

National Health Mission (NHM)

2.1 INTRODUCTION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health Systems Strengthening in rural and

urban areas, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.



4th Meeting of Mission Steering Group of National Health Mission held at New Delhi on 18th January, 2017

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

simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

National Urban Health Mission (NUHM): NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary health care. NUHM covers all State capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per Census

2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under NRHM.

2.2 MAJOR ACHIEVEMENTS UNDER NRHM/NHM

2.2.1 Healthcare service delivery requires intensive human resource inputs. There has been an enormous shortage of human resources in the public health care sector in the country. NRHM/NHM has attempted to fill the gaps in human resources by providing nearly 2.23 lakh additional health human resources to States including 10,377 General Duty Medical Officers (GDMOs), 3,980 Specialists, 33,604 Paramedics (Allied Health Professionals), 79,579 Auxiliary Nurse Midwives (ANMs), 47,636 Staff Nurses, 271 Public Health Managers and 16,677 Programme Management staffs etc. on contractual basis. Apart from providing support for human resource for health, NHM has also focused on multi- skilling of doctors at strategically located facilities identified by the States

e.g. MBBS doctors are trained in Emergency Obstetric Care (EmOC), Life Saving Anaesthesia Skills (LSAS) and Laparoscopic Surgery. Similarly, due importance is given to capacity building of nursing staff and auxiliary workers such as ANMs. NRHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCs and DHs. A total of 27,792 AYUSH doctors & 3832 AYUSH Paramedics have been deployed in the States with NRHM funding support.

2.2.2 **Mainstreaming of AYUSH:** Mainstreaming of AYUSH has been taken up by allocating AYUSH facilities in 7897 PHCs, 2732 CHCs, 435 DHs, 4117 health facilities above SC but below block level and 362 health facilities other than CHC at or above block level but below district level.

2.2.3 Upto 33% of NHM funds in High Focus States can be used for infrastructure development. Details of new construction and renovation/upgradation works undertaken across the country under NHM are as follows:

Facility	New Construction		Renovation/Upgradation	
	Sanctioned	Completed	Sanctioned	Completed
SC	27068	19457	18496	16903
PHC	2427	1733	11095	10064
CHC	532	282	5932	4932
SDH	61	49	842	782
DH	63	41	1820	1379
Other*	2277	1604	934	770
Total	32428	23166	39119	34830

*These facilities are above SCs but below block level.

2.2.4 **Accredited Social Health Activists (ASHA):** More than 10 lakh ASHAs are in place across the country and serve as facilitators, mobilizers and providers of community level care. ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus on women and children. Since 2013, when the National Urban Health Mission was launched, ASHA are being selected in urban areas as well. Several evaluations and successive Common Review Missions show that the ASHA has been a key figure in contributing to the positive outcomes of increase in institutional

delivery, immunization, active role in disease control programmes (Malaria, Kala-azar, and Lymphatic Filariasis, in particular) and improved breastfeeding and nutrition practices. The majority of States have in place an active training and support system for the ASHA to ensure continuing training, on site field mentoring, and performance monitoring.

2.2.5 **National Ambulance Services (NAS):** At the time of launch of NRHM, such ambulances networks were non-existent. As on date, 32 States/UTs have the facility where people can dial 108 or

102 telephone number for calling an ambulance. Dial 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient transport aimed to cater the needs of pregnant women and children though other categories are also taking benefit and are not excluded. Janani Shishu Suraksha Karyakram (JSSK) entitlements e.g. free transport from home to facility, inter facility transfer in case of referral and drop back for mother and children are the key focus of 102 service. This service can be accessed through a toll free call to a Call Centre.

Presently, 8680 Dial-108, 603 Dial-104 and 8718 Dial-102 Emergency Response Service Vehicles are operational under NRHM, besides 5859 empaneled vehicles are for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

2.2.6 National Mobile Medical Units (NMMUs):

Support has been provided in 408 out of 673 districts for 1360 MMUs under NHM in the country. To increase visibility, awareness and accountability, all Mobile Medical Units have been repositioned as “National Mobile Medical Unit Service” with universal colour and design.

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

2.2.8 **Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society** is a simple yet effective management structure. This committee is a registered society whose members act as trustees to manage the affairs of the hospital and is responsible for upkeep of the facilities and ensure provision of better facilities to the patients in the hospital. Financial assistance is provided to these Committees through untied fund to undertake activities for patient welfare. 32,005 Rogi Kalyan Samitis (RKS) have been set up involving the community members in almost all District Hospitals (DHs), Sub-District Hospitals (SDHs), Community

Health Centres (CHCs) and Primary Health Centres (PHCs) till date.

2.2.9 The Village Health Sanitation and Nutrition Committee (VHSNC) is an important tool of community empowerment and participation at the grassroots level to address issues of environmental and social determinants. VHSNC membership includes Panchayati Raj representatives, ASHA & other frontline workers and also representatives of the marginalized communities. Untied grants of Rs. 10,000 are provided annually to each VHSNC under NRHM. This fund is used by VHSNC with involvement of other community members in many States. Till date, 5.29 lakh VHSNCs have been set up across the country. Capacity building of the VHSNC members with regards to their roles and responsibilities, including public service monitoring and planning is being initiated in States.

2.3 KEY INITIATIVES UNDER NHM

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

- **National Quality Assurance Programme**

For improving Quality of care at public health facilities, Operational Guidelines for Quality Assurance in Public Health Facilities and Quality Standards for DHs, CHCs, PHCs and Urban PHCs (UPHCs) were released in November, 2013. These Standards have also received international accreditation by International Society for Quality in Healthcare (ISQua).

Under the QA programme, the Health facilities undertake their assessment, find-out the gaps, followed by prioritisation and action for their closure. It also envisages training the field staff for building their capacities.

Till 2017-18, 46 health facilities have received quality certification. Large scale capacity building efforts have been undertaken under the programme. Further, 223 trainings have been conducted since beginning of the programme. Of these, 24 trainings were conducted in the current year i.e. 2017-18. 1st batch of Post Graduate Diploma in Healthcare Quality, a joint initiative of NHSRC & TISS Mumbai, was successfully carried-out and training of the second batch is in progress.

- Kayakalp - an initiative for recognizing good Public Health Facilities:**

Kayakalp initiative was launched to promote cleanliness, hygiene and infection control practices in public health facilities whereunder public healthcare facilities are appraised and those facilities that show exemplary performance meeting standards of protocols of cleanliness, hygiene and infection control receive awards and commendation. For this, Swachhta Guidelines for public health facilities were released in 2015.

In 2015-16, Kayakalp initiative was implemented for District Hospitals (DHs) in 29 States. 666 DHs were assessed and 84 District Hospitals were awarded, including 37 commendation awards.

In 2016-17, the Kayakalp award initiative was extended to Sub-District Hospitals/ Community Health Centres (SDH/CHC) and Primary Health Centres (PHCs), in addition to DHs. Over 30,000 Public Health facilities were assessed of which over 1,100 facilities - including 179 DHs, 324 SDHs/CHCs and 632 PHCs were awarded.



Swachhta Pakhwarha Function held on 15th February, 2017 at Lady Hardinge Medical College, New Delhi – participants with Hon'ble Union Minister for Health and FW, Shri J.P. Nadda



Hon'ble Union Minister for Health and FW, Shri J.P. Nadda distributing Kayakalp Awards at Swachhta Pakhwarha Function held on 15th February, 2017

To incentivise public health facilities that are able to tap CSR funds and/or ensure partnership with NGOs/local self-government/voluntary organizations/market association/community for keeping areas outside boundary wall of health facilities not only clean but also aesthetically pleasing an additional weightage over and above the Kayakalp Score has been built in.

- **Free Drugs Service Initiative**

Under the NHM-Free Drug Service Initiative, substantial funding is being given to States for provision of free drugs and setting up of systems for drug procurement, quality assurance, IT based supply chain management system, training and grievance redressal etc. Detailed Operational Guidelines for NHM-Free Drugs Service Initiative were developed and released to the States on 2nd July, 2015. Model IT application Drugs and Vaccines Distribution Management Systems (DVDMS), developed by C-DAC was also shared with States/UTs. Drug procurement, quality system and distribution has been streamlined through IT based Drug Distribution Management Systems in 25 States. All the States and UTs have notified policy to provide essential drugs free in public health facilities.

- **Drugs and Vaccines Distribution and Management System (DVDMS)**

DVDMS is a web based supply chain management system that deals with the purchase, inventory management & distribution of various drugs, sutures and surgical items at all government health facilities and Drug Distribution Counters (DDCs) within the State/UT. DVDMS facilitates the implementation of Free Drugs Service Initiative and improve supply chain of the drugs, sutures and surgical items. It has been implemented in 12 States - Andhra Pradesh, Bihar, Gujarat, Himachal Pradesh, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, Telangana, Uttar Pradesh and Uttarakhand. Family Planning Division of MoHFW and Central Medical Services Society (CMSS) - central procurement agency under MoHFW, set up to procure and distribute health sector goods to the State Governments – have also implemented DVDMS application. DVDMS is presently under implementation in Jharkhand, Manipur and Meghalaya in addition to Directorate of

TB of MoHFW.

For effective monitoring of Free Drugs Service Initiative (FDSI), MoHFW has also implemented a dashboard by incorporating suitable aggregation tools, triangulation systems and business intelligence tool for conceptualizing an actionable system with a provision of real time analytics. The advanced analytics tools capture Key Performance Indicators related to stock-out %, consumption pattern, demand & supply trend, storage and procurement, quality control, logistics etc.

- **Free Diagnostics Service Initiative**

Operational Guidelines on this Initiative were developed in consultation with experts and the States and disseminated among States/UTs on 2nd July, 2015. These guidelines also contain model RFP documents for a range of PPPs such as Tele-radiology, hub and spoke model for lab diagnostics and CT scan in District Hospitals. Several States have started providing essential diagnostics free of cost in public facilities and have implemented these models as per National Guidelines. In 2017-18, an approval of Rs. 759.10 crore was given to 29 States/UTs.

- **Pradhan Mantri National Dialysis Programme**

Guidelines for National Dialysis Programme, including model Request for Proposal (RFP) from private providers to provide hemo-dialysis services in DHs, were released on 7th April, 2016. Under this initiative, free dialysis services are provided to poor people. All the States have obtained approval for Dialysis programme under NHM.

- **Comprehensive Primary Health Care**

As a part of expanding the service package from selective to Comprehensive Primary Health Care, support is being provided to States to strengthen sub centres to a Health and Wellness Centre and make it the first point of care. As of March, 2017, total number of Health and Wellness Centres approved is 394. A Mid-Level provider (a Nurse or an AYUSH provider) would be trained in a six-month bridge course that is approved by the Indira Gandhi National Open University (IGNOU) and lead the frontline worker team of ASHAs and ANMs. As of March, 2017, the total number approved for Bridge Course is 312. A key step is expanding the package of services is the



National Health Mission Review Meeting at Vigyan Bhavan, New Delhi on 18th August 2017 with Senior officers of MoHFW and State Governments

screening, prevention and management of common Non-Communicable diseases. The initiative was launched in June, 2016 and as of March 2017, 109 districts and 26 cities were proposed for rolling out the programme.

Operational guidelines for prevention, screening and control of common non-communicable diseases was issued in June, 2016 and the Operational Framework for Management of Common Cancers was issued in July, 2016. Training modules for frontline workers (ASHA and Multi-Purpose Workers-MPW/ Auxiliary Nurse Midwife-ANM) were developed and a cadre of State trainers was trained. The training for ASHA and MPW/ANM was launched in most States in February, 2017. The initiative to strengthen district hospitals would be leveraged for DH to serve as a training and referral centre.

- **Biomedical Equipment Maintenance and Management Programme**

Prime Minister had observed that many equipment in hospitals and health centers were either unused or there was no maintenance resulting in wastage of resources. To address the issue of non-functional equipment across public health facilities, Comprehensive guidelines were designed on Biomedical Equipment Management and Maintenance Programme (BMMP),

linked with uptime of equipment (95% in DHs, 90% in CHCs and 80% in PHCs). Under this initiative, mapping was undertaken in 29 States, wherein 7,56,750 number of equipment in 29,115 health facilities costing approximately Rs. 4,564 crores were identified, of which 13% to 34% equipment were found dysfunctional across States. Till date 17 States (Andhra Pradesh, Arunachal Pradesh, Madhya Pradesh, Punjab, Kerala, Mizoram, Nagaland, Maharashtra, Sikkim, Tripura, Puducherry, Chattishgarh, Telengana, Meghalaya, Rajasthan, Himachal Pradesh and Assam have implemented the program. Implementation of BMMP has helped in providing diagnostics services in health facilities by making equipment available with 95% uptime, thereby reducing cost of care and improving quality of care for people.

- **e-Rakt Kosh**

e-Rakt Kosh is a centralized blood bank management system to assist revamping of the existing systems and processes through process re-engineering and automating data entry, search and availability of blood and related components. Mobile version of e-Rakt Kosh with citizen interface is also available on Google store, IOS store and Windows store. e-Rakt Kosh provides access to information on availability of nearest blood bank, status of a particular blood group in blood banks, navigation assistance and automation

of blood bank services apart from donor registries and promotion of voluntary donation in phased manner. Thus, it ensures efficient and effective collection of safe and quality blood, promotes voluntary donation, facilitates access in different parts of the country, minimizes wastages and ensures adherence to guidelines and regulations. The application was launched by Hon'ble Union Minister of Health and Family Welfare on 7th April, 2016.

As on 3rd October, 2017 (i) about 1,350 blood banks from 30 States/UTs have been uploading their stock data on e-Rakt Kosh portal; (ii) 15 blood banks of Delhi, Gujarat, Karnataka, Madhya Pradesh, Telangana,

Uttar Pradesh, Uttarakhand and West Bengal have implemented e-Rakt Kosh application; (iii) e-Rakt Kosh has been integrated with IT enabled blood banks of Bihar, Chandigarh, Gujarat, Himachal Pradesh, Odisha, Punjab and Rajasthan; (iv) centralized training has been conducted for Gujarat, Karnataka, Madhya Pradesh, Telangana and Uttarakhand; (v) more than 2,500 online blood donation camps have been organized through e-Rakt Kosh portal and around 59,354 donors registered themselves on this portal; and (vi) approximately 38,605 visitors browsed the e-Rakt Kosh application and more than 1,300 downloads of e-Rakt Kosh mobile application have been made.



*Former Secretary (HFW) Shri C.K. Mishra donating Blood in Voluntary Blood Donation Camp
New Delhi on 3rd March, 2017*

• **Kilkari and Mobile Academy**

Kilkari, which means “a baby’s gurgle”, delivers free, weekly, time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families’ mobile phones from the second trimester of pregnancy until the child is one year old. Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand are presently covered under Kilkari. Approximately 8.65 crore successful calls (average duration of content played in each call:

approximately 1 minute) were made under Kilkari as on 23rd September, 2017.

Mobile Academy is a free audio training course designed to expand and refresh the knowledge base of Accredited Social Health Activists (ASHAs) and improve their communication skills. Mobile Academy offers ASHAs a training opportunity via their mobile phones which is both cost-effective and efficient. It is an anytime, anywhere training course that can train thousands of ASHAs simultaneously via mobile phone. Bihar, Chhattisgarh, Delhi, Haryana,

Himachal Pradesh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand are presently covered under Mobile Academy. A total of 99,008 ASHAs registered in MCTS/RCH portal have started the Mobile Academy course, out of which 79,450 (i.e approximately 80%) ASHAs have completed the course as on 23rd September, 2017.

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

2.4 NATIONAL URBAN HEALTH MISSION

NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary health care. NUHM covers all State Capitals, district headquarters with a population of 30,000 and above and other cities/towns with a population of 50,000 and above (as per Census 2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under National Rural Health Mission (NRHM). U-PHCs to be established as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. The U-PHCs are preferably located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug/contraceptive dispensing services, apart from counselling for all

communicable and non-communicable diseases. One U-CHC to be established for every 2.5 lakh population (in non-metro cities above 5 lakh population) and for every 5 lakh population in metro cities. It would provide in-patient services and would be a 30-50 bedded facility. For the metro cities, the U-CHCs may be established for every 5 lakh population with 100 beds.

Since the launch of the Programme in F.Y. 2013-14, 4,188 UPHCs are functional in urban areas. So far, support has been provided for Human Resource; 2,895 Medical Officers, 320 Specialists, 15,935 ANMs, 7,872 Staff Nurses, 3,447 Pharmacists and 3,485 Lab Technicians, 536 Public Health Managers, 68,922 ASHAs and 1,10,599 MAS.

2.5 FUNDING PATTERN UNDER NATIONAL HEALTH MISSION (NHM)

The National Health Mission (NHM) is a major instrument of financing and support to the States to strengthen public health systems and healthcare delivery. Financing to the States is based on the States' Programme Implementation Plan (PIP). The State PIP's comprises following major pools:

- A. NRHM RCH Flexible Pool.
- B. National Urban Health Mission Flexible Pool.
- C. Flexible Pool for Communicable Diseases.
- D. Flexible Pool for Non-Communicable Diseases.
- E. Infrastructure Maintenance.

The Budgetary outlay and Expenditure of NHM for the Financial Year 2012-13, 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 are as follows:

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

(Rs. in crore)

Sl. No.	Year	Approved Plan Budgetary Outlay (BE)	Revised Estimate (RE)	Plan Expenditure
1.	2012-13	20542.00	17000.00	16762.77
2.	2013-14	20999.00	18100.00	18215.44
3.	2014-15	21912.00	17627.82	18037.99
4.	2015-16	18295.00	18295.00	18282.40
5.	2016-17	19000.00	20000.00	18915.92
6.	2017-18	21940.00	---*	12,584.38**

* The RE was not released.

**The plan expenditure for the year 2017-18 is upto 19.10.2017.

2.6 IMPROVEMENT IN THE QUALITY OF HEALTHCARE

Improvement in the status of health care over the years in respect of some of the basic demographic indicators is given in Table 1. The Crude Birth Rate (CBR) has declined from 40.8 in 1951 to 29.5 in 1991 and further to 20.4 in 2016. Similarly there has been a sharp decline in Crude Death Rate (CDR) which has decreased from 25.1 in 1951 to 9.8 in 1991 and further to 6.4 in 2016. Also, the Total Fertility Rate (average number of children likely to be born to a woman aged

15-49 years) has decreased from 6.0 in 1951 to 2.3 in the year 2015 as per the estimates from the Sample Registration System (SRS) of Registrar General & Census Commissioner, India (RGI), Ministry of Home Affairs.

The Maternal Mortality Ratio has also declined from 437 per one lakh live births in 1992-93 to 167 in 2011-13 according to the SRS Report brought out by RGI. Infant Mortality Rate, which was 110 in 1981, has declined to 34 per 1000 live births in 2016.

Table 1: Achievements of Health & Family Welfare Programme

Sl. No.	Parameter	1951	1981	1991	2001	2016 (Latest available)
1	Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	25.4	20.4
2	Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	8.4	6.4
3	Total Fertility Rate (Per women)	6.0	4.5	3.6	3.1	2.3 (2015)
4	Maternal Mortality Ratio (Per 100,000 live births)	NA	NA	437 (1992-93) NFHS	301 (2001-03) S.R.S.	167 (2011-13) S.R.S.
5	Infant Mortality Rate (Per 1000 live births)	146 (1951-61)	110	80	66	34
6	Expectation of life at Birth	-	55.4 (1981-85) Mid-year 1983	59.4 (1989-93) Mid-year 1991	63.4 (1999-03) Mid-year 2001	68.3 (2011-15) Mid year 2013

Source: Office of Registrar General & Census Commissioner, India, Ministry of Home Affairs.

2.7 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

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

The HMIS portal was launched in October, 2008 with district-wise data uploading. To make HMIS more

robust and effective and in order to facilitate local level monitoring, all States/UTs were requested to shift to “facility based reporting” from April, 2011 onwards. At present, 2 lakh health facilities across all the districts of India are reporting facility wise data on the HMIS web portal. The data is being made available to various stakeholders in the form of standard & customized reports, factsheets, score-cards etc. HMIS data is being widely used by the Central/State Government officials for the purpose of monitoring and supervision.



Home Page of HMIS Portal

The HMIS monthly formats have been revised as requested by various stakeholders. New HMIS monthly formats with additional data items were launched 2017-18 onwards. An orientation workshop for State/UT HMIS officials on the new HMIS monthly formats was held in March, 2017. A video conference to address the issue related to new HMIS formats was also organized on 21st June, 2017. The States/UTs have initiated data entry on new formats since 2017-18.

Periodic review meetings, workshops and trainings are conducted to discuss data quality issues and latest developments including new reports, features available on the portal etc. To enhance the analytical

capabilities of National and State level users, they have been provided SAS WRS and SAS-VDD software. National level review workshop was conducted during July - August, 2017 to discuss the new developments in HMIS portal and HMIS data quality issues.

GIS enabled HMIS application was launched by Hon'ble HFM on 29th March 2016. The same is now available in the public domain. A short video depicting the salient features of the GIS enabled HMIS application has also been added.



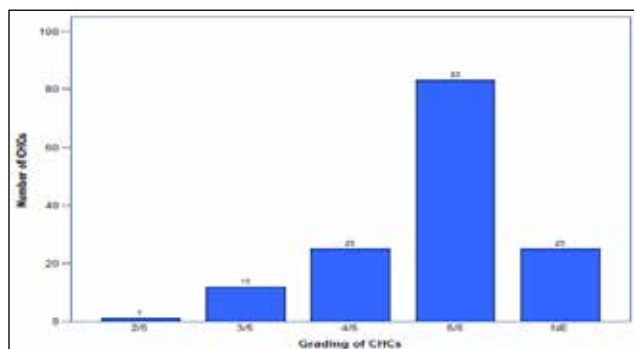
National Workshop 2017-18



GIS enabled HMIS Application

The methodology for grading of Community Health Centers (CHCs) was introduced in January, 2015. This methodology has been revised in April, 2016. The CHCs have been assigned grades regularly. Recently grading of CHCs based on 2016-17 data as per the revised methodology has been done.

Grading of CHCs for the State of Punjab based on 2016-17



New Features added on HMIS Portal

- Methodology for grading of Primary Health Centers (PHCs) / Sub District hospitals (SDHs) have been formulated.
- Addition of new data elements required for ranking of District Hospitals to be done by NITI Aayog.
- New HMIS formats with additional data items as suggested by various stakeholders launched 2017-18 onwards.

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

- **Mother and Child Tracking System (MCTS)/ Reproductive and Child Health (RCH) portal**

To facilitate timely delivery of full suite of healthcare services to all the pregnant women, lactating mothers and children, web-based name-based tracking system called Mother & Child Tracking System (MCTS) was introduced across all the States & UTs to provide ready reference about the status of services/vaccination delivered to pregnant women and children. The

Ministry has rolled out an upgraded version of MCTS, called RCH portal – which is designed for early identification and tracking of the individual beneficiary throughout the reproductive lifecycle and promote, monitor and support the reproductive, maternal, newborn and child health (RMNCH) schemes/programme delivery and reporting. It has been implemented in 22 States/UTs and is also being used for direct transfer of Janani Suraksha Yojana benefits to pregnant women and payments to ASHAs, wherever possible. As on 30th September, 2017, a total of 70.27 lakh pregnant women and 7.97 crore children (aged upto 5 years) are being followed up for delivery of due services using MCTS/RCH portal.

- **ANM On Line (ANMOL)**

ANMOL is a tablet-based application which empowers ANMs - the frontline health workers in carrying out their day to day work efficiently and effectively by entering and updating service records of beneficiaries on real / near real time basis. Further, ANMOL also acts as a job aid to the ANMs by providing them with readily available information such as due list, dashboard and guidance based on data entered etc. This standardizes the maternal and child care services provided by ANMs who can also plan the Village Health and Nutrition Day (VHND) along with vaccines and logistics required. Audio and video counselling facility of ANMOL helps create awareness among beneficiaries about the various government schemes and facilitates beneficiaries' getting authentic knowledge about family planning, pregnancy and child care. ANMOL application was launched by Hon'ble Union Minister of Health and Family Welfare on 7th April, 2016. ANMOL has been successfully implemented in the entire State of Andhra Pradesh and is currently being used by 11,908 ANMs in the State. ANMOL is currently under implementation in Madhya Pradesh and Telangana.

2.9 MOTHER AND CHILD TRACKING FACILITATION CENTRE (MCTFC)

Mother and Child Tracking Facilitation Centre (MCTFC) was set up at National Institute of Health and Family Welfare (NIHFW) and it went live on 29th April, 2014. It has 86 Helpdesk Agents (HAs). MCTFC is a tool for providing relevant information and guidance directly to the pregnant women, parents

of children and to community health workers, thus creating awareness among them about health services and promoting healthy practices and behaviour. It contacts the service providers and recipients of mother and child care services to get their feedback on various mother and child care services, programmes and initiatives like JSSK, JSY, RBSK and contraceptive distribution by ASHAs etc. MCTFC also validates and verifies records of beneficiaries and health workers. The feedback helps the MoHFW/State Governments to easily and quickly evaluate the programme interventions and plan appropriate corrective measures to improve the health service delivery. At MCTFC, the helpdesk agents also check with ASHAs and ANMs regarding availability of essential drugs and supplies like Iron Folic Acid, ORS packets, contraceptives etc. Information relating to upcoming programmes, initiatives, validation of data, etc. is also provided to the beneficiaries and health workers. As on 3rd October, 2017, more than 53.81 lakh calls have been made to the beneficiaries (pregnant women and parents of new born child) through MCTFC for data validation, promotion and facilitation in availing maternal and child health services and government schemes. More than 9.73 lakh calls were made to ANMs and ASHAs for data validation and resolution of their queries. Till 3rd October, 2017, more than 31.68 lakh voice messages on maternal and child care were also delivered to the beneficiaries.

2.10 SURVEYS AND EVALUATION ACTIVITIES

2.10.1 Large Scale Survey: The Ministry has been conducting large scale survey periodically to assess the level and impact of health interventions- National Family Health Survey (NFHS). The main aim of these surveys is to assess the impact of the health programmes and to generate various health related indicators at the District, State and National level.

National Family Health Survey (NFHS): In addition to NFHS, the Ministry was conducting District Level Household and Facility Survey (DLHS), AHS with varying periodicity. In order to meet the National, State and District level information needs and to ensure regular availability of data at closer intervals, the Ministry in consultation with stakeholders had decided to conduct an integrated NFHS with a periodicity of

three years in place of different surveys. Accordingly, the Ministry launched National Family Health Survey (NFHS)-4 (2015-16) as an integrated survey with the aim to provide estimates at the National, State and District levels for the levels of fertility, infant and child mortality by background characteristics and other key family welfare and health indicators. The earlier NFHS provided only National and State level estimates. The Ministry has so far released the results in the form of fact sheets containing data on key indicators from NFHS-4 (2015-16) for India and all States/UTs. The detailed reports from NFHS-4 are under preparation/finalization.

The Ministry has also initiated the preparatory activities for the next round of NFHS i.e., NFHS-5 with the International Institute for Population Sciences (IIPS), Mumbai serving as the nodal agency for conducting the survey. Four Committees have been constituted namely Steering Committee, Financial Management Committee (FMC), Project Management Committee (PMC) and Technical Advisory Committee (TAC) for the smooth conduct of the survey. The sampling design, questionnaire etc. are being deliberated in the TAC/Subgroup of TAC for NFHS-5 for finalization.

2.10.2 Regional Evaluation Teams: There are 8 Regional Evaluation Teams (RETs) located in the Regional Offices of the Ministry. Out of them, RET Pune and RET Lucknow are at present defunct due to lack of staff. The RETs undertake evaluation of the NHM activities including Reproductive and Child Health Programme (RCH) on a sample basis by visiting the selected districts and interviewing the beneficiaries. These teams generally visit two adjoining districts in a State every month and see the functioning of health facilities and carry out sample check of the beneficiaries to ascertain whether they have actually received the services. Reports of the RETs are sent to the States/UTs for taking corrective measures on issues highlighted in the reports. During 2016-17, the RETs have completed evaluation reports of 90 districts. During the year 2017-18, the RETs have completed evaluation of 28 districts till September, 2017.

2.11 POPULATION RESEARCH CENTRE (PRCs)

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

Annual Reports of all the 18 PRCs along with the audited statement of accounts are laid on the tables of

both the Houses of Parliament. During 2016-17, the PRCs completed 98 Research Studies and monitoring of Programme Implementation Plan of National Health Mission (NHM) in respect of 186 districts. During 2017-18, till 5th October, 2017, the PRCs completed 6 Research Studies and monitoring of NHM Programme Implementation Plan in 45 districts.

2.12 NATIONAL HEALTH SYSTEM RESOURCE CENTRE (NHSRC)

National Health System Resource Centre (NHSRC) was set up in 2007, as a technical support and knowledge management agency to the erstwhile National Rural Health Mission, now the National Health Mission. The Regional Resource Centre, North East (RRC-NE), a branch of the NHSRC serves as the technical support organisation for the States in the North East.

