

National Health Mission

September 4, 2020

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 System Strengthening in rural and urban areas**
- **Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A)**
- **Communicable and Non-Communicable diseases**

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NRHM seeks to provide **equitable, affordable and quality healthcare** to the rural population, especially the vulnerable groups. Under the NRHM, the **Empowered Action Group (EAG) States as well as North Eastern States, Jammu and 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.

NUHM seeks to improve the health status of the urban population particularly slum dwellers and other vulnerable sections by facilitating their access to quality primary health care. NUHM would cover 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 populations below 50,000 will be covered under NRHM.**

The National Health Mission seeks to ensure the **achievement of**

the following indicators

- Reduce Maternal Mortality Rate (MMR) to 1/1000 live births
- Reduce Infant Mortality Rate (IMR) to 25/1000 live births
- Reduce Total Fertility Rate (TFR) to 2.1
- Prevention and reduction of anemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
- Annual Malaria Incidence to be <1/1000
- Less than 1% microfilaria prevalence in all districts
- Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

NHM has six financing components

- NRHM-Reproductive and Child Health Flexipool
- NUHM Flexipool
- Flexible pool for Communicable disease
- Flexible pool for Non communicable disease including injury and trauma
- Infrastructure maintenance
- Family Welfare Central Sector component

Within the broad national parameters and priorities, states would have the flexibility to plan and implement state specific action plans. The state program implementation plan (PIP) would spell out the **key strategies, activities undertaken, budgetary requirements and key health outputs and**

outcomes. The State PIPs would be an aggregate of the district/ city health action plans, and include activities to be carried out at the state level. The state PIP will also include all the individual district/ city plans. This has several advantages: one, it will strengthen local planning at the district/ city level, two, it would ensure approval of adequate resources for high priority district action plans, and three, enable communication of approvals to the districts at the same time as to the state.