or ₹3,836 crore was approved.
- ECRP budgets are for the following categories: testing, procurement, health facilities, human resources (including incentives), monitoring, Information Technology (IT) systems, Information, Education, and Communication/Behaviour Change Communication (IEC/BCC), training, and miscellaneous which includes untied funds for districts and items not covered by the other categories. The last five categories have been denoted as 'other components' below.
- Of the total amount proposed in FY 2019-20, 29 per cent was proposed for procurement, 24 per cent for health facilities, 21 per cent for additional human resources, and 7 per cent for testing. The component-wise share of proposed amounts changed in FY 2020-21. These stood at 30 per cent for testing, 25 per cent for procurement, 20 per cent for human resources, and 13 per cent for health facilities. Other components accounted for 18 per cent in FY 2019-20, and 13 per cent in FY 2020-21.
- Across both years, the share of components in proposed budgets by states changed as well. For instance, Chhattisgarh prioritised human resources in both years, but the share of procurement increased in FY 2020-21. Similarly, Gujarat prioritised other components such as monitoring, IT, and IEC/BCC in FY 2019-20, and prioritised testing in FY 2020-21.

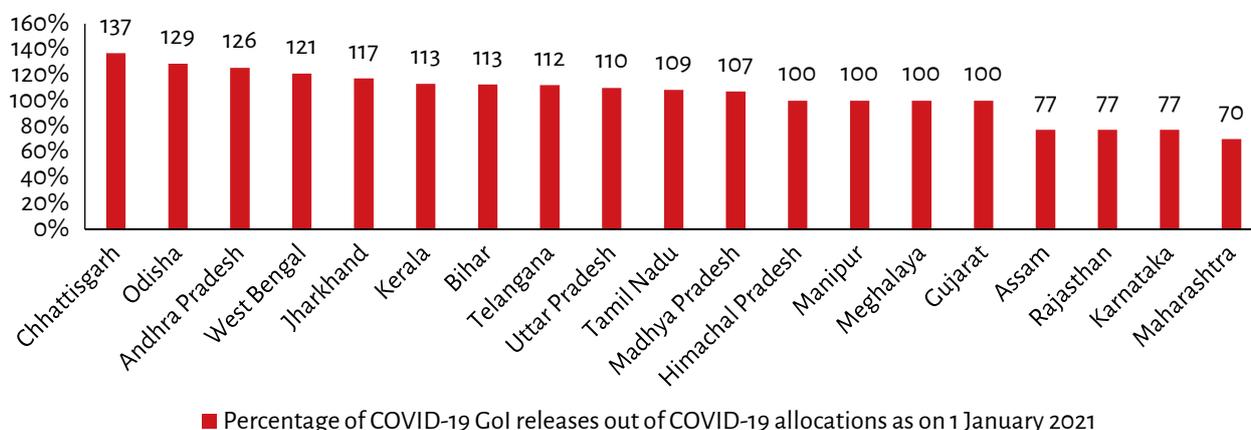
FOR HEALTH FACILITIES, MADHYA PRADESH PROPOSED 67% OF ITS ECRP BUDGET IN 2019-20, BUT DID NOT PROPOSE ANY AMOUNT IN 2020-21



Source: NHM supplementary ROPs. Available online at: <https://nhm.gov.in/index4.php?lang=1&level=0&linkid=449&lid=53>. Last accessed on 25 January 2021.

- Data on release of funds were available from a Right to Information (RTI) response by MoHFW dated 1 January 2021. For containing the COVID-19 pandemic, ₹6,028 crore was allocated by GoI under the NHM ECRP. As on 1 January 2021, GoI had released ₹5,999 crore, or over 99 per cent of the approved amount.

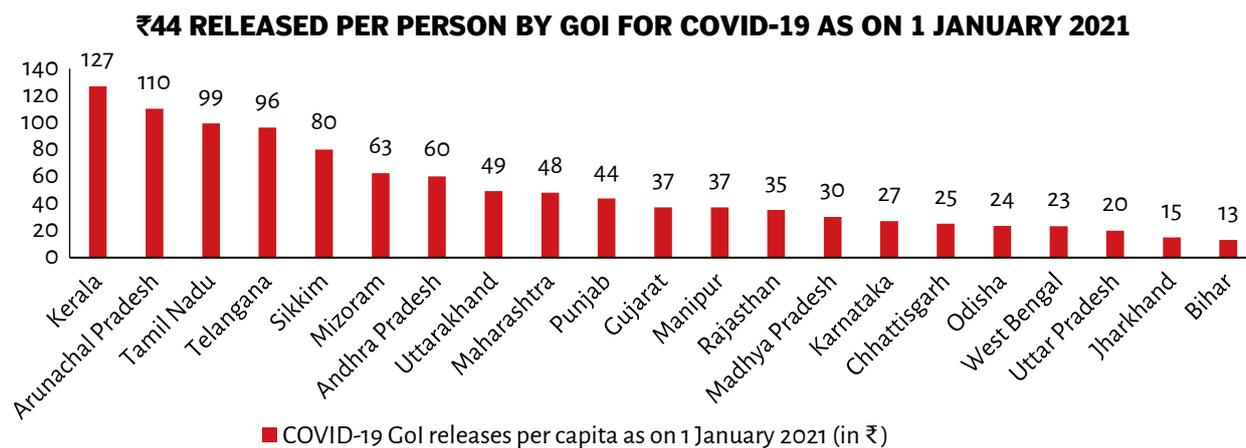
99% OF GOI COVID-19 ALLOCATIONS RELEASED TILL 1 JANUARY 2021



Source: RTI response from MoHFW dated 1 January 2021.

Note: COVID-19 allocations listed as per the RTI matches with 'Total budget release' mentioned in ECRPs.

- The proportion of releases exceeded allocations in 13 states and UTs, including Chhattisgarh, Odisha, Andhra Pradesh, West Bengal, Jharkhand, Kerala, Bihar, Telangana, Uttar Pradesh, Tamil Nadu, and Madhya Pradesh. The full amount had not been released to four states - Assam, Rajasthan, Karnataka, and Maharashtra.
- One way to benchmark releases is to estimate the amount released per person by GoI under NHM for COVID-19. As on 1 January 2021, ₹44 had been released per person. This amount stood at ₹323 for Delhi, ₹127 for Kerala, and ₹110 for Arunachal Pradesh. It was, however, less than ₹25 per person in Odisha, West Bengal, Uttar Pradesh, Jharkhand, and Bihar.



Source: (1) COVID-19 GoI releases from RTI response from MoHFW dated 1 January 2021. (2) Population from 2011 Census population and updated year-on-year using annual natural growth rates from Sample Registration System Bulletins (SRS). Available online at: <http://censusindia.gov.in/>. Last accessed on 29 December 2020.

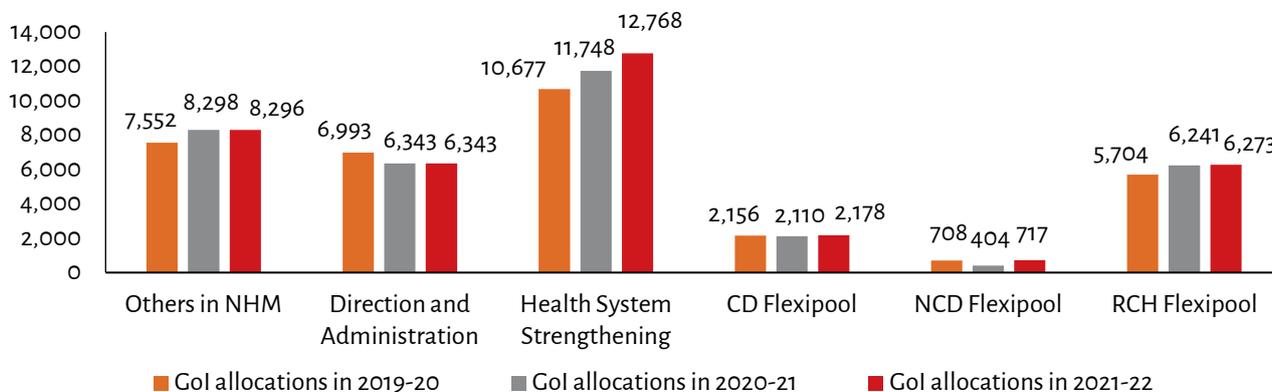
Note: (1) Natural Growth Rate for 2014 was unavailable, so it was estimated by averaging the Natural Growth Rate of previous year (2013) and the subsequent year (2015). Natural Growth Rate 2019 was unavailable and thus, 2018 figures have been used instead.

NHM ALLOCATIONS, RELEASES, AND EXPENDITURES

- NHM consists of the following six major financing components:
 - **Reproductive and Child Health (RCH) Flexipool** funds 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, and the Iodine Deficiency Disorders Control Programme (NIDDCP).
 - **HSS/NRHM Mission Flexipool (MFP)** for untied funds, annual maintenance grants, and hospital strengthening.
 - **NUHM Flexipool** addresses the healthcare needs of the urban poor with a special focus on 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), etc.
 - **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), etc.
 - **Direction and Administration funds** (formerly known as Infrastructure Maintenance) are allotted across various programmatic divisions of NHM.
- With the exception of HSS, most other components within NHM have seen a stagnation or have decreased. For instance, after a 9 per cent increase in FY 2020-21 REs, GoI allocations for RCH Flexipool increased by only 1 per cent in FY 2021-22 BEs. Similarly, allocations for Direction and Administration also fell from ₹6,993 crore in FY 2019-20 REs to ₹6,343 crore in FY 2021-22 BEs.

- In contrast, allocations for HSS increased by 10 per cent from ₹10,677 crore in FY 2019-20 REs to ₹11,748 crore in FY 2020-21 REs. A further increase of 9 per cent was seen for FY 2021-22 BEs.

INCREASE IN HSS ALLOCATIONS BETWEEN 2019-20 AND 2021-22

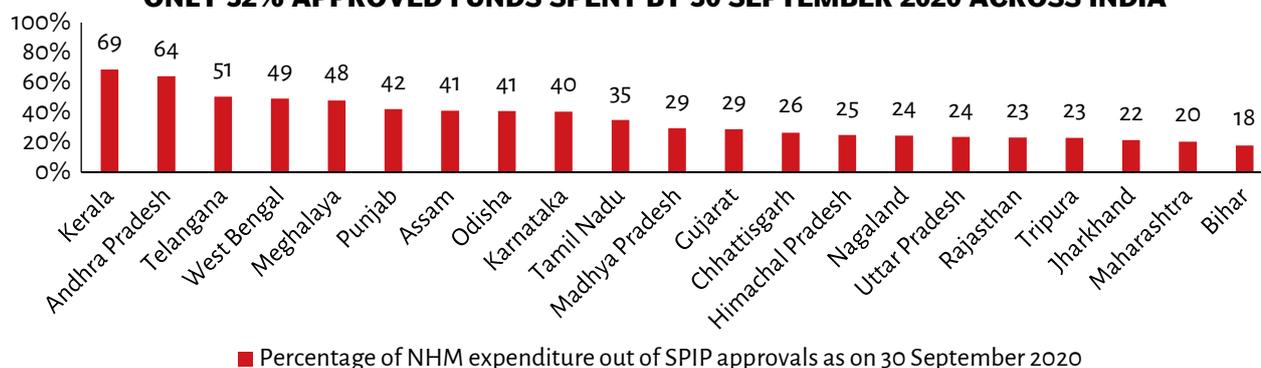


Source: Union Expenditure Budget, Volume 2, MoHFW, FY 2015-16 to FY 2021-22. Available online at: <http://indiabudget.gov.in>. Last accessed on 1 February 2021.

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- Expenditures for NHM have been low. For FY 2020-21, SPIP approvals stood at ₹50,070 crore, of which 32 per cent or ₹16,057 crore had been spent till 30 September 2020, or till the first two quarters of the financial year. In 31 states and UTs, less than 50 per cent of funds approved had been spent. Only three states had spent more than 50 per cent funds by the second quarter of the financial year i.e. Kerala, Andhra Pradesh, and Telangana. Less than 25 per cent approved funds had been spent in Himachal Pradesh, Nagaland, Uttar Pradesh, Rajasthan, Tripura, Jharkhand, Maharashtra, and Bihar.

ONLY 32% APPROVED FUNDS SPENT BY 30 SEPTEMBER 2020 ACROSS INDIA



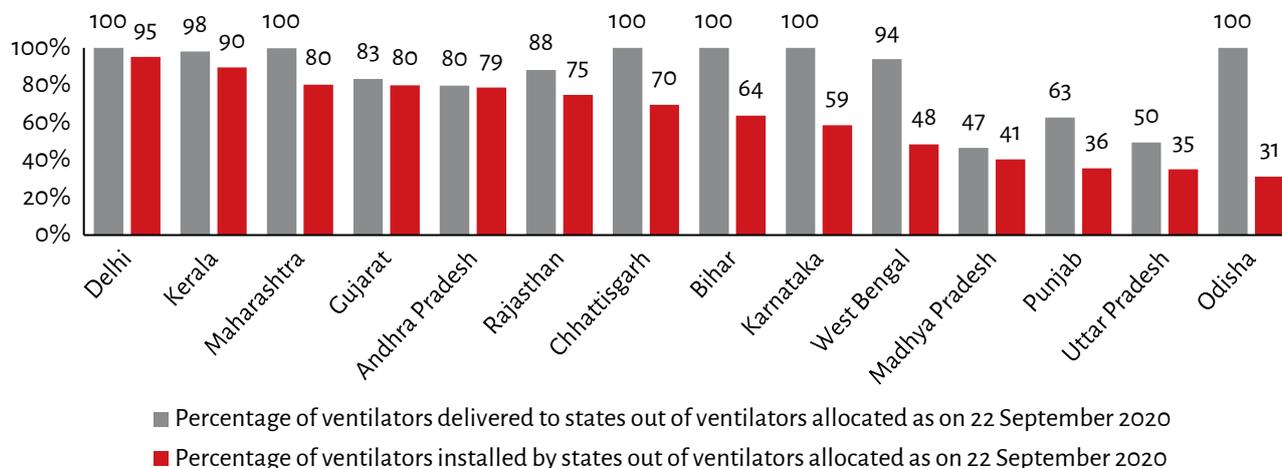
Source: RTI response from MoHFW dated 1 January 2021.

OUTPUTS

Ventilators

- In April 2020, MoHFW advised states that ventilators, N-95 masks, and Personal Protective Equipment (PPE) are to be procured from the central pool rather than by each state. States were advised to forward their projected demand for ventilators to MoHFW for procurement at the Gol level. States submitted their projected demand in April 2020, and revised demand in July 2020.
- In most states, Gol allocations for ventilators exceeded the projected demands put forth by states.

OF THE VENTILATORS ALLOCATED TO UTTAR PRADESH, ONLY 50% WERE DELIVERED & 35% INSTALLED AS ON 22 SEPTEMBER 2020



Source: Ventilators allocated, delivered and installed, Lok Sabha Unstarred Question No. 2086. Available online at: <http://164.100.24.220/loksabhaquestions/annex/174/AU2086.pdf>. Last accessed on 12 January 2021.

- GoI had delivered 100 per cent of the ventilators allocated to 22 states and UTs, as on 22 September 2020. Ventilator deliveries, however, were less than the number allocated in states such as Andhra Pradesh (80 per cent), Punjab (63 per cent), Uttar Pradesh (50 per cent), and Madhya Pradesh (47 per cent).
- As on 22 September 2020, not all ventilators delivered had been installed by states. Only three states and UTs had been able to install more than 90 per cent of the ventilators that were allocated, including Delhi (95 per cent). In 15 states and UTs, less than 50 per cent of the delivered ventilators had been installed, including Madhya Pradesh (41 per cent), Punjab (36 per cent), Uttar Pradesh (35 per cent), and Odisha (31 per cent).

Doctors and Beds

- The population per government allopathic doctor and population per government hospital bed are an indication of the availability of public health services. The COVID-19 pandemic highlighted a shortage of government hospitals and staff in the initial months. As per World Health Organisation norms, there should be at least one doctor for every 1,000 people and five hospital beds per 1,000 people.
- Data for both are available from the National Health Profile (NHP) report for 2019. Data across states have different reference years, which range from 2015 to 2019. These have been matched with the estimated population using the natural growth rate for each reference year to get year-on-year, state-wise population estimates.
- A comparison of government doctors and hospital beds per person indicates significant shortages. There are 11,268 people per government allopathic doctor in India. This figure was exceeded in eight states, including Bihar with 42,176 people per government allopathic doctor, followed by Uttar Pradesh (20,478), Jharkhand (20,122), Madhya Pradesh (17,964), Chhattisgarh (17,302), Maharashtra (16,946), Karnataka (13,237), and Gujarat (12,022).
- In contrast, among states, the fewest people per government allopathic doctor were in Goa (2,379) and Sikkim (2,475).
- Similarly, there are 1,843 people per government hospital bed in India. The population per government hospital bed in Bihar was 10,096, or over five times the national average. This figure was also high in Jharkhand (3,346), Gujarat (3,263), Chhattisgarh (2,989), and Uttar Pradesh (2,888). On the other end of the spectrum, there were less than 1,000 people per government hospital bed in Tamil Nadu (970), Karnataka (958), Kerala (921), Delhi (725), Himachal Pradesh (581), Goa (509), and Sikkim (425).

- Similarly, 31 per cent of sanctioned posts for specialist doctor posts (surgeons, physicians, obstetricians/ gynaecologists, and paediatricians) were filled in rural CHCs, and 75 per cent were filled in urban CHCs. Vacancies were higher for SDHs; 40 per cent of sanctioned allopathic doctor posts, and 30 per cent of paramedical staff posts were unfilled as on 31 March 2019.
- Auxiliary Nurse Midwives (ANMs), also known as Health Workers [Female] (HWF), play an integral role in both urban and rural primary care and public health. With the onset of the COVID-19 pandemic, the ANM's role has expanded to include COVID-19 prevention and management activities, vaccination, and communication strategies.
- As on 31 March 2019, there were no vacancies in rural SCs in Kerala, and in urban PHCs in Himachal Pradesh. In contrast, there were a high number of vacancies in rural HWF/ANM positions in Jharkhand (32 per cent) and Himachal Pradesh (27 per cent). Across India, 13,773 SCs, excluding HWC-SCs, were operating without an HWF/ANM as on 31 March 2019.

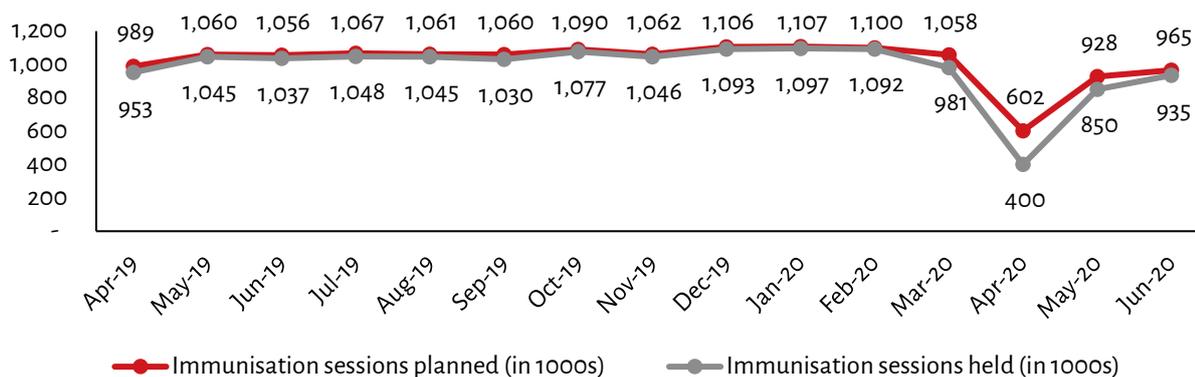
HEALTH SERVICE DELIVERY – NON COVID-19

- The COVID-19 pandemic had an impact on service delivery of several health interventions. Some of these are discussed below:

Immunisation

- The Universal Immunisation Programme aims to reduce the under-five mortality rate by providing free-of-cost immunisations against vaccine-preventable diseases such as Hepatitis B, measles, polio, tetanus, and tuberculosis.
- The COVID-19 pandemic slowed progress on expanding immunisation coverage. Between March and April 2020, the number of immunisation sessions planned fell by 43 per cent from 10.58 lakh to 6.02 lakh. Over the same period, the number of immunisation sessions held fell by 54 per cent from 9.81 lakh to 4 lakh.

THE NUMBER OF IMMUNISATION SESSIONS PLANNED AND HELD DECLINED SIGNIFICANTLY IN APRIL 2020

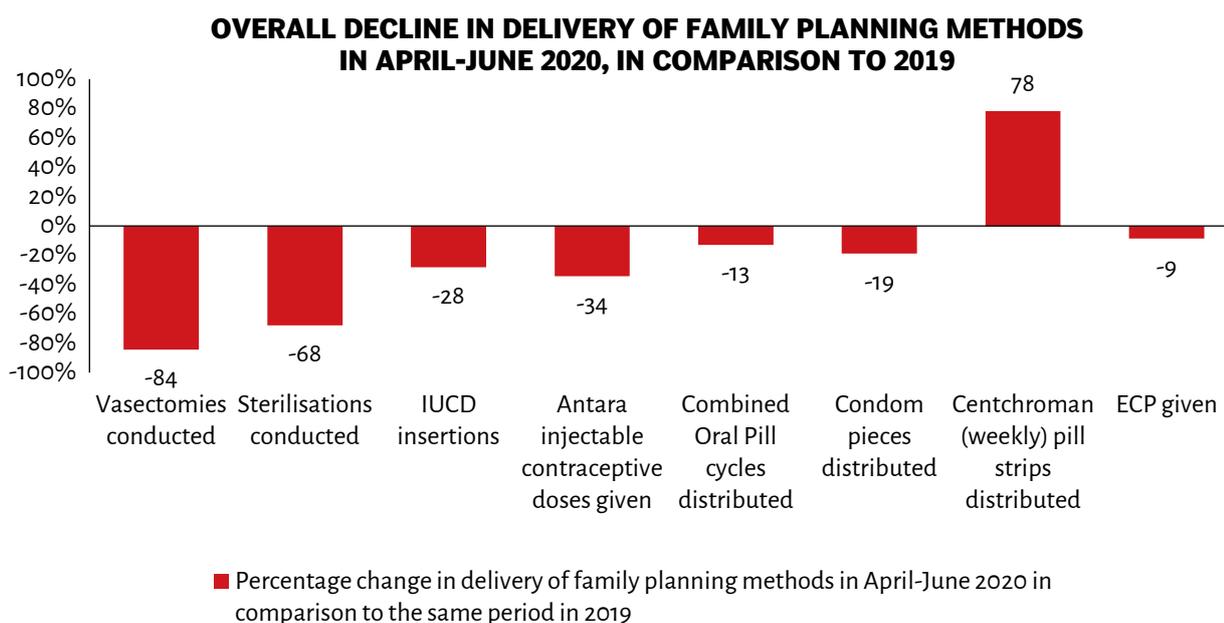


Source: Health Management Information System. Status as on 25 December 2020. Available online at: https://nrhm-mis.nic.in/hmisreports/frmstandard_reports.aspx. Last accessed on 30 December 2020.

- From March to April 2020, the largest declines in immunisation sessions planned were in Uttar Pradesh (90 per cent), Bihar (72 per cent), Delhi (68 per cent), Jharkhand (67 per cent), West Bengal (59 per cent), and Rajasthan (51 per cent).

Family Planning Services

- As with immunisation, the COVID-19 induced lockdown saw a decline in activities conducted for family planning between April and June 2020, compared to the same months in 2019. For instance, the number of vasectomies conducted decreased by 84 per cent, while sterilisations decreased by 68 per cent. The lowest decline in proportions was in the distribution of Emergency Contraceptive Pills (ECPs). Similarly, in terms of volume, condom distribution saw a significant decline from 7.45 crore in April-June 2019 to 6.05 crore in April-June 2020.
- Interestingly, the distribution of the Centchroman (weekly) pill strips increased by 78 per cent between April-June 2020 in comparison to April-June 2019.



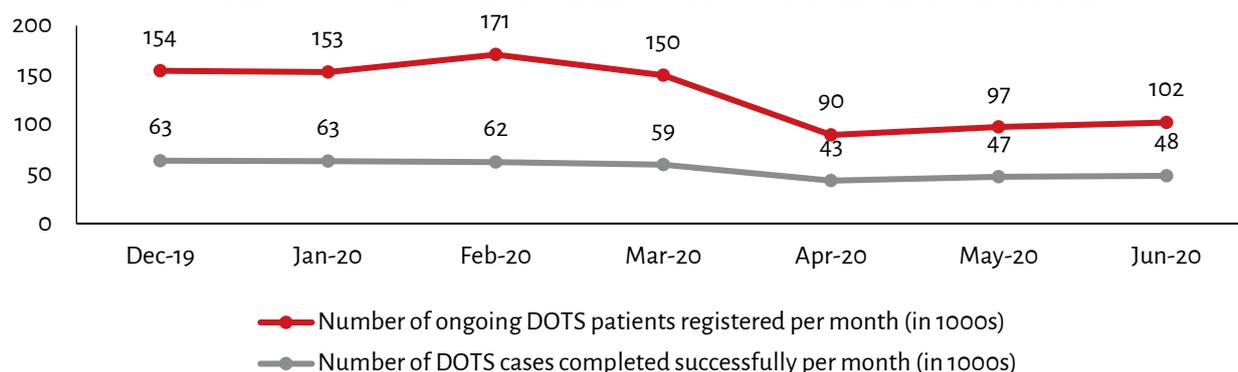
Source: Health Management Information System. Status as on 25 December 2020. Available online at: https://nrhm-mis.nic.in/hmisreports/firmstandard_reports.aspx. Last accessed on 30 December 2020.

Note: Vasectomies conducted includes non-scalpel and conventional vasectomies. Sterilisations conducted includes laparoscopic, interval mini-lap, post-partum, and post-abortion sterilisations. IUCD insertions includes interval, post-partum, and post-abortion IUCD insertions. Antara injectable contraceptive doses given includes number of first, second, third, and fourth or more than fourth doses given.

Communicable Diseases: Tuberculosis (TB)

- In 2017, GoI launched the National Strategic Plan (NSP) 2017-2025 for TB Elimination with the aim of ending tuberculosis in India by 2025. This was revised in May 2020 and released as 'NSP 2020-25 for Ending TB in India'. Building on the previous NSP, the revised strategy aims to ensure sustained funding to address TB, capture 'missing cases' of TB, and engage with TB care services in the private sector.
- While the impact of COVID-19 on immunisations will affect the control of TB in the long-term, in the short-term, the COVID-19 pandemic impacted TB case notification, registration for and completion of treatment. Across India, the number of TB cases notified were 16.49 lakh from January to August 2019. Between January and August 2020, the number of TB cases notified were 11.76 lakh, 29 per cent lower than the same period in the previous year.
- Under NHM, the Directly Observed Treatment Strategy (DOTS) is implemented as a treatment for patients suspected of having or diagnosed with TB. Registration of ongoing DOTS patients and completion of the DOTS therapy were also impacted by the COVID-19 induced lockdown. The number of ongoing DOTS patients registered per month declined from 1.71 lakh registrations in February 2020 to 89,501 registrations in April 2020. Similarly, the number of DOTS cases completed successfully declined from an average of 61,952 cases completed in February 2020 to 43,360 cases in April 2020.

NUMBER OF PATIENTS REGISTERED FOR DOTS DECLINED IN APRIL 2020



Source: Health Management Information System. Status as on 25 December 2020. Available online at: https://nrhm-mis.nic.in/hmisreports/firmstandard_reports.aspx. Last accessed on 30 December 2020.

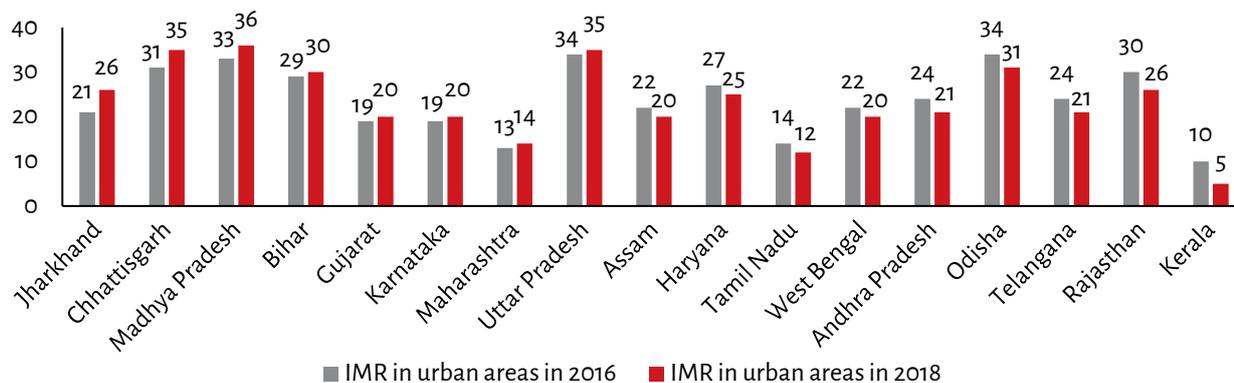
OUTCOMES

- A large part of NHM's focus is on reproductive and child health with the aim of reducing maternal and child mortality. Infant Mortality Rate (IMR) refers to the number of deaths of children under the age of one, per 1,000 live births in a given year. Data on IMR are available from two sources - Sample Registration System (SRS) Bulletins for 2016, 2017, and 2018, and from National Family Health Survey (NFHS)-4 (2015-16) and NFHS-5 (2019-20).

Infant Mortality

- As per SRS data, IMR in India was 34 in 2016, 33 in 2017, and 32 in 2018, representing marginal declines. In 2018, IMR was highest in Madhya Pradesh (48), Uttar Pradesh (43), Assam (41), Chhattisgarh (41), Odisha (40), and Rajasthan (37). Conversely, it was lowest in Kerala (7), Goa (7), Sikkim (7), Mizoram (5), and Nagaland (4).
- The marginal decline in IMR between 2016 and 2018 was driven by a reduction in rural areas. It fell from 38 in 2016, to 36 in 2018. In urban areas, IMR remained at 23 across the three years. Between 2016 and 2018, IMR in urban areas increased in Jharkhand (5), Chhattisgarh (4), Madhya Pradesh (3), Bihar, Gujarat, Karnataka, Maharashtra, and Uttar Pradesh (1 each). On the other hand, IMR in urban areas declined in several states such as Andhra Pradesh (-3), Odisha (-3), Telangana (-3), Rajasthan (-4), and Kerala (-5).
- As per NFHS 4 (2015-16) and NFHS 5 (2019-20) data, IMR reduced across most states. The decline was relatively higher in Assam (-15.7), Sikkim (-18.3), and Mizoram (-18.8). The decline was relatively marginal in several large states such as Maharashtra (-0.5), Kerala (-1.2), Telangana (-1.3), Bihar (-1.3), and Karnataka (-1.5).

IMR IN URBAN AREAS WAS CONSTANT AT 23 FROM 2016 TO 2018



Source: Sample Registration System Bulletins (SRS). Available online at: <http://censusindia.gov.in/>. Last accessed on 29 December 2020.