

Milestone Volume

BUDGET BRIEFS

Vol 15/Issue 8

National Health Mission (NHM) GoI, 2023-24

National Health Mission

(NHM) is Government of India's (GoI's) largest public health programme, which aims to achieve universal access to quality healthcare. It consists of two sub-missions:

- National Rural Health Mission (NRHM); and
- National Urban Health Mission (NUHM).

This brief uses government data to analyse:

- NHM finances, including proposed and approved budgets, releases, and expenditures;
- Staff and bed availability; and
- Outcomes.

Cost share and implementation:

Funds are shared in a 60:40 ratio between GoI and states and between GoI and Union Territories (UTs) with legislatures. UTs without legislatures are fully funded by GoI. For Himalayan and North Eastern Region (NER) states, the ratio is 90:10.

HIGHLIGHTS

₹ 89,155 cr

GoI allocations for Ministry of Health and Family Welfare (MoHFW) in FY 2023-24

₹ 35,947 cr

GoI allocations for NHM in FY 2023-24 excluding the National AYUSH Mission and Senior Citizen Health Insurance Scheme

SUMMARY & ANALYSIS

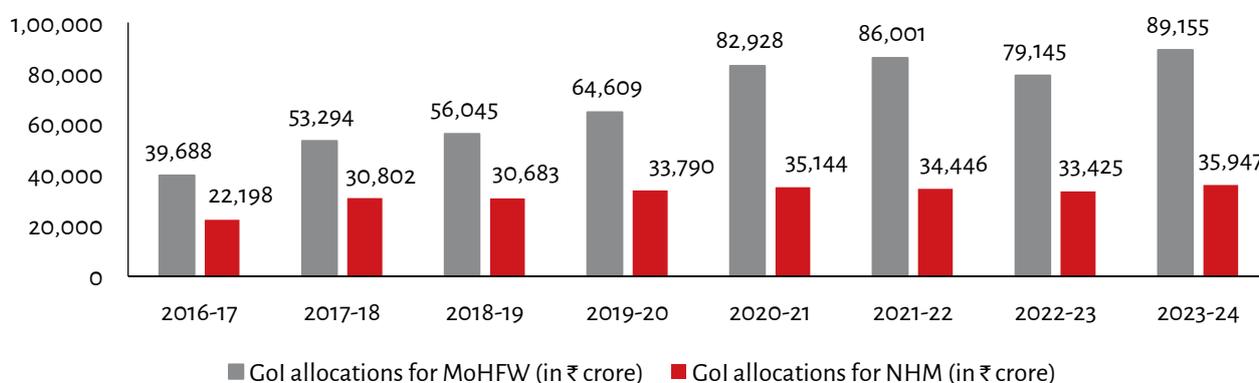
- NHM is the largest scheme of the Ministry. For Financial Year (FY) 2023-24 Budget Estimates (BEs), ₹35,947 crore has been allocated to NHM. This is 8 per cent more than the previous year's Revised Estimates (REs) but 3 per cent lower than the BEs.
- There were differences between proposals, approvals, releases, and expenditures. In FY 2021-22, proposed budgets stood at ₹71,467 crore of which ₹64,730 crore (91 per cent) was approved. However, only ₹48,353 crore or 75 per cent of approved budgets was released. As a result, states had ₹50,947 crore available to spend (including unspent balances), of which 92 per cent or ₹47,108 crore were spent.
- Per capita NHM expenditures have been increasing over time. In FY 2013-14, this figure stood at ₹177, and it rose to ₹344 in FY 2021-22.
- Of the budget approved for FY 2022-23, 58 per cent was for Health System Strengthening, 18 per cent for the NRHM-Reproductive and Child Health (RCH) flexipool, 6 per cent for National Disease Control Programme (NDCP), and 4 per cent each for Non-Communicable Diseases (NCDs) and NUHM.
- There is a shortfall in staff at the Primary Health Centre level. Only 80 per cent of sanctioned doctor posts were filled as on 31 March 2021. Similarly, only 36 per cent of sanctioned posts for specialist doctor posts were filled in Community Health Centres.

- Launched in May 2013, the National Health Mission (NHM) is Government of India's (GoI's) flagship scheme to achieve universal access to quality healthcare through strengthening health systems, institutions, and capabilities. 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; and b) the National Urban Health Mission (NUHM), a sub-mission launched in 2013 for urban health. The scheme is implemented by the Ministry of Health and Family Welfare (MoHFW).
- In March 2021, the Cabinet approved the Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN) — a single non-lapsable reserve fund to collect the proceeds for health from the 4 per cent health and education cess in place since FY 2018-19. PMSSN is to be used to fund NHM, Ayushman Bharat, Pradhan Mantri Swasthya Suraksha Yojana, emergency and disaster preparedness during health emergencies, and any future programme that aims to achieve progress towards Sustainable Development Goals and the targets set out in 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) and for the Senior Citizen Health Insurance Scheme (SCHIS) have not been included under NHM for comparability of analysis across allocations, approvals, and expenditures.

TRENDS IN GOI ALLOCATIONS

- For FY 2023-24, allocations for MoHFW stood at ₹89,155 crore. This is ₹10,010 crore or 13 per cent more than the Revised Estimates (REs) of the previous year.
- NHM is the largest Centrally Sponsored Scheme (CSS) within MoHFW, and accounts for 40 per cent of the Ministry's allocations in FY 2023-24. In FY 2023-24, GoI allocated ₹35,947 crore for NHM. This is an 8 per cent increase compared to the previous year's REs but 3 per cent lower than the BEs.
- Allocations, however, remain significantly lower than the Ministry's demand. In FY 2021-22, only 69 per cent of the projected demand of ₹1,25,202 crore was allocated. In FY 2022-23, however, projected demand by the Ministry decreased by ₹28,434 crore. Therefore, 82 per cent of the projected demand of ₹96,767 crore was allocated in FY 2022-23.
- Similar to its nodal Ministry, allocations for NHM have remained below projected demand, though the gap reduced in FY 2022-23. While the Ministry had demanded ₹32,309 crore for NRHM and NUHM (including infrastructure maintenance), allocations stood at ₹28,974 crore or 90 per cent of projected demand.

GOI ALLOCATIONS FOR NHM INCREASED BY 8% FROM 2022-23 TO 2023-24



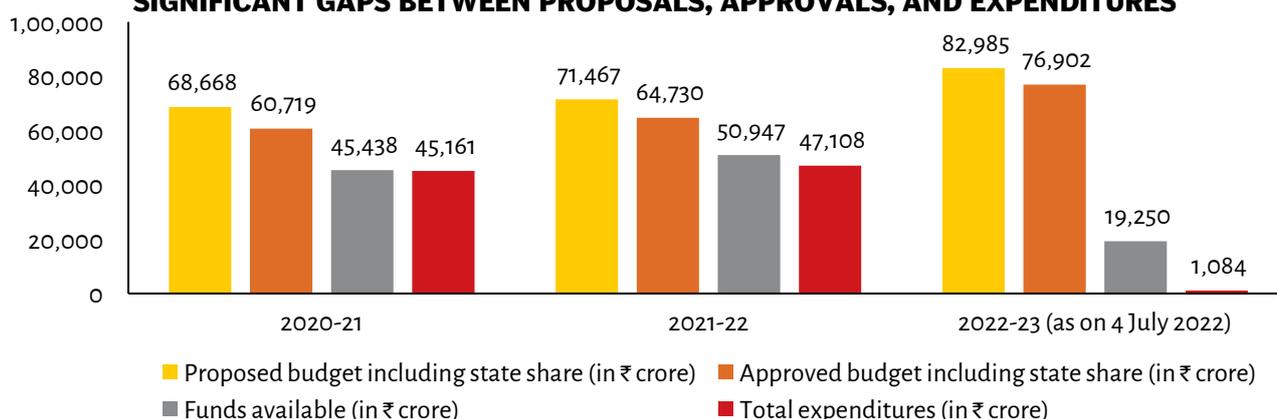
Source: Allocations from Union Expenditure Budget, Volume 2, MoHFW, FY 2017-18 to FY 2023-24. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2023.

Note: (1) Figures are in crores of Rupees and are Revised Estimates (REs), except for FY 2023-24 which are Budget Estimates (BEs). (2) NHM allocations include Strengthening of State Drug Regulatory System, Tertiary Care Programme, and Human Resources for Health and Medical Education, and exclude the Senior Citizen Health Insurance Scheme.

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 2018-19, 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)** 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.
- Approved budgets for NHM are based on plans submitted by state governments, known as State Programme Implementation Plans (SPIPs). State proposals are deliberated upon in the National Programme Coordination Committee (NPCC). Once approved by GoI, they are called Records of Proceedings (ROPs) and comprise the total available resource envelope (which is calculated based on GoI's own funds), the proportional share of state contributions, and unspent balances available with the states.
- In FY 2022-23, the ROP format was changed, and items are now listed by activities. Moreover, ROPs are now made for two years i.e. current year's ROP was made for FY 2022-23 and FY 2023-24.
- 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 the Union and states have to add their shares. The total funds available to a state include state and Union shares of releases, and unspent balances from the previous financial year.
- Analysis has been undertaken on the gaps between funds proposed and approved, the proportion of funds released, and expenditure undertaken.
- Most budgets proposed were approved. In FY 2021-22, for instance, total proposed budgets stood at ₹71,467 crore, 4 per cent higher than the previous year. Of this, 91 per cent or ₹64,730 crore was approved.
- Release of funds by both GoI and states, however, were low and accounted for 75 per cent of approvals (₹48,353 crore). Therefore, including unspent balances (₹2,593 crore), states had ₹50,947 crore available to spend, of which 92 per cent or ₹47,108 crore were spent. As a share of approved budgets, however, the proportion stood at 73 per cent.
- In FY 2022-23, states had proposed budgets of ₹82,985 crore, a 16 per cent increase over the previous year. Of these 93 per cent, or ₹76,902 crore, were approved. However, as on 4 July 2022, only ₹18,004 crore had been released by GoI and states. Adding the unspent balances from the previous year, total funds available till July thus stood at ₹19,250 crore. Of this, only ₹1,084 crore or 6 per cent had been spent.

SIGNIFICANT GAPS BETWEEN PROPOSALS, APPROVALS, AND EXPENDITURES



Source: (1) Proposed and approved budgets (including supplementary budgets) from Record of Proceedings, NHM. Available online at: <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>. (2) Gol releases and expenditures from Lok Sabha Starred Question No. 87. Available online at: <http://164.100.24.220/loksabhaquestions/annex/179/AS87.pdf>. (3) State share releases and unspent balances from RTI response from MoHFW. Last accessed on 29 December 2022.

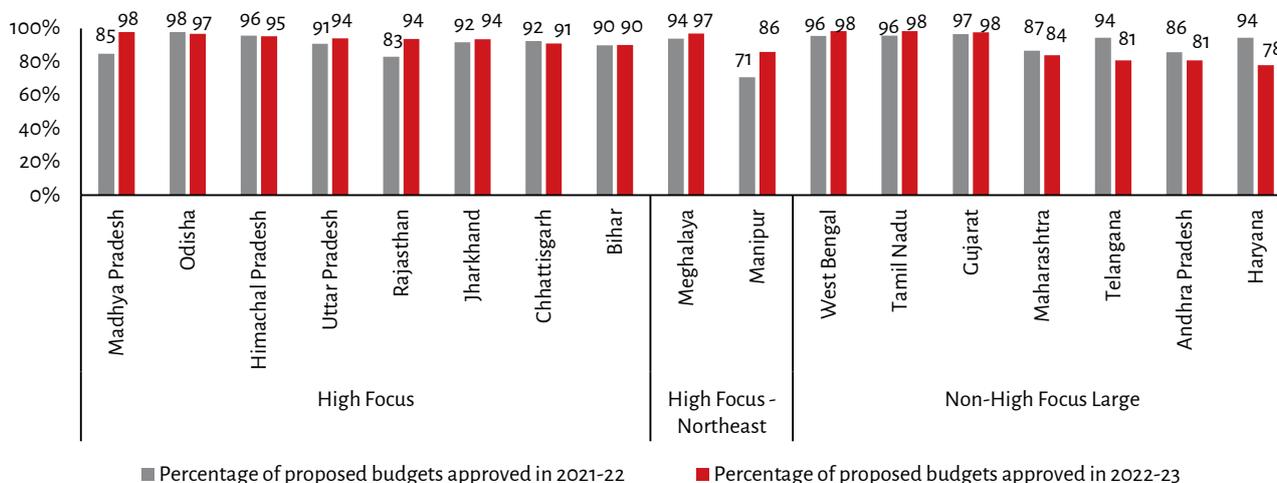
Note: (1) Unspent balances from the previous FY were not available for FY 2020-21. (2) For FY 2020-21 and FY 2022-23, data on Immunisation Kind grants and Infrastructure Maintenance were unavailable for Punjab. For FY 2021-22, this data was unavailable for Meghalaya and Sikkim.

STATE-WISE PROPOSED AND APPROVED BUDGETS, RELEASES, AND EXPENDITURES

State-wise Proposed and Approved Budgets

- NHM categorises states based on their public health indicators and status of health infrastructure. These categories are: High Focus which are those with the poorest health indicators, Non-High Focus – Large, Non-High Focus – Small and UTs, and High Focus – Northeast.
- There was no significant difference in proposed budgets approved across various categories of states. In FY 2021-22, the percentage of proposed budgets approved was highest in Odisha (98 per cent), Gujarat (97 per cent), and Tamil Nadu (96 per cent). In contrast, it was lowest in Madhya Pradesh (85 per cent), Rajasthan (83 per cent), and Manipur (71 per cent).

IN 2022-23, OVER 90% OF PROPOSED BUDGETS WERE APPROVED FOR 29 STATES AND UTs



Source: Record of Proceedings, NHM. Available online at: <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>. Last accessed on 27 December 2022.

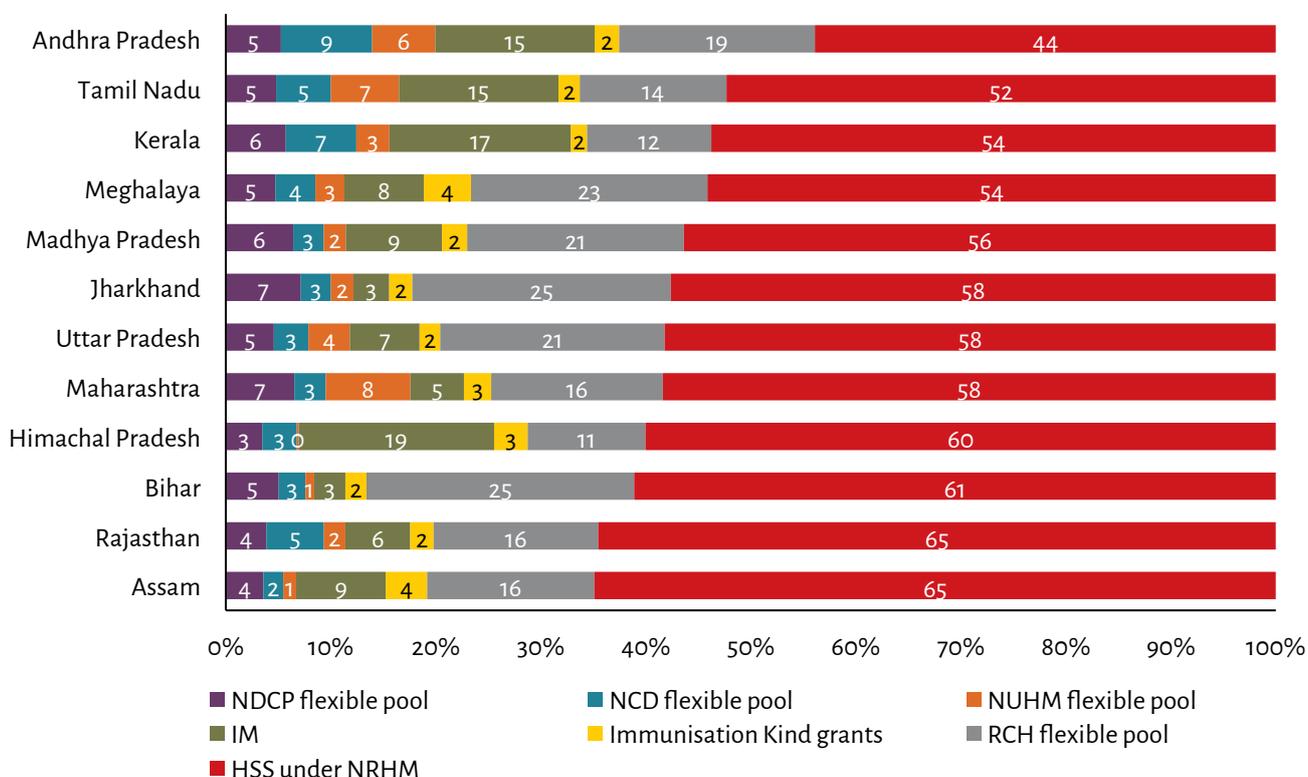
Note: For FY 2020-21, data on Immunisation Kind grants and Infrastructure Maintenance were unavailable for Punjab. For FY 2021-22, this data was unavailable for Meghalaya and Sikkim.

- In FY 2022-23, the total quantum of funds proposed and approved increased, and the share of proposed funds approved continued to be high. For instance, 98 per cent proposed budgets were approved for West Bengal, Tamil Nadu, Madhya Pradesh, and Gujarat. On the other hand, the proportion of approved budgets out of proposed budgets was lowest in Telangana (81 per cent), Andhra Pradesh (81 per cent), and Haryana (78 per cent).
- Given the change in ROP formats, proposed and approved budgets for FY 2023-24 have also been analysed. Trends for FY 2023-24 are similar. States and UTs combined proposed a budget of ₹83,121 crore, of which 92 per cent, or ₹76,203 crore were approved.
- Over 90 per cent of proposed budgets were approved in 26 states and UTs. This figure was highest in Kerala (99 per cent), Tamil Nadu (98 per cent), and West Bengal (98 per cent), and lowest in Manipur (81 per cent), Maharashtra (81 per cent), and Andhra Pradesh (78 per cent).

Component-wise Approved Budgets

- Of the budget approved for FY 2022-23, 58 per cent was for HSS, 18 per cent for the NRHM-RCH flexipool, 6 per cent for NDCP, and 4 per cent each for NCDs and NUHM. A further 8 per cent was for IM and 2 per cent went towards Immunisation Kind grants. These proportions, however, differed across states.
- The bulk of approvals were for HSS in Assam and Rajasthan. In Bihar and Jharkhand, 25 per cent of approved budgets were for RCH, and this proportion was 23 per cent and 21 per cent in Meghalaya and Uttar Pradesh, respectively.
- Of all states, Goa allocated the most to NCDs, at 15 per cent. Himachal Pradesh and Kerala allocated 19 per cent and 17 per cent of their budgets for IM, respectively.

THE MAJORITY OF APPROVED BUDGETS FOR 2022-23 WERE FOR HSS, FOLLOWED BY RCH

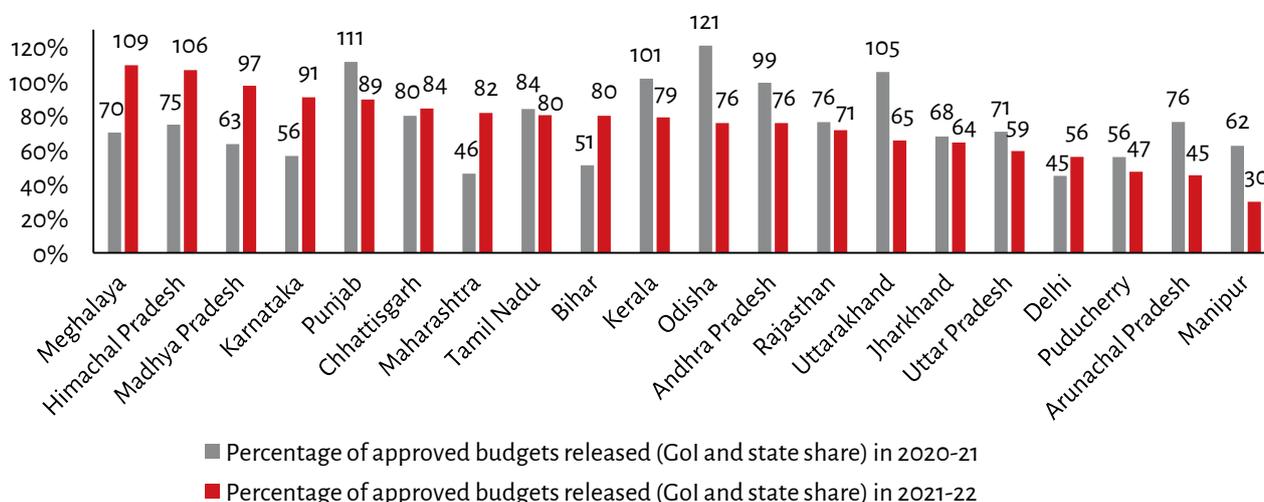


Source: Record of Proceedings, NHM. Available online at: <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>. Last accessed on 27 December 2022.

Gol and State Releases

- There are year-on-year variations in the share of approved budgets released to different states. In FY 2020-21, releases, including both Gol and state shares, exceeded approvals even after accounting for supplementary ROPs in Odisha (121 per cent), Punjab (111 per cent), Uttarakhand (105 per cent), and Kerala (101 per cent). On the other hand, the proportion of approved budgets released was below 60 per cent in Karnataka (56 per cent), Puducherry (56 per cent), Bihar (51 per cent), Maharashtra (46 per cent), and Delhi (45 per cent).
- In FY 2021-22, less than 80 per cent of funds were released in some of the states which had received more than their approved share in the previous financial year. For instance, Uttarakhand and Odisha received 65 per cent and 76 per cent of their approved budgets, respectively. On the other hand, the proportion of funds released was highest in Meghalaya (109 per cent), Himachal Pradesh (106 per cent), and Madhya Pradesh (97 per cent). Like the previous year, releases as a share of approved budgets remained low for Puducherry (47 per cent) and Manipur (30 per cent).

75% APPROVED BUDGETS RELEASED IN 2021-22



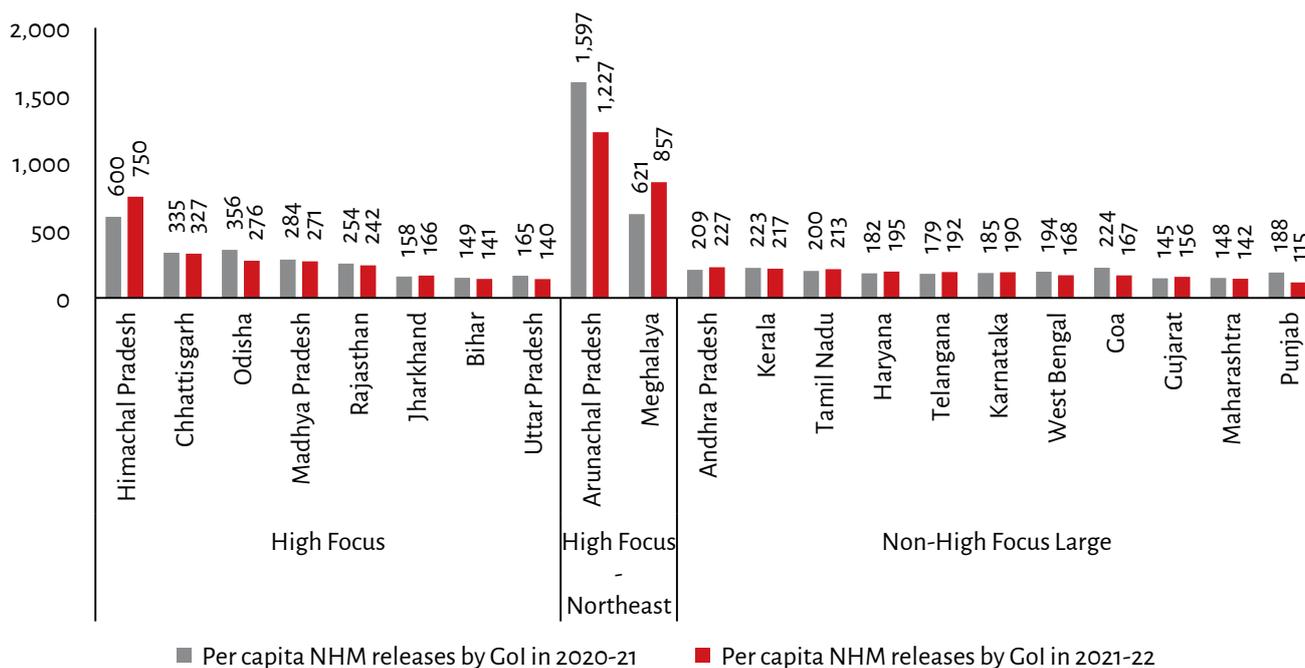
Source: (1) Approved budgets (including supplementary budgets) from Record of Proceedings, NHM. Available online at: <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>. (2) Gol releases from Lok Sabha Starred Question No. 87. Available online at: <http://164.100.24.220/loksabhaquestions/annex/179/AS87.pdf>. (3) State share releases from RTI response from MoHFW. Last accessed on 29 December 2022.

Note: For FY 2020-21, data on Immunisation Kind grants and Infrastructure Maintenance were unavailable for Punjab. For FY 2021-22, this data was unavailable for Meghalaya and Sikkim.

- Gol releases have been benchmarked against estimated population data by the Registrar General of India. In FY 2020-21, Gol released ₹218 per capita for NHM. This figure reduced to ₹205 in FY 2021-22.
- Analysing NHM categories of states in aggregate, Gol per capita releases for NHM were higher for High Focus states than Non-High Focus states. For instance, in FY 2020-21, Gol released ₹226 per capita under NHM for High Focus states and ₹604 per capita for High Focus – Northeast states. This figure was ₹139 per capita for Non-High Focus – Small states and UTs and ₹180 per capita for Non-High Focus Large states. Similarly, in FY 2021-22, this figure was ₹205 per capita for High Focus states, and ₹587 per capita for High Focus – Northeast states. Figures for Non-High Focus states stood at ₹119 per capita for Non-High Focus – Small states and UTs, and ₹177 per capita for Non-High Focus Large states.
- However, when analysing states individually, there does not appear to be a strong relationship between per capita Gol releases and the NHM categorisation of states in FY 2020-21. For instance, despite Bihar being a High Focus state and Maharashtra being a large Non-High Focus state, per capita Gol releases were similar at ₹149 for Bihar and ₹148 for Maharashtra. Similarly, Kerala (₹223) and Tamil Nadu (₹200) had higher per capita releases from Gol than Uttar Pradesh (₹165) and Jharkhand (₹158) despite the latter two states being High Focus states.

- Given that Gol shares NHM costs with NER and Himalayan states in a 90:10 ratio, per capita Gol releases for Arunachal Pradesh and Meghalaya were more than two times the national average.
- Trends remained similar for FY 2021-22. Per capita NHM releases by Gol were higher in large Non-High Focus states like Telangana (₹192) and Karnataka (₹190) than in Jharkhand (₹166), a large High Focus state. The same is true when comparing Gujarat (₹156) and Maharashtra (₹142) with Bihar (₹141) and Uttar Pradesh (₹140).

IN 2021-22, PER CAPITA GOI NHM RELEASES WERE HIGHER IN NON-HIGH FOCUS STATES LIKE TAMIL NADU AND KARNATAKA THAN IN HIGH FOCUS STATES LIKE BIHAR AND UTTAR PRADESH

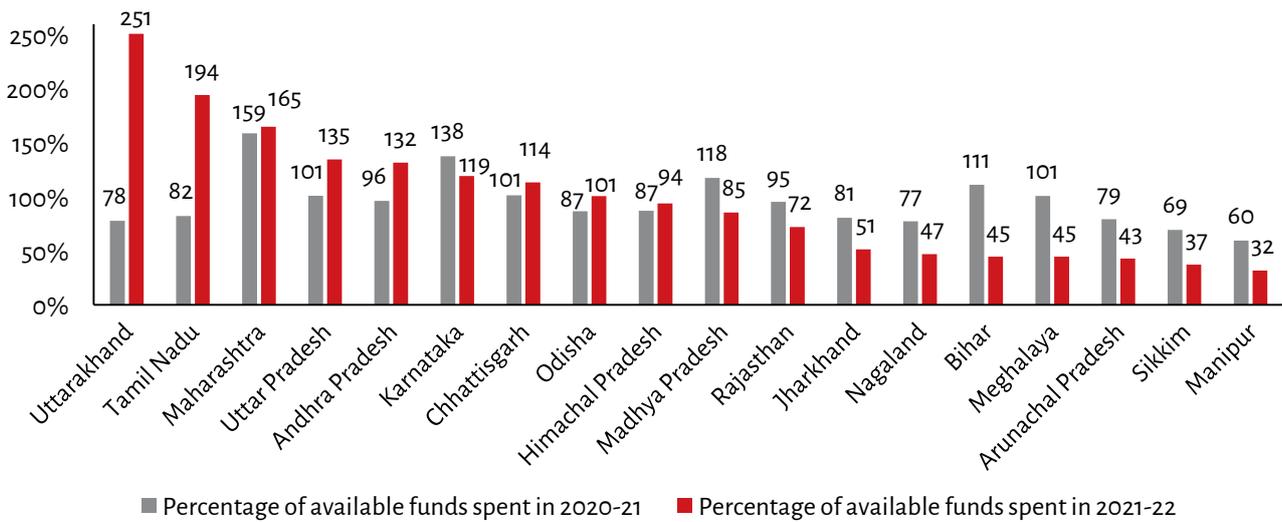


Source: (1) Population Estimates from Report of the Technical Group on Population Projects, July 2020. Available online at: https://main.mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_o.pdf. (2) Gol releases from Lok Sabha Starred Question No. 87. Available online at: <http://164.100.24.220/loksabhaquestions/annex/179/AS87.pdf>. Last accessed on 15 January 2023.

State-wise Expenditures

- Expenditures have been analysed in two ways: a) comparing expenditure out of funds available which reflect a state's capacity to spend from available resources; b) comparing per capita expenditure over time across states.
- The proportion of available funds spent was high in FY 2020-21 and FY 2021-22, when across India, 99 per cent and 92 per cent of available funds were spent, respectively. However, data on unspent balances were not available for FY 2019-20, which is a component of funds available in FY 2020-21.
- In FY 2020-21, expenditures exceeded funds available (excluding unspent balances) in 12 states and UTs, including Maharashtra, Karnataka, Chhattisgarh, and Uttar Pradesh. Expenditure, however, was relatively low in Arunachal Pradesh (79 per cent), Uttarakhand (78 per cent), Nagaland (77 per cent), Sikkim (69 per cent), and Manipur (60 per cent).
- Similarly, in FY 2021-22, expenditures exceeded available funds in 12 states and UTs, including Uttarakhand (251 per cent), Tamil Nadu (194 per cent), and Maharashtra (165 per cent). Less than half the available funds were spent in seven states and UTs, including Nagaland (47 per cent), Bihar (45 per cent), Meghalaya (45 per cent), Arunachal Pradesh (43 per cent), Sikkim (37 per cent), and Manipur (32 per cent).

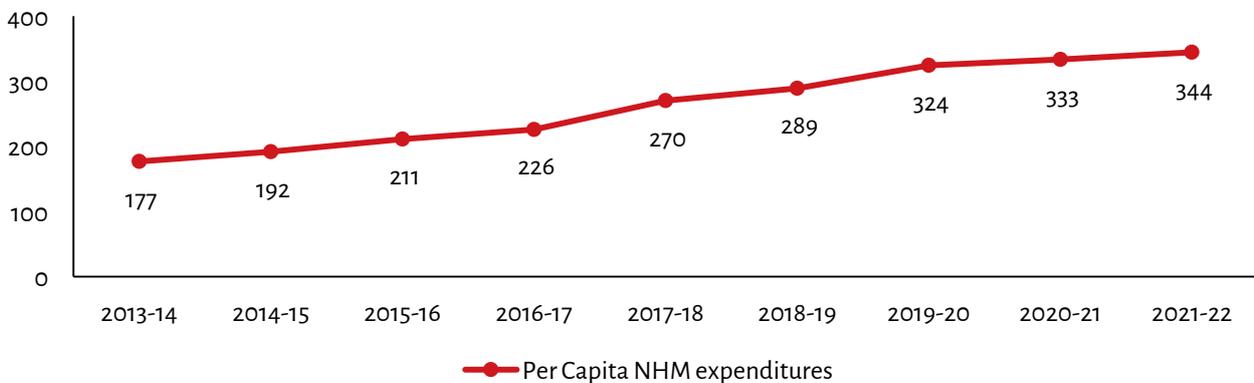
92% OF AVAILABLE FUNDS SPENT IN 2021-22



Source: (1) Gol releases and expenditures from Lok Sabha Starred Question No. 87. Available online at: <http://164.100.24.220/loksabhaquestions/annex/179/AS87.pdf>. (2) State share releases and unspent balances from RTI response from MoHFW. Last accessed on 29 December 2022.
Note: Unspent balances from the previous FY were not available for FY 2020-21.

- Per capita NHM expenditures including both Gol and state shares have increased over time across India. In FY 2013-14, per capita NHM expenditure stood at ₹177 in India. This figure increased to ₹344 in FY 2021-22.

95% RISE IN PER CAPITA EXPENDITURES BETWEEN 2013-14 AND 2021-22



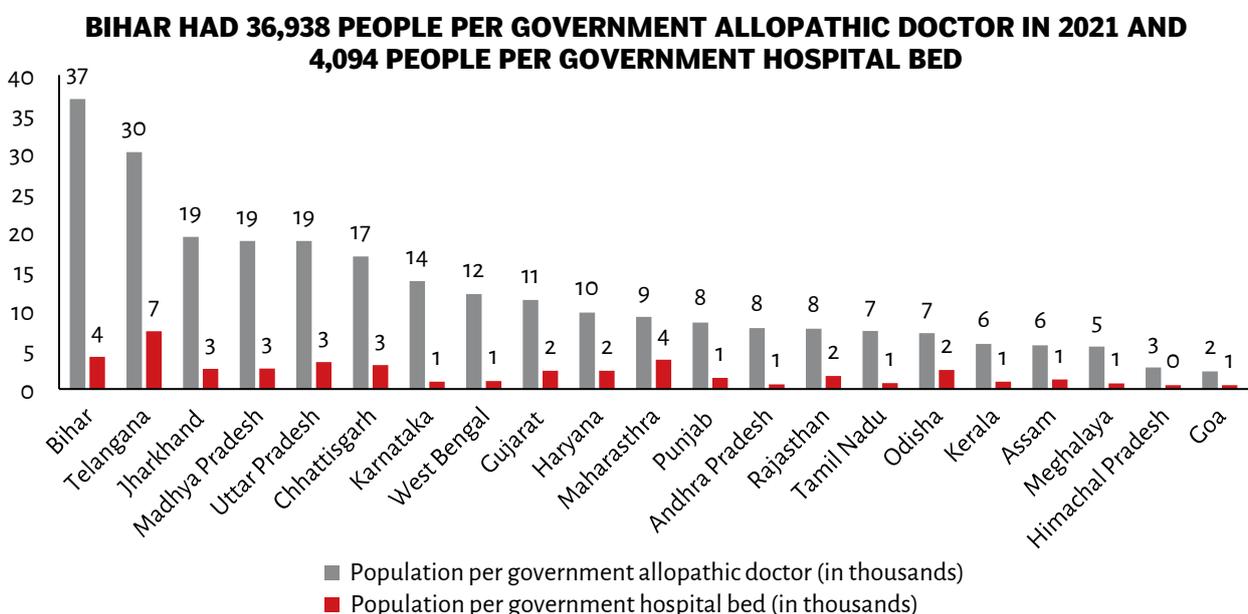
Source: (1) Expenditures from Lok Sabha Starred Question No. 87. Available online at: <http://164.100.24.220/loksabhaquestions/annex/179/AS87.pdf>. (2) Population Projection for India and States 2011-2036, Report of the Technical Group on Population Projections, July 2020. Available online at: https://main.mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_o.pdf. Last accessed on 29 December 2022.

- There are, however, differences across data sources with respect to expenditure data. For instance, as per Lok Sabha Starred Question No. 87, ₹47,108 crore was spent in FY 2021-22. Figures for the same period in NHM Financial Management Reports were ₹9,967 crore less at ₹37,140 crore.

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 Organization norms, there should be at least one doctor for every 1,000 people and at least three hospital beds per 1,000 people. The National Health Policy of GoI (2017) mandates 2 beds per 1,000 people.
- Data for both are available from the 2021 National Health Profile (NHP). Data across states have different reference years, which range from 1 January 2018 to 13 July 2021. To provide year-on-year population estimates for each state, these have been matched with estimated population data, sourced from the Registrar General of India.
- A comparison of people per government doctor and hospital bed indicates significant shortages. There are 9,519 people per government allopathic doctor in India. This figure was higher in 11 states and UTs, including Bihar with 36,938 people per government allopathic doctor, Telangana (30,174), Jharkhand (19,387), Madhya Pradesh (18,864), Uttar Pradesh (18,861), Chhattisgarh (16,890), Karnataka (13,750), West Bengal (12,103), Gujarat (11,357), and Haryana (9,741).
- Similarly, in 2021, there were 1,628 people per government hospital bed in India. Telangana had 7,369 people per bed in government hospitals, more than four times the national average. This number was also higher than the national average in the following states: Bihar (4,094), Maharashtra (3,745), Uttar Pradesh (3,432), Chhattisgarh (3,042), Madhya Pradesh (2,691), Jharkhand (2,560), Odisha (2,436), Gujarat (2,321), Haryana (2,320), and Rajasthan (1,659).
- On the other hand, states like Karnataka (936), Kerala (928), Tamil Nadu (766), Andhra Pradesh (603), Goa (500), Himachal Pradesh (495), and Sikkim (297) had less than 1,000 persons per government hospital bed.



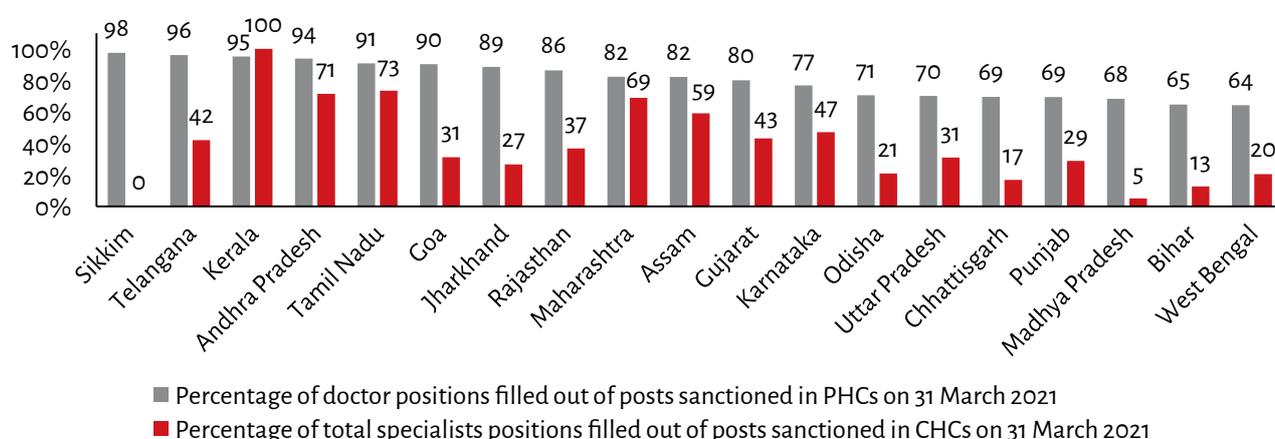
Source: (1) Population Projection for India and States 2011-2036, Report of the Technical Group on Population Projections, July 2020. Available online at: https://main.mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_o.pdf. (2) Number of government allopathic doctors and number of hospital beds from National Health Profile 2021. Available online at: <https://www.cbhidghs.nic.in/showfile.php?lid=1160>. Last accessed on 16 January 2023.

- As per the NITI Aayog 2021 report on “Best Practices in the Performance of District Hospitals”, on average, a district hospital in India had 24 beds per 1 lakh population. This is within the Indian Public Health Standard (IPHS) norms of at least 22 beds for 1 lakh population. In fact, 21 states and UTs had met this norm.
- Bihar had the lowest average of 6 beds per 1 lakh population followed by Jharkhand (9), Telangana (10), Uttar Pradesh (13), and Haryana (13).
- While India met the IPHS bed norms, only 27 per cent of district hospitals met the doctor-to-bed ratio of one bed per doctor. For states such as Jharkhand, Gujarat, Bihar, and Himachal Pradesh, less than 10 per cent district hospitals met the norm and in Uttarakhand no district hospitals were able to meet it.

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 Accredited Social Health Activists (ASHAs), doctors, and nursing staff.
- ASHAs are trained community workers who work as an interface between the community and the public health system. As per norm, there should be one ASHA per 1,000 people. This norm in tribal, hilly, and desert areas could be relaxed to one ASHA per habitation, depending on workload, etc.
- As of June 2022, the number of ASHAs stood at nearly 1 lakh meaning there is one ASHA per 1,386 people. There is, however, a shortfall in the number of ASHAs needed in 12 out of 34 states and UTs (except Goa and Chandigarh who don't have ASHAs).
- There were differences across states. As of June 2022, the number of ASHAs was higher than the national average in 14 states and UTs including Maharashtra (1,817), Gujarat (1,631), Karnataka (1,626), West Bengal (1,624), Punjab (1,521), Rajasthan (1,500), Haryana (1,469), Kerala (1,448), Uttar Pradesh (1,429), and Telangana (1,428).
- There was shortfall in staff at the PHC level as well. Only 80 per cent of sanctioned doctor posts were filled as on 31 March 2021.
- For 11 states and UTs, 80 per cent or less sanctioned posts were filled. This included Karnataka (77 per cent), Odisha (71 per cent), Uttar Pradesh (70 per cent), Chhattisgarh (69 per cent), Punjab (69 per cent), Madhya Pradesh (68 per cent), Bihar (65 per cent), and West Bengal (64 per cent).

20% DOCTOR POSTS WERE VACANT IN PHCs AND 64% SPECIALIST POSTS WERE VACANT IN CHCs AS ON 31 MARCH 2021

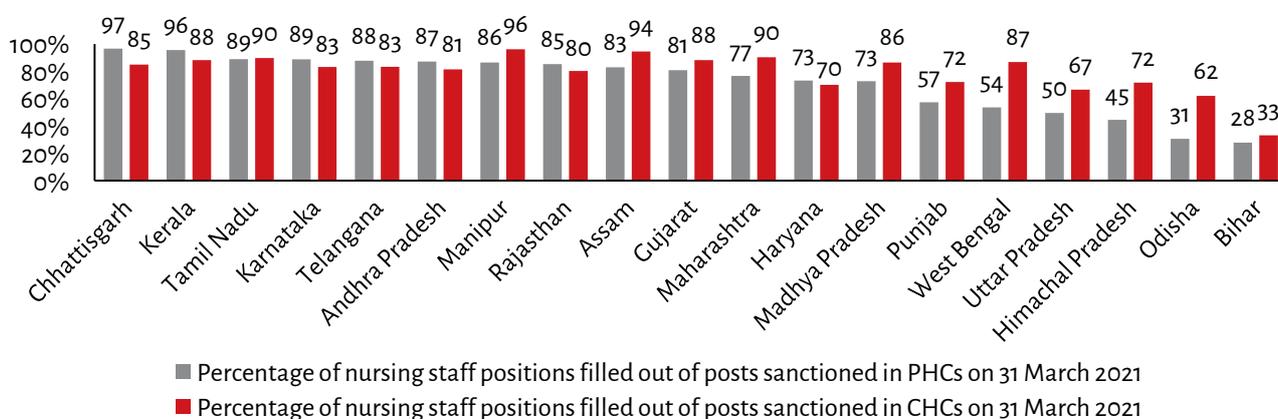


Source: Rural Health Statistics (RHS), 2020-21. Available online at: <https://main.mohfw.gov.in/sites/default/files/rhs20-21.pdf>. Last accessed on 27 December 2022.

Note: (1) RHS 2020-21 does not have complete data on all posts sanctioned and in position for doctors under PHCs for Mizoram and Tripura. (2) RHS 2020-21 does not have complete data on all posts sanctioned and in position for specialist doctors under CHCs for Haryana, Himachal Pradesh, Mizoram, Tripura, and Delhi.

- Arunachal Pradesh, Nagaland, and Meghalaya had more doctors in position than sanctioned.
- Similarly, only 36 per cent of sanctioned posts for specialist doctor posts (surgeons, physicians, obstetricians/gynaecologists, and paediatricians) were filled in CHCs. Less than 30 per cent sanctioned posts were filled in many states, including Punjab (29 per cent), Jharkhand (27 per cent), Odisha (21 per cent), West Bengal (20 per cent), Chhattisgarh (17 per cent), Bihar (13 per cent), and Madhya Pradesh (5 per cent). As of March 2021, all posts for specialist doctors were vacant in Sikkim.
- States such as Haryana and Arunachal Pradesh had a surplus of specialist doctors, and Kerala had all sanctioned posts filled.
- Nursing staff (staff nurses) 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 as a whole, providing direct nursing care to the sick, and aiding surgeons directly during major operations.
- As on 31 March 2021, there were 28 per cent nursing staff posts vacant in PHCs across India. While 50 per cent or more sanctioned posts were vacant in states such as Uttar Pradesh, Himachal Pradesh, Odisha, and Bihar, more than 95 per cent of sanctioned posts were filled in states such as Chhattisgarh and Kerala. In states like Nagaland, Arunachal Pradesh, Sikkim, and Meghalaya, there was a surplus of nursing staff.
- When compared to PHCs, only 23 percent of nursing staff posts were vacant in CHCs across India. As with PHCs, Nagaland, Arunachal Pradesh, and Meghalaya also had more positions filled compared to those sanctioned in CHCs. On the other hand, there were more than 30 per cent vacancies in CHCs in Uttar Pradesh and Odisha and more than 60 per cent in Bihar.

28% OF NURSING STAFF POSTS VACANT IN PHCs AND 23% IN CHCs AS ON 31 MARCH 2021



Source: Rural Health Statistics (RHS) 2020-21. Available online at: <https://main.mohfw.gov.in/sites/default/files/rhs20-21.pdf>. Last accessed on 27 December 2022.

Note: (1) RHS 2020-21 does not have complete data on all posts sanctioned and in position for nursing staff under PHCs for Delhi, Mizoram, and Tripura. (2) RHS 2020-21 does not have complete data on all posts sanctioned and in position for nursing staff under CHCs for Mizoram and Tripura.

- Auxiliary Nurse Midwives (ANMs) are frontline health workers who provide maternal and child health-related services at the SC and PHC levels. Under the National Rural Health Mission (NRHM), ANMs establish a link between health services and the community. ANM roles were expanded further under the National Urban Health Mission (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 2021, 20 per cent of ANM posts were vacant in SCs (rural) across India. More than one-third posts were vacant for Himachal Pradesh (35 per cent), Jharkhand (38 per cent), and Bihar (52 per cent).

- In contrast, vacancies were low in states such as Gujarat (9 per cent), Andhra Pradesh (8 per cent), Odisha (8 per cent), Madhya Pradesh (6 per cent), Assam (5 per cent), and Tamil Nadu (3 per cent).
- Vacancies for ANM were even higher at the PHC level. As on 31 March 2021, 27 per cent posts were vacant across India. Bihar had the highest vacancy rate at 72 per cent.

Data Validation

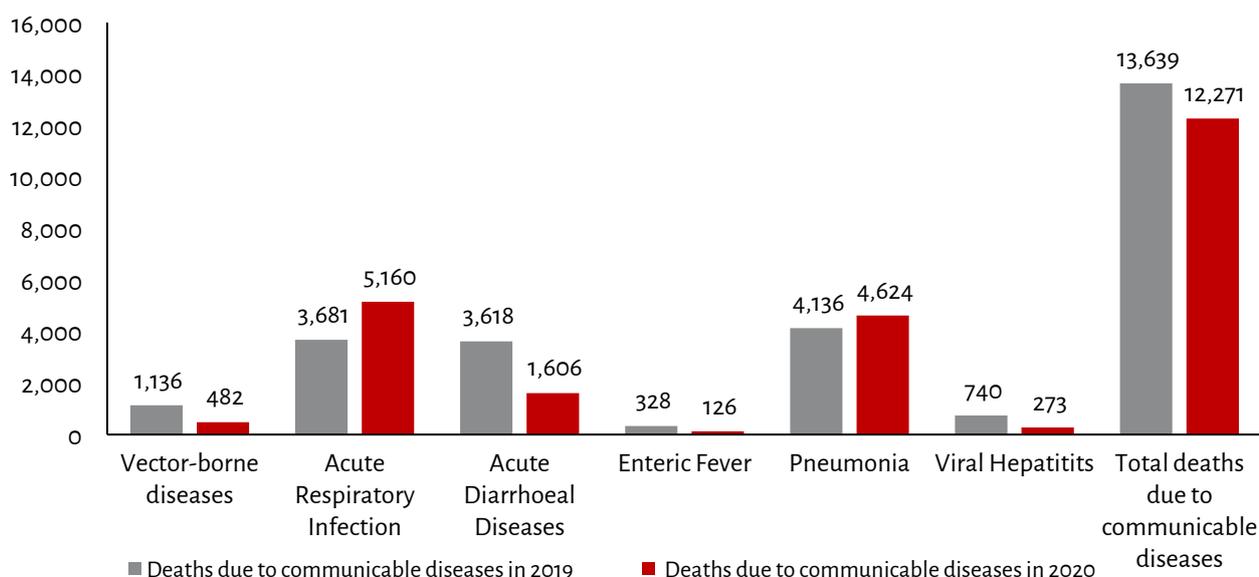
- A total of 707 district hospitals, across 36 states and UTs were part of an assessment conducted by MoHFW in FY 2018-19. HMIS data from district hospitals for FY 2017-18 was used as the baseline for this study, and it was verified against the physical records kept by the hospitals.
- The validation process revealed that, on average, there was a 75 per cent match between the data in the physical records and that entered on HMIS. The most frequent causes of a discrepancy between the two data points included a difference in the understanding of the definitions of various indicators, a lack of continuity in data capture and data entry in HMIS, and ambiguous indicator definitions.
- Among states, data matched most in Goa (87 per cent) and Punjab (86 per cent), while states such as Mizoram (63 per cent), Arunachal Pradesh (64 per cent), Manipur (65 per cent), and Uttar Pradesh (68 per cent) had the least proportion of matching data.

OUTCOMES

Causes of Death

- In 2020, communicable diseases accounted for 12,271 deaths in India, which was 10 per cent lower than the previous year. Acute respiratory infections and pneumonia accounted for the majority of deaths in 2020. Vector-borne diseases accounted for 4 per cent of total communicable diseases related deaths in 2020. This figure stood at 8 per cent in 2019.

COMMUNICABLE DISEASE RELATED DEATHS DECLINED BY 10% BETWEEN 2019 AND 2020



Source: Causes of deaths due to communicable diseases from National Health Profile 2021 and 2020. Available online at: <https://www.cbhidghs.nic.in/index1.php?lang=1&level=1&sublinkid=75&lid=1135>. Last accessed on 22 December 2022.