

NATIONAL RURAL HEALTH MISSION

CRITERIA FOR STATE AWARDS

The National Rural Health Mission completes five years since its launch on 12 April 2005. The National Rural Health Mission has a system of Annual Common Review Missions to States to assess the progress. The CRM and other studies have brought out the achievements and areas of improvement in States. To encourage States for even better performance, the Ministry of Health and Family Welfare took a decision to award States for their performance under NRHM. Accordingly, an Expert Group was set up under the Chairmanship of Shri Javid Chowdhury, retired Secretary Health, Government of India. The other Members of the Committee were Dr. H. Sudarshan of the Karuna Trust and Dr. Shalini Bharat, Professor at the Tata Institute of Social Sciences. Additional Secretary and Mission Director, NRHM was the Convenor. JS(P) facilitated the meetings of the group. The Group met twice and decided the broad criteria for selection. JS(P) was asked to provide the data as per the criteria agreed upon. The second meeting of the Committee was held on 30 March 2010 at 10:30 AM.

2. The Committee was unanimous in its view that the objective of awarding States should be to assess the impact of NRHM in the different States between 2005 and now. It therefore, gave maximum thrust on where States were in 2005 and where they are now. This can be disadvantageous for a State which was already having a very good outcome. The Committee also felt that the awards should be in three separate categories so that States could be compared to other similar States. The three categories were: (i) High Focus States under NRHM, other than North Eastern States. This comprises of the 8 erstwhile EAG States (Bihar, UP, MP, Chhatisgarh, Orissa, Jharkhand, Uttarakhand, Rajasthan), and J&K and Himachal Pradesh; (ii) The eight High Focus States in the North Eastern region; (iii) The non High Focus States. The performance of UTs was examined in relation to similarly situated States.

3. The Committee broadly decided to provide for quantifiable indicators in four broad categories. These were –

- (i) Outcomes revealed by macro-health sector indicators – 30 marks;
- (ii) Physical capacity and delivery outcomes of rural service centres – 40 marks;
- (iii) Outcomes in enhancement of human resources in the health system – 20 Marks;
- (iv) Outcomes in the area of Governance – 10 marks.

The conceptual idea behind the choice of these categories was: Category (i) through the tracking of change in health indicators at the macro level in each State, gives the overall impact of NRHM on the health system. Category (ii) gives the improvement in physical capacity of the service centres which will contribute to NRHM in the years to come. It also gives the impact of the NRHM measures on the quantum of service delivery. Category (iii) gives the change in human resources that will have a long term bearing on the impact of NRHM. Category (iv) gives those initiatives that is expected to change the culture of governance in the health system. The assessment of these four categories will give a good holistic measure of the long term prognosis of NRHM in each State.

The quantifiable indicators and the criteria for evaluation were decided as follows:

I – Outcomes revealed by macro-health sector indicators – 30 marks

1. IMR – 15 marks. Data from SRS of RGI 2005 compared with SRS of RGI 2008 data. States where the reduction in IMR during this period is 0 or negative get 0 marks. States/UTs where the reduction is 1-3 points get 5 marks. States/UTs where the reduction is 4-5 points get 10 marks. States/UTs where the reduction is 6 or more points get 15 marks.
2. CBR – 5 marks. Data from SRS 2005 to be compared with SRS 2008. Difference of 0 or negative to get 0 marks, 0.1 to 0.4 to get 1 mark, 0.5 to 0.9 to get 2 marks, 1.0 to 1.4 to get 3 marks, 1.5 to 1.9 to get 4 marks, and 2.0 or more to get 5 marks.

3. CDR – 5 marks. Data from SRS 2005 compared with SRS 2008. Difference of 0 or negative to get 0 marks, 0.1 to 0.2 to get 1 mark, 0.3 to 0.4 to get 2 marks, 0.5 to 0.7 to get 3 marks, 0.8 to 0.9 to get 4 marks, 1 or more to get 5 marks.
4. TFR – 5 marks. Data from SRS 2005 to be compared to SRS 2008. Difference of 0 or negative to get 0 marks, 0.1 to get 2 marks, 0.2 to get 3 marks, 0.3 to get 4 marks, 0.4 to get 5 marks. Since separate data for NE States other than Assam was not available from SRS, it was agreed that all the NE States will get an equal 4 marks (equivalent to the performance of Assam).

II – Physical capacity and delivery outcomes of rural service centres – 40 marks

1. 24x7 PHCs as a percentage of the total number of PHCs in that State – 5 marks. States/UTs in the 0-19% category to get 1 mark, 20-39% category to get 2 marks, 40-59% category to get 3 marks, 60-79% category to get 4 marks, and 80-100% category to get 5 marks.
2. First Referral Units as a percentage of all CHCs, SDHs and DHs in the State/UT – 5 marks. The reporting on FRUs was cross – checked with the baseline line level of achievement up to 2009-2010 reported by States in their Programme Implementation Plans for 2010-11. This checking was desirable to ensure better quality data. States/UTs in the 0-30% category to get 0 mark, 30-39% category to get 2 marks, 40-75% category to get 3 marks, 75% and more to get 5 marks.
3. Institutional Deliveries percent 2008 – 10 marks. This was calculated on the basis of institutional deliveries reported by the State in 2008 as a percentage of the projected deliveries that year. Marks out of 10 on the basis of percentage institutional deliveries.
4. OPD/IPD – 4 marks. The problem in this category has been the availability of comparable, complete and comprehensive data for the State. Through the HMIS, data for the period of April 2009 to January 2010 is available. The population of the reporting districts was taken into account and then an assessment made as to the number of OPD/IPD per 10,000 population based on the population figures

from the reporting districts. Comparison with 2006, 2007 data was not possible as data sources were different and incomplete and inconsistent aggregation made arriving at a reliable figure difficult. Facility specific OPD/IPD has been commented upon in CRMs but they do not provide consistent aggregated figures. For OPD, less than 2000 per 10,000 population, 0 marks has been given. Between 2001-5000, 1 mark has been given. More than 5000, 2 marks have been given. For IPD, less than 200 per 10,000 population, 0 marks have been given. Between 201 and 400, 1 mark has been given and above 400, 2 marks has been given.

5. Annual Blood Examination Rate (ABER) - 2 marks. The data for 2005 was compared with 2009. If the difference was 0 or negative, 0 marks was given, if it was between 0.1 and 4, 1 mark was given and if it was 4 or more, 2 marks was given.
6. Percentage of new smear positive patients registered - 2 marks. The difference between 2005 percentage and 2009 percentage was taken. States/UTs with 0 or negative difference got 0 marks, States/UTs with difference of 1-9 % got 1 mark, and States/UTs with 10% and above difference got 2 marks.
7. Sterilization Performance - 2 marks. Performance in 2005 and 2008 was compared. 0 marks were given for less than 20% difference, 0.5 marks was given for 20-40% difference, 1.0 mark was given for 41-60% difference, 1.5 mark was given for 61-80% difference, and 2 marks was given for 81-100 % difference.
8. Physical infrastructure development - 10 marks. Works taken up under NRHM and percentage of works completed was looked at. States were given marks on the basis of their completion percentage. Below 30% got 0 marks, 30-39% got 2 marks, 40-54% got 4 marks, 55-64% got 6 marks, 65-100% got 10 marks.

III - Outcomes in enhancement of human resources in the health system - 20 Marks

1. ASHA Programme - 8 marks. 4 marks were for ASHAs completing four modules of training and 4 marks was on ASHAs with drug kits. In both categories, 0-50%

scored 0 marks, 51-70% scored 1 mark, 71-80% scored 2 marks, 81-90% scored 3 marks, 91-100% scored 4 marks.

2. Human resources – ANMs and Nurses – 4 marks. The Committee decided to look at the contractual appointments made by the States/UTs and compared with the workforce available in 2005. The Committee awarded the marks on the basis of these numbers.
3. Human Resources – Doctors, Specialists, AYUSH Doctors – 3 marks. The Committee decided to look at the contractual appointments made by the States/UTs and compared with the workforce available in 2005. The Committee awarded the marks on the basis of these numbers.
4. Percentage Utilization of untied funds under the NRHM Mission Flexible Pool – 5 marks. Less than 50% got 0 marks, 51-60% got 1 mark, 61-70% got 2 marks, 71-80% got 3 marks, 81-90% got 4 marks, and 91-100% got 5 marks. **A conscious decision was taken to look at utilization of untied funds rather than merely the constitution of Rogi Kalyan Samitis and Village Health and Sanitation Committees.**

IV – Outcomes in the area of Governance – 10 marks

1. Institutional framework and decentralization – 4 marks. States/UTs were assigned marks after looking at the regularity of State Health Mission and District Health Mission meetings, merger of Societies at district level, and establishment of Programme Management Units as a percentage of the need.
2. Financial performance and State contribution – 3 marks. The State/UT scores were arrived at by looking at the percentage fund utilization under the Mission and RCH Flexible Pools, Delegation of financial authority, and State contribution in 2009-2010.
3. Innovations – 3 marks. NRHM has encouraged States to think through their problems and come up with need based innovations and solutions. A large

number of innovations have been carried out in States. States have been marked on the number and scale of innovations undertaken in the State.