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

LOK SABHA
UNSTARRED QUESTION NO. 712
TO BE ANSWERED ON 07.02.2025

HEALTHCARE INFRASTRUCTURE UNDER NHM

712.   PROF. VARSHA EKNATH GAIKWAD:
SHRI NILESH DNYANDEV LANKE:
DR. AMOL RAMSING KOLHE:
SHRI AMAR SHARADRAO KALE:
SHRI SANJAY DINA PATIL:
SHRI MOHITE PATIL DHAIRYASHEEL RAJSINH:
SHRI BHASKAR MURLIDHAR BHAGARE:
SHRI BAJRANG MANOHAR SONWANE:
SMT. SUPRIYA SULE:

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

(a)   the number of Primary Health Centers (PHCs), Community Health Centers (CHCs), and sub-centers constructed or upgraded under National Health Mission (NHM) during the last five years in the country, State/UT-wise including Maharashtra;

(b)   the details of States that have benefitted the most from these upgradations;

(c)   the key achievements made under NHM in the areas of maternal and child health, communicable diseases, and non-communicable diseases;

(d)   the details of reduction level achieved in maternal and infant mortality rates attributable to NHM initiatives, year-wise;

(e)   the details of targets set for the next five years under the said Mission;

(f)   the number of doctors, nurses, ASHA workers, and other healthcare workers recruited under NHM during the last three years;

(g)   the details of States with the highest recruitment of staff under the said scheme;

(h)   the measures taken/proposed to be taken by the Government to address the shortages of healthcare personnel in rural areas; and

(i)   the steps taken/proposed to be taken by the Government under NHM to strengthen urban health systems, particularly in slums and underserved areas?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)

(a) & (b): Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on healthcare administrative data reported by States/UTs. Details of Primary Health Centers (PHCs), Community Health Centers (CHCs), and sub-centers

constructed or upgraded in rural & urban areas in the country including Maharashtra, State/UT-wise, may be seen at the following link of HDI 2022-23:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human_%20Resources%29%202022-23_RE%20%281%29.pdf

(c) to (e): Extension of National Health Mission (NHM) has been given by the Union Cabinet for the period of FY 2021-26. 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 Mandirs (erstwhile AB-HWC)	1,76,325 (as on 31.1.2025)
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 2023-24 and sustain elimination status till 2025-26	Achieved 'zero' blocks till 2023-24. Status sustained till Oct, 2024.
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)

(f) & (g): Status of Human Resource is available in HDI 2022-23 which may be seen at the following link:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human_%20Resources%29%202022-23_RE%20%281%29.pdf

(h): The 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:

● 	Hard area allowance to specialist doctors for serving in rural and remote areas so that

they find it attractive to serve in public health facilities in such areas.

- 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.
- Special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".
- Non-monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- 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.

(i): To strengthen urban health system, National Urban Health Mission (NUHM) was launched in 2013 as a sub-mission of NHM. Various initiatives carried out under NHM by the Government of India in the country including in urban areas are operationalisation of Ayushman Arogya Mandir, National Ambulance Services, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral Facilities, Prime Minister's National Dialysis Programme, Free Diagnostics Service Initiative and Free Drugs Service Initiative, various activities under Reproductive & Child Health, Anaemia Mukt Bharat (AMB) strategy, Pradhan Mantri TB Mukt Bharat Abhiyaan (PMTBMBA) and Universal Immunization programme.

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