



Improving Access and Efficiency in Public Health Services: Mid-Term Evaluation of India's National Rural Health Mission

Progress of NRHM so Far

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Progress of NRHM so Far

1. Data Sources and Basic Limitation

OUT OF the seven years of the NRHM from 2005–06 to 2011–12, four years have passed and the timelines for all major components of the program as explicitly stated in the NRHM Mission Document (2005) have passed. It is, therefore, a good time for stock-taking. In this section, we consider readily available secondary data to examine the progress made in NRHM in terms of the major components, strategies, institutional mechanisms, and impact on health outcomes. The secondary sources of data consist of (a) District Level Health Surveys (DLHSs) regularly conducted every 4–5 years since 1998, (b) National Family Health Surveys (NFHSs) conducted regularly, (c) Sample Registration System (SRS) surveys conducted regularly every 4–5 years, and (d) NRHM-MIS data available on the Ministry of Health website representing the latest available position (December, 2008). Most of these data are readily available at the state level and also at the district level. Since primary healthcare is a state subject in India, and since NRHM strategy also considers states as high or non-high focus, we consider states as the unit of analysis.

2. Performance of NRHM by Major Components

Since NRHM primarily represents architectural improvements in the public health system in the rural areas, we review the performance of the Mission at different levels starting from the bottom. Thus, we have the major components of NRHM as:

1. Village level—Trained ASHA with drug kit and VHSC.
2. Sub-center level—ANM and number of villages handled.
3. PHC level—24-hour PHCs and AYUSH.
4. CHC level—FRu and staff nurses on contract.
5. District level—NRHM Fund and RKS.
6. State level—NRHM budget allocation.

Against these program inputs, there are health outputs and outcome indicators to be considered. We first carry out the performance review by all these levels.

It is important to note here that methodologically the correct assessment of impact of an intervention is by comparing the situations *with and without* the intervention rather than *before and after* the intervention. This is because if a particular health indicator was improving over time when the intervention was not made, there are all possibilities that it would have continued improving even in the absence of the intervention. Therefore, the intervention would be productive only when the rate of improvement observed in the past accelerates when the intervention is made. If, on the other hand, the rate of improvement falls, the intervention in all probabilities has not succeeded or has proved counterproductive even when the indicator shows improvement in absolute terms on the face of it. The usual analysis without realizing this methodological issue can be seriously misleading. Fortunately, for most of the health output/outcome indicators, we have data on three points of time so that we can extrapolate linearly the value from the first two points to compare it with the observed value at the third point. For example, DLHS-1 data pertain to 1998–99, DLHS-2 data to 2002–04; and DLHS-3 data to 2007–08. In this case, the extrapolated value based on the assumption of the linear trend continuing in 2007–08 would be:

$$E(X_3) = X_2 + (4/5)(X_2 - X_1) = 1.8X_2 - 0.8X_1$$

Now if X_3 is compared with $E(X_3)$, we can say whether NRHM has made a positive or negative impact on the indicator. For this purpose, a simple comparison of X_3 with X_2 is not valid.

2.1. At Village Level

Since trained ASHA is the most critical element in the NRHM where Government of India has agreed to meet her costs of training and incentives, the progress of NRHM can be viewed in terms of presence of trained ASHA per 1000 rural population (as on December, 2008) and the health output and outcome indicators for different states. Tables 3.1 to 3.5 provide this assessment. It can be observed from the tables that in nine High Focus State (HFS), the number of trained ASHA per 1000 rural population is more than one. Except in Himachal Pradesh, this number is very close to one. However, in the Non-High Focus States (NHFS), the number of trained ASHAs is considerably less. NRHM seems to have achieved reduction in regional disparity in basic health infrastructure at the village level. Table 3.6 provides time profile of selection of ASHA in different states beginning from 2005–06 to 2008–09. It also provides the NRHM Fund utilization rate by years.

Table 3.1 ASHA and Percentage of Women Taking at least Three ANC Checkups

| Names of states | Total number of ASHA trained per 1000 rural population (Dec 2008) | Women taking at least 3 ANC checkups (%) | | | Extrapolated % of 3ANCs without NRHM | States in which it has improved (1), and worsened (0) |
|--|---|--|--------|--------|--------------------------------------|---|
| | | DLHS 1 | DLHS 2 | DLHS 3 | | |
| High Focus States | | | | | | |
| Bihar | 0.91 | 16 | 16 | 26.4 | 16 | 1 |
| Chhattisgarh | 1.96 | 38.5 | 44.4 | 51.2 | 49.12 | 1 |
| Himachal Pradesh | 0.41 | 57.2 | 64.9 | 59.4 | 71.06 | 0 |
| Jharkhand | 1.38 | 27.5 | 27.5 | 30.9 | 27.5 | 1 |
| Madhya Pradesh | 1.06 | 26 | 32.3 | 34.2 | 37.34 | 0 |
| Orissa | 1 | 43.7 | 41.7 | 54.6 | 40.1 | 1 |
| Rajasthan | 0.81 | 28.3 | 28.8 | 27.7 | 29.2 | 0 |
| Uttar Pradesh | 0.89 | 19.6 | 21.5 | 21.9 | 23.02 | 0 |
| Uttarakhand | 1.39 | 19.3 | 21.2 | 32.3 | 22.72 | 1 |
| Assam | 1.01 | 29.2 | 39.4 | 45.1 | 47.56 | 0 |
| Meghalaya | 2.55 | 33.5 | 42.8 | 39.4 | 50.24 | 0 |
| Mizoram | 1.58 | 66.6 | 54 | 62.6 | 43.92 | 1 |
| Sikkim | 0.93 | 40.6 | 66.7 | 69.9 | 87.58 | 0 |
| Tripura | 2.34 | 51 | 62.7 | 44 | 72.06 | 0 |
| Non-High Focus States | | | | | | |
| Andhra Pradesh | 0.14 | 87.5 | 86 | 89.4 | 84.8 | 1 |
| Chandigarh | - | 73 | 73.6 | 77.6 | 74.08 | 1 |
| Delhi | 2.1 | 77.2 | 67.2 | 71.6 | 59.2 | 1 |
| Goa | - | 95.2 | 84.3 | 95.8 | 75.58 | 1 |
| Gujarat | 0.18 | 55 | 57.3 | 54.9 | 59.14 | 0 |
| Haryana | - | 41.3 | 43.1 | 51.9 | 44.54 | 1 |
| Karnataka | 0.48 | 78 | 78.6 | 81.6 | 79.08 | 1 |
| Kerala | 0.02 | 98.3 | 96.5 | 95.3 | 95.06 | 1 |
| Maharashtra | 0.13 | 65.8 | 69.2 | 74.5 | 71.92 | 1 |
| Paducherry | - | 95.8 | 97.8 | 87.8 | 99.4 | 0 |
| Punjab | - | 56.4 | 63.5 | 64.6 | 69.18 | 0 |
| Tamil Nadu | - | 94.2 | 94 | 95.6 | 93.84 | 1 |
| West Bengal | 0.18 | 55.4 | 62.7 | 67 | 68.54 | 0 |
| Sources: District Level Household Surveys DLHS-1 (1998–99) DLHS-2 (2002–04) DLHS-3 (2007–08). | | | | | | |
| Note: In six HFS, NRHM has resulted in the desired output of increasing the percentage of women taking at least 3 ANC checkups. NRHM has worked much better in the NHFS. | | | | | | |

Table 3.2 ASHA and Immunization Rate among Children

| Names of states | Total number of ASHA trained per 1000 rural population (Dec 2008) | Fully immunized children in % | | | Extrapolated immunization rate without NRHM | States in which it has improved (1), and worsened (0) |
|---|---|-------------------------------|--------|--------|---|---|
| | | DLHS 1 | DLHS 2 | DLHS 3 | | |
| High Focus States | | | | | | |
| Bihar | 0.91 | 20.7 | 20.7 | 41.4 | 20.7 | 1 |
| Chhattisgarh | 1.96 | 56.9 | 56.9 | 59.3 | 56.9 | 1 |
| Himachal Pradesh | 0.41 | 74.4 | 79.3 | 79.3 | 83.22 | 0 |
| Jharkhand | 1.38 | 25.7 | 25.7 | 54.1 | 25.7 | 1 |
| Madhya Pradesh | 1.06 | 30.4 | 30.4 | 36.2 | 30.4 | 1 |
| Orissa | 1 | 57.8 | 53.3 | 62.4 | 49.7 | 1 |
| Rajasthan | 0.81 | 37.1 | 23.9 | 48.8 | 13.34 | 1 |
| Uttar Pradesh | 0.89 | 25.8 | 25.8 | 30.3 | 25.8 | 1 |
| Uttarakhand | 1.39 | 44.5 | 44.5 | 59.8 | 44.5 | 1 |
| Assam | 1.01 | 46.7 | 16 | 48 | -8.56 | 1 |
| Meghalaya | 2.55 | 32.7 | 13.5 | 27.6 | -1.86 | 1 |
| Mizoram | 1.58 | 68.4 | 32.6 | 50 | 3.96 | 1 |
| Sikkim | 0.93 | 65.6 | 52.7 | 77.8 | 42.38 | 1 |
| Tripura | 2.34 | 46.3 | 32.6 | 38.9 | 21.64 | 1 |
| Non-High Focus States | | | | | | |
| Andhra Pradesh | 0.14 | 74.5 | 62 | 67.1 | 52 | 1 |
| Chandigarh | - | 61.5 | 53.5 | 71.7 | 47.1 | 1 |
| Delhi | 2.1 | 84.8 | 59.2 | 70.8 | 38.72 | 1 |
| Goa | - | 88.6 | 76.9 | 93.4 | 67.54 | 1 |
| Gujarat | 0.18 | 58.1 | 54 | 52.5 | 50.72 | 1 |
| Haryana | - | 66 | 59.1 | 63.6 | 53.58 | 1 |
| Karnataka | 0.48 | 71.8 | 67.8 | 76.7 | 64.6 | 1 |
| Kerala | 0.02 | 84 | 78.5 | 79.5 | 74.1 | 1 |
| Maharashtra | 0.13 | 79.7 | 70.9 | 74 | 63.86 | 1 |
| Puducherry | - | 95.3 | 89.3 | 80.4 | 84.5 | 0 |
| Punjab | - | 72.9 | 72.9 | 79.9 | 72.9 | 1 |
| Tamil Nadu | - | 91.5 | 91.4 | 83.2 | 91.32 | 0 |
| West Bengal | 0.18 | 51.5 | 5.3 | 75.8 | -31.66 | 1 |
| Sources: District Level Household Surveys DLHS-1 (1998-99) DLHS-2 (2002-04) DLHS-3 (2007-08). | | | | | | |
| Note: All states except Himachal Pradesh among the HFS and Tamil Nadu among NHFS have been positively impacted by NRHM in terms of increasing the rate of fully immunized children. | | | | | | |

Table 3.3 ASHA and Institutional Delivery Rate

| Names of states | Total number of ASHA trained per 1000 rural population (Dec 2008) | Institutional delivery | | | Extrapolated Institutional delivery without NRHM (X3)# | States in which it has improved (1), and worsened (0) |
|------------------------------|---|------------------------|-------------|-------------|--|---|
| | | DLHS 1 (X1) | DLHS 2 (X2) | DLHS 3 (X3) | | |
| High Focus States | | | | | | |
| Bihar | 0.91 | 14.9 | 18.8 | 27.7 | 21.92 | 1 |
| Chhattisgarh | 1.96 | 10.9 | 18.1 | 18.1 | 23.86 | 0 |
| Himachal Pradesh | 0.41 | 31.7 | 45.1 | 48.2 | 55.82 | 0 |
| Jharkhand | 1.38 | 17.3 | 21.2 | 17.8 | 24.32 | 0 |
| Madhya Pradesh | 1.06 | 21.5 | 28.7 | 47.1 | 34.46 | 1 |
| Orissa | 1 | 23.4 | 30.8 | 44.3 | 36.72 | 1 |
| Rajasthan | 0.81 | 22.5 | 30.3 | 45.5 | 36.54 | 1 |
| Uttar Pradesh | 0.89 | 16.2 | 21.4 | 24.5 | 25.56 | 0 |
| Uttarakhand | 1.39 | 18.8 | 24 | 30 | 28.16 | 1 |
| Assam | 1.01 | 23.8 | 23.2 | 35.3 | 22.72 | 1 |
| Meghalaya | 2.55 | 33.4 | 32.5 | 24.4 | 31.78 | 0 |
| Mizoram | 1.58 | 58.9 | 52.6 | 55.9 | 47.56 | 1 |
| Sikkim | 0.93 | 32.3 | 57.8 | 49.8 | 78.2 | 0 |
| Tripura | 2.34 | 46.1 | 61.1 | 46.3 | 73.1 | 0 |
| Non-High Focus States | | | | | | |
| Andhra Pradesh | 0.14 | 50.6 | 59.4 | 71.8 | 66.44 | 1 |
| Chandigarh | - | 67.7 | 47.4 | 76.1 | 31.16 | 1 |
| Delhi | 2.1 | 70 | 50 | 68.6 | 34 | 1 |
| Goa | - | 93.8 | 91.2 | 96.3 | 89.12 | 1 |
| Gujarat | 0.18 | 46.1 | 52.2 | 56.5 | 57.08 | 0 |
| Haryana | - | 25.7 | 35.7 | 46.9 | 43.7 | 1 |
| Karnataka | 0.48 | 50 | 57.9 | 65.1 | 64.22 | 1 |
| Kerala | 0.02 | 97 | 97.6 | 99.4 | 98.08 | 1 |
| Maharashtra | 0.13 | 57.1 | 57.9 | 63.6 | 58.54 | 1 |
| Paducherry | - | 92.2 | 97.2 | 99.1 | 100 | 0 |
| Punjab | - | 40.5 | 48.9 | 63.3 | 55.62 | 1 |
| Tamil Nadu | - | 78.8 | 86.2 | 94.1 | 92.12 | 1 |
| West Bengal | 0.18 | 38.9 | 47 | 49.2 | 53.48 | 0 |

Sources: District Level Household Surveys
DLHS-1 (1998-99)
DLHS-2 (2002-04)
DLHS-3 (2007-08).

Note: NRHM is successful in 7 HFS and all except Gujarat and West Bengal among NHFS in increasing the rate of institutional deliveries.

Table 3.4 ASHA and Infant Mortality Rate (IMR)

| Names of states | Total number of ASHA trained per 1000 rural population (Dec 2008) | IMR for 1999 (SRS) (X1) | IMR for 2003 (SRS) (X2) | IMR for 2007 (SRS) (X3) | Extrapolated IMR without NRHM (X3 ⁺) | States where it has improved (1), and worsened (0) |
|---|---|-------------------------|-------------------------|-------------------------|--|--|
| High Focus States | | | | | | |
| Bihar | 0.91 | 63 | 60 | 58 | 57 | 0 |
| Chhattisgarh | 1.96 | 78 | 70 | 59 | 62 | 1 |
| Himachal Pradesh | 0.41 | 62 | 49 | 47 | 36 | 0 |
| Jharkhand | 1.38 | 71 | 51 | 48 | 31 | 0 |
| Madhya Pradesh | 1.06 | 90 | 82 | 72 | 74 | 1 |
| Orissa | 1 | 97 | 83 | 71 | 69 | 0 |
| Rajasthan | 0.81 | 81 | 75 | 65 | 69 | 1 |
| Uttar Pradesh | 0.89 | 84 | 76 | 69 | 68 | 0 |
| Uttarakhand | 1.39 | 52 | 41 | 48 | 30 | 0 |
| Assam | 1.01 | 76 | 67 | 66 | 58 | 0 |
| Meghalaya | 2.55 | 56 | 57 | 56 | 58 | 1 |
| Mizoram | 1.58 | 19 | 16 | 23 | 13 | 0 |
| Sikkim | 0.93 | 49 | 33 | 34 | 17 | 0 |
| Tripura | 2.34 | 42 | 32 | 39 | 22 | 0 |
| Non High Focus States | | | | | | |
| Andhra Pradesh | 0.14 | 66 | 59 | 54 | 52 | 0 |
| Chandigarh | - | 28 | 19 | 27 | 10 | 0 |
| Delhi | 2.1 | 31 | 28 | 36 | 25 | 0 |
| Goa | - | 21 | 16 | 13 | 11 | 0 |
| Gujarat | 0.18 | 63 | 57 | 52 | 51 | 0 |
| Haryana | - | 68 | 59 | 55 | 50 | 0 |
| Karnataka | 0.48 | 58 | 52 | 47 | 46 | 0 |
| Kerala | 0.02 | 14 | 11 | 13 | 8 | 0 |
| Maharashtra | 0.13 | 48 | 42 | 34 | 36 | 1 |
| Paducherry | - | 22 | 24 | 25 | 26 | 1 |
| Punjab | - | 53 | 49 | 43 | 45 | 1 |
| Tamil Nadu | - | 52 | 43 | 35 | 34 | 0 |
| West Bengal | 0.18 | 52 | 46 | 37 | 40 | 1 |
| Sources: Sample Registration Systems SRS-1 (2000) for IMR 1999 SRS-2 (2005) for IMR 2003 SRS-3 (2007) for IMR 2007. | | | | | | |
| Note: NRHM is successful in only four HFS and only three NHFS in reducing IMR. In the rest of the states it has not been successful. Even for those states where it has succeeded in reducing IMR, it is nowhere near the targeted rate of decline. | | | | | | |

Table 3.5 ASHA and Unmet Need of Health Infrastructure

| Names of states | Total number of ASHA trained per 1000 rural population (Dec 2008) | Unmet need ^① | | Increase (+)/Decrease (-) (between DLHS 2 and 3) |
|--|--|-------------------------|--------|--|
| | | DLHS 2 | DLHS 3 | |
| High Focus States | | | | |
| Bihar | 0.91 | 38.3 | 37.2 | -1.1 |
| Chhattisgarh | 1.96 | 22.1 | 20.9 | -1.2 |
| Himachal Pradesh | 0.41 | 11.8 | 15.6 | 3.8 |
| Jharkhand | 1.38 | 34.2 | 34.7 | 0.5 |
| Madhya Pradesh | 1.06 | 21.2 | 19.3 | -1.9 |
| Orissa | 1 | 19.8 | 24 | 4.2 |
| Rajasthan | 0.81 | 22.1 | 17.9 | -4.2 |
| Uttar Pradesh | 0.89 | 34.3 | 33.8 | -0.5 |
| Uttarakhand | 1.39 | 26.9 | 22.5 | -4.4 |
| Assam | 1.01 | 23.6 | 26.1 | 2.5 |
| Meghalaya | 2.55 | 55.3 | 38 | -17.3 |
| Mizoram | 1.58 | 25 | 16.7 | -8.3 |
| Sikkim | 0.93 | 18.2 | 16.1 | -2.1 |
| Tripura | 2.34 | 24.8 | 14.4 | -10.4 |
| Non High Focus States | | | | |
| Andhra Pradesh | 0.14 | 10.7 | 8.5 | -2.2 |
| Chandigarh | - | 15.3 | 9.3 | -6 |
| Delhi | 2.1 | 16.4 | 14.9 | -1.5 |
| Goa | - | 43.1 | 28.8 | -14.3 |
| Gujarat | 0.18 | 16.3 | 20.1 | 3.8 |
| Haryana | - | 14.7 | 16.3 | 1.6 |
| Karnataka | 0.48 | 15.1 | 15.8 | 0.7 |
| Kerala | 0.02 | 15.1 | 16.8 | 1.7 |
| Maharashtra | 0.13 | 12.6 | 15.6 | 3 |
| Puducherry | - | 16.6 | 19.8 | 3.2 |
| Punjab | - | 10.3 | 13.7 | 3.4 |
| Tamil Nadu | - | 18.1 | 19.4 | 1.3 |
| West Bengal | 0.18 | 11.2 | 11.6 | 0.4 |
| <p>Sources: District Level Household Surveys DLHS-2 (2002-04) DLHS-3 (2007-08)</p> <p>Notes: ^① Data for unmet need for DLHS 1 not available. NRHM is unsuccessful in 4 HFS, whereas it is successful in 4 NHFS. However, the unmet needs in NHFS are substantially less than in HFS. Since DLHS-1 did not report data on unmet needs, the comparison is 'before and after' rather than 'with and without' NRHM.</p> | | | | |

Table 3.6 Performance of NRHM: ASHA and Fund Utilization

| Names of states | % of ASHAs selected in various years | | | | Utilization | | |
|------------------------------|--------------------------------------|---------|---------|---------|-------------|---------|---------|
| | 2005-06 | 2006-07 | 2007-08 | 2008-09 | 2005-06 | 2006-07 | 2007-08 |
| High Focus States | | | | | | | |
| Bihar | 54.70 | 32.62 | 12.68 | 0 | 64.95 | 59.29 | 92.64 |
| Chhattisgarh | 17.09 | 82.91 | 0.00 | 0 | 71.32 | 82.87 | 84.89 |
| Himachal Pradesh | 0.00 | 0.00 | 100.00 | 0 | 56.33 | 64.52 | 104.21 |
| Jammu and Kashmir | 28.40 | 68.90 | 2.70 | 0 | 62.58 | 44.19 | 46.29 |
| Jharkhand | 3.57 | 33.72 | 61.50 | 1.22 | 44.41 | 67.04 | 76.94 |
| Madhya Pradesh | 38.87 | 35.96 | 20.80 | 4.37 | 52.63 | 78.39 | 102.64 |
| Orissa | 37.17 | 62.83 | 0.00 | 0.00 | 59.23 | 72.55 | 74.18 |
| Rajasthan | 49.49 | 34.95 | 8.41 | 7.14 | 58.41 | 65.14 | 85.10 |
| Uttar Pradesh | 15.03 | 75.71 | 7.33 | 1.93 | 61.65 | 61.04 | 70.94 |
| Uttarakhand | 41.36 | 42.17 | 16.47 | 0.00 | 41.53 | 47.11 | 85.91 |
| Arunachal Pradesh | 48.08 | 36.56 | 13.31 | 2.05 | 50.70 | 57.58 | 101.65 |
| Assam | 34.54 | 62.31 | 3.15 | 0.00 | 24.97 | 53.67 | 91.19 |
| Manipur | 0.00 | 100.00 | 0.00 | 0.00 | 36.35 | 46.56 | 64.77 |
| Meghalaya | 0.00 | 89.03 | 0.00 | 10.97 | 29.46 | 47.85 | 43.99 |
| Mizoram | 0.00 | 71.47 | 28.53 | 0.00 | 37.10 | 63.49 | 130.88 |
| Nagaland | 0.00 | 75.18 | 1.82 | 23.00 | 47.28 | 84.34 | 92.92 |
| Sikkim | 0.00 | 81.52 | 18.48 | 0.00 | 45.36 | 30.48 | 49.29 |
| Tripura | 0.00 | 18.44 | 60.06 | 21.50 | 58.42 | 56.31 | 42.77 |
| Average High Focus | 28.55 | 55.06 | 14.10 | 2.29 | 56.54 | 63.88 | 81.61 |
| Non-High Focus States | | | | | | | |
| Andhra Pradesh | 0.00 | 100.00 | 0.00 | 0.00 | 78.52 | 79.19 | 80.30 |
| Goa | - | - | - | - | 41.86 | 78.78 | 74.61 |
| Gujarat | 0.00 | 16.11 | 83.89 | 0.00 | 51.30 | 69.08 | 90.52 |
| Haryana | - | - | - | - | 63.29 | 67.31 | 80.30 |
| Karnataka | 0.00 | 16.14 | 0.00 | 83.86 | 62.25 | 56.31 | 105.11 |
| Kerala | 0.00 | 0.00 | 100.00 | 0.00 | 52.73 | 62.27 | 74.95 |
| Maharashtra | 0.00 | 0.00 | 96.61 | 3.39 | 57.43 | 43.89 | 74.18 |
| Punjab | - | - | - | - | 62.27 | 69.05 | 93.69 |
| Tamil Nadu | - | - | - | - | 65.21 | 76.75 | 67.22 |
| West Bengal | - | - | - | - | 62.98 | 80.31 | 81.89 |
| Average Non-High Focus | 0 | 30.02 | 32.62 | 37.56 | 62.41 | 68.22 | 85.35 |

Source: NRHM - MIS.

Notes: 1. Utilization of NRHM funds = Expenditure/Amount released by Gov.
2. ASHAs were appointed in a major way in the first two years in HFS, whereas in NHFS in the later two years. NRHM Fund utilization improved substantially in all states except J&K and Tripura from the HFS category. NRHM strategy seems to be working on the whole to improve the utilization of funds at least.

2.2. At Sub-Center Level

At the sub-center level, the role of ANM is crucial. The main health service she provides is for immunization of children and conducting safe deliveries. [Table 3.7](#) provides the NRHM-MIS data on the average number of villages per ANM, the number of sub-centers without ANMs as a percentage of the total sub-centers in a state, the rate of full immunization, and the rate of institutional deliveries as per the DLHS-3 data for the year 2007-08. It is expected that the higher the number of villages handled by an ANM, the lower will be the rates of immunization and institutional deliveries. Similarly, the greater the proportion of sub-centers without ANM, the lower will be the rates of immunization and institutional deliveries.

Table 3.7 ANM and Rates of Immunization and Institutional Deliveries

| Names of states | Average number of villages handled by ANMs | Number of sub-centers not having ANMs as a percentage of total sub-centers | Full Immunization (%) DLHS-3 | Institutional delivery (%) DLHS-3 |
|------------------------------|--|--|------------------------------|-----------------------------------|
| High Focus States | | | | |
| Bihar | 4 | 13.88 | 41.4 | 27.7 |
| Chattisgarh | 6 | 30.46 | 59.3 | 18.1 |
| Himachal Pradesh | 11 | 11.35 | 79.3 | 48.2 |
| Jammu and Kashmir | 4 | 15.89 | – | – |
| Jharkhand | 4 | – | 54.1 | 17.8 |
| Madhya Pradesh | 6 | 2.76 | 36.2 | 47.1 |
| Orissa | 8 | 0.00 | 62.4 | 44.3 |
| Rajasthan | 3 | 0.00 | 48.8 | 45.5 |
| Uttar Pradesh | 6 | 15.58 | 30.3 | 24.5 |
| Uttarakhand | 10 | 9.12 | 59.8 | 30.0 |
| Arunachal Pradesh | 14 | 26.39 | – | – |
| Assam | 3 | 1.57 | 48.0 | 35.3 |
| Manipur | 3 | 0.00 | – | – |
| Meghalaya | 14 | 0.00 | 27.6 | 24.4 |
| Mizoram | 1 | 0.00 | 50.0 | 55.9 |
| Nagaland | 3 | 24.43 | – | – |
| Sikkim | 3 | 0.00 | 77.8 | 49.8 |
| Tripura | 1 | 10.19 | 38.9 | 46.3 |
| Non-High Focus States | | | | |
| Andhra Pradesh | 2 | 17.57 | 67.1 | 71.8 |
| Goa | 2 | 0.58 | 93.4 | 96.3 |
| Gujarat | 3 | 2.79 | 52.5 | 56.5 |
| Haryana | 2 | 31.15 | 63.6 | 46.9 |
| Karnataka | 4 | 13.69 | 76.7 | 65.1 |
| Kerala | 0.3 | 1.02 | 79.5 | 99.4 |
| Maharashtra | 4 | 22.51 | 74.0 | 63.6 |
| Punjab | 6 | 19.87 | 79.9 | 63.3 |
| Tamil Nadu | 2 | 0.00 | 83.2 | 94.1 |
| West Bengal | 4 | 4.40 | 75.8 | 49.2 |

Source: District Level Household Survey DLHS-3 (2007–08).

Note: Average number of villages handled by ANM is higher in HFS than NHFS. Similarly sub-centers without ANM are proportionately higher in HFS than NHFS on the whole. NRHM has not succeeded in removing the regional imbalance in the health infrastructure at least at the sub-center level.

2.3. At PHC Level

The major intervention at PHC level by NRHM is that it provides for a substantial increase in the number of PHC working for 24 hours a day by providing necessary infrastructure and manpower in terms of additional doctor with AYUSH background. The NRHM-MIS data about the patients utilizing OPD services at PHC are not complete with several HFS and NHFS not reporting these data. ¹Tables 3.8 and 3.9 provide the assessment from the available data. Table 3.8 provides data on number of 24-hour-per-day PHCs per 100,000 population as a percentage of rural population in 2007–08 for different states. It is expected that the higher the number of round-the-clock PHCs, the higher would be the rate of institutional deliveries and the patients admitted in PHCs.

Table 3.8 Round-the-Clock PHCs, Patients Admitted in PHCs, and Institutional Deliveries

| Names of states | Number of 24 by 7 PHC per 100,000 population | Institutional delivery % (DLHS 3) | Patients admitted in PHC as % of rural population in 2007–08 |
|--------------------------|--|-----------------------------------|--|
| High Focus States | | | |

| | | | |
|------------------------------|------|-------|-------------|
| Bihar | 0.85 | 27.7 | 0.81 |
| Chhattisgarh | 3.64 | 18.1 | 0.29 |
| Himachal Pradesh | 3.31 | 55.82 | 0.00 |
| Jammu and Kashmir | 1.51 | - | 0.23 |
| Jharkhand | 1.09 | 17.8 | 0.00 |
| Madhya Pradesh | 1.38 | 47.1 | 1.40 |
| Orissa | 0.58 | 44.3 | 1.42 |
| Rajasthan | 1.58 | 45.5 | 0.00 |
| Uttar Pradesh | 0.67 | 24.5 | 0.00 |
| Uttarakhand | 1.31 | 30 | 0.09 |
| Arunachal Pradesh | 8.85 | - | 0.00 |
| Assam | 1.56 | 35.3 | 0.00 |
| Manipur | 1.62 | - | 0.03 |
| Meghalaya | 0.34 | 24.4 | 0.29 |
| Mizoram | 8.41 | 55.9 | 2.90 |
| Nagaland | 2.49 | - | 0.00 |
| Sikkim | 4.80 | 49.8 | 0.64 |
| Tripura | 2.77 | 46.3 | 1.78 |
| Average | 1.16 | 37.32 | 0.41 |
| Non-High Focus States | | | |
| Andhra Pradesh | 1.71 | 71.8 | 1.46 |
| Goa | 3.00 | 96.3 | 1.71 |
| Gujarat | 0.81 | 56.5 | 0.50 |
| Haryana | 1.22 | 46.9 | 0.11 |
| Karnataka | 3.28 | 65.1 | 0.00 |
| Kerala | 1.33 | 99.4 | 0.50 |
| Maharashtra | 1.38 | 63.6 | 0.48 |
| Punjab | 0.99 | 63.3 | 0.00 |
| Tamil Nadu | 6.63 | 94.1 | 1.92 |
| West Bengal | 0.96 | 49.2 | 0.10 |

| | | | |
|--|------|-------|------|
| Average | 1.98 | 70.62 | 0.63 |
| <i>Source:</i> District Level Household Survey | | | |
| DLHS-3 (2007–08). | | | |
| <p><i>Note:</i> Number of 24 hours/day PHCs is on an average less in HPS than in NHFS. Patients admitted in PHCs are also on an average less in HPS than in NHFS. NRHM has not been able to remove the regional imbalance in health infrastructure at PHC level.</p> | | | |

Table 3.9 AYUSH Doctors and PHC OPD Services

| Name of states | Ratio of number of AYUSH doctors to total number of PHCs | Patients utilizing PHC OPD services as percentage of rural population (2007–08) |
|--------------------------|--|---|
| High Focus States | | |
| Bihar | - | 14.63 |
| Chhattisgarh | 0.43 | 11.39 |
| Himachal Pradesh | - | - |
| Jammu and Kashmir | 0.85 | 9.27 |
| Jharkhand | 0.49 | 0.00 |
| Madhya Pradesh | - | 9.95 |
| Orissa | 0.90 | 13.87 |
| Rajasthan | 0.40 | - |
| Uttar Pradesh | 0.12 | - |
| Uttarakhand | - | 3.81 |
| Arunachal Pradesh | 0.44 | - |
| Assam | 0.38 | - |
| Manipur | 0.94 | 4.28 |
| Meghalaya | 0.19 | 3.13 |
| Mizoram | 0.18 | 25.24 |
| Nagaland | 0.25 | - |
| Sikkim | 0.13 | 21.56 |
| Tripura | 0.75 | 5.69 |

| | | |
|--|-------|--------|
| Average | 0.68 | 12.21 |
| Non-High Focus States | | |
| Andhra Pradesh | - | 49.83 |
| Goa | - | 43.29 |
| Gujarat | 0.516 | 33.97 |
| Haryana | - | 12.18 |
| Karnataka | 0.398 | - |
| Kerala | 0.081 | 89.97 |
| Maharashtra | 0.069 | 18.98 |
| Punjab | 0.202 | 28.10 |
| Tamil Nadu | - | 202.69 |
| West Bengal | - | 41.13 |
| Average | 0.20 | 56.69 |
| <i>Source:</i> DLHS-3 (2007–08). | | |
| <p><i>Note:</i> Number of AYUSH Doctors per PHC on an average is higher in HPS than in NHFS. NHRM seems to be successful in removing the regional imbalance in this part of the health infrastructure. However, patients utilizing PHC OPD services are considerably higher in NHFS than in HFS. NRHM has not so far achieved the desired impact on health output.</p> | | |

2.4. At CHC Level

Here also the NRHM-MIS data on in- patients and out-patients are not reported completely in all states. The available data from secondary sources are reported in [Table 3.10](#). The table provides data on CHCs functioning as the first referral unit (FRU) as a percentage of total CHCs, staff nurses appointed on contract basis out of NRHM funds per CHC, patients utilizing CHC OPD, and patients admitted to CHC as percentages of rural population in different states.

Table 3.10 CHCs Functioning FRU, Staff Nurses on Contract in CHCs, and Patients Utilizing the Service

| Names of states | CHC functioning as FRU as a percentage of total number of CHCs | Patients utilizing CHC OPD services as a percentage of rural population (2007–08) | Patients admitted in CHC as a percentage of rural population (2007–08) | Ratio of number of staff nurses on contract under NRHM to total |
|-----------------|--|---|--|---|
| | | | | |

| | | | | number of CHCs |
|------------------------------|-------|-------|------|----------------|
| High Focus States | | | | |
| Bihar | 38.6 | 0.42 | 0 | 0.0 |
| Chattisgarh | 54.2 | 11.14 | 0.64 | 0.0 |
| Himachal Pradesh | 33.8 | - | 0.00 | 0.00 |
| Jammu and Kashmir | 30.0 | 15.31 | 0.96 | 2.51 |
| Jharkhand | 8.2 | - | 0.00 | 0.00 |
| Madhya Pradesh | 4.4 | 16.28 | 2.17 | 0.16 |
| Orissa | - | 26.20 | 2.69 | 2.03 |
| Rajasthan | 13.1 | - | - | 2.07 |
| Uttar Pradesh | 6.0 | - | - | 3.11 |
| Uttarakhand | 73.5 | 20.91 | 0.34 | 2.06 |
| Arunachal Pradesh | 0.8 | - | - | 0.52 |
| Assam | 8.3 | - | - | 2.12 |
| Manipur | - | 4.84 | 0.27 | 3.69 |
| Meghalaya | - | 5.20 | 0.00 | 0.27 |
| Mizoram | - | 9.43 | 0.96 | 2.67 |
| Nagaland | - | - | - | 2.10 |
| Sikkim | - | 19.01 | 1.25 | 7.75 |
| Tripura | - | 3.20 | 1.20 | 0.0 |
| Average | 14.48 | 11.08 | 1.83 | 3.21 |
| Non-High Focus States | | | | |
| Andhra Pradesh | 71.9 | 39.58 | 3.28 | 0.72 |
| Goa | 100.0 | 17.71 | 0.0 | 0.0 |
| Gujarat | 12.5 | 22.25 | 2.71 | 0.0 |
| Haryana | 15.1 | 11.51 | 0.40 | 2.08 |
| Karnataka | 2.0 | 4.15 | 0.19 | 0.51 |
| Kerala | 16.8 | 66.69 | 1.09 | 1.52 |
| Maharashtra | 36.1 | 12.25 | 1.03 | 0.12 |
| Punjab | 62.7 | 20.74 | 0.69 | 2.26 |

| | | | | |
|-------------|-------|-------|------|------|
| Tamil Nadu | 55.5 | - | - | 1.67 |
| West Bengal | 2.0 | 40.33 | 1.68 | 0.0 |
| Average | 27.85 | 27.96 | 1.62 | 0.95 |

Source: NRHM - MIS.

Note: CHCs working as FRU are in greater percentage in NHFS than in HFS. Staff nurse on contract per CHC is, however, higher in HFS than in NHFS. NRHM is partially successful in reducing regional imbalance in health infrastructure. Number of patients in CHC OPD is higher in NHFS than in HFS. However, patients admitted in CHC are higher in HFS than in NHFS. There are mixed results in health output.

2.5. At District Level

NRHM is envisaged to be totally coordinated at the district level by the District Health Mission under the leadership of the Zila Parishad. Therefore, review of its progress should consider utilization of all public health facilities existing in a district. [Table 3.11](#) provides the relevant data. Moreover, an important element of NRHM is the provision of a Flexi Pool budget. [Table 3.12](#) considers its allocation over the last three years and [Table 3.13](#), its utilization. Moreover, [Table 3.14](#) provides data on the quality of health infrastructure in the form of round-the-clock health facilities and public participation in the form of RKS and VHSCs working on the ground as well as the utilization of the Immunization Fund.

Table 3.11 Utilization of Public Health Facilities: DH, CHC and PHC

| Names of states | Percentage of patients admitted to rural population (2007-08) | | |
|------------------------------|---|--------|--------|
| | In DH | In CHC | In PHC |
| High Focus States | | | |
| Bihar | 0.36 | - | 0.81 |
| Chattisgarh | 2.28 | 0.64 | 0.29 |
| Himachal Pradesh | 23.90 | - | - |
| Jammu and Kashmir | 0.55 | 0.96 | 0.23 |
| Jharkhand | - | - | - |
| Madhya Pradesh | 2.43 | 2.17 | 1.40 |
| Orissa | 2.21 | 2.69 | 1.42 |
| Rajasthan | - | - | - |
| Uttar Pradesh | - | - | - |
| Uttarakhand | 0.41 | 0.34 | 0.09 |
| Arunachal Pradesh | - | - | - |
| Assam | - | - | - |
| Manipur | 0.94 | 0.27 | 0.03 |
| Meghalaya | 1.70 | - | 0.29 |
| Mizoram | 7.98 | 0.96 | 2.90 |
| Nagaland | 0.47 | - | - |
| Sikkim | 1.25 | 1.25 | 0.64 |
| Tripura | 0.54 | 1.20 | 1.78 |
| Average utilization | 2.05 | 1.83 | 0.41 |
| Non-High Focus States | | | |
| Andhra Pradesh | 1.09 | 3.28 | 1.46 |
| Goa | 5.57 | 1.71 | 1.71 |
| Gujarat | 2.44 | 2.71 | 0.50 |
| Haryana | 1.22 | 0.40 | 0.11 |
| Karnataka | 1.38 | 0.19 | 0.00 |
| Kerala | 1.29 | 1.09 | 0.50 |
| Maharashtra | 0.91 | 1.03 | 0.48 |
| Punjab | 1.00 | 0.69 | - |
| Tamil Nadu | 2.20 | - | 1.92 |
| West Bengal | 0.98 | 1.68 | 0.10 |
| Average utilization | 1.34 | 1.62 | 0.63 |

Source: NRHM – MIS.
Note: While patients admitted in PHC are less in HFS than in NHFS, patients admitted in CHC and DH are more in HFS than in NHFS. Village level health infrastructural imbalances across states could be the cause. NRHM has not succeeded so far to remove it.

Table 3.12 Allocation to NHRM Flexi Pool as Percentage of Total NRHM Allocation

| Names of states | 2006-07 | 2007-08 | 2008-09 |
|--------------------------|---------|---------|---------|
| High Focus States | | | |
| Bihar | 24.47 | 37.65 | 26.79 |
| Chattisgarh | 21.04 | 28.52 | 20.88 |
| Himachal Pradesh | 14.03 | 21.54 | 14.91 |
| Jammu and Kashmir | 20.93 | 27.75 | 19.31 |
| Jharkhand | 20.78 | 31.67 | 22.38 |
| Madhya Pradesh | 25.86 | 34.32 | 23.58 |
| Orissa | 22.82 | 32.90 | 24.42 |

| | | | |
|------------------------------|-------|-------|-------|
| Rajasthan | 24.48 | 31.84 | 23.70 |
| Uttar Pradesh | 25.69 | 35.17 | 25.20 |
| Uttarakhand | 20.82 | 30.99 | 20.59 |
| Arunachal Pradesh | 36.19 | 30.49 | 20.37 |
| Assam | 54.79 | 50.18 | 39.11 |
| Manipur | 46.79 | 43.24 | 32.55 |
| Meghalaya | 46.02 | 44.77 | 32.50 |
| Mizoram | 33.29 | 29.65 | 20.30 |
| Nagaland | 42.80 | 42.89 | 31.81 |
| Sikkim | 39.77 | 36.85 | 20.07 |
| Tripura | 50.96 | 43.96 | 35.58 |
| Average allocation | 29.25 | 36.28 | 26.20 |
| Non-High Focus States | | | |
| Andhra Pradesh | 24.50 | 30.09 | 21.88 |
| Goa | 19.70 | 24.43 | 19.16 |
| Gujarat | 21.63 | 31.64 | 22.87 |
| Haryana | 24.43 | 36.52 | 24.05 |
| Karnataka | 24.06 | 31.69 | 21.48 |
| Kerala | 24.47 | 34.69 | 23.44 |
| Maharashtra | 25.60 | 34.20 | 23.78 |
| Punjab | 25.69 | 35.61 | 24.20 |
| Tamil Nadu | 24.87 | 33.98 | 22.85 |
| West Bengal | 25.16 | 35.28 | 22.94 |
| Average allocation | 24.51 | 33.24 | 22.87 |

Source: NRHM - MIS.

Note: Flexi Pool allocation under NRHM has not been consistent over years in either HFS and NHFS categories. However, the average Flexi Pool allocation is higher for HFS than for NHFS. This is in line with NRHM policy.

Table 3.13 Utilization of NHRM Flexi Pool budget (= Expenditure/Amount Released)

| Names of states | 2008–09 (up to Dec) | 2007–08 | 2006–07 |
|-----------------|---------------------------|---------|---------|
| | | | |

| | 2008) | | |
|------------------------------|--------|--------|-------|
| High Focus States | | | |
| Bihar | 14.62 | 8.85 | 10.48 |
| Chattisgarh | 26.87 | 68.36 | 66.40 |
| Himachal Pradesh | 90.79 | 55.04 | 23.70 |
| Jammu and Kashmir | 475.11 | 29.08 | 11.28 |
| Jharkhand | 178.62 | 49.65 | 1.93 |
| Madhya Pradesh | 20.93 | 69.45 | 34.45 |
| Orissa | 47.07 | 34.82 | 42.53 |
| Rajasthan | 130.88 | 54.60 | 16.29 |
| Uttar Pradesh | 310.39 | 19.85 | 17.09 |
| Uttarakhand | 87.72 | 39.87 | 9.05 |
| Arunachal Pradesh | - | 143.88 | 26.81 |
| Assam | 51.63 | 73.98 | 18.45 |
| Manipur | - | 90.01 | 4.25 |
| Meghalaya | 26.88 | 41.82 | 13.02 |
| Mizoram | 101.91 | 221.90 | 12.06 |
| Nagaland | 69.13 | 111.50 | 55.48 |
| Sikkim | - | 12.80 | 6.26 |
| Tripura | 46.28 | 15.34 | 22.59 |
| Average Utilization | 70.98 | 45.87 | 21.89 |
| Non-High Focus States | | | |
| Andhra Pradesh | 43.22 | 42.36 | 49.83 |
| Goa | 17.23 | 80.85 | 31.25 |
| Gujarat | 146.66 | 96.74 | 27.10 |
| Haryana | 38.06 | 68.44 | 6.12 |
| Karnataka | 84.28 | 84.11 | 5.04 |
| Kerala | 89.56 | 51.48 | 14.64 |
| Maharashtra | 48.30 | 74.59 | 7.80 |
| Punjab | 16.51 | 81.94 | 12.14 |

| | | | |
|---------------------|-------|-------|-------|
| Tamil Nadu | 37.21 | 40.46 | 27.92 |
| West Bengal | 50.17 | 66.43 | 46.97 |
| Average Utilization | 59.04 | 62.85 | 25.92 |

Source: NRHM - MIS.

Note: Utilization of Flexi Pool Budget has been increasing in both HFS and NHFS over the years. Utilization was higher in NHFS than in HFS during 2006–07 and 2007–08. However, HFS are likely to surpass NHFS in 2008–09. NRHM strategy of Flexi Pool Budget seems to be working as far as expenditures are concerned.

Table 3.14 Round-the-Clock Health Facilities, RKS, VHSC and Immunization Fund

| Names of states | Total number of round-the-clock health facilities as percentage of total health facilities | RKS as percentage of total health facilities | Number of VHSC per 1000 population (2007–08) | Percentage utilization of Immunization Fund (expenditure/allocation) (2007–08) |
|--------------------------|--|--|--|--|
| High Focus States | | | | |
| Bihar | 35.27 | 26.35 | 1.21 | 7.69 |
| Chattisgarh | 84.82 | 131.13 | 0.76 | 16.92 |
| Himachal Pradesh | 37.20 | 64.46 | 1.45 | 22.50 |
| Jammu and Kashmir | 28.85 | 101.28 | 0.45 | 57.00 |
| Jharkhand | 40.94 | 77.72 | 0.35 | 54.13 |
| Madhya Pradesh | 37.73 | 80.90 | 0.18 | 68.14 |
| Orissa | 12.82 | 79.34 | 0.33 | 40.17 |
| Rajasthan | 42.49 | 100.85 | 2.72 | 31.74 |
| Uttar Pradesh | 23.69 | 35.30 | 1.05 | 75.85 |
| Uttarakhand | 29.02 | 28.71 | 1.42 | 46.67 |
| Arunachal Pradesh | 68.80 | 63.20 | 2.31 | 22.50 |
| Assam | 54.64 | 124.45 | 1.40 | 40.13 |
| Manipur | 40.45 | 82.02 | 0.19 | 30.00 |
| Meghalaya | 6.06 | 75.00 | 1.09 | 50.00 |
| Mizoram | 66.22 | 77.03 | 0.34 | 31.11 |
| Nagaland | 46.55 | 110.34 | 0.18 | 3.33 |

| | | | | |
|--|-------|--------|------|-------|
| Sikkim | 96.55 | 82.76 | 1.07 | 31.43 |
| Tripura | 87.64 | 98.88 | 0.34 | 25.00 |
| Average | 34.68 | 67.28 | 0.52 | 47.19 |
| Non-High Focus States | | | | |
| Andhra Pradesh | 56.50 | 100.44 | 0.37 | 33.42 |
| Goa | 75.00 | 50.00 | 0.50 | 9.16 |
| Gujarat | 20.75 | 94.05 | 0.47 | 10.90 |
| Haryana | 37.77 | 105.29 | 0.31 | 9.19 |
| Karnataka | 61.19 | 123.27 | 0.53 | 24.56 |
| Kerala | 31.51 | 107.90 | 0.72 | 7.90 |
| Maharashtra | 36.48 | 98.23 | 0.61 | - |
| Punjab | 25.45 | 25.00 | 0.67 | 10.50 |
| Tamil Nadu | - | 106.85 | 0.45 | 21.67 |
| West Bengal | 46.14 | 103.03 | 0.21 | 15.99 |
| Average | 42.41 | 100.77 | 0.45 | 23.43 |
| <i>Source:</i> NRHM - MIS. | | | | |
| <i>Note:</i> Percentage of round-the-clock health facilities is higher in NHFS than in HFS. RKS per health facility is substantially less in HFS than in NHFS. VH-SCs, however, are more in HFS than in NHFS. Utilization of Immunization Fund is also higher in HFS than in NHFS. Impact of NRHM at village level public participation is felt, but not at higher levels. | | | | |

2.6. At State Level

The review of the progress of NRHM at the state level is implicitly done for all the above indicators on health inputs, outputs, and outcomes. However, the critical element of concern in NRHM at the state level is the allocation of budget for the health sector. The NRHM visualized an annual increase of at least 10 percent through a formal MoU to be signed by each state with the centre. [Table 3.15](#) provides data on the growth of state health budget allocation. [Table 3.16](#), then, provides NRHM budget allocation as a ratio of the state health budget.

Table 3.15 Growth of State Health and Family Welfare Budget Allocations

| Names of states | 2005–06 | 2006–07 | 2007–08 | 2008–09 | % Increase |
|-----------------|---------|---------|---------|---------|------------|
| | | | | | |

| High Focus States | | | | | |
|------------------------------|--------|--------|--------|--------|--------|
| Bihar | 101485 | 115275 | 133157 | 163464 | 61.07 |
| Chattisgarh | 33136 | 41760 | 64668 | 88698 | 167.68 |
| Himachal Pradesh | 39326 | 44106 | 45044 | 58638 | 49.11 |
| Jammu and Kashmir | 67097 | 75029 | 91122 | 95959 | 43.02 |
| Jharkhand | 92977 | 98463 | 92122 | 99708 | 07.24 |
| Madhya Pradesh | 98910 | 114519 | 131974 | 162892 | 64.69 |
| Orissa | 48702 | 60819 | 87407 | 104885 | 115.36 |
| Rajasthan | 120220 | 131279 | 158973 | 210561 | 75.15 |
| Uttar Pradesh | 306743 | 430183 | 463645 | 562587 | 83.41 |
| Uttarakhand | 35172 | 39473 | 59314 | 56902 | 61.78 |
| Arunachal Pradesh | 7594 | 12288 | 14647 | 9302 | 22.49 |
| Assam | 41101 | 57211 | 119614 | 139768 | 240.06 |
| Manipur | 8296 | 9658 | 17161 | 16517 | 99.10 |
| Meghalaya | 11125 | 11717 | 16012 | 17587 | 58.09 |
| Mizoram | 7701 | 8261 | 10356 | 15726 | 104.21 |
| Nagaland | 12128 | 12852 | 14591 | 17355 | 43.10 |
| Sikkim | 5983 | 5676 | 8063 | 8605 | 43.82 |
| Tripura | 15449 | 16787 | 26906 | 26008 | 68.35 |
| Non-High Focus States | | | | | |
| Andhra Pradesh | 162219 | 186068 | 248742 | 321720 | 98.32 |
| Goa | 13923 | 14538 | 16976 | 18715 | 34.42 |
| Gujarat | 106933 | 114611 | 132182 | 154463 | 44.45 |
| Haryana | 46712 | 48779 | 59089 | 68403 | 46.44 |
| Karnataka | 114619 | 134961 | 190146 | 242403 | 111.49 |
| Kerala | 99918 | 113772 | 145456 | 154213 | 54.34 |
| Maharashtra | 221453 | 232978 | 299736 | 302625 | 36.65 |
| Punjab | 69882 | 69867 | 85784 | 96849 | 38.59 |
| Tamil Nadu | 163911 | 167051 | 210194 | 272186 | 66.06 |
| West Bengal | 158412 | 167812 | 210504 | 229010 | 44.57 |

| |
|--|
| Source: NRHM - MIS. |
| Note: All these figures are at current prices. The percentage increase is over three years. Except Jharkhand and Arunachal Pradesh from the HFS, all states have increased their health and family welfare budget by more than 10 percent per year over the past three years. Thus, one of the requirements is fulfilled with or without a formal MoU. |

Table 3.16 Ratio of NRHM Budget Allocation to State Health Budget

| Year | High focus states | Non-high focus states |
|---------|-------------------|-----------------------|
| 2005–06 | 0.016 | 0.008 |
| 2006–07 | 0.021 | 0.010 |
| 2007–08 | 0.020 | 0.011 |
| 2008–09 | 0.045 | 0.016 |
| Average | 0.025 | 0.012 |

| |
|--|
| Source: NRHM - MIS. |
| Note: NRHM is consistently allocating higher amount to HFS than to NHFS. The NRHM allocation to both categories has been rising over the last four years but the proportion is very small. |

3. Health Output/Outcomes and NRHM

Considering the major goals of NRHM and their sharp focus on the MDGs of reducing

MMR and IMR, a mid-term review of the progress achieved by the program have to consider the impact on these and related indicators. NRHM-MIS does not provide any information on maternal deaths; and other secondary sources of data in India also do not report estimates of MMR on a regular basis. However, there are some related health input/output indicators that can be used as a proxy. We have four such health output indicators besides the outcomes indicators of infant mortality rate (IMR). These are (a) Institutional Delivery Rate (IDR), (b) percentage of women getting at least 3 ANC checkups, (c) Full Immunization Rate among Children (IRC), and (d) Unmet Needs of Health Infrastructure (UNHI). In Section 2 we have seen that there is considerable variation in the levels of these five indicators across states in the year 2007–08. We have also seen that the impact of NRHM on these 5 indicators vary substantially from state to state when ‘with and without’ NRHM scenarios are compared. If we can explain such variations with the help of some of the major components of NRHM, it would be a very useful input for future interventions within NRHM in the country.

Note

1. This could be a fall out of states not signing the MoU and hence not benchmarking and tracking the performance since the NRHM funds are available in any case!