

Basic Certificate in Palliative Care
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Week-11
Lecture 02: National Health Mission (NHM)

Good morning, I am Doctor K.L.Babu, former principal and the professor of government Homoeopathic medical college, Kozhikode, Kerala and I am the vice president of NAPCAIM, Kerala chapter.

Now, today's chapter is national health mission and before going to this today's lecture I express my sincerest thanks to Colonel Dr. Yashwant Joshi who prepared this power point and helped me to start the session.

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LESSON OBJECTIVES

- To know about the National Health Programs (NHP) in India
- Understand the relevance of the NHP
- Understand difference between vertical and horizontal programs.

Let us go into the details of national health mission. You know to say about the objectives of the national health mission that is the first one is to know about the national health programs in India that is NHP and the second understand the relevance of national

policies. The third one understand the difference between vertical and horizontal programs.

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Need of Investment in Public Health

- Healthcare spending in India for 2014 is about 4.7% of its GDP.
- Of this Government Health Expenditure (GHE) is 30%. A majority, 62% of healthcare expenditure is Household out of pocket (OOPE).
- Nearly 55 million people getting impoverished on account of health care expenditure.
- India ranks a low 175/188 in OOPE and 154/185 in terms of Public Health Expenditure out of Total Current Health Expenditure in 2015.
- Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025 (NHP 2017).

Source: Health financing indicators for India 2014; Global Health Expenditure Data Base (GHED), World Health Organization

So, why we invest in national health policies and health policy? Why we need to invest in public health? Healthcare spending in India for 2014 is about only 4.7 percent of its GDP. Of this government health expenditure is 30 percent. A majority that means 62 percent of healthcare expenditure is household out of pockets. Only 55 million people getting improvised on account of healthcare expenditure and India ranks a low that means you know 175 out of 118 countries in OOPE that is out of pocket expenditure and 154 that out of 185 countries in terms of public health expenditure out of total current health expenditure in 2015.

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Health Policy -2017

- **New Health Policy 2017 emphasizes the proposed Health Financing -**

- Increase health expenditure by Government as a percentage of GDP from the existing 1.15 % to 2.5 % by 2025.
- Increase State sector health spending to > 8% of their budget by 2020.
- Decrease in proportion of households facing catastrophic health expenditure from the current levels by 25%, by 2025.

Source: New Health Policy 2017

So, our target is to increase the health expenditure by government percentage of GDP from the existing 1.15 percent to 2.5 percent by 2015 that is the national health policy of 19, sorry that is the national health policy of 2017. So, we can look into the health policy 2017. National health policy 2017 emphasize the proposed health financing that is to increase health expenditure by government as a percentage of GDP from increase the health expenditure by government as a percentage of GDP from the existing 1.15 percent to 2.5 percent by 2025. Increase the state sector health spending to more than 80 percent to increase the state sector health spending to more than 8 percent of their budget by 2020. Decrease in proportion of household facing catastrophic health expenditure from the current levels by 25 percent by 2025.

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NATIONAL RURAL HEALTH MISSION (NRHM) Launched on 12th April, 2005



Strengthen hands of the State Governments in improving health care delivery by providing **technical and financial support**.



To bring greater focus on **high focus States** and **rural population**, particularly marginalized and vulnerable population.



Architectural correction through **integration of vertical programmes**, **decentralization** and **communitization**.

You know there are different components in national health programs. One is national rural health mission that is NRH. It was launched on 12th April 2005. The aim of the national rural health mission is strengthen the hands of state governments in improving the health care and its delivery by providing technical and financial supports. To bring greater focus on high focus states and rural population particularly marginalized and vulnerable population. Architectural correction through integration of vertical programs and decentralization of community programs.

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NATIONAL URBAN HEALTH MISSION (NUHM) launched on 1st May, 2013



To strengthen the existing primary health care facilities and provide new facilities for the un-served population.



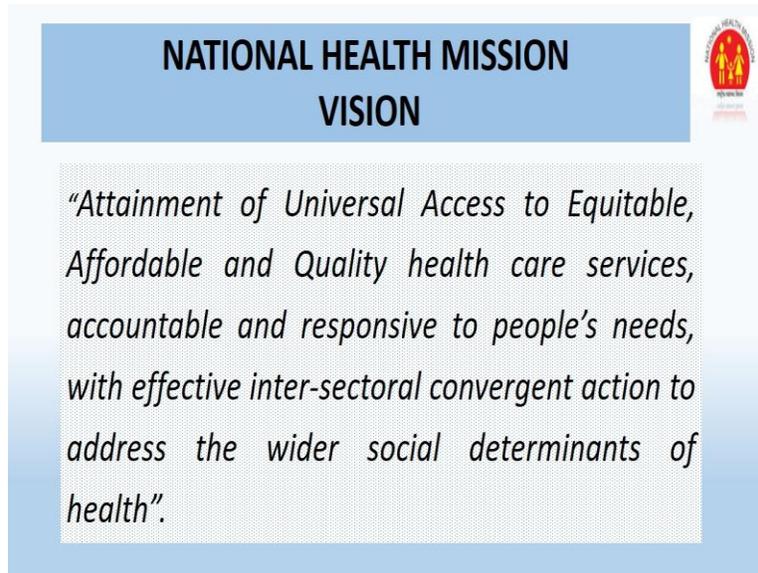
1057 cities and towns covered.



Strengthening facilities in urban area in term of infrastructure, equipment and manpower.

National, another component of the national health policies national urban health mission that is NUHM, it was launched on 1st May 2013. Here, the aims of this NUHM are to strengthen the existing primary health care facilities to provide new facilities for the unserved population. 1057 cities and towns are covered by this program. And the third aim is to strengthening the facilities in urban area in terms of infrastructure equipment and manpower facilities.

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The slide features a blue header with the text "NATIONAL HEALTH MISSION VISION" in white. To the right of the header is the logo of the National Health Mission, which depicts a stylized human figure in red and yellow. Below the header, the vision statement is written in a black, italicized font on a light blue background.

**NATIONAL HEALTH MISSION
VISION**

"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Let us go through the national health mission. Let us go through the national health mission. That is attainment of universal access to equitable, affordable and quality health care services accountable and responsive to people's needs with effective inter sectoral convergent action to address the wider social determinants of the health.

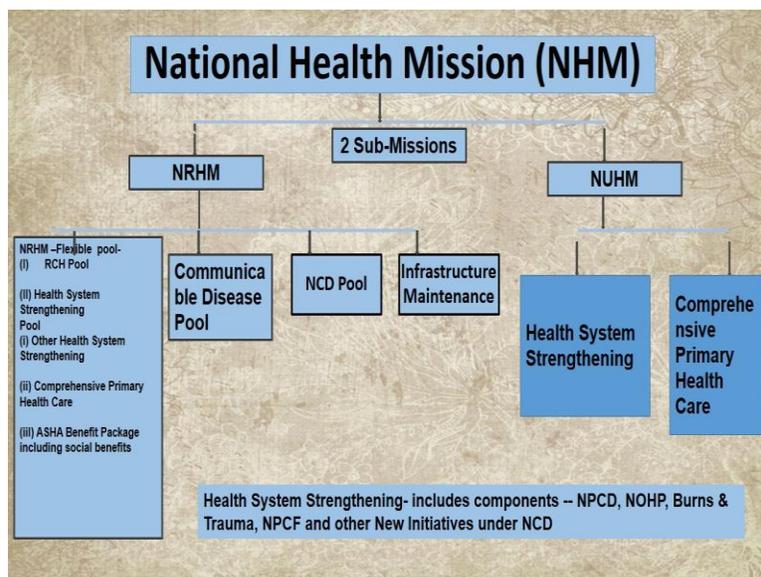
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So, let us examine what are the different national health missions. There are different flexible pools are under there in national health mission. That one is national rural health mission and reproductive and child health program.

And another one is national urban health mission, then national control for, sorry non communicable disease control programs, then communicable disease programs and to provide strength to the infrastructure and its maintenance.

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Now, to say about the national health mission, two components are there. One is NRHM and another is NUHM. To say about this NRHM, there are again some flexible pools are there. One is this you know this reproductive and child health pool.

And second one is health systems strengthening pool. In the health system strengthening pool, we have other health systems strengthening, comprehensive primary health care and ASHA benefit package including social benefits. ASHA means you know this accredited social health care activities. Then another component of the NRHM is communicable diseases. Then non communicable disease pool also come under this NRHM.

Then funds are provided for infrastructure maintenance also. The second part of this national health mission is NUHM that is national urban health mission. Here there are two components in this under this national urban health mission. One is health systems strengthening. Here there is another part is you know the comprehensive primary health care system and strengthening of that parts.

The health system strengthening means it includes components like non, say health system strengthening includes components of national program for communicable diseases, national over health program and programs for burns and trauma, national program for pancreatic cancers and other new initiatives under national communicable disease program.

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HOW TO ACHIEVE HEALTH

- By improving host resistance to environmental hazards
- By improving environmental safety
- By improving health systems designed to increase the likelihood, efficiency & effectiveness of the first two goals

Now, how to achieve the health? We have to look into that by improving host resistance to environmental hazards, by improving environmental safety, by improving health system designed to increase the likelihood, efficiency and effectiveness of the first two goals.

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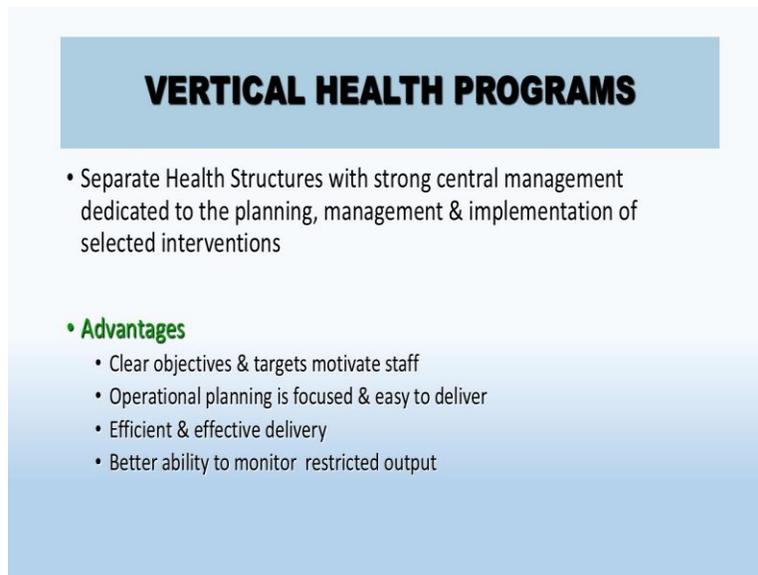
WHY NATIONAL HEALTH PROGRAMS?

- DISEASE BURDEN IS HIGH
- GEOGRAPHICAL SPREAD
- PROVEN STRATEGIES FOR PREVENTION AND CONTROL ARE AVAILABLE
- ADEQUATE INFRASTRUCTURE IS IN PLACE
- RESOURCES FOR PROGRAMME IMPLEMENTATION ARE AVAILABLE.

Let us look into the different types of national health programs. One is why we are using this programs for, why national health programs are implemented. One is the aim it is to

control the disease burden because you know the disease burden is very high and to prevent the geographical spread, proven strategies for prevention and control which are available and to spread it across the country and to provide adequate infrastructure when it, when and where it is needed, resources for program implementation which are available to share it to other states and wherever it is needed.

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VERTICAL HEALTH PROGRAMS

- Separate Health Structures with strong central management dedicated to the planning, management & implementation of selected interventions

• **Advantages**

- Clear objectives & targets motivate staff
- Operational planning is focused & easy to deliver
- Efficient & effective delivery
- Better ability to monitor restricted output

So, some vertical health programs are there. Separate health structures with strong central management dedicate to the planning, management, implementation of selected interventions. To say about the advantages of this program, they are they have clear objectives and they are target oriented and it motivate the staff. Operational planning is focused and it is easy to deliver. It is efficient and it is effectively delivered and better ability to monitor restricted output. These are the advantages of the vertical health programs.

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INTEGRATED HEALTH PROGRAMS

ADVANTAGES

- Help national development on a broader perspective
- Incorporates multidimensional concept of health
- Efficient & effective delivery through inter-sectoral collaboration
- Has capacity to accommodate extra work
- Responds to community needs
- Cost effective in long run
- Holistic approach to health

DISADVANTAGES

- Sometimes fail to target priority effectively
- Complex programming may lead to more failure
- Lack of expertise in integrated programme management

And to say about the disadvantages, no capacity to accommodate extra work in disasters, resources used for specific activities only and Deskilling of health worker, no focus on overall development, depend on donors for funding, placement of workers after completion of the work it is a challenging task, long term public motivation and it has to be sustained, but it is not sustained in this health programs. And it may not be cost effective in long run.

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INTEGRATED HEALTH PROGRAMS

ADVANTAGES

- Help national development on a broader perspective
- Incorporates multidimensional concept of health
- Efficient & effective delivery through inter-sectoral collaboration
- Has capacity to accommodate extra work
- Responds to community needs
- Cost effective in long run
- Holistic approach to health

DISADVANTAGES

- Sometimes fail to target priority effectively
- Complex programming may lead to more failure
- Lack of expertise in integrated programme management

So, integrated health programs are needed. So, look into the advantages and disadvantages of integrated health programs.

Now, to say about the advantages, health national development on a broader perspective, incorporates multinational concept of health, efficient and effective delivery through intersectorial collaboration, has capacity to accommodate extra work, response to community needs and it should be cost effective in long run and it should be a holistic one in its approach to health.

To say about the disadvantages, sometimes fail to target priority effectively, complex programming may lead to more failure, lack of expertise in integrated program management. These are the different disadvantages and we can go to the programs for communicable diseases.

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PROGRAMMES FOR COMMUNICABLE DISEASES

1. National Vector Borne Diseases Control Programme (NVBDCP)
2. Revised National Tuberculosis Control Programme
3. National Leprosy Eradication Programme
4. National AIDS Control Programme
5. Universal Immunization Programme
6. National Guinea worm Eradication Programme
7. Yaws Control Programme
8. Integrated Disease Surveillance Programme

One is National Vector Bound Disease Control Program that is NVBDCP, revised the National Tuberculosis Control Program, National Leprosy Eradication Program, National AIDS Control Program, Universal Immunization Program, National Guinea-Worm Eradication Program, Yaws Control Program, Integrated Disease Surveillance Program. These are the different programs which are included in the communicable diseases.

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NATIONAL NUTRITIONAL PROGRAMS

- Integrated Child Development Services Scheme
- Midday Meal Programme
- Special Nutrition Programme (SNP)
- National Nutritional Anemia Prophylaxis Programme
- National Iodine Deficiency Disorders Control Programme

And to say about the national nutritional programs, integrated child development and service scheme, midday meal programs, social nutritional programs, national nutritional anemia, prophylaxis program, national iodine deficiency disorders and control program.

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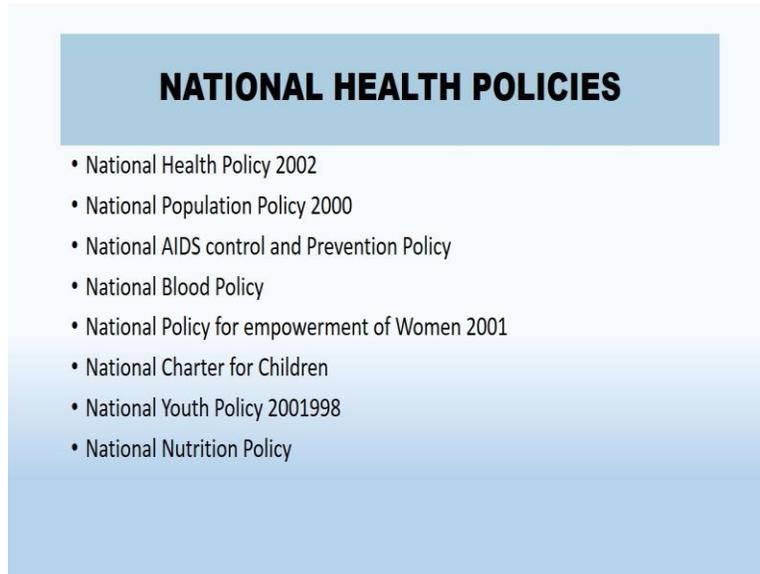
Programs related to System Strengthening /Welfare

1. National Rural Health Mission
2. Reproductive and Child Health Programme
3. National Water supply & Sanitation Programme
4. 20 Points Programme

So, to strengthen different conditions you know programs related to system strengthening and welfare of the community, there are National Rural Health Mission, Reproductive

and Child Health Program that is RCH, National Water Supply and Sanitation Program and more than that there are 20 points program regarding this thing.

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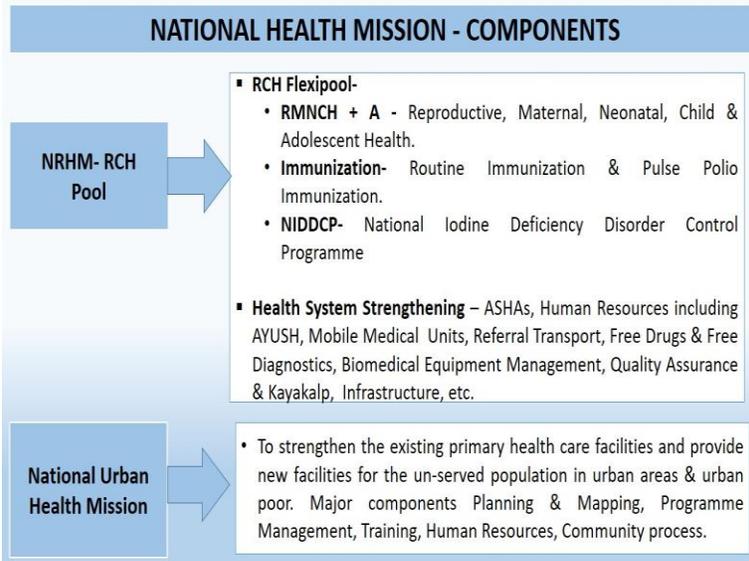


NATIONAL HEALTH POLICIES

- National Health Policy 2002
- National Population Policy 2000
- National AIDS control and Prevention Policy
- National Blood Policy
- National Policy for empowerment of Women 2001
- National Charter for Children
- National Youth Policy 2001998
- National Nutrition Policy

To say about the national health policies, we have National Health Policy of 2002, National Population Policy of 2000, National AIDS Control and Prevention Policy, National Blood Policy, National Policy for Empowerment of Women 2001, National Charter for Children, National Youth Policy of 2001, National Nutrition Policy.

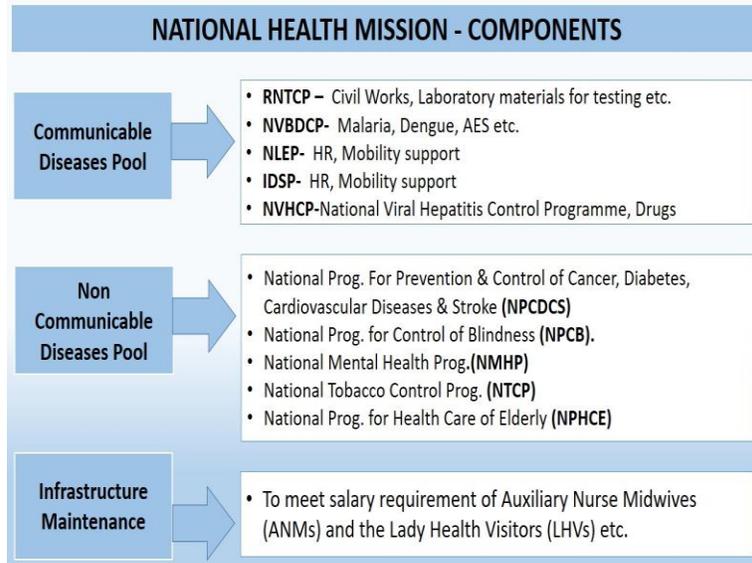
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So, look into the National Health Mission components. One is as we said that is the National Rural Health Mission RCH pool. The RCH pool it is flexible, it is a flexi pool. One it is RMNCH that is Reproductive, Maternal, Neonatal, Child and Adolescent Health. There is immunization program, Routine Immunization and Pulse Polio Immunization, NIDDCP that is National Iodine Deficiency Disorder Control Program. Here system strengthening there is ASHAs that is ASHAs means accredited social health workers activities. Then human resource including AYUSH and mobile units, referral transport systems, free drugs, free diagnostic techniques, biomedical equipment and management, quality assurance and kayakalp all are coming under the infrastructure thing.

So, we have to go through the National Urban Health Mission the second one to strengthen the existing primary health care facilities and to provide new facilities for underserved population in urban areas and urban and urban poor also poor people also. Major components of planning are mapping, planning, program management, training and human resources then other community programs.

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Now, in the National Health Mission there are different components. One is communicable disease program that is RNTCP you know this that is revised National Tuberculosis Control Program. Here to strengthen that thing civil, the funds for civil works are allotted, laboratory materials for testing it is supplied and another one is National Vector Borne Disease Control Programme.

In it includes malaria, dengue, acute encephalitis, syndrome etcetera. Then National Leprosy Eradication Program for that the National Health Mission provides human resource, mobility support and other support to control the program. Then IDSP, Integrated Disease Surveillance Program for that also human resource and mobility supports are provided. Then come this NVHCP National Viral Hepatitis Control Program. Here the drugs are also provided for this program.

Then coming to the Non-communicable Disease Board National Program for Prevention and Control of Cancer and Diabetes, Cardiovascular Disease and Stroke that is NPCDCS. Then another program is National Program for Control of Blindness, National Mental Health Program, National Tobacco Control Program, National Program for Healthcare of Elderly and funds are provided for infrastructure maintenance also to meet the salary requirement of auxiliary nurses, midwives and lady health visitors etcetera.

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Let us examine the progress of this financial progress of National Health Mission.

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Financial Progress under NHM	
National Health Mission (NHM) Two Sub Missions (NRHM & NUHM)	Progress under NHM
	<p>Central Grants of Rs.222,114 Crore has been released to strengthen Health System under NHM.</p> <p>The States have contributed Rs.64,647 crore towards State share under NHM in the 60:40/90:10 ratio.</p> <p>Total funds of Rs. 286,761 crore was made available till 2018-19.</p>

You know in the central government allotted 2,22,114 crores to strengthen the health system under NHM. The states have contributed about 64647 crore rupees towards the states share under the National Health Mission in the ratio 60-40. Total fund for the National Health Mission is 2,86,761 crores which was made available till 2018-19.

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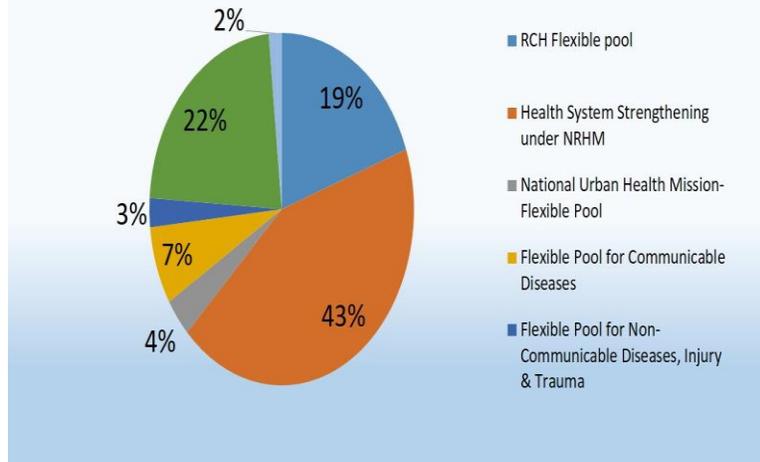
Need for Enhanced Allocation

- Strengthening of Sub Health Centers as **Health & Wellness Centers** to provide comprehensive primary care.
- Comprehensive Primary Health Care including **screening of common NCD** such as Hypertension, Diabetes, common Cancer.
- Increasing number of **PHCs and CHCs as per IPHS norms** and up-scaling of existing initiatives e.g. strengthening facilities to IPHS
- Up- scaling **Free Drugs & Diagnostics Scheme**.

Now, why we need further allocation because you know that we have to enhance the allocation to strengthening the sub centers in to strengthening the sub centers as health and wellness centers and to provide comprehensive primary care. Comprehensive primary health centers including screening of common non communicable diseases such as hypertension, diabetes, common cancers and to increase the number of primary health centers and community health centers as per the Indian primary health standard norms. Increase the number of primary health centers and community health centers as per the Indian primary health standard norms and upscaling the access to initiative that is to strengthening the facilities to Indian public health system and again to upscaling the free drugs and to diagnostic schemes.

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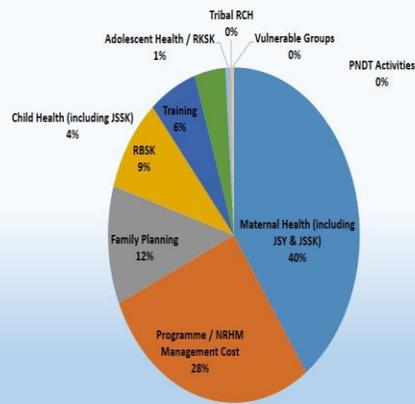
ALLOCATION FOR 2019-20 UNDER NHM



Just look into the allocation for 2019-20 under National Health Mission. A very good share it is there for this health system strengthening under NRHM that is 43 percent and 19 percent is allocated for the RCH flexible pool reproductive and child health pool. National urban health mission got nearly 4 percent and flexible pool for communicable disease have 7 percent allocation. Like that we can see that you know lot of funds are allotted during 2019 and 20 under National Health Mission. Then active wise, activity wise approvals under NRHM and reproductive and child health flexible pool in 2018 and 19. You know a major chunk was given to maternal health including Janani Suraksha Yojana and Janani Shishu Suraksha Karya. About 40 percent of the allocation was there for this maternal health.

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ACTIVITY-WISE APPROVALS UNDER NRHM-RCH FLEXIBLE POOL 2018-19



Then for the program for NRHM 28 percent and for family planning it is 12 percent, training and other program thing 6 percent like that you can see this different allocation in 2018 and 19.

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ACTIVITY-WISE APPROVALS UNDER HEALTH SYSTEM STRENGTHENING POOL 2018-19 (in descending order)

S.No.	Activity	Amount (Rs. in Crore)	%
1	Human Resources	9471.33	0.62
2	PROCUREMENT	527871.46	34.55
3	ASHA	248867.42	16.29
4	Hospital Strengthening	192092.83	12.57
5	National Ambulance Service	111052.46	7.27
6	UF/AMG /RKS	119635.08	7.83
7	Planning, Implementation and Monitoring	112270.49	7.35
8	IEC-BCC NRHM	64629.85	4.23
9	Innovations	40320.57	2.64
10	National Mobile Medical Vans	25324.28	1.66
11	PPP/ NGOs	69686.22	4.56
12	Other Expenditures	3317.14	0.22
13	Drug Ware Housing	3219.97	0.21
14	Mainstreaming of AYUSH	229.22	0.02
	Total	1527988.33	100

See to say about this activity wise approvals under the health systems strengthening pool under 2018-19. Now, that for the human resources 9471.33 cores that means, you know 0.62 percent was spend on this this program. And to procure this medicines and other

materials 5,27,871.46 cores that means, you know the major chunk of that 33.54 percent of the allocation was there for the procurement of medicines and other materials. And to strengthen the ASHA workers 2,48,867.42 crores that is 16.29 percentage of the total allocation was used for ASHA workers and its strengthening. Then for hospital strengthening 12.57 percentage that is 1,92,092.83 cores. National ambulance service 1,11,952.46 that is 7.27 percent of the allocation was used for national ambulance service.

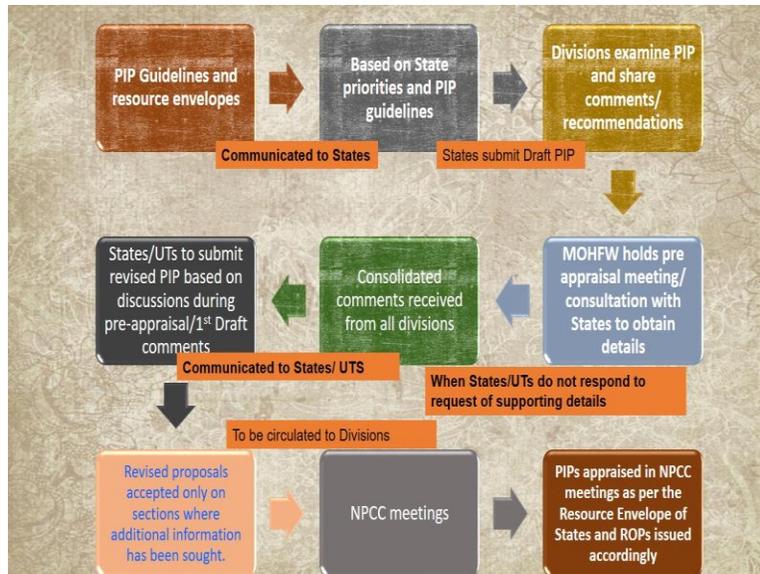
Like that you know different components and categories we can see different allocations were given national mobile medical vans, then the drug warehousing, maintenance of AYUSH. This also a major component of this national health mission and for that 229.22 cores rupees that point that means, you know 0.02 percentage was allocated.

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So, how to plan this NHM? So, you know we have to incorporate different components in this national health planning process.

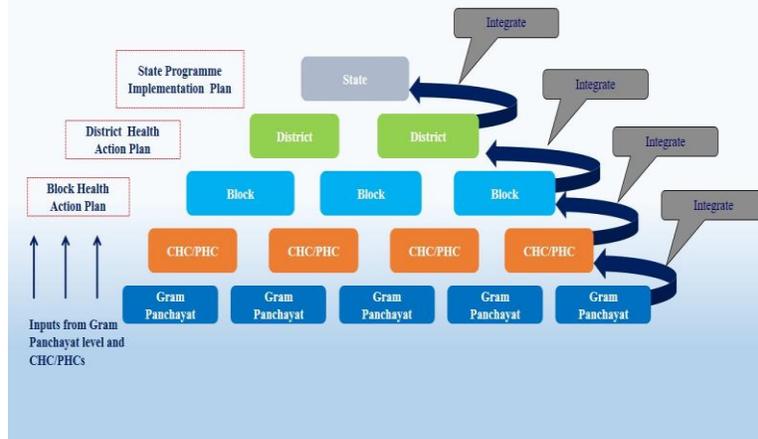
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One is you know PIP performance in the performance implementation program guidelines and resource envelopes. This has to be the, you know based on state priorities and PIP guidelines. And there are different divisions that we have to examine one by one.

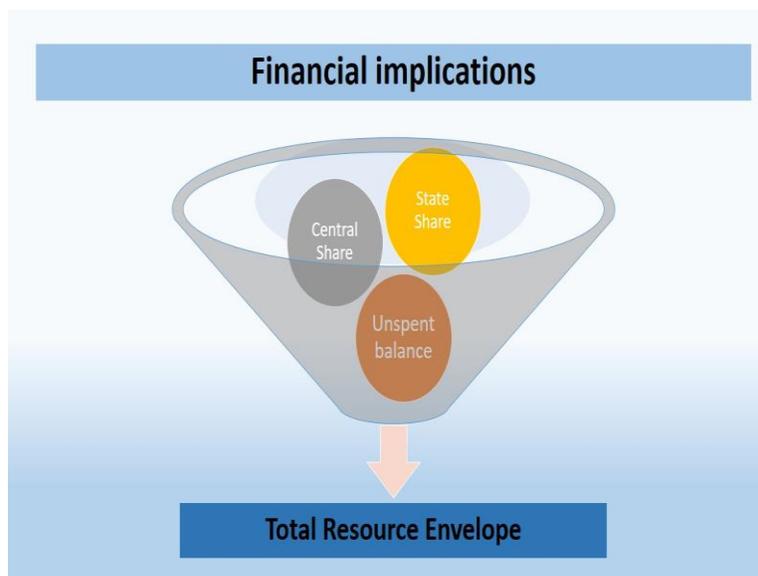
And you know it will be communicated to states. The state has to submit the draft of the PIP, states and union territory to submit revised program implementation. States and union territories has to submit revised planning for program implementation based on discussions and after that only these funds are allocated. Then before that this consultant components received from all divisions has to be collected. And finally, revised proposal accepted only on sections where additional information has been sourced. This PIPs appraised in national policy meetings as per the resource envelope, envelope of states and ROPs issued accordingly.

BOTTOM -UP APPROACH FOR PLANNING



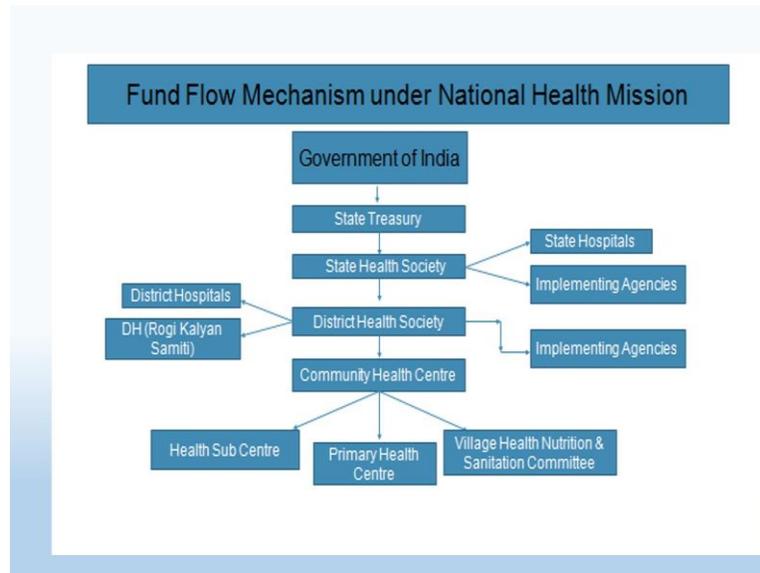
See, we can see that you know it is a bottom up approach for planning. So, that everything is coming from the root level. Gram Panchayat has to talk out the plans and they have to incorporate the community health centers and PHC the primary health centers for this thing. And it will be communicated to the block level. This block will that, I mean it again, this block will communicate everything to the district level and finally, the state will plan the thing and it will send to the national level.

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So, this is the program implementation and these are the different financial implications you know. The total resource envelope we can see that you know there is a central share, state share and the unspent balance of the previous year.

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So, we can see that how the fund it is flowing. Fund flow mechanism under national health mission. Government of India provide fund to the state treasury from there to the state health society and it may be going to district hospital for different projects and that the state hospitals they also implement certain programs and implementing agency in the district level, in community level health centers, then health sub centers, primary health centers, village health nutrition and sanitation program hold together use and follow the guidelines of the national health mission.

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- ❑ Two types of Grants in aid are released to States
 - a) Cash Grant
 - b) Kind Grant

- ❑ Funds are released in 3 parts ---
 - General , Scheduled Caste Sub Plan (SCSP), Scheduled Tribe Sub Plan (STSP).
 - All releases are made on the basis of Census Population of 2011.

- ❑ Further break up releases in Revenue and Creation of Capital Assets.
 - Creation of capital assets involved in Health System Strengthening, NUHM and NCD.
 - Basically where civil construction is involved.

Release under national health mission that you know there are two types of grants now. One is cash in grant, other is kind grant. Grants are released in three parts, one is general that is for scheduled cost sub plan, scheduled tribe sub plan, all releases are made on basis of census population of 2011. Further breakup release in revenue and creation of capital assets. Creation of capital assets involved in health system strengthening just like NUH that is national urban health mission and national communicable disease program.

Basically where civil construction involved are used. Creation of capital assets involved in health system strengthening, national urban health mission and national communicable disease program prevention program and all are coming under this scheme. So, the funds are provided for all these things.

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❑ First release of 75% of 80% of B.E.

- a) No shortfall under State's Matching contribution.
- b) Provisional UCs of last FY.
- c) Regular Financial Reporting and Physical Reporting in FMR & SFP
- d) Considering the Unspent balance
- e) Transfer of fund from Treasury to SHS.

❑ Final release of balance 25% of 80% of B.E

Same as (a) to (e) above.

Receipt of Statutory Audit Report and Audited UC

Ensure the increase in State Health Budget by 10% over last year.

20% of funds under Flexi Pools have been earmarked towards
Incentivization of States/UTs.

Then there are certain criteria for release of funds. First release of 75 percent of the 80 percent of this thing. So, no shortfall under state matching contribution. The one the first one first criteria, the second criteria provision of utilization certificate of the last financial year. Regular financial reporting and physical reporting in financial management report and that progressive report. Considering the unspent balance transfer of fund from treasury to state health sector. Financial release of balance that means, in 25 percent of 80 percent of balance you know same as above. Receipt of statutory audit report and audit utilization certificate is necessary for all these things.

Ensure the increase of state health budget by 10 percent over last year. So, 20 percent of funds under flexi pools have been earmarked for towards incentivization of states and unit territories.

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Critical Observations

- Ensure Compliance of GFR Rules, 2017 for release of funds, procurement of Services, Goods etc.
- State Finance Rules for Procurement of Services, Goods may be followed.
- Temporary loans can be taken and to be returned to original pool on receiving of funds. Permanent diversion is prohibited.
- Regular monitoring of advances with Age wise analysis
- Ensure JSY and ASHA Payments through DBT
- Ensure submission of Consolidated FMR with Physical achievements on monthly basis covering all programmes of NHM (including IM)

Release under national to say about to finalize completely now that critical observations are we have to would look into. One is ensure compliance of GFR rules of 2000 signed in finance general finance rules of 2017 for release of funds, procurement of services and goods etcetera. State finance rule for procurement of services goods may be followed.

Temporary loans can be taken and to be returned to original pool on receiving the funds permanent diversion is prohibited. Regular monitoring of advances with agewise is analyzed. Ensure JSY and ASHA payments through director. Ensure submission of consolidated FMR with the physical achievements financial management report with the physical achievements on monthly basis covering all programs of national health mission in and these are about the short look into the national health mission policies and its implementation. Thank you.