

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 1909
TO BE ANSWERED ON 06.12.2024**

NATIONAL HEALTH MISSION

1909. SHRI MALAIYARASAN D:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state;

- (a) the objectives and key components of the National Health Mission (NHM) and the manner in which it contributes to improving healthcare delivery in rural and underserved areas;
- (b) the total amount of funds allocated and utilized under NHM during the last three years in Tamil Nadu;
- (c) the progress made in the implementation of NHM, particularly in terms of improving maternal and child health, immunization, and disease control;
- (d) the steps taken/proposed to be taken by the Government to address shortages of healthcare workers, including doctors, nurses, and paramedics, under NHM in remote/rural regions;
- (e) the role of telemedicine, mobile health services and health camps in the NHM to enhance accessibility to healthcare services in hard-to-reach areas; and
- (f) the steps taken/proposed to be taken by the Government to strengthen health infrastructure in districts that have poor health indicators and the manner in which NHM is targeting these areas to reduce health disparities?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY
WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) The National Health Mission (NHM) aims for attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective intersectoral convergent action to address the wider social determinants of health. National Rural Health Mission (NRHM) is a sub-Mission under the overarching NHM, along with National Urban Health Mission (NUHM) as the other sub-Mission. It is implemented in all the States/UTs in the country.

The major objectives of NHM are as under:

- (i) Reduction in child and maternal mortality.
- (ii) Prevention and control of communicable and non-communicable diseases, including

locally endemic diseases.

(iii) Access to integrated comprehensive primary health care.

(iv) Population stabilisation, gender equality and demographic balance.

(v) Revitalize local health traditions & mainstream AYUSH.

(vi) Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunisation.

(vii) Promotion of healthy life styles.

(b) The details of funds allocated and utilized under NHM during the last three years in Tamil Nadu is as follows:

(Rs. in crore)

State	2021-22		2022-23		2023-24	
	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
Tamil Nadu	1,631.91	3,039.39	1,652.24	3,191.84	1,996.06	2,957.57

Note:

1. The above releases relate to Central Govt. Grants & do not include State share contribution.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.

(c) The details of target set and achieved under NHM are listed below:

Targets (as per NHM extension for 2021-26)	Status
Reduce MMR to 87 per 1 lakh	97 per 1 lakh live births (SRS 2018-20)
Reduce IMR to 22 per thousand	28 per thousand (SRS 2020)
Sustain TFR to 2.0 at national level	2.0 (NFHS 5)
Achieve the operationalization of 1.5 lakh Ayushman Arogya Mandir (erstwhile AB-HWC)	1,74,966 (as on 31.10.2024)
Achieve and sustain more than 90% Full Immunization coverage of all children by one year of age	93.6% (as on 31.10.2024)
Malaria: No. of districts with Annual Parasite Incidence (API)<1/1000 population-710	699 (2023)
Dengue: Sustain Case fatality rate at <1%	0.09% (as on 31.10.2024)
Lymphatic Filariasis: No. of districts observing mass drug administration (MDA) in eligible population- 40	159 (2024)
Kala Azar: Achieve 'zero' no. of endemic blocks reporting >1 KA case/10000 population at block level by	Achieved 'zero' blocks till 2023-24. Status sustained till Oct, 2024.

Targets (as per NHM extension for 2021-26)	Status
2023-24 and sustain elimination status till 2025-26	
Tuberculosis: 90% of districts achieving 90% of the annual targets for TB case notification	57% (Sep, 2024)
90% of districts achieving >85% treatment success rate among notified drug sensitive TB cases	79% (Sep, 2024)

(d) Government of India has taken number of initiatives in the form of incentives and honorarium to the medical professionals for encouraging better service delivery in rural and remote areas in the country, which include:

1. Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
2. Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
3. Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
4. States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
5. Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
6. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

(e) Ministry of Health and Family Welfare (MoHFW) rolled out Telemedicine services as a policy intervention under the ambit of Ayushman Bharat Scheme. In wake of the COVID-19 pandemic in 2020, telemedicine assumed greater importance, enabling practitioners to utilize the digital platform for health counselling and also as a mechanism to train health service providers. Further, in order to augment the potential of eSanjeevani Platform, eSanjeevaniOPD was launched in April 2020, to facilitate online health services to the patients in the confines of their home, free of cost to ensure continuum of care.

Ministry of Tribal Affairs (MoTA) launched the Pradhan Mantri Janjatiya Adivasi Nyaya Maha Abhiyan (PM JANMAN) to improve the socio-economic condition of Particularly Vulnerable Tribal Groups (PVTGs) and the Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) to improve socio-economic conditions of tribal majority villages and Aspirational blocks. Under these Abhiyans, there is provision of Mobile Medical Units (MMU) from NHM to provide healthcare services to the left-out PVTG habitations/tribal

villages/villages of Aspirational blocks.

MoHFW has also implemented health camp like outreach initiatives for serving essential health services in remote places including hard-to reach areas. Currently, Ayushman Arogya Shivar, like nationwide health mela/ Shivar are conducting at Ayushman Arogya Mandirs (AAMs) and Community Health Centers (CHCs) since April 2024.

(f) NHM provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality health care especially for the under served and marginalized groups in rural areas. MoHFW provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM) which is a Centrally Sponsored Scheme (CSS) components includes support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Block Public Health Units, Integrated District Public Health Laboratories and Critical Care Hospital Blocks.

Further, under Fifteen Finance Commission Health sector grants through local government has recommended grants over the period of five years (2021-2026) through local government to strengthen the healthcare system in states.
