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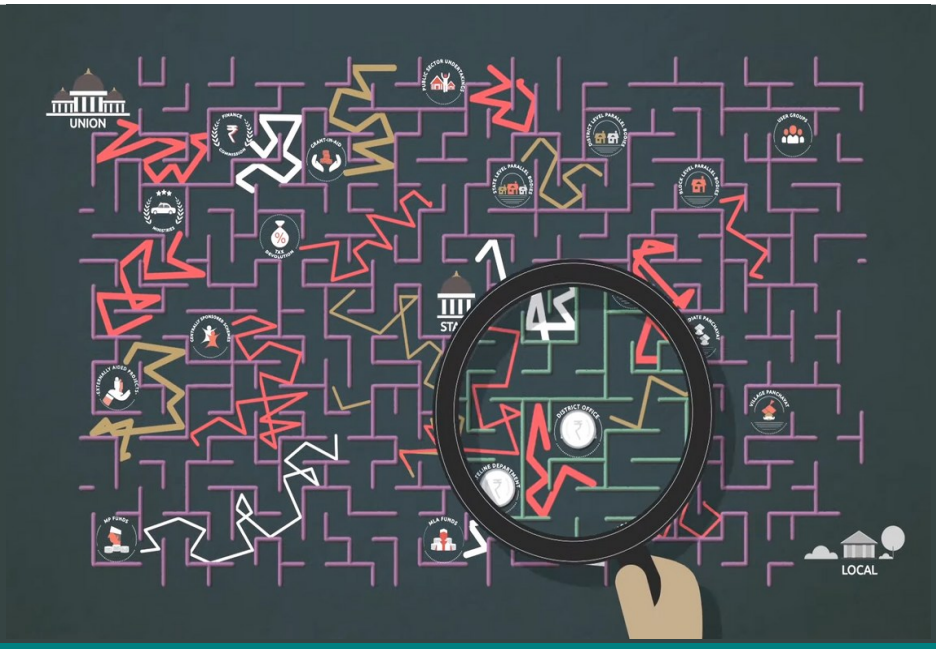

Trends in Finances for National Health Mission

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KEY HIGHLIGHTS

NHM is the largest scheme of the Ministry of Health and Family Welfare (MoHFW). In FY 25-26 Budget Estimates (BEs), ₹39,435 crore has been allocated to NHM. This is 7 per cent more than the previous year's Revised Estimates (REs) but 5 per cent more than the BEs.

There were differences between proposals, approvals, and expenditures. In FY 23-24, the proposed budget was ₹95,134 crore, of which ₹86,219 crore (91 per cent) was approved. In FY 24-25, the proposed budget increased by 4 per cent to ₹98,645 crore, with ₹90,267 crore (92 per cent) being approved.

There is further difference in the amount spent. In FY 23-24, total allocated funds (including unspent balances) from both GoI and states stood at ₹85,211 crore, of which 62 per cent (₹52,684 crore) was spent. In FY 2024-25 (upto November), only 38 per cent of the allocated amount has been utilised.

Of the budget approved for FY 24-25, 59 per cent was for Health System Strengthening (HSS) under NRHM, 15 per cent for the Reproductive and Child Health (RCH) flexipool, 6 per cent for National Disease Control Programme (NDCP), 7 per cent for Infrastructure Maintenance, 5 per cent for NUHM, 4 per cent for Non-Communicable Diseases (NCDs), and 3 per cent for Immunisation kind grants.

As per the latest data available though there has been slight improvement but still health infrastructure is overburden. There are 7,908 people per government allopathic doctor in 2022 and 1,666 people per government hospital bed in India, in 2023.

In 2022, the number of patients visiting NCD clinics accounted for 9.92 crore, of which 17 per cent or 1.7 crore were diagnosed with NCD. In states such as Assam (58 per cent) and Bihar (53 per cent) more than 50 per cent of people who visited NCD clinics were diagnosed with an NCD.

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OVERVIEW

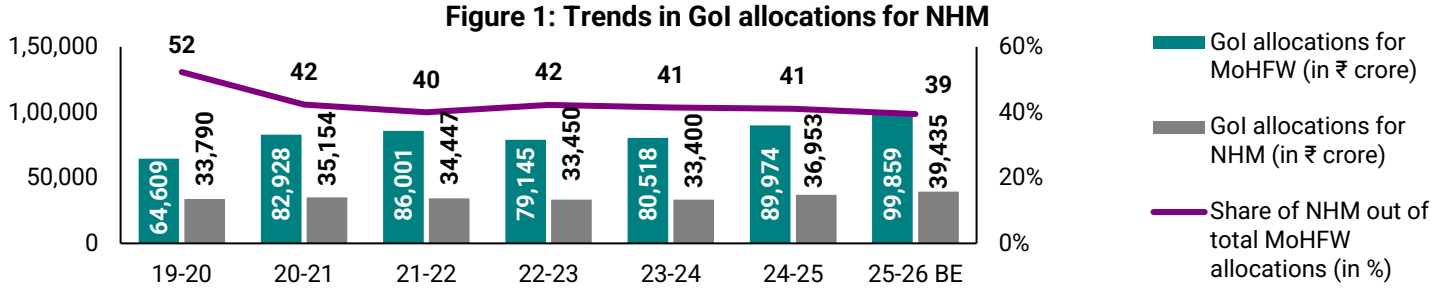
- Launched in May 2013, the National Health Mission (NHM) is Government of India's (GoI's) flagship scheme for health which envisages achieving universal access to quality healthcare through strengthening health systems, institutions, and capabilities. NHM is a Centrally Sponsored Scheme (CSS) with funding shared between the GoI and state governments, in a 60:40 ratio. For the eight states in the North-Eastern Region and the Himalayan states, the funding ratio is 90:10. Union Territories without legislature are fully funded by the GoI.
- NHM consists of two sub-missions:
  - a) the National Rural Health Mission (NRHM), launched in 2005 to provide accessible, affordable, and quality healthcare in rural India especially the vulnerable groups; and
  - b) the National Urban Health Mission (NUHM), a sub-mission launched in 2013 for urban health with focus on urban poor by providing essential primary healthcare and reducing out-of-pocket expenses.
- First launched in 2005 as the National Rural Health Mission (NRHM), the scheme has been extended multiple times, with the most recent extension granted in 2021 to run until 2026. In FY 24-25, Union Cabinet approved the extension of the National Health Mission (NHM) for another five years after reviewing its progress over the past three years.
- In March 2021, the Cabinet approved Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN), a non-lapsable reserve fund from the 4 per cent health and education cess (since FY 18-19). It funds NHM, Ayushman Bharat, Pradhan Mantri Swasthya Suraksha Yojana(PMSSY), and future health programmes aligned with Sustainable Development Goals and the National Health Policy (NHP) 2017.
- GoI allocations under the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) for National AYUSH Mission (NAM) have not been included. Whereas Senior Citizen Health Insurance Scheme (SCHIS) have been included under NHM for broad trends but for comparability of analysis across states for allocations, approvals, and expenditures, it has been excluded.

TRENDS IN GOI ALLOCATIONS AND EXPENDITURES

GoI Allocations

- For FY 25-26 Budget Estimates (BEs), allocations for MoHFW stood at ₹99,859 crore. This is ₹9,884 crore or 11 per cent more than the Revised Estimates (REs) of the previous year and 10 per cent more than the BEs.
- NHM is the largest Centrally Sponsored Scheme (CSS) within MoHFW, and accounts for 39 per cent of the Ministry's allocations in FY 25-26 BEs. Since FY 20-21, the share of NHM in Department's total allocations has been declining due to increased allocations to other programmes.
- In FY 25-26, GoI allocated ₹39,435 crore for NHM. This is a 7 per cent increase compared to the previous year's REs and 5 per cent increase from BEs.

Figure 1: Trends in GoI allocations for NHM



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. Url. Last accessed on 28 February 2025.
Note: Figures are in crores of rupees and are REs between FY 19-20 and FY 24-25 and BEs for FY 25-26.

Release of funds by GoI

- Since FY 21-22, releases by GoI are done through Single Nodal Agencies (SNA). Under this, state governments must designate an SNA responsible for implementing the scheme.
- The SNA must open a bank account at the state level. Funds for NHM are released by the GoI to the state's account in four equal instalments. Upon receipt, the state government is required to transfer these funds, along with its own contribution, to the SNA's account to ensure effective implementation of the scheme. Previously, NHM funds were released by the Government of India (GoI) to the state treasury, which then disbursed the funds to an autonomous implementation body known as the State Health Society (SHS).
- Release of funds by GoI to state governments have been more than allocations, except for in FY 21-22.

PROPOSED AND APPROVED BUDGETS, RELEASES, AND EXPENDITURES

NHM consists of the following six major financing components:

Reproductive and Child Health (RCH) flexipool which funds maternal and child health, family planning, and the Janani Suraksha Yojana (JSY). Since FY 18-19, it also includes the Immunisation flexipool for financing routine immunisation and Pulse Polio immunisation, and the Iodine Deficiency Disorders Control Programme (NIDDCP).

Health System Strengthening (HSS) under NRHM for untied funds, annual maintenance grants, and hospital strengthening.

NUHM flexipool which addresses healthcare needs of the urban poor with a special focus on vulnerable sections.

Communicable Diseases (CD) flexipool for financing the National Disease Control Programme (NDCP). This includes programmes such as the Revised National Tuberculosis Control Programme (RNTCP), and National Vector Borne Diseases Control Programme (NVBDCP).

Non-Communicable Diseases (NCD) flexipool for financing programmes such as the National Programme for Control of Blindness (NPCB), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and National Tobacco Control Programme (NTCP).

Infrastructure Maintenance (IM) funds which are allotted across various programmatic divisions of NHM. These are primarily used for salaries of functionaries and capacity building.

Immunisation Kind Grants are to support the Universal Immunisation Programme (UIP) and other vaccination initiatives under NHM by ensuring that states and Union Territories receive essential immunisation resources.

- The approved budgets for NHM are determined based on State Programme Implementation Plans (SPIPs) submitted by state governments. These plans outline the proposed strategies, budgetary requirements, and targeted health outcomes. The National Programme Coordination Committee (NPCC) reviews and deliberates on these proposals before approval by GoI. Once sanctioned, they are formalised as Records of Proceedings (ROPs), which define the total available resource envelope—comprising GoI's allocated funds, the state's proportional contribution, and any unspent balances from previous allocations.

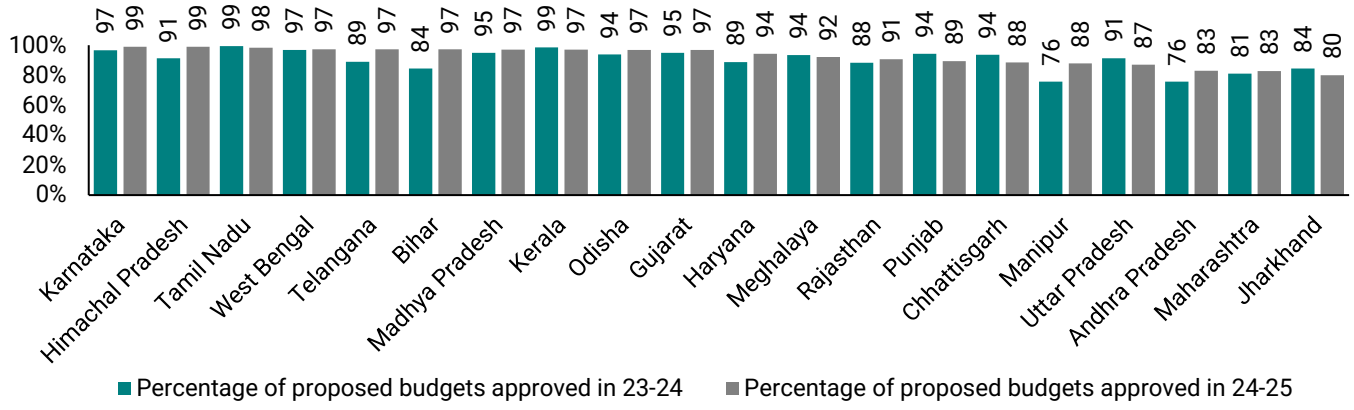
- Since, FY 22-23, the ROP format was changed, and items are now listed by activities. Moreover, ROPs are now made for two years, i.e. the ROP for FY 24-25 includes plans and budgets for both FY 24-25 and FY 25-26.
- States may also request additional funds through the submission of Supplementary Programme Implementation Plans. Their approvals are called Supplementary Records of Proceedings (SROPs).
- Once budgets have been approved, the fund release process begins. Both GoI and states have to add their shares. The total funds available/ funds allocated to a state include state and GoI shares of releases, and unspent balances from the previous financial year.
- Most proposed budgets were approved. In FY 23-24, for instance, total proposed budgets stood at ₹95,134 crore. Of this, 91 per cent or ₹86,219 crore was approved.
- Total allocated funds (including unspent balances) by both GoI and states accounted for ₹85,211 crore of which 62 per cent or ₹52,684 crore was spent. As a share of approved budgets, the proportion also stood at 62 per cent.
- In FY 24-25, states had proposed budgets of ₹98,645 crore, a 4 per cent increase over the previous year. Of this, 92 per cent, or ₹90,267 crore, was approved. The total funds allocated, however, remain lower than the previous year at ₹82,879 crore. Expenditure has been even slower. Till November 2024, only ₹31,476 crore or 38 per cent had been spent.

STATE-WISE PROPOSED AND APPROVED BUDGETS: OVERALL AND COMPONENT-WISE

State-wise Proposed and Approved Budgets

- In FY 23-24, for 21 states and UTs, more than 90 per cent of the proposed budget was approved. Share of proposed budgets approved were highest in Tamil Nadu (99 per cent), Kerala (99 per cent), West Bengal (97 per cent), and Karnataka (97 per cent). In contrast, it was lowest in Maharashtra (81 per cent), Andhra Pradesh (76 per cent), and Manipur (76 per cent).
- In FY 24-25, the total quantum of funds proposed and approved increased. The share of proposed funds that were approved were also higher, with 90 per cent of proposed funds approved for 27 states and UTs.
- Most of the proposed funds were approved for Karnataka and Himachal Pradesh (99 per cent each), followed by Tamil Nadu at 98 per cent. On the other hand, the proportion of approved budgets out of proposed budgets were lowest in Andhra Pradesh (83 per cent), Maharashtra (83 per cent), and Jharkhand (80 per cent).

Figure 2: State-wise Approved Budgets out of Proposed Budgets (in %)



Source: Record of Proceedings, NHM, FY 23-24 and FY 24-25. Url. Last accessed on 28 February 2025.

- Given the change in ROP formats, proposed and approved budgets for FY 25-26 are also available and have been analysed. Trends for FY 25-26 are similar. States and UTs combined proposed a budget of ₹1,00,437 crore, of which 92 per cent, or ₹92,827 crore was approved.
- For 21 states and UTs, 95 per cent or more of proposed budgets were approved. This figure was highest in Himachal Pradesh (100 per cent), Karnataka (99 per cent), Odisha (98 per cent), Tamil Nadu (98 per cent), and Telangana (98 per cent), and lowest in Arunachal Pradesh (82 per cent) Manipur (81 per cent), and Jharkhand (80 per cent).

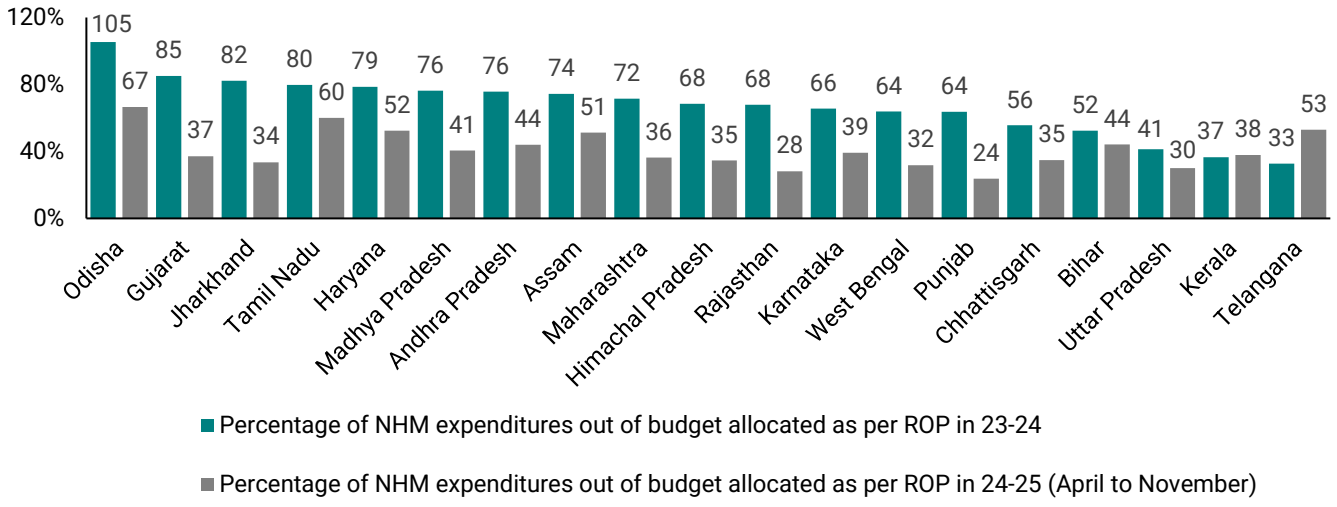
Releases

- The release of the Union share under NHM has exceeded 100 per cent in FY 22-23 and FY 23-24. For both years, the release upto December was more than 75 per cent of the allocated amount. In FY 24-25, upto September, 60 per cent of the allocated amount had been released.

Expenditures

- Expenditures have been analysed by comparing expenditure out of total funds allocated as per Financial Management Report (FMR) received through RTI response.
- In FY 23-24, the proportion of allocated funds spent was low, with only 62 per cent of the allocated funds spent across India. Among all states and UTs, only Odisha exceeded its allocation, spending 105 per cent of the allotted funds. However, in 16 states and UTs, it was lower than two third of allocated amount, including West Bengal (64 per cent), Punjab (64 per cent), Chhattisgarh (56 per cent), and Bihar (52 per cent).
- Expenditure was the lowest in Uttar Pradesh (41 per cent), Kerala (37 per cent) and Telangana (33 per cent).
- Similarly, in FY 24-25 (upto November), only Odisha spend more the two-third of the allocated funds. Five states including Tamil Nadu, Telangana, Haryana and Assam spent more than 50 per cent of their allocated funds.
- Utilisation, however, was less than one-third of the allocated amount in eight states and UTs including West Bengal (32 per cent), Uttar Pradesh (30 per cent), Rajasthan (28 per cent), and Punjab (24 per cent).

Figure 3: NHM Expenditure as Share of Budget Allocated (in %)

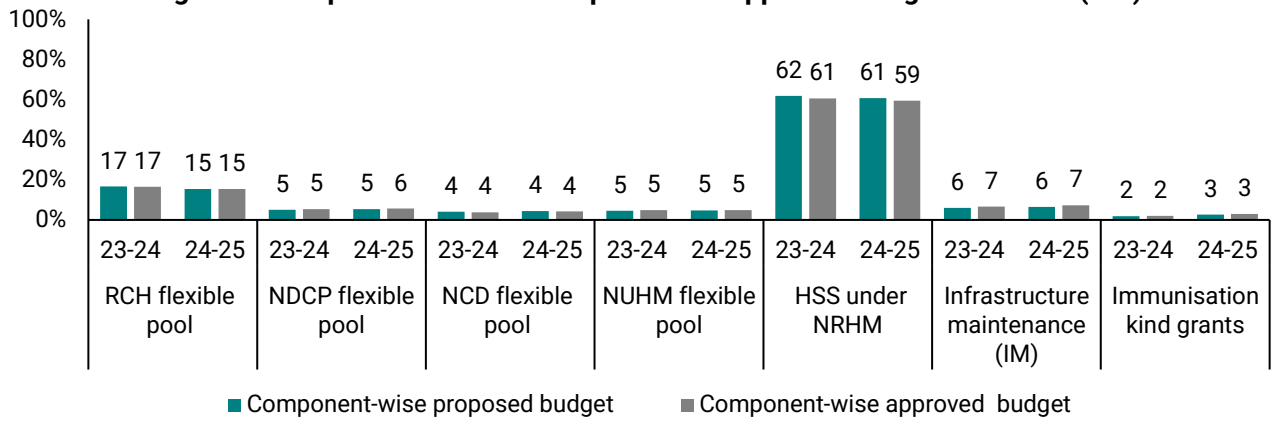


Source: RTI response from MoHFW dated 3 January 2025.

COMPONENT-WISE TRENDS

- Health System Strengthening (HSS), which includes hospital strengthening, annual maintenance grants, and untied funds accounted for the largest component of NRHM proposed and approved budgets in both FY 23-24 and FY 24-25. For instance, in FY 23-24, 62 per cent of the total NHM budget was proposed for HSS under NRHM, while its share in the approved budget marginally declined by one percentage point to 61 per cent.
- Similarly, in FY 24-25, HSS accounted for 61 per cent of the proposed budget and 59 per cent of the total NRHM approved budget.
- RCH Flexipool which covers Maternal and Child health, Family Planning, Adolescent Health, Immunization, and Nutrition among others was the second largest component accounting for 17 per cent and 15 per cent of both proposed and approved funds in FY 23-24 and FY 24-25, respectively.

Figure 4: Components Share in Proposed and Approved Budgets for NHM (in%)

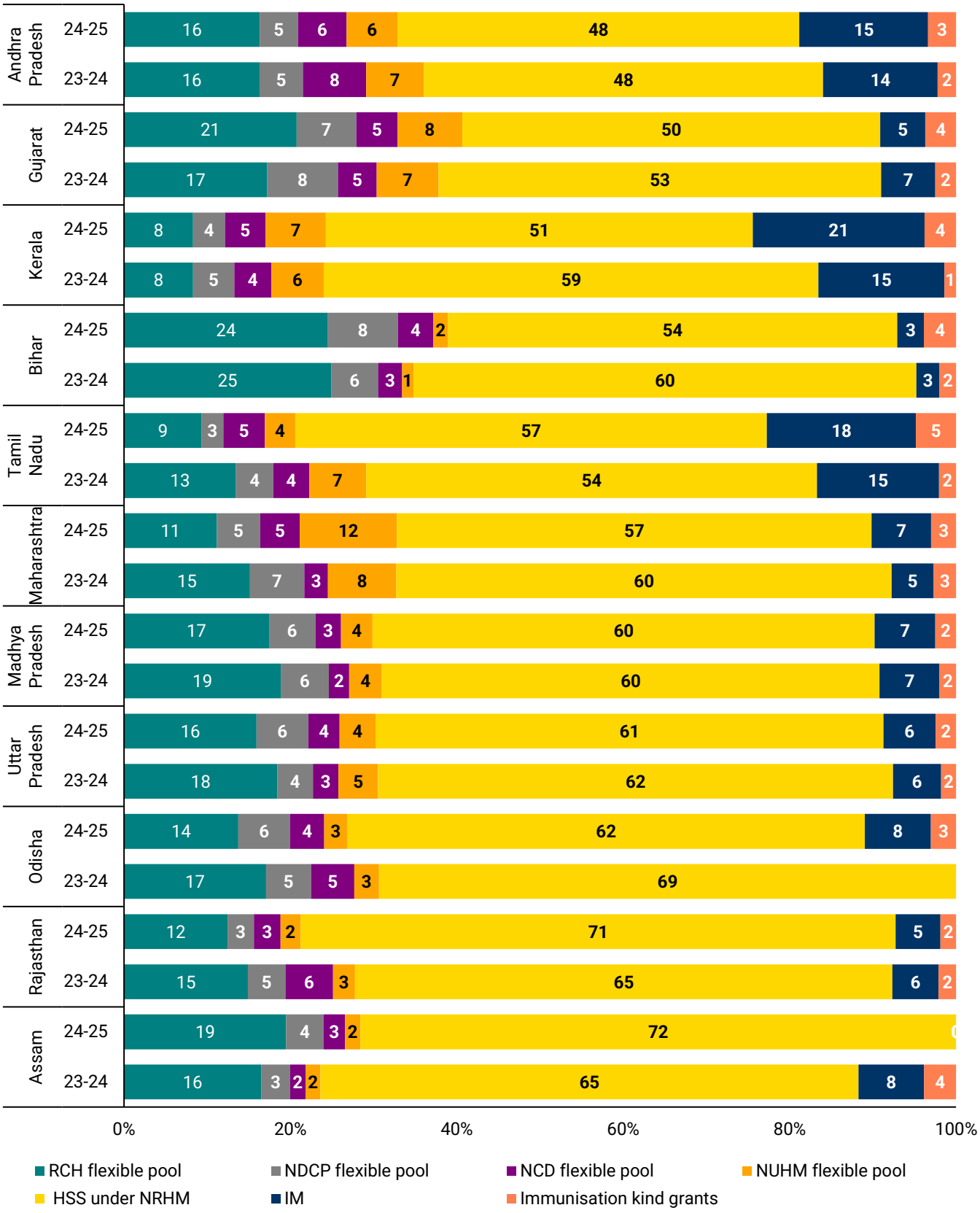


Source: Record of Proceedings, NHM, FY 23-24 and FY 24-25. Url. Last accessed on 28 February 2025.

State-wise and Component-wise Approved Budgets

- A look at state-wise shares of approved budget indicates priorities across components. In FY 23-24, share of approved budget for HSS was highest at 69 per cent for Odisha, followed by Karnataka at 68 per cent. In contrast, Andhra Pradesh and Gujarat allocated a relatively lower share for HSS at 48 and 53 per cent, respectively.
- While HSS was still the majority component, the share of RCH budgets was highest in Jharkhand (27 per cent) and Bihar (25 per cent). On the other hand, of all states, Sikkim allocated the most to IM, at 20 per cent followed by Uttarakhand 17 per cent.
- In FY 24-25, for four states including Assam (72 per cent) and Rajasthan (72 per cent) more than 70 per cent of the approved budget was for HHS under NRHM. Like the previous year, share of the approved budget for RCH remained highest in Jharkhand (27 per cent) and Bihar (24 per cent). Share of approved budget for IM was highest for Kerala (21 per cent), followed by Sikkim (19 per cent) and Tamil Nadu (19 per cent).

Figure 5: Component-wise Approved Budgets (in %)

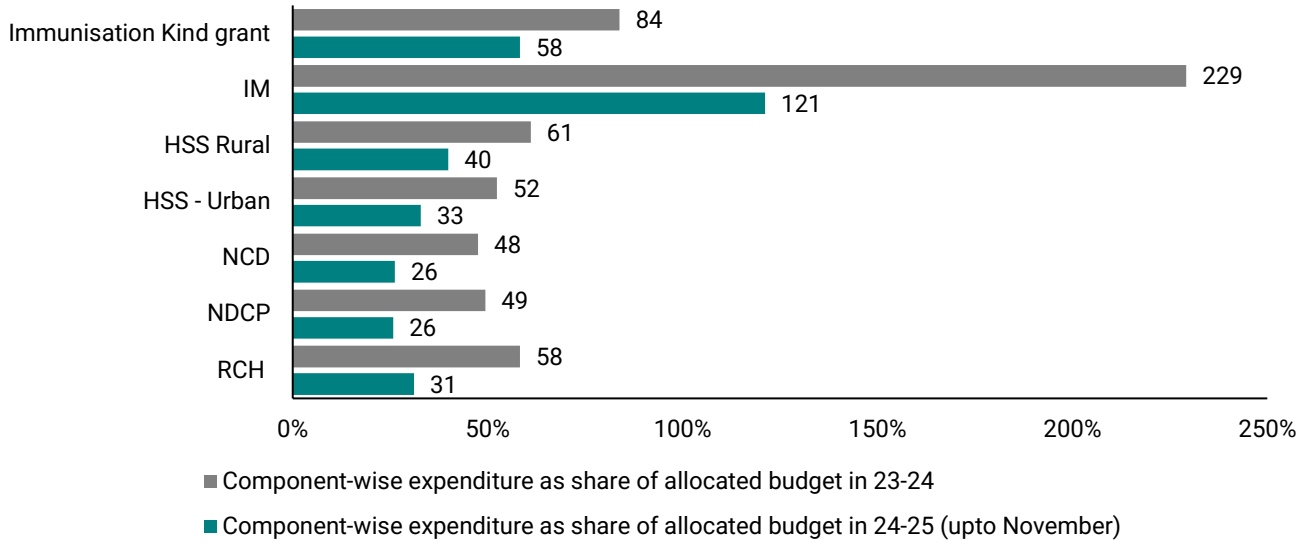


Source: Record of Proceedings, NHM, FY 23-24 and FY 24-25. Url. Last accessed on 28 February 2025.

Component-wise Expenditure

- Analysis of expenditures across components has been done using the FMR. It's important to note, however, that under the FMR, NHM is spread across seven sub-components of which HSS-Rural account for more than 65 per cent of the total expenditure, followed by RCH, which accounts for more than 15 per cent.
- Except for the IM component for which utilisation exceeded the allocated funds for FY 23-24 and FY 24-25 (upto November), utilisation for other components remained low.
- For Communicable and Non- Communicable disease, utilisation been less than 50 per cent in FY 23-24 and in FY 24-25 (upto November) and only 26 per cent of the allocated amount was spent.
- In FY 23-24, for larger components, namely HSS-Rural, 52 per cent of allocated amount was spent, while 58 per cent was spent for RCH. In FY 24-25, till November, only 40 per cent of allocated amount was spent on HSS - Rural and 31 per cent for RCH.

Figure 6: NHM Component -wise Expenditure as Share of Budget Allocated (in%)



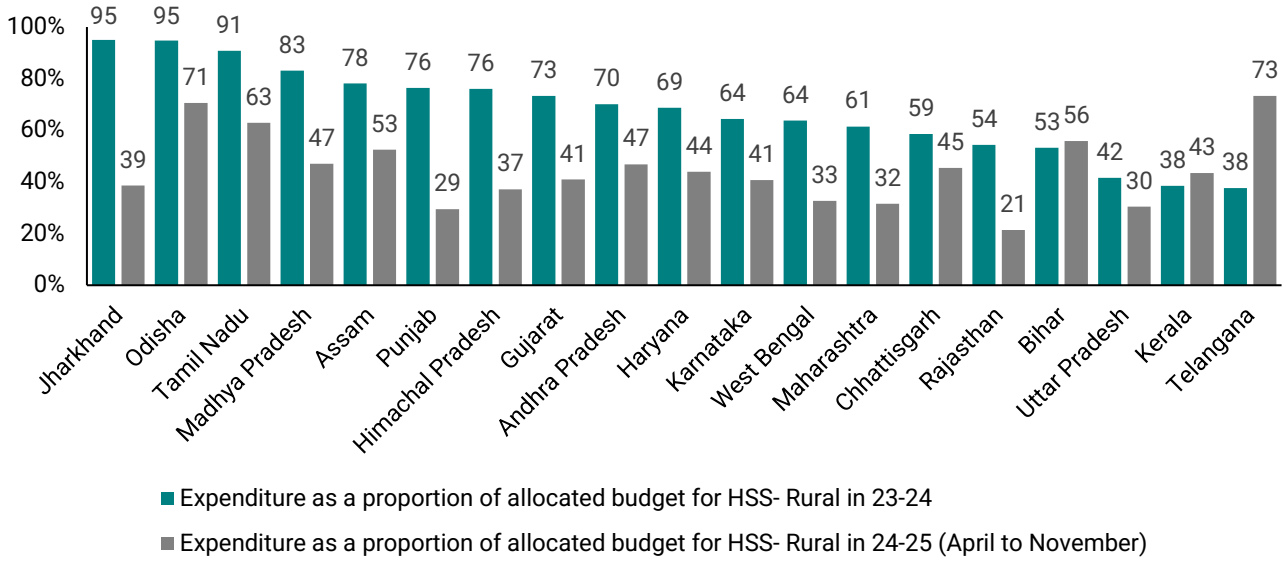
Source: RTI response from MoHFW dated 3 January 2025.

MAJOR COMPONENTS STATE-WISE TRENDS

Health System Strengthening—Rural

- As previously mentioned, HSS—Rural focuses on enhancing primary healthcare infrastructure and service delivery in rural areas.
- In FY 23-24, for Meghalaya and Arunachal Pradesh, more than allocated funds were utilised. Utilisation was also high for Jharkhand (95 per cent), Odisha (95 per cent), and Tamil Nadu (91 per cent). In contrast, it was lowest in Telangana (38 per cent), Kerala (38 per cent), and Uttar Pradesh (42 per cent)
- In FY 24-25 (upto November), utilisation was high for Telangana (73 per cent) and Odisha (71 per cent). On the contrary, it was lower for states such as Rajasthan (21 per cent), Punjab (29 per cent), Uttar Pradesh (30 per cent), Maharashtra (32 per cent), and West Bengal (33 per cent).

Figure 7: HSS-Rural Budget Utilisation Out of Allocation (in %)

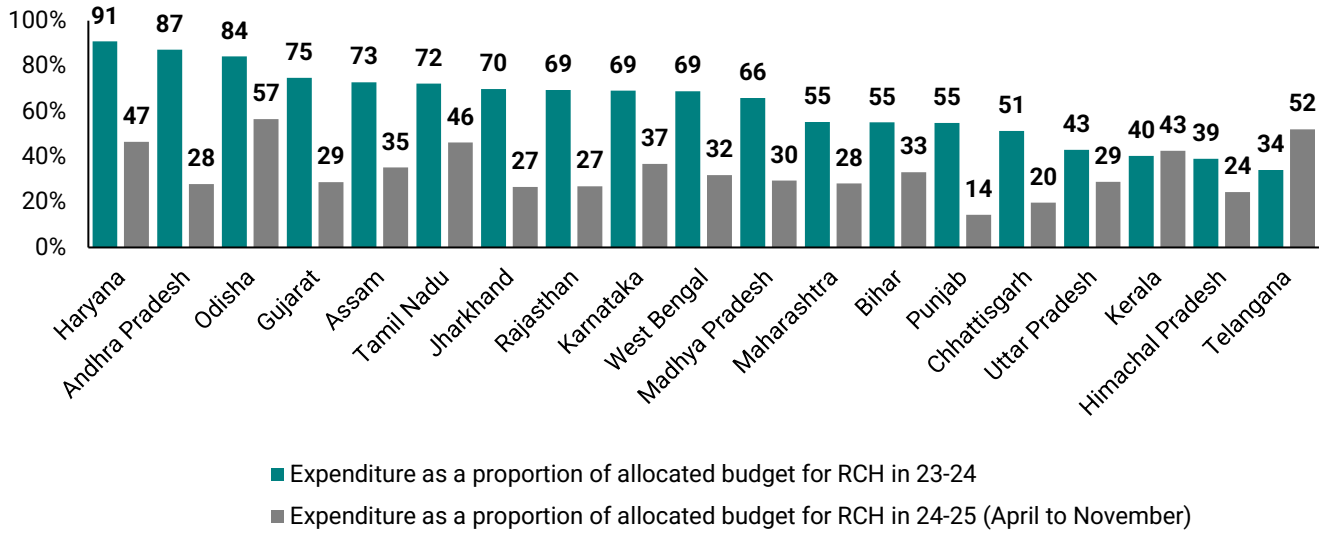


Source: RTI response from MoHFW dated 3 January 2025.

Reproductive and Child Health Flexible Pool

- In FY 23-24, for 14 states and UTs, less than 50 per cent of allocated budget was utilised. For instance, utilisation of the allocated budget for RCH Flexible Pool was highest in Haryana (91 per cent) followed by Andra Pradesh (87 per cent), Odisha (84 per cent), and Gujarat (75 per cent). In contrast, it was lowest in Telangana (34 per cent), Himachal Pradesh (39 per cent), Kerala (40 per cent), and Uttar Pradesh (43 per cent).

Figure 8: RCH Utilisation of the Budget Allocated (in%)



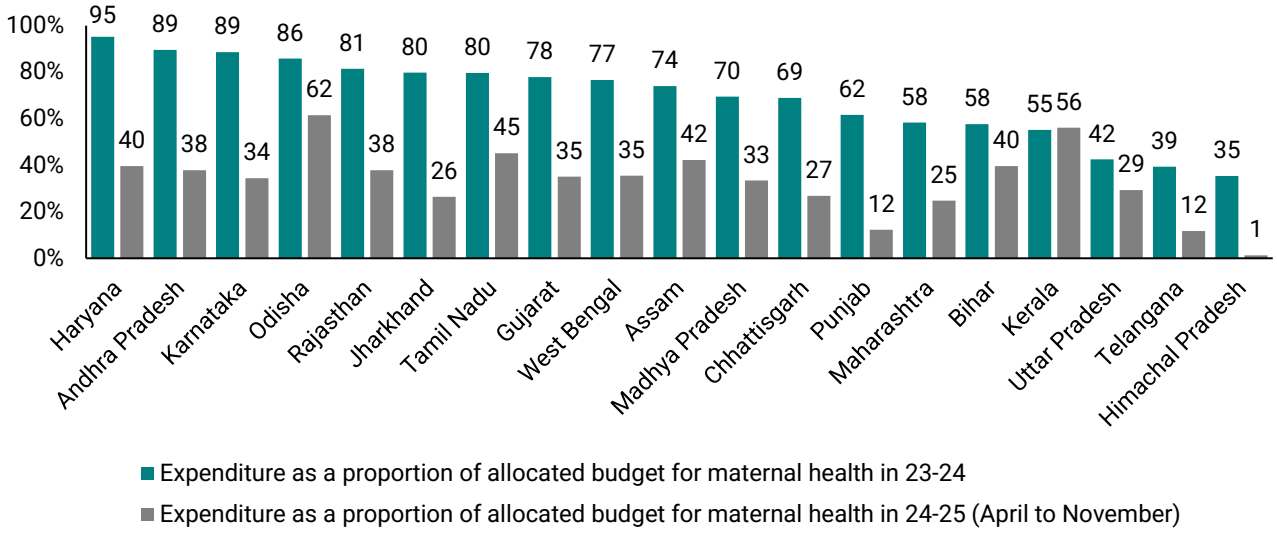
Source: RTI response from MoHFW dated 3 January 2025.

- Within RCH, largest components are Maternal Health and Child Health. In FY 23-24 and FY 24-25 till November, 65 per cent and 68 per cent of the total RCH expenditure, respectively was towards these two components. The next section looks at both these sub-components of RCH.

Maternal Health

- Overall, in FY 23-24, 62 per cent of the total allocated budget for Maternal Health was utilised across all states and UTs. However, there were significant state-wise variations. Among states, Haryana had the highest utilisation at 95 per cent followed by Andra Pradesh (89 per cent), Karnataka (89 per cent), Odisha (86 per cent), Rajasthan (81 per cent), Jharkhand (80 per cent), and Tamil Nadu (80 per cent).
- In contrast, for 11 states and UTs, utilisation was less than 50 per cent including Uttar Pradesh (42 per cent), Telangana (39 per cent), and Himachal Pradesh (35 per cent).
- In FY 24-25 (until November), the total funds Maternal Health utilised continued to be low. For instance, in first eight months, only three states including Odisha and Kerala had spent more than 50 per cent of their allocated budget.
- On the other hand, the proportion of expenditure out of allocated budgets was lower than one-third for 15 states and UTs including Uttar Pradesh (29 per cent) , Chhattisgarh(27 per cent), Jharkhand(26 per cent), Maharashtra (25 per cent), Punjab (12 per cent), Telangana (12 per cent), and Himachal Pradesh (1 per cent).

Figure 9: Maternal Health Budget Utilisation Out of Allocation (in %)



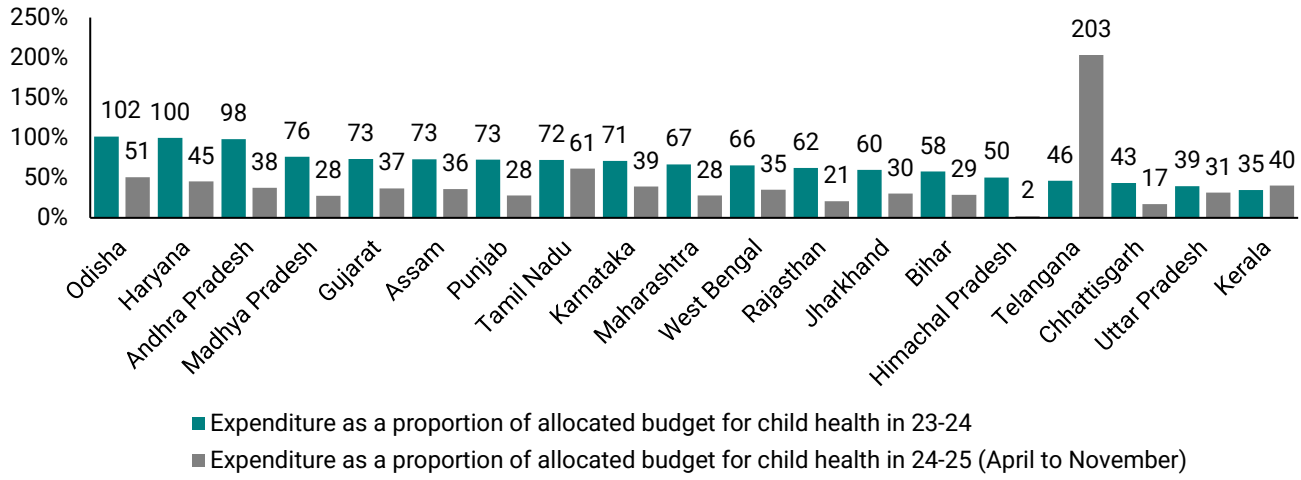
Source: RTI response from MoHFW dated 3 January 2025.

Child Health

- Similarly, of the total allocated budget for Child Health in FY 23-24, only 60 per cent was utilised, with state-wise variation. Utilisation was high for states such as Odisha (102 per cent) and Haryana (100 per cent). On the other hand, for 12 states and UTs utilisation was less than 50 per cent, including Telangana (46 per cent), Chhattisgarh (43 per cent), Uttar Pradesh (39 per cent) and Kerala (35 per cent).
- In FY 24-25 (upto November), 36 per cent of the allocated budget was utllised for Child Health. Utilisation was higher than the overall average for Telangana (203 per cent), Tamil Nadu (61 per cent), and Odisha (51 per cent).

- In contrast, for 19 states and UTs, less than one-third of the allocated amount was spent for child health including Uttar Pradesh (31 per cent), Jharkhand (30 per cent), Bihar (29 per cent), Maharashtra (28 per cent) Punjab (28 per cent), Madhya Pradesh (28 per cent), Rajasthan (21 per cent), Chhattisgarh (17 per cent), and Himachal Pradesh (2 per cent).

Figure 10: Child Health Budget Utilisation Out of Allocation (%)

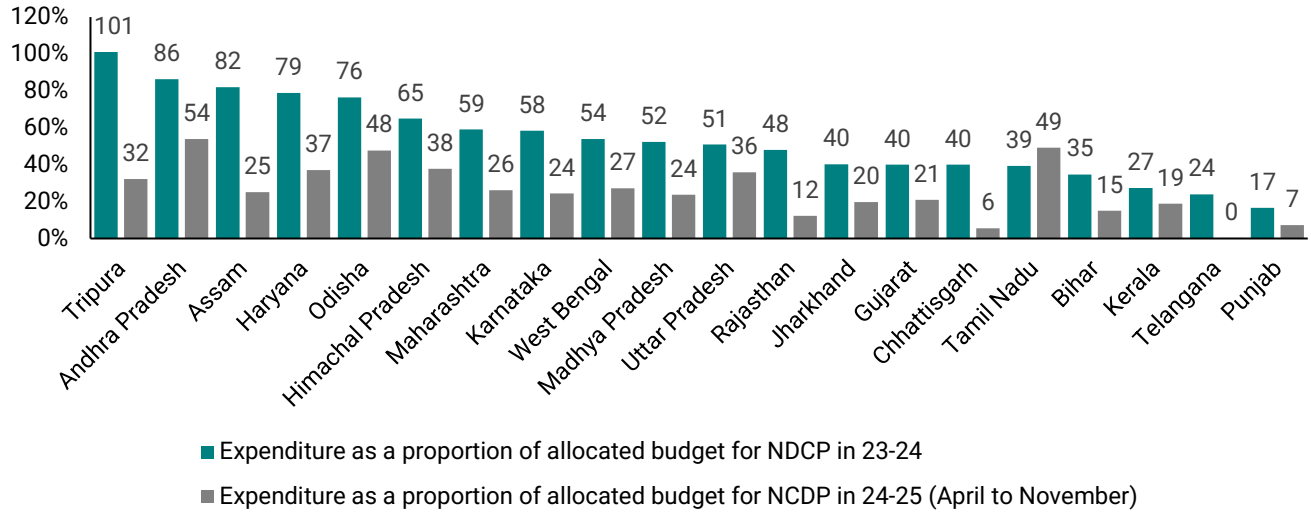


Source: RTI response from MoHFW dated 3 January 2025.

National Disease Control Programmes

- The National Disease Control Programmes (NDCP) is a set of public health initiatives in India aimed at preventing, controlling, and eliminating various communicable diseases. It includes programs such as Vector Borne Disease, Tuberculosis, etc.
- Overall, in FY 23-24, only 49 per cent of the allocated budget for NDCP was utilised, but there have been state-wise variations. Tripura was the only state with utilisation more than the allocated amount at 101 per cent. More than three-fourth of the allocated amount was also utilised in Andhra Pradesh (86 per cent), Assam (82 per cent), Haryana (79 per cent), and Odisha (76 per cent).
- On the contrary, for 12 states and UTs, less than 40 per cent of the allocated amount was utilised including Tamil Nadu (39 per cent), Bihar (35 per cent), Kerala (27 per cent), Telangana (24 per cent), and Punjab (17 per cent).
- In FY 24-25 (upto November), only Andhra Pradesh (54 per cent) utilised more than half of its allocated amount, followed by Tamil Nadu (49 per cent) and Odisha (48 per cent). On the other hand, in 14 states and UTs, less than 20 per cent of the allocated amount was utilised upto November 2024 including Kerala (19 per cent), Bihar (15 per cent), Rajasthan (12 per cent), Punjab (7 per cent), Chhattisgarh (6 per cent), and Telangana (0.2 per cent).

Figure 11: NCDP Budget Utilisation Out of Allocation (%)

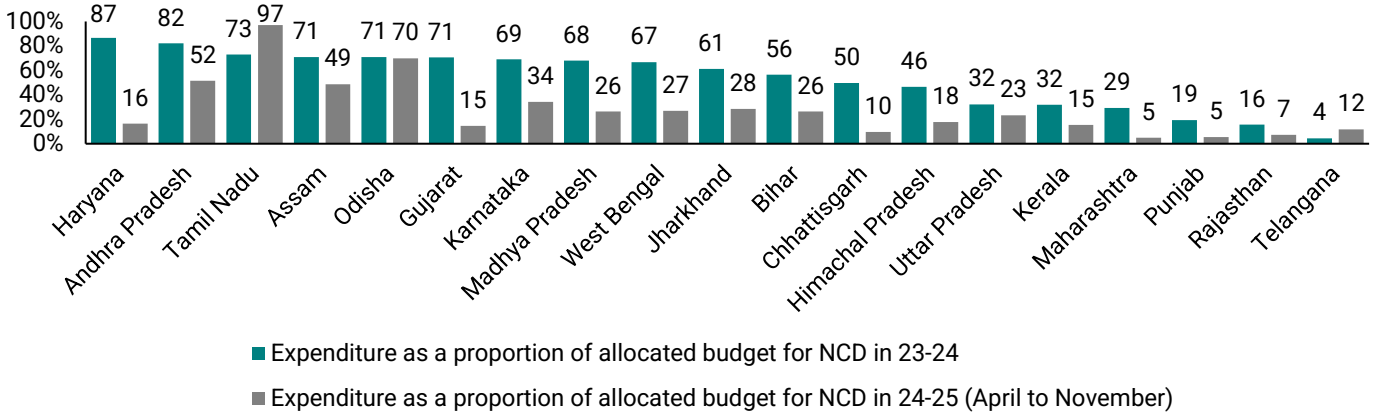


Source: RTI response from MoHFW dated 3 January 2025.

Non-Communicable Disease Control Programme

- The Non-Communicable Disease Control Programme (NCDP) is a comprehensive initiative aimed at preventing, managing, and controlling non-communicable diseases including programmes for eye health, mental health, elderly care, tobacco control, and chronic disease management.
- In FY 23-24, utilisation of the allocated budget for NCDP was highest in Haryana (87 per cent) followed by Andhra Pradesh (82 per cent) and Tamil Nadu (73 per cent). In contrast, it was lowest in Telangana (4 per cent), Rajasthan (16 per cent), and Punjab (19 per cent). In FY 23-24, for 18 states and UTs, less than 50 per cent of allocated budget was utilised.
- In FY 24-25 (until November), the total funds utilised for Tamil Nadu and Odisha has been high at 97 per cent and 70 per cent, respectively, and for Andhra Pradesh it was 52 per cent. On the other hand, in 28 states and UTs, expenditure remained below one-third of the allocated budget. Among them, Maharashtra and Punjab had the lowest utilisation (5 per cent each), followed by Rajasthan (7 per cent), Chhattisgarh (10 per cent), and Telangana (12 per cent).

Figure 12: NCDP Budget Utilisation Out of Allocation (%)



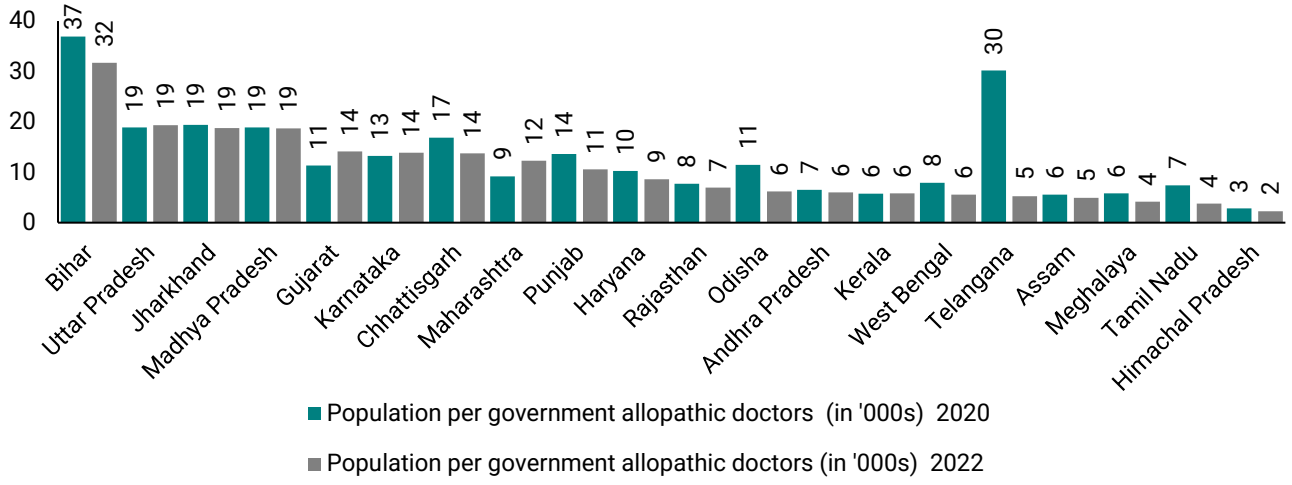
Source: RTI response from MoHFW dated 3 January 2025.

RESOURCES

Doctors and Beds

- A measure of the accessibility of public health services is the population per government allopathic physician and population per government hospital bed. As per World Health Organisation norms, there should be at least 1 doctor for every 1,000 people and at least 3 hospital beds per 1,000 people. The NHP 2017 recommends availability of 2 beds per 1,000 population.
- Data for Government allopathic doctors for 2020 and 2022 are available from the National Health Profile 2021 and 2022. Data across states have different reference years for 2020 which range from 31 December 2019 to 30 September 2020. To provide year-on-year population estimates for each state, these have been matched with estimated population data from the report "Population Projections for India and States, 2011-2036," published by the National Commission on Population, MoHFW, in July 2020, and sourced from the Registrar General of India.
- A comparison of people per government allopathic doctor between 2020 and 2022 shows marginal change. In 2020, there were 9,507 people per government allopathic doctor, which decreased to 7,908 people in 2022, indicating progress but still reflecting a significant gap. Moreover, despite this overall progress, 10 states and UTs including Gujarat, Karnataka, Maharashtra and Uttar Pradesh experienced an increase in the population per government allopathic doctors, highlighting regional disparities in healthcare access.
- Similarly, for 2022, 11 states and UTs had higher than the national average people per government allopathic doctor, including Bihar with 31,692 people per government allopathic doctor, Uttar Pradesh (19,351), Jharkhand (18,779), Madhya Pradesh (18,725), Gujarat (14,113), Karnataka (13,887), Chhattisgarh (13,733), Maharashtra (12,295), Punjab (10,563), and Haryana (8,636).

Figure 13: Government Allopathic Doctors

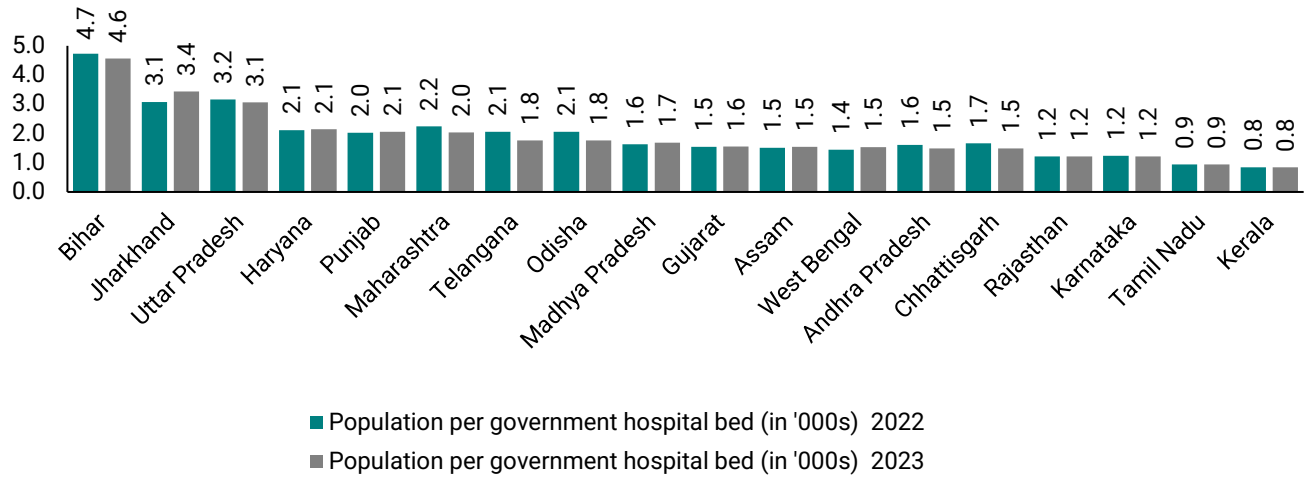


Source: (1) Number of government allopathic doctors in 2020, as per the National Health Profile 2021.Url. (2) Number of government allopathic doctors in 2022, as per the National Health Profile 2023. Url. Last accessed on 28 February 2025.

- Data on the availability of beds in government healthcare facilities for 2022 and 2023 comes from the Rural Health Statistics (RHS) reports for 21-22 and 22-23. In 2022, there were 1,691 people per government hospital bed in India, which saw a slight improvement to 1,666 in 2023. However, despite this marginal decline at the national level, 20 states and UTs saw increase in people per government hospital bed as number of hospital beds declined.

- In 2023, Bihar had 4,562 people per bed in government hospitals, nearly three times the national average. This number was also higher than the national average for the several states such as Jharkhand (3,439), Uttar Pradesh (3,062), Haryana (2,144), Punjab (2,053), Maharashtra (2,034), Telangana (1,765), Odisha (1,762), and Madhya Pradesh (1,689).
- On the other hand, 14 states and UTs including Kerala (838), Tamil Nadu (936), Goa (609), Himachal Pradesh (734), had less than 1,000 persons per government hospital bed.

Figure 14: Government Hospitals Beds



Source: (1) Rural Health Statistics (RHS) 2021–22. Url. (2) Health Dynamics of India (Infrastructure & Human Resources) 2022-23. Url. Last accessed on 28 February 2025.

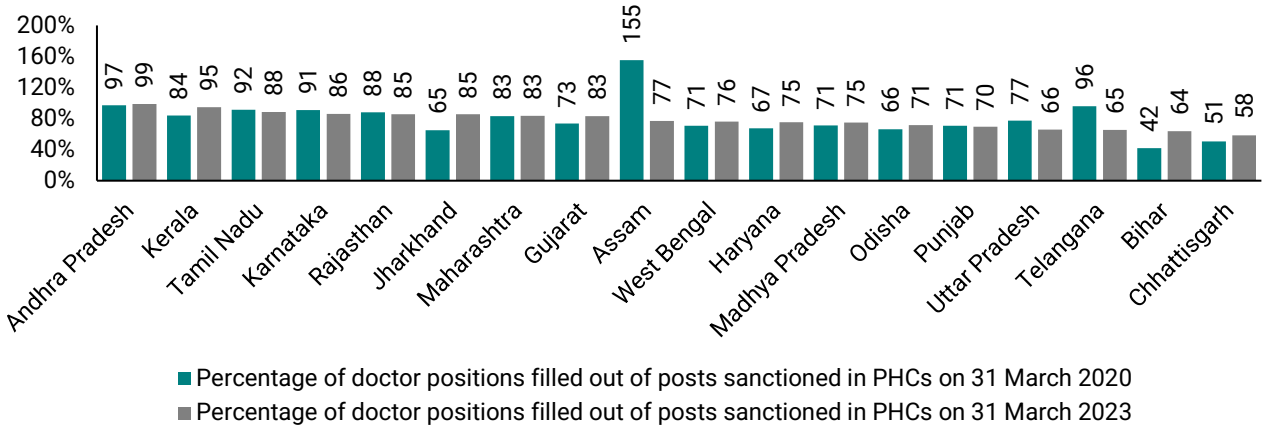
Human Resources

- Functioning Sub-Centers (SCs), Primary Health Centres (PHCs), and Community Health Centres (CHCs) require the availability of sufficient staff to be present in these facilities, including doctors, nursing staff and Auxiliary Nurse Midwives (ANMs).

Doctors

- For government doctors across India, there is not only a gap in the population per government allopathic doctor but also a shortfall in staff at the PHC level. As on 31 March 2020, only 81 per cent of sanctioned doctor posts at PHCs were filled which declined to 79 per cent by 31 March 2023. During this period, 15 states and UTs saw a decline in the number of filled positions.
- As of March 2023, for 13 states and UTs, 79 per cent or less sanctioned posts were filled. This included Assam (77 per cent), West Bengal (76 per cent), Haryana (75 per cent), Madhya Pradesh (75 per cent), Odisha (71 per cent), Punjab (70 per cent), Uttar Pradesh (66 per cent), Telangana (65 per cent), Bihar (64 per cent), and Chhattisgarh (58 per cent).
- In March 2023, 3 states and UTs had more doctors in position than sanctioned including Meghalaya and Nagaland whereas in March 2020, 8 states and UTs had more doctors in position than sanctioned including Assam, Goa, Manipur, Meghalaya, and Nagaland.

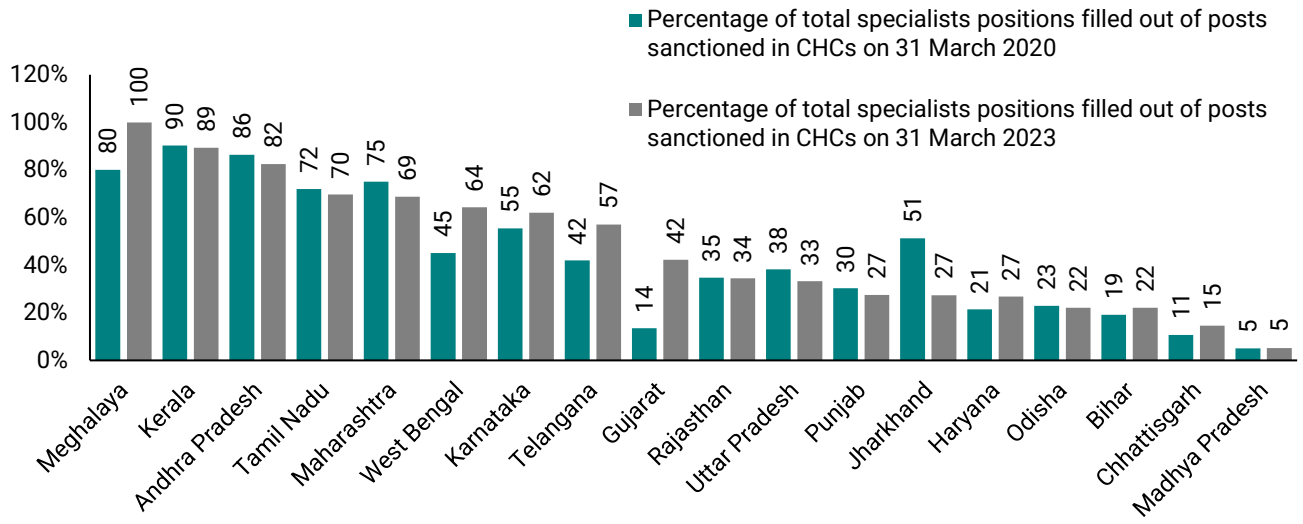
Figure 15: State-wise Sanctioned Doctors Positions Filled in PHCs (in %)



Source: (1) Rural Health Statistics (RHS) 2019–20. Url. 2) Health Dynamics of India (Infrastructure & Human Resources) 2022-23. Url. Last accessed on 28 February 2025.

- Similarly, only 38 per cent of sanctioned posts for specialist doctor posts (surgeons, physicians, obstetricians/ gynaecologists, and paediatricians) were filled in CHCs as of 31 March 2023, down from 41 per cent on March 31, 2020. During this period, 13 states and Union Territories saw an increase in vacant positions.
- Less than 30 per cent sanctioned posts were filled in 8 states, including Punjab (27 per cent), Jharkhand (27 per cent), Haryana (27 per cent), Odisha (22 per cent), Bihar (22 per cent), Chhattisgarh (15 per cent), and Madhya Pradesh (5 per cent).
- States such as Arunachal Pradesh and Meghalaya had all sanctioned posts filled.

Figure 16: State-wise Sanctioned Specialist Positions Filled in CHCs (in %)



Source: (1) Rural Health Statistics (RHS) 2019–20. Url. 2) Health Dynamics of India (Infrastructure & Human Resources) 2022-23. Url. Last accessed on 28 February 2025.

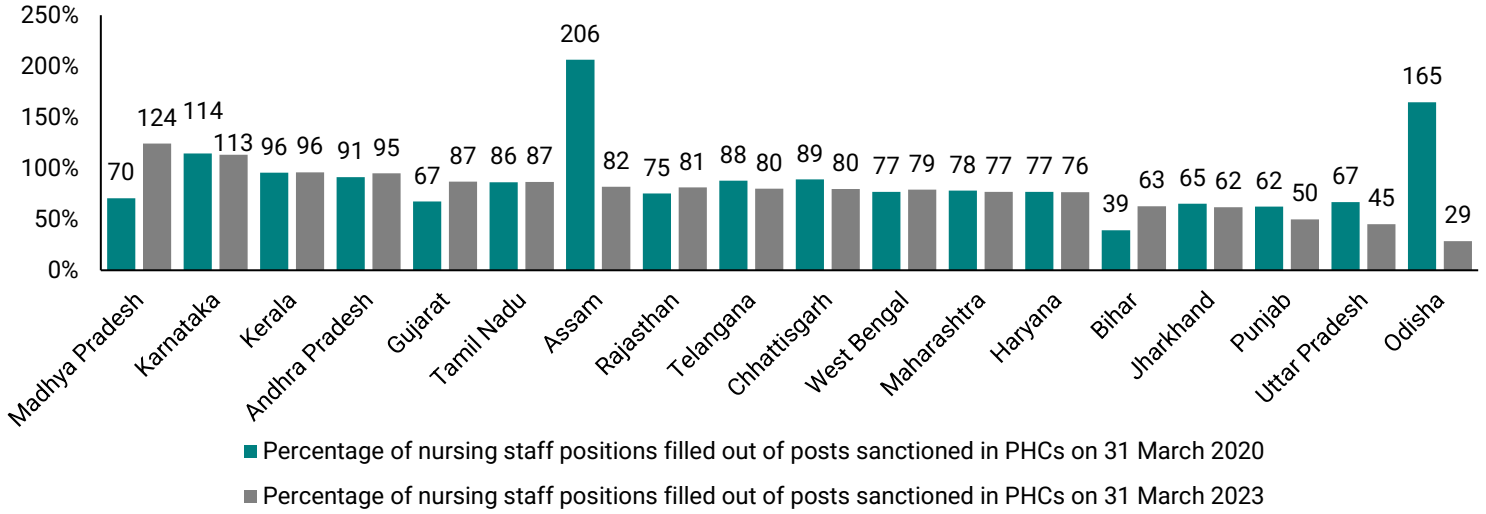
ANM

- Auxiliary Nurse Midwives (ANMs) are frontline health workers who provide maternal and child health related services at the SC and PHC levels. Under NRHM, ANMs establish a link between health services and the community. ANM roles were expanded further under NUHM, which focuses on providing healthcare to vulnerable and disadvantaged groups in urban areas for not only RCH-related services but also basic services for communicable and non-communicable diseases, including disease surveillance.
- As on 31 March 2023, 18 per cent of ANM positions were vacant across India, up from 11 per cent on March 31, 2020. During this period, 20 states and UTs saw an increase in vacant positions. In 2020, 11 states and UTs had more ANM positions filled than sanctioned, whereas by 2023, this number had dropped to just five states and UTs.
- In March 2023, more than one-fourth posts were vacant for Himachal Pradesh (49 per cent), Jharkhand (34 per cent), Bihar (32 per cent), Punjab (31 per cent), and Uttar Pradesh (26 per cent).

Nursing Staff

- Nursing staff are registered and trained nurses who provide patient care. They serve a crucial role because they are in-charge of organising the nursing care for patients, providing direct nursing care to the sick, and aiding surgeons during major operations.
- As on 31 March 2023, there were 19 per cent nursing staff posts vacant in PHCs across India, up from 13 per cent as of March 2020. During this period, 16 states and UTs saw increase in vacant posts.
- As on 31 March 2023, more than one-third sanctioned posts were vacant in states such as Bihar (37 per cent) and Jharkhand (38 per cent). In Punjab (50 per cent), Uttar Pradesh (55 per cent), Himachal Pradesh (56 per cent), and Odisha (71 per cent), half or more sanctioned post were vacant. For six states and UTs, more than the sanctioned posts were filled, including Madhya Pradesh and Karnataka.

Figure 17: State-wise Sanctioned Nurse Positions Filled in PHCs (in %)



Source: (1) Rural Health Statistics (RHS) 2019–20. Url. 2) Health Dynamics of India (Infrastructure & Human Resources) 2022-23. Url. Last accessed on 28 February 2025.

- When compared to PHCs, as on 31 March 2023, 22 per cent of nursing staff posts were vacant in CHCs across India, up from 11 per cent in March 31, 2020. During this period, vacant positions increased by 11 percentage points, with 11 states and UTs experiencing a rise in nursing staff vacancies.

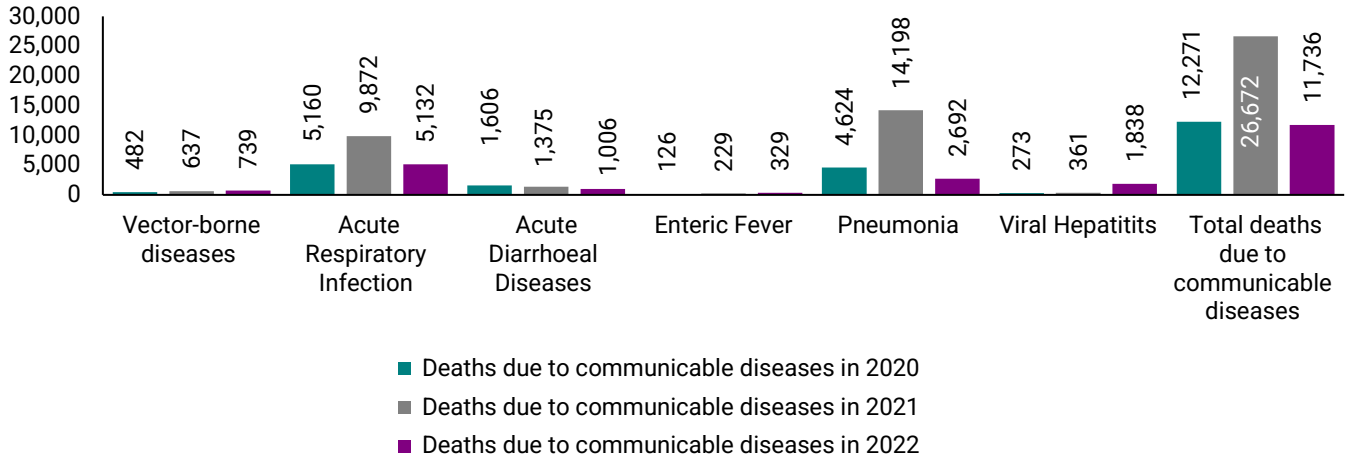
- As on 31 March 2023, more than one-third sanctioned posts were vacant in states such as Uttar Pradesh (35 per cent), Uttarakhand (40 per cent), Odisha (58 per cent), and Bihar (65 per cent). While for 9 states and UTs 100 per cent or more sectioned post were filled such as Nagaland (132 per cent), Meghalaya (120 per cent), Arunachal Pradesh (100 per cent), and Sikkim (100 per cent).

OUTCOMES

Communicable Diseases

- Communicable diseases are illnesses spread through an infectious agent or toxic products. They are transmitted from person to person, animal to animal or from the environment (through air, dust, soil, water, food etc.) to man or animal.
- In 2022, communicable diseases accounted for 11,736 deaths in India, which was 55 per cent lower than 2021 and 4 per cent lower than 2020. Acute respiratory infections (5,132) and pneumonia (2,692) accounted for most deaths in 2022. Vector borne diseases accounted for 6 per cent of total communicable diseases related deaths in 2022.
- In 2021, during the COVID-19 pandemic, deaths due to acute respiratory infections (9,872) and pneumonia (14,198) saw a significant spike, bringing the total number of communicable disease-related deaths to 26,672.

Figure 18: Communicable Diseases Associated Deaths



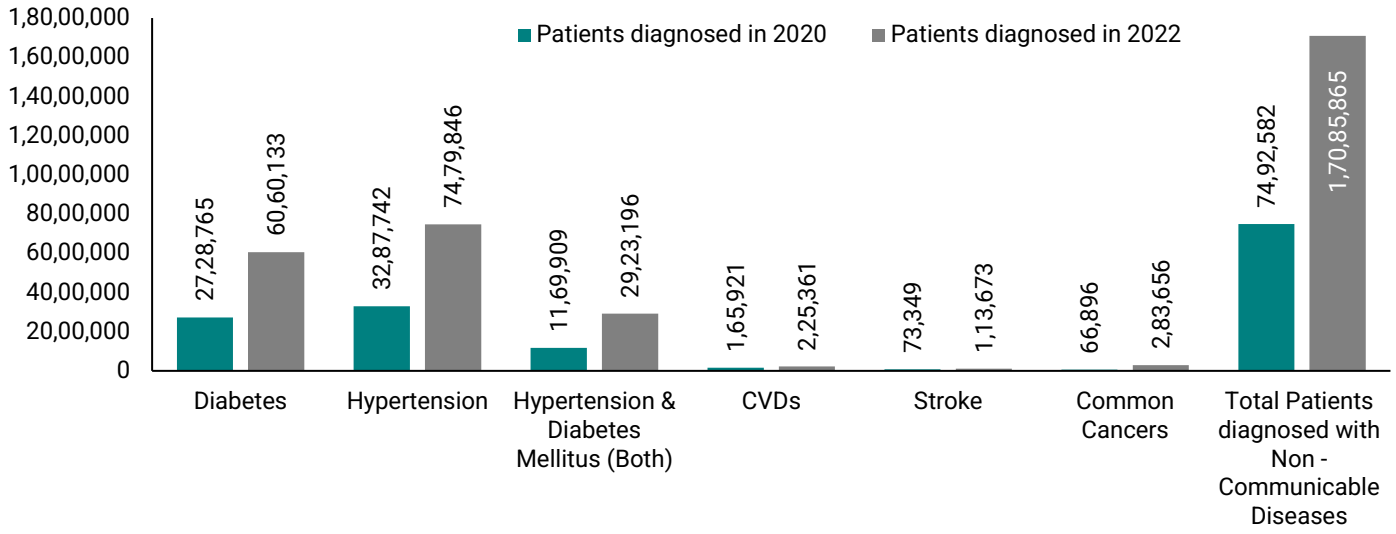
Source: Causes of deaths due to communicable diseases from National Health Profile 2021, 2022 and 2023. Last accessed on 28 February 2025.

Non-Communicable Diseases

- Non-communicable Diseases (NCDs) are medical conditions or diseases that are not caused by infectious agents. These are chronic diseases of long duration, with slow progression and are the result of a combination of genetic, physiological, environmental, and behavioural factors. Some of these are diabetes, Hypertension, Cardiovascular Disease, Stroke and Cancer.
- In 2020, 4.72 crore patients attended NCD clinics, of whom 74.92 lakh or 16 per cent were diagnosed with an NCD. Among these diagnoses, 96 per cent were related to diabetes and hypertension.
- By 2022, the number of patients visiting NCD clinics had increased by 110 per cent, reaching 9.92 crore, while the number of NCD diagnoses rose by 128 per cent, totalling 1.7 crore.

- In 2022, diabetes and hypertension-related diagnoses continued to account for more than 95 per cent of NCD cases. However, during this period, diagnoses of common cancers saw a more than four-fold increase.

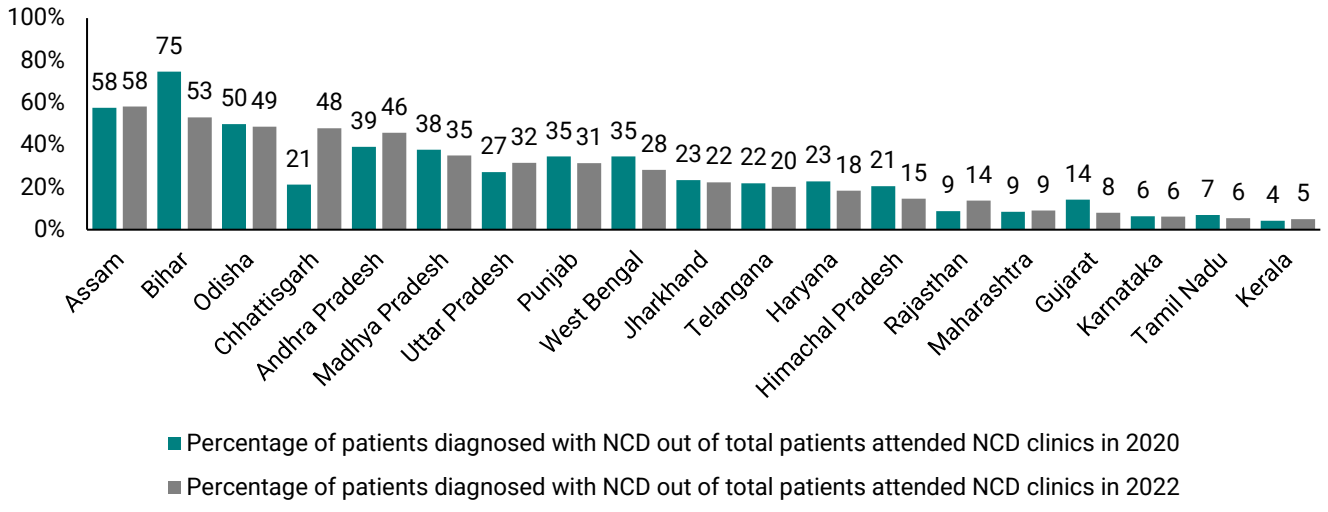
Figure 19: Number of Patients Diagnosed with NCD



Source: (1) Patients diagnosed with non-communicable diseases in 2020, as per the National Health Profile 2021.Url. (2) Patients diagnosed with non-communicable diseases in 2022, as per the National Health Profile 2023. Url. Last accessed on 28 February 2025.

- There is significant variation in the number of people attending NCD clinics and those diagnosed with an NCD.
- In 2022, Assam, 58 per cent of people who visited NCD clinics were diagnosed with an NCD, followed by 53 per cent in Bihar, 49 per cent in Odisha, 48 per cent in Chhattisgarh, and 46 per cent in Andhra Pradesh. In contrast, for states such as Kerala, Tamil Nadu, Karnataka, Gujarat, and Maharashtra it was less than 10 per cent.

Figure 20: State-wise cases of NCD out of patients attended NCD Clinics (in %)



Source: 1) Patients diagnosed with non-communicable diseases in 2020, as per the National Health Profile 2021.Url. 2) Patients diagnosed with non-communicable diseases in 2022, as per the National Health Profile 2023. Url. Last accessed on 28 February 2025.

About ResGov

The Foundation for Responsive Governance (ResGov) is a Section 8 not-for-profit working to strengthen the capabilities of government and communities to ensure public initiatives reach the most vulnerable.

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We are working to strengthen the capabilities of government and communities to ensure public initiatives reach the most vulnerable.

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