



## BUDGET BRIEFS

Vol 14/Issue 6

# National Health Mission (NHM) Gol, 2022-23

### National Health Mission

**(NHM)** is Government of India's (Gol's) largest public health programme. It consists of two sub-missions:

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

Against the backdrop of the COVID-19 pandemic, this brief uses government data to analyse:

- The special COVID-19 health package under the NHM;
- NHM approved budgets and expenditures;
- Availability of staff and beds;
- Decline in service delivery during the pandemic; and
- Health outcomes.

### Cost share and implementation:

Funds are shared between Gol and the states in a 60:40 ratio. For North Eastern Region (NER) states and Himalayan states, the ratio is 90:10. The COVID-19 package for FY 2020-21 was 100 per cent funded by Gol. For FY 2019-20 and FY 2021-22, it followed the NHM funding pattern.

## HIGHLIGHTS

**₹ 86,201 cr**

Gol allocations for Ministry of Health and Family Welfare (MoHFW) in FY 2022-23

**₹ 36,960 cr**

Gol allocations for NHM in FY 2022-23 excluding the National AYUSH Mission and Senior Citizen Health Insurance Scheme

## SUMMARY & ANALYSIS

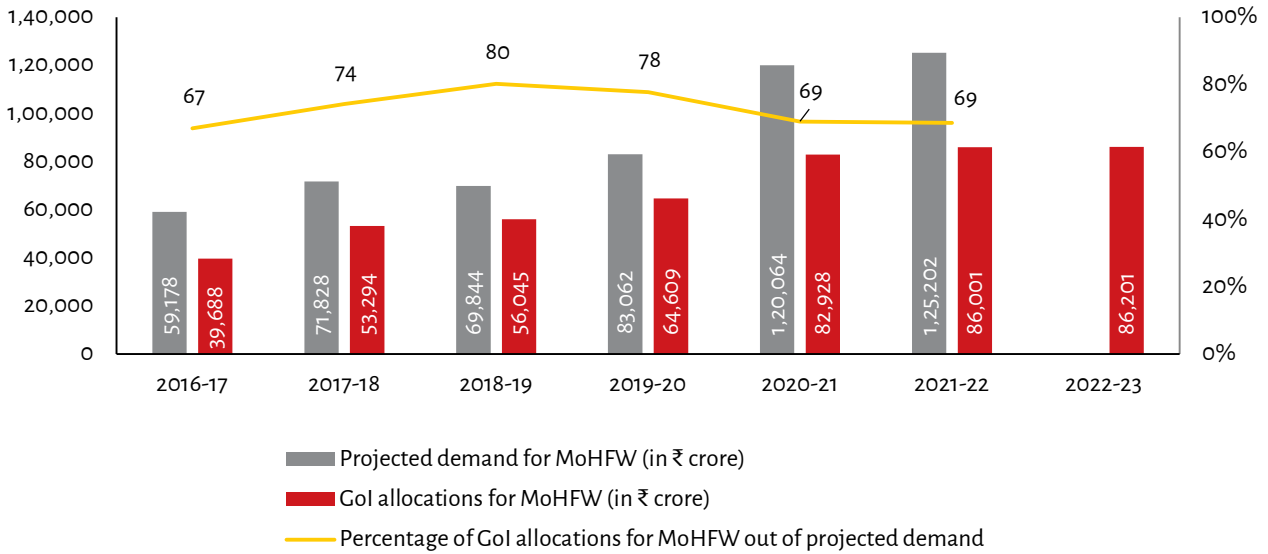
- In Financial Year (FY) 2022-23 Budget Estimates (BEs), Gol allocated ₹86,201 crore to MoHFW. This was ₹200 crore more than the Revised Estimates (REs) of the previous year, and 17 per cent more than the BEs. Allocations, however, remain lower than the supplementary budgets passed in July and December 2021 by ₹4,721 crore.
- NHM is the largest scheme of the Ministry. For FY 2022-23, ₹36,960 crore was allocated to NHM, 7 per cent more than the previous year's REs.
- For containing the COVID-19 pandemic, Gol announced the 'India COVID-19 Emergency Response and Health System Preparedness Package', or Emergency COVID-19 Response Plan (ECRP). In FY 2020-21, Gol released ₹8,147 crore, of which 96 per cent was spent. In FY 2021-22, Gol allocations stood at ₹12,359 crore. Till 24 November 2021, ₹6,076 crore had been released.
- While expenditures for the ECRP have been high, they have been low for the remaining NHM components. In FY 2019-20, 65 per cent had been spent out of approved budgets. This figure increased to 69 per cent in FY 2020-21.
- As per the latest available data, health infrastructure was overburdened even prior to the pandemic. There were 9,702 people per government allopathic doctor and 1,666 people per government hospital bed in India.

- Launched in May 2013, the National Health Mission (NHM) is Government of India's (GoI's) flagship Centrally Sponsored Scheme (CSS) with an aim to achieve universal access to quality healthcare by 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).
- On 5 April 2020, to strengthen health systems and provide an immediate response to the COVID-19 pandemic, GoI announced the 'India COVID-19 Emergency Response and Health System Preparedness Package' (ERHSPP). The ERHSPP, also known as the Emergency COVID-19 Response Plan (ECRP), is a Central Sector (CS) Scheme with an objective to build resilient health systems to address not only the current COVID-19 outbreak but also future disease outbreaks. NHM is the nodal body for the scheme's implementation.
- In July 2021, the Cabinet approved the second phase of the scheme, namely India COVID-19 ERHSPP: Phase 2, also known as ECRP-2. The total budget for Phase 2 is ₹23,123 crore and it runs from 1 July 2021 till 31 March 2022. Phase 2 of the Package has both CS and CSS components.
- In March 2021, the Cabinet approved the Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN) — a single non-lapsable reserve fund for the share of health from the proceeds of the 4 per cent Health and Education Cess in place since Financial Year (FY) 2018-19. PMSSN is to be used to fund NHM, Ayushman Bharat [including Health and Wellness Centres and Pradhan Mantri Jan Arogya Yojana (PMJAY)], the 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.
- The administration and maintenance of PMSSN is entrusted to MoHFW, and the expenditure for the schemes mentioned above are to be incurred initially from the PMSSN and thereafter from Cross Budgetary Support (CBS).
- Budget 2021 announced the launch of a new CSS known as the Pradhan Mantri Atmanirbhar Swasth Bharat Yojana, with an aim to develop capacities of primary, secondary, and tertiary health systems. The scheme will supplement the NHM and has an outlay of about ₹64,180 crore from FY 2021-22 till FY 2025-26.
- The scheme includes interventions related to health systems and facilities, disease control, and information management. Details on year-wise allocations and utilisation of this scheme were not available in the public domain at the time of writing the brief.
- This brief looks at the finances and service delivery under the new ERHSPP or ECRP, as well as the ongoing programmes conducted under NHM.
- GoI allocations under 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.

## Allocations

- In FY 2022-23, allocations for MoHFW stood at ₹86,201 crore. This was ₹200 crore more than the Revised Estimates (REs) of the previous year, and 17 per cent more than the Budget Estimates (BEs) which were ₹73,932 crore. While ₹35,000 crore had also been allocated for vaccinations under the Ministry of Finance in the year's BEs, this was increased to ₹39,000 crore in the REs. In FY 2022-23 BEs, ₹5,000 crore has been allocated for the same.
- The Ministry had requested ₹5,97,907 crore specifically for the health sector from the 15<sup>th</sup> Finance Commission (FC) for the period FY 2021-22 to FY 2025-26. In its report, however, the FC had recommended a total of ₹1,06,606 crore for this period. Till FY 2022-23, only ₹26,384 crore has been allocated for health. This is only 4 per cent of the Ministry's request and 25 per cent of the actual health grants awarded by the 15<sup>th</sup> FC.
- Allocations also remain significantly lower than the Ministry's demand. For instance, in FY 2021-22, GoI allocations were 69 per cent of the projected demand of ₹1,25,202 crore, indicating a shortfall of ₹39,201 crore.

## THE PROPORTION OF MOHFW ALLOCATIONS OUT OF PROJECTED DEMAND STOOD AT 69% IN 2021-22

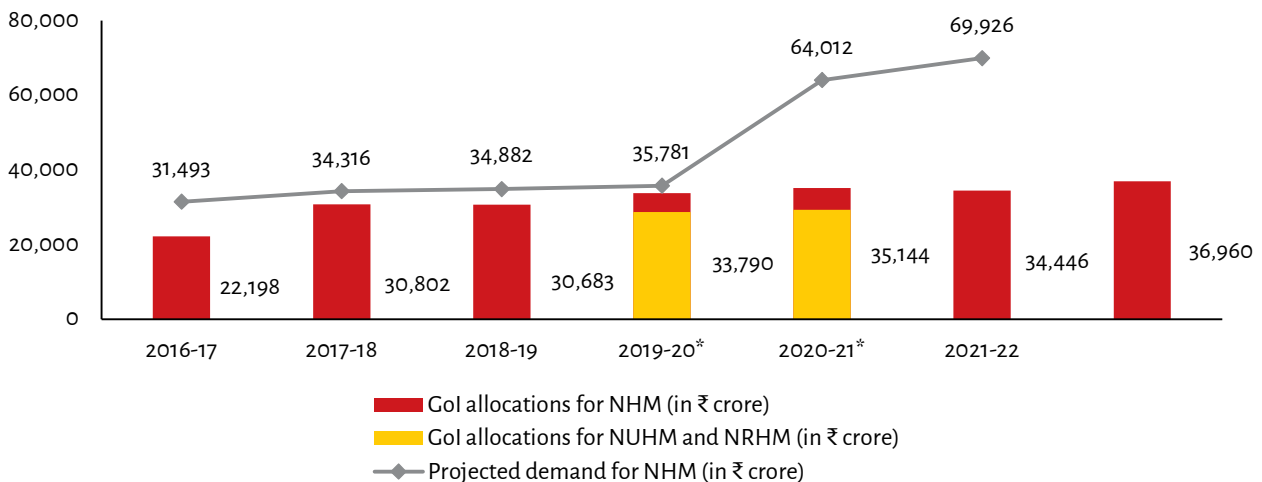


**Source:** (1) Projected demand from Rajya Sabha committee reports. Available online at: [https://rajyasabha.nic.in/rsnew/Committee\\_site/typewise.aspx?type=2](https://rajyasabha.nic.in/rsnew/Committee_site/typewise.aspx?type=2). (2) Gol allocations from Union Expenditure Budget, Volume 2, MoHFW, FY 2017-18 to FY 2022-23. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2022.

**Note:** (1) Figures are in crores of Rupees and are Revised Estimates (REs), except for FY 2022-23 which are Budget Estimates (BEs).

- NHM is the largest scheme within the MoHFW, comprising 43 per cent of the Ministry's allocations. In FY 2022-23, Gol allocated ₹36,960 crore for NHM, a 7 per cent increase compared to the previous year's REs.
- Here too, however, allocations have remained below the projected demand. In FY 2021-22, the projected demand for NHM stood at ₹69,926 crore, which was ₹35,480 crore higher, or more than twice the allocations.

## GOI ALLOCATIONS FOR NHM INCREASED BY 7% FROM 2021-22 TO 2022-23



**Source:** (1) Projected demand from Rajya Sabha committee reports. Available online at: [https://rajyasabha.nic.in/rsnew/Committee\\_site/typewise.aspx?type=2](https://rajyasabha.nic.in/rsnew/Committee_site/typewise.aspx?type=2). (2) Gol allocations from Union Expenditure Budget, Volume 2, MoHFW, FY 2017-18 to FY 2022-23. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2022.

**Note:** (1) Figures are in crores of Rupees and are Revised Estimates (REs), except for FY 2022-23 which are Budget Estimates (BEs). (2) Data for projected demand for FY 2019-20 and FY 2020-21 are the sum of NUHM and NRHM projected demand, excluding other components.

## COVID-19 HEALTH FINANCES UNDER NHM

- In response to the COVID-19 pandemic, Gol released an advisory to states to use funds under NHM and the State Disaster Relief Fund (SDRF) to undertake all activities related to management of the pandemic. This was followed by the announcement of the ERHSPP.
- The package is broadly aimed to be utilised for the following activities: emergency COVID-19 response to slow and limit the spread of the pandemic; strengthening national and state health systems to support prevention and preparation; strengthening disease surveillance systems, including laboratories and pandemic research; community engagement and risk communication; and capacity building, monitoring, and evaluation.
- The second phase of the scheme, namely India COVID-19 ERHSPP: Phase 2 (also known as ECRP-2), was approved for the period from July 2021 to March 2022. The total budget for it is ₹23,123 crore of which Gol's share is ₹15,000 crore. The CSS component is through NHM.
- For FY 2019-20 and FY 2021-22, funding is shared between Gol and states in a 60:40 ratio for all states except the North Eastern Region (NER) and hilly states. For FY 2020-21, i.e. ECRP-1, 100 per cent funding was by Gol.
- In FY 2020-21 REs, a sum of ₹11,757 crore had been earmarked for COVID-19 under different components. These include: a) NRHM-COVID-19 ERHSPP; b) Central Procurement which includes procurement of N95 masks, PPE kits, hydroxychloroquine tablets, ventilators, oxygen cylinders, etc., and incentives and capacity building for health staff on COVID-19 clinical management; and c) the National Centre for Disease Control.
- However, actual expenditures stood at ₹10,529 crore. Of this amount, 78 per cent was for NRHM-COVID-19 ERHSPP, 21 per cent for Central Procurement of Supplies and Material, and 1 per cent for National Institute of Communicable Diseases.
- The subsequent sections will look more closely into NRHM ECRP or NRHM-COVID-19 ERHSPP.

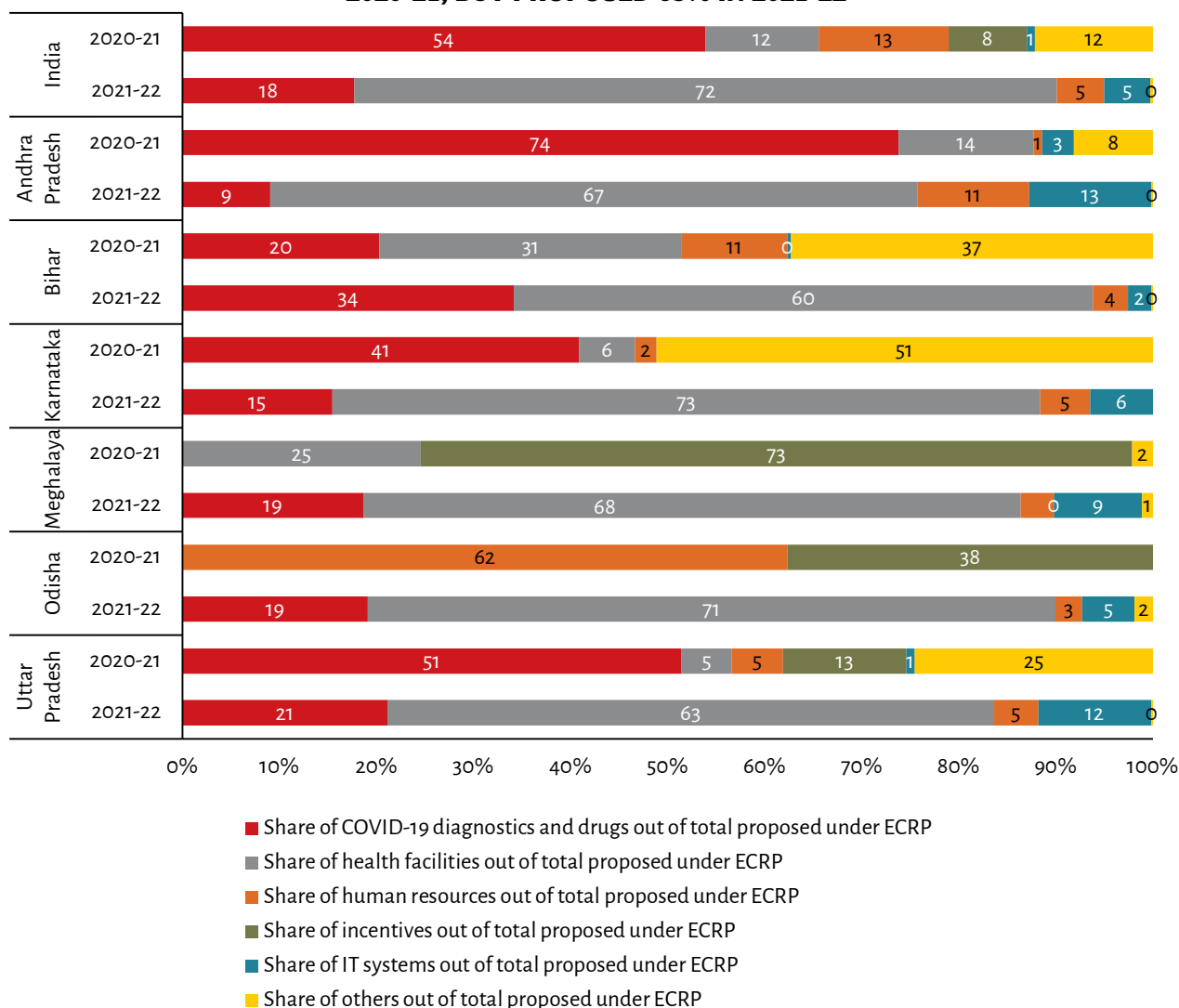
## NRHM-COVID-19 ERHSPP

### Approved Budgets

- Release of funds under NHM are based on plans submitted by state governments, known as State Programme Implementation Plans (SPIPs). Once approved by Gol, they are called Records of Proceedings (ROPs) and comprise the total available resource envelope (which is calculated based on Gol's own funds), the proportional share of state contributions, and unspent balances available with the states. States may also request additional funds through the submission of Supplementary Programme Implementation Plans. Their approvals are called Supplementary Records of Proceedings (SRoPs).
- To understand how states prioritised ECRP funds, analysis of proposed and approved budgets was undertaken. Information on component-wise amounts proposed and approved were available for 25 states and UTs for FY 2020-21, and for all states and UTs for FY 2021-22.
- In FY 2020-21, states and UTs proposed ₹4,451 crore, of which 94 per cent or ₹4,193 crore was approved. In FY 2021-22, the amount proposed and approved increased by over four times, as out of the proposed ₹21,460 crore, 83 per cent or ₹17,860 crore was approved.
- Broadly, ECRP budgets were for the following categories: COVID-19 diagnostics and drugs; health facilities; human resources; incentives; Information Technology (IT) systems; monitoring; Information, Education, and Communication/Behaviour Change Communication (IEC/BCC); capacity building and training; and miscellaneous, which included untied funds for districts and items not covered by the other categories.
- Of the total amount proposed in FY 2020-21, 54 per cent was proposed for COVID-19 diagnostics and drugs, 13 per cent for human resources, 12 per cent for health facilities, and 8 per cent for incentives.

- The component-wise distribution of proposed amounts changed in FY 2021-22. The priority was health facilities, with 72 per cent of proposals submitted for this category, followed by COVID-19 diagnostics and drugs (18 per cent), additional human resources (5 per cent), and IT systems (5 per cent).
- There are some differences across states. In FY 2020-21, Andhra Pradesh prioritised COVID-19 diagnostics and drugs (74 per cent). This figure reduced to 9 per cent in FY 2021-22, as health facilities were prioritised. Similarly in FY 2020-21, Odisha prioritised human resources and Karnataka prioritised IEC/BCC. The priority shifted to health facilities for both states in FY 2021-22, with the proposed shares being 71 and 73 per cent, respectively.

**FOR HEALTH FACILITIES, UTTAR PRADESH PROPOSED ONLY 5% OF ITS ECRP BUDGET IN 2020-21, BUT PROPOSED 63% IN 2021-22**



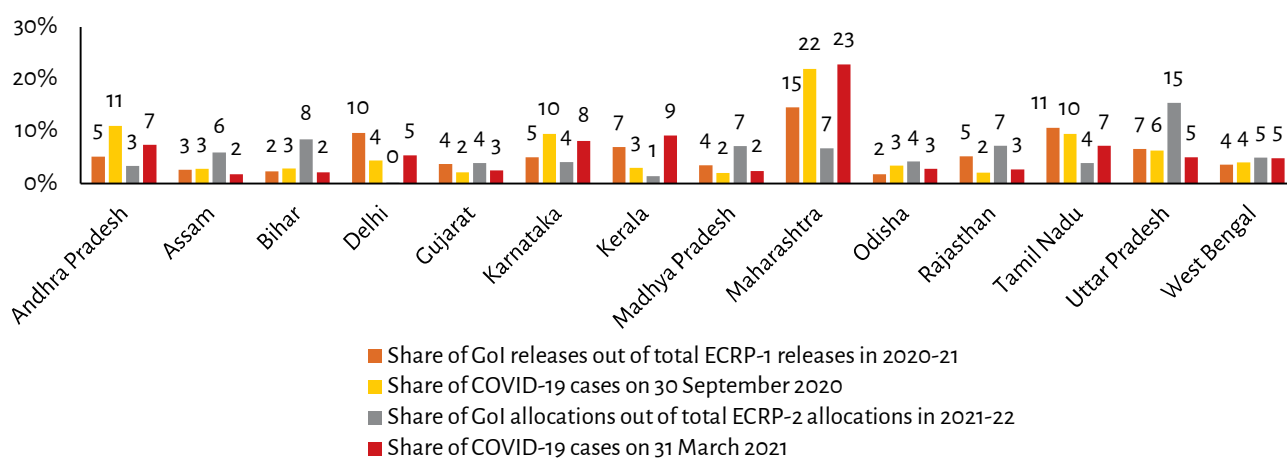
**Source:** (1) Proposed amounts for 2020-21 from NHM supplementary ROPs. Available online at: <https://nhm.gov.in/index4.php?lang=1&level=0&linkid=449&lid=53>. (2) Proposed amounts for 2021-22 from ECRP-2 approvals. Available online at: <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=376&lid=742>. Last accessed on 24 December 2021.

**GoI Releases**

- The fund flow process for ERHSPP funds retains the usual NHM mechanism. Funds are transferred from MoHFW to State Treasuries, which are then transferred to State Health Societies (SHSs). To meet urgent COVID-19 related needs, State Treasuries are expected to transfer ERHSPP funds to SHSs within seven working days from the date of release by GoI. ERHSPP funds are released to states in multiple instalments.

- In ECRP-1, since RoPs had already been submitted, and to ensure greater flexibility to states in responding to COVID-19, MoHFW had relaxed certain NHM norms including allowing for reappropriation of funds across flexipools and relaxation of the Conditionality Framework introduced by the MoHFW for 20 per cent of performance-based incentives. It had further provided flexibility in procurement norms established for World Bank funding to allow preference to be given to Micro, Small, and Medium Enterprises (MSMEs), products developed under Make in India, start-ups, and Public Sector Units (PSUs).
- In FY 2021-22, i.e. ECRP-2, separate ECRP proposed budgets were submitted along with the RoP. The guidelines note that states can use the approved funds only for the activities approved, and that monthly financial reporting should be submitted to MoHFW. For the remaining NHM components, the Conditionality Framework has been reintroduced, though with some modifications.
- Release of funds for ECRP were only available for the GoI share. In FY 2019-20, GoI released ₹1,113 crore under ECRP-1. GoI releases increased to ₹8,147 crore in FY 2020-21 and another ₹111 crore was released for health insurance for frontline workers. In FY 2021-22 REs, the total GoI share stood at ₹12,359 crore. Till 24 November 2021, ₹6,076 crore (49 per cent) had been released.
- We analysed the proportionate share of releases out of total releases for FY 2020-21 for ECRP-1 and for allocations for FY 2021-22. Since ECRP funds are for COVID-19 response and preparedness, a comparison was made with the share of COVID-19 cases. For FY 2020-21, the share of cases in a state till 30 September 2020 (mid-year) have been used. For FY 2021-22, cases till 31 March 2021 have been used, as allocations were made in the immediate months after March 2021.
- There were differences across states and years. In FY 2020-21, Andhra Pradesh received 5 per cent of GoI ECRP-1 releases but accounted for 11 per cent cases. On the other hand, Maharashtra accounted for 15 per cent releases and 22 per cent cases. Interestingly, Delhi received 10 per cent ECRP-1 releases but accounted for 4 per cent of total COVID-19 cases.
- In FY 2021-22, Kerala accounted for 9 per cent of total cases and Delhi accounted for 5 per cent of total cases. However, the share of allocations were 1 per cent and less than 1 per cent, respectively. Maharashtra stood out with 23 per cent of the total COVID-19 cases but having received only 7 per cent of the allocations.
- In contrast, for states like Assam, Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh, the share of total ECRP-2 allocations exceeded the percentage of COVID-19 cases as on 31 March 2021. This could also be due to the relatively weaker health indicators and health facilities in these states, or unspent balances.

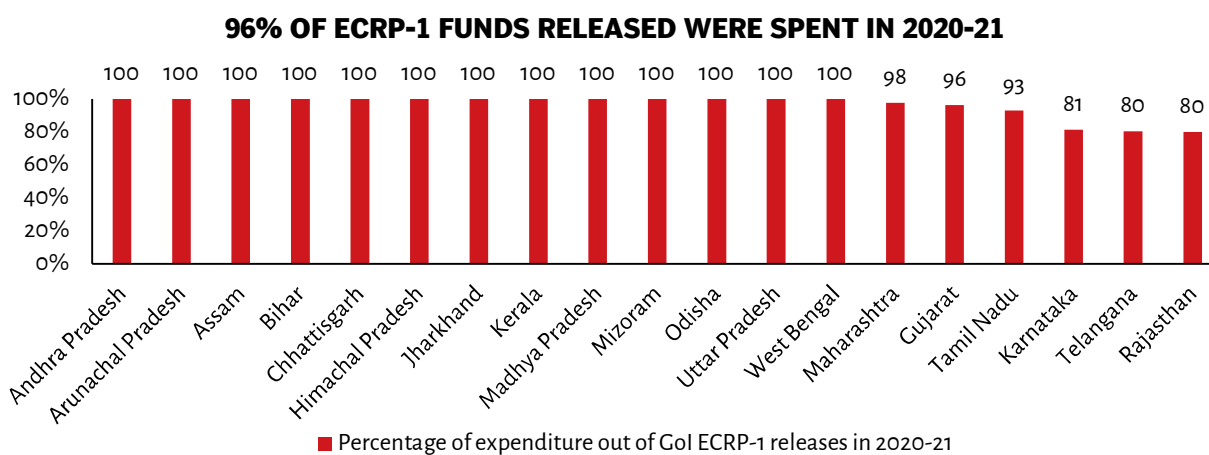
**MAHARASHTRA WAS ALLOCATED ONLY 7% OF TOTAL ECRP-2 ALLOCATIONS, BUT ACCOUNTED FOR 23% COVID-19 CASES AS ON 31 MARCH 2021**



Source: (1) Releases and allocations from RTI response from MoHFW dated 15 December 2021. (2) COVID-19 cases from MoHFW website. Last accessed on 31 December 2021.

## Expenditures

- In the absence of information of state share, expenditures as a proportion of releases can only be undertaken for ECRP-1, which was 100 per cent centrally funded. Expenditure for the same have been high. In FY 2020-21, ₹8,147 crore had been released by Gol to states. Of this, ₹7,802 crore or 96 per cent was spent. Twenty seven states and UTs had spent the entire amount received. Some exceptions were Maharashtra, Gujarat, Tamil Nadu, Karnataka, Telangana, and Rajasthan.



Source: RTI response from MoHFW dated 15 December 2021.

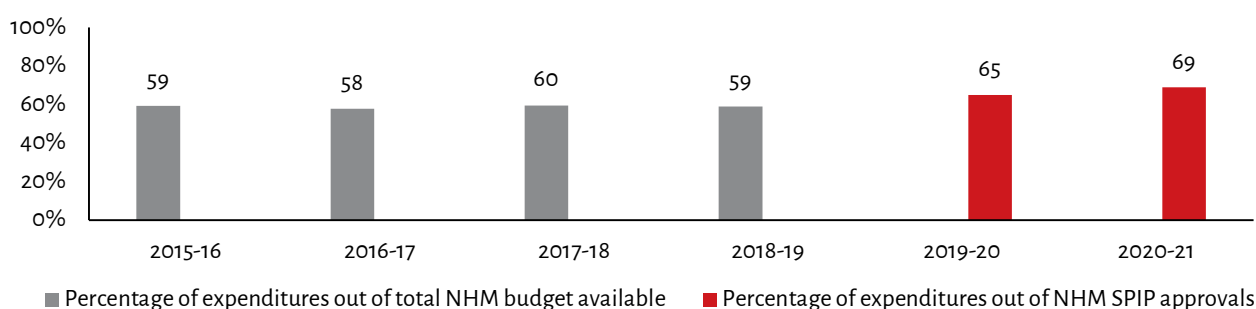
## NHM APPROVED BUDGETS AND EXPENDITURES

- Apart from the newly added COVID-19 funds and ECRP, 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). This now also includes the erstwhile Immunisation Flexipool for financing routine immunisation and pulse polio immunisation, and the Iodine Deficiency Disorders Control Programme (NIDDCP).
  - Health System Strengthening (HSS)/NRHM Mission Flexipool (MFP) 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), National Vector Borne Diseases Control Programme (NVBDCP), etc.
  - 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), National Tobacco Control Programme (NTCP), etc.
  - Infrastructure Maintenance (IM) funds, which are allotted across various programmatic divisions of NHM.
- With the exception of IM, most other components within NHM have stagnated or decreased. For instance, Gol allocations for RCH Flexipool decreased by 9 per cent from ₹6,241 crore in FY 2020-21 REs to ₹5,650 crore in FY 2021-22 REs. Similarly, allocations for HSS fell by 3 per cent, and allocations for the Flexible Pool for CD fell by 17 per cent.
- In contrast, allocations for IM increased by 10 per cent from ₹6,343 crore in FY 2020-21 REs to ₹6,950 crore in FY 2021-22 REs.
- In FY 2022-23 BEs, individual allocations for HSS, RCH, CD Flexipool, NCD Flexipool, NUHM Flexipool and IM were not listed in the Union Budget.

## State-wise Approvals and Expenditures

- Data on state-wise and component-wise allocations are available from Financial Management Reports (FMRs). Expenditures have been benchmarked against the total budgets available with states. The total budget available includes SPIP approved budgets and the previous year's committed liabilities. However, SPIP approvals have been treated as the total budget available for FY 2019-20 and FY 2020-21, as data on committed liabilities were unavailable.
- As per FMRs, budgets available under NHM have been increasing. In FY 2019-20, SPIP approved budgets stood at ₹50,569 crore. They increased further to ₹58,692 crore in FY 2020-21.
- However, as per a Right to Information (RTI) response from MoHFW dated 15 December 2021, SPIP approved budgets in FY 2020-21 stood at ₹65,031 crore, or 11 per cent higher than the amount as per FMRs. As per the same RTI response, SPIP approved budgets stood at ₹64,066 crore in FY 2021-22, or ₹965 crore lower than the previous year.
- A comparison of approved and available budgets using FMRs found that expenditures have been low. In FY 2017-18, 60 per cent of the total NHM budget available was spent. This figure stood at 59 per cent in FY 2018-19. While available budgets were not available for FY 2019-20 and FY 2020-21, utilisation shows some improvement as a proportion of approved budgets at 65 per cent and 69 per cent, respectively.

### LESS THAN 70% OF SPIP APPROVALS FOR NHM WERE SPENT IN 2019-20 AND 2020-21

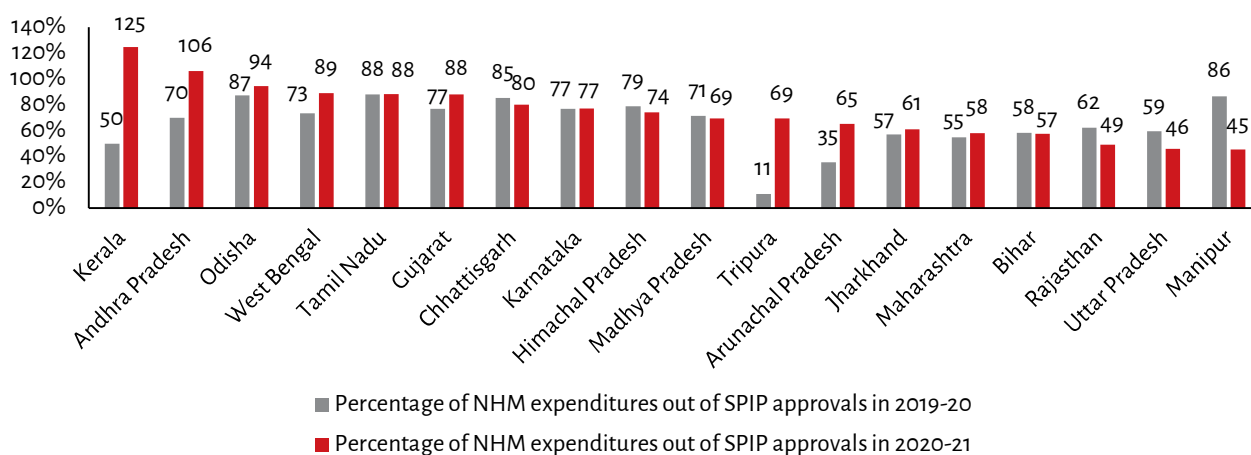


**Source:** (1) FMR 2015-16 to 2017-18 from RTI response from MoHFW dated 21 January 2019. (2) FMR 2018-19 from RTI response from MoHFW dated 16 January 2020. (3) FMR 2019-20 from RTI response dated 19 February 2021. (4) FMR 2020-21 from RTI response from MoHFW dated 3 December 2021.

**Note:** Data for Arunachal Pradesh and the former UT of Dadra and Nagar Haveli were not available for FY 2018-19.

- There are state-wise variations. In FY 2019-20, the percentage of expenditures out of SPIP approvals were highest in Tamil Nadu (88 per cent), Odisha (87 per cent), and Manipur (86 per cent). In contrast, they were lowest in Arunachal Pradesh (35 per cent), followed by Delhi (34 per cent) and Tripura (11 per cent).

### OVER 90% OF NHM SPIP APPROVALS SPENT IN 5 STATES IN 2021



**Source:** (1) FMR 2019-20 from RTI response dated 19 February 2021. (2) FMR 2020-21 from RTI response from MoHFW dated 3 December 2021.

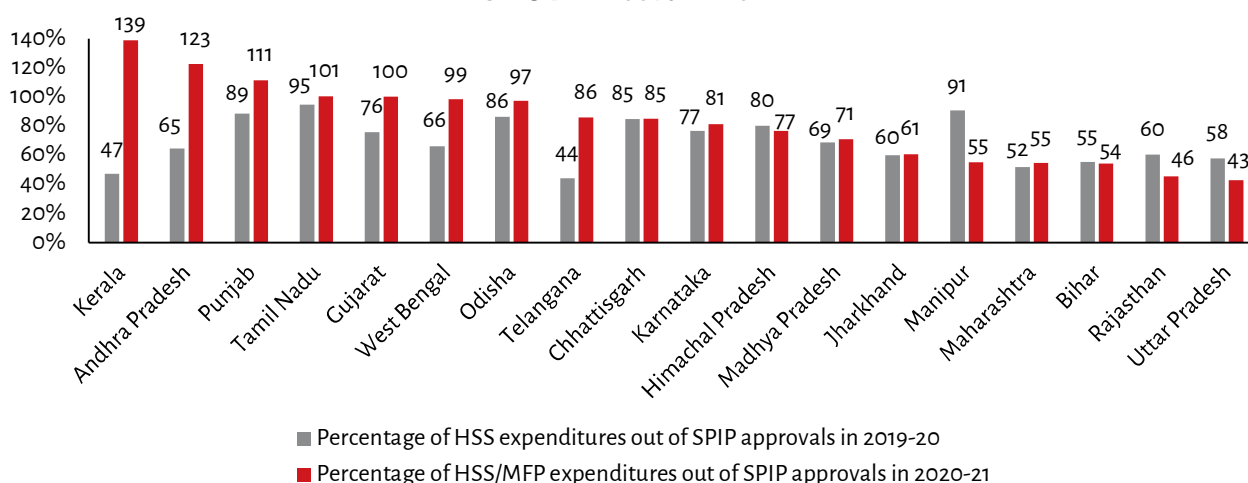


- In FY 2020-21, partly due to unspent balances, expenditures exceeded SPIP approvals in three states, namely Delhi (203 per cent), Kerala (125 per cent), and Andhra Pradesh (106 per cent). On the other hand, the proportion of expenditures out of SPIP approvals was below 50 per cent in Rajasthan, Uttar Pradesh, and Manipur.

### Component-wise Approvals, Releases, and Expenditures

- In FY 2019-20 and FY 2020-21, the largest component under NHM was HSS/MFP, accounting for 66 per cent and 71 per cent of NHM SPIP approvals (which do not include unspent balance and committed liabilities). This was in contrast to earlier years when RCH was the largest component under NHM.
- In FY 2019-20, HSS/MFP SPIP approvals stood at ₹33,177 crore, of which 66 per cent was spent. HSS/MFP SPIP approvals increased by 28 per cent to ₹41,783 crore in FY 2020-21, of which 71 per cent was spent.
- There were state-wise variations in spending. In FY 2019-20, spending as a proportion of SPIP approvals was highest in Tamil Nadu (95 per cent), Manipur (91 per cent), and Punjab (89 per cent). Spending was low in Kerala (47 per cent), Telangana (44 per cent), and Delhi (34 per cent).

### LESS THAN 50% OF SPIP APPROVALS FOR HSS/MFP SPENT IN DELHI AND KERALA IN 2019-20 BUT OVER 100% IN 2021-22



Source: (1) FMR 2019-20 from RTI response dated 19 February 2021. (2) FMR 2020-21 from RTI response from MoHFW dated 3 December 2021.

- For Delhi and Kerala, this trend reversed in FY 2020-21, partly due to unspent balances from the previous year. Expenditures exceeded SPIP approvals in six states, namely Delhi (366 per cent), Kerala (139 per cent), Andhra Pradesh (123 per cent), Punjab (111 per cent), Tamil Nadu (101 per cent), and Gujarat (100 per cent). In contrast, spending was low in Rajasthan (46 per cent) and Uttar Pradesh (43 per cent).

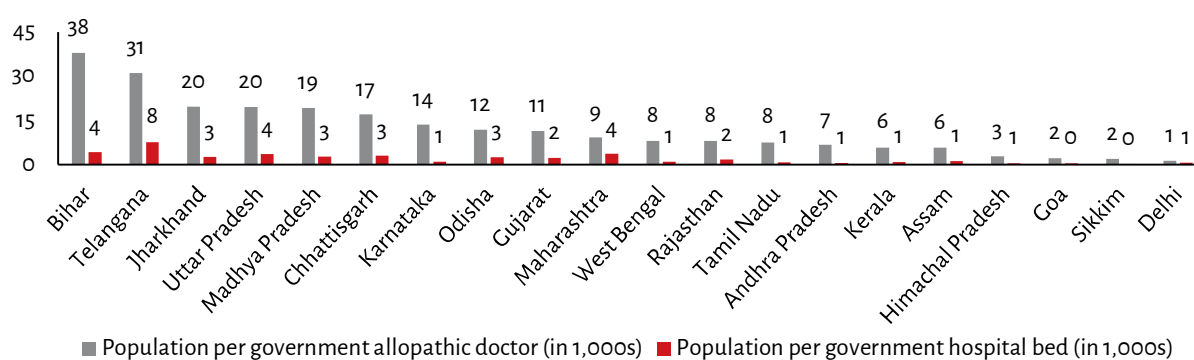
## RESOURCES

### Doctors and Beds

- The population per government allopathic doctor and population per government hospital bed are an indication of the availability of public health services. The COVID-19 pandemic highlighted a shortage of government hospitals and staff in the initial months. As per World Health Organisation norms, there should be at least one doctor for every 1,000 people and five hospital beds per 1,000 people.
- Data for both are available from the National Health Profile (NHP) report for 2020. Data across states have different reference years, which range from 31 December 2018 to 31 August 2020. These have been matched with the estimated population using the Natural Growth Rate for each reference year to get year-on-year, state-wise population estimates.

- A comparison of people per government doctor and hospital bed indicates significant shortages. There are 9,702 people per government allopathic doctor in India. This figure was exceeded in 11 states, including Bihar with 37,913 people per government allopathic doctor, followed by Telangana (31,103), Jharkhand (19,647), Uttar Pradesh (19,571), Madhya Pradesh (19,234), Chhattisgarh (16,980), Punjab (13,685), Karnataka (13,578), Odisha (11,792), Gujarat (11,412), and Haryana (10,184).
- In contrast, among states, the fewest people per government allopathic doctor were in Goa (2,251) and Sikkim (2,070).
- Similarly, there are 1,666 people per government hospital bed in India. The population per government hospital bed in Telangana was 7,596, more than three times the national average. This figure was also above the national average in Bihar (4,264), Maharashtra (3,729), Uttar Pradesh (3,562), Chhattisgarh (3,059), Madhya Pradesh (2,745), Jharkhand (2,594), Odisha (2,506), Gujarat (2,332), Haryana (2,299), and Rajasthan (1,730). On the other end of the spectrum, there were less than 1,000 people per government hospital bed in 19 states and UTs including Karnataka (958), Kerala (939), Tamil Nadu (782), Delhi (690), Andhra Pradesh (621), Himachal Pradesh (505), Goa (500), and Sikkim (300).

### BIHAR HAD THE HIGHEST POPULATION PER GOVERNMENT ALLOPATHIC DOCTOR AND TELANGANA HAD THE HIGHEST POPULATION PER GOVERNMENT HOSPITAL BED



**Source:** (1) Population from Census 2011 and updated year-on-year using annual Natural Growth Rates from Sample Registration System Bulletins (SRS). Available online at: <http://censusindia.gov.in/>. Last accessed on 29 December 2021. (2) Number of government allopathic doctors and number of hospital beds from National Health Profile 2020. Available online at: <https://cbhidghs.nic.in/showfile.php?lid=1155>. Last accessed on 24 December 2021.

**Note:** (1) Natural Growth Rate for 2014 was unavailable, so it was estimated by averaging the Natural Growth Rate of previous year (2013) and the subsequent year (2015). Natural Growth Rate 2019 was used for 2020.

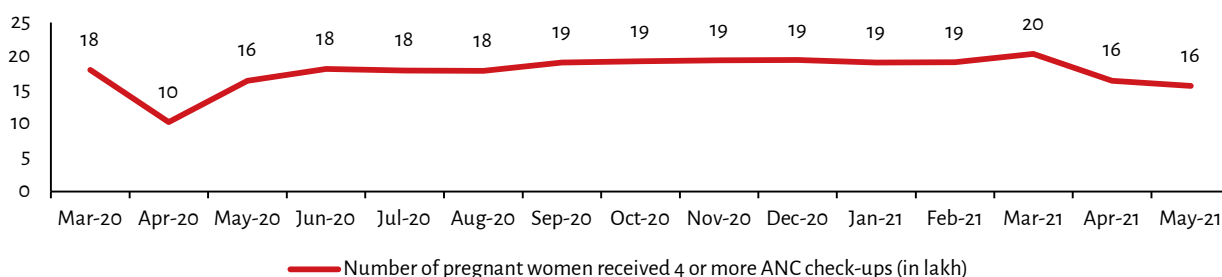
## HEALTH SERVICE DELIVERY – NON COVID-19

- The COVID-19 pandemic has had an impact on service delivery of several health interventions. Some of these are discussed below:

### Maternal Healthcare Services

- Maternal healthcare services are essential for the health and well-being of mothers and children. GoI provides free institutional delivery and antenatal services through its network of health facilities to reduce maternal and neonatal morbidity and mortality. Pregnant women are required to be registered for Antenatal Care (ANC), and receive 4 or more check-ups as per norms.
- The number of pregnant women receiving 4 or more ANC check-ups declined during the COVID-19 pandemic. During April 2020, when the lockdown restrictions were at their peak, check-ups declined by 43 per cent compared to March 2020. From May 2020 onwards, this figure started increasing again. During the second wave of COVID-19, the number of pregnant women receiving 4 or more ANC check-ups declined from 20.33 lakh in March 2021 to 16.38 lakh in April 2021.

### THE NUMBER OF PREGNANT WOMEN WHO RECEIVED 4 OR MORE ANC CHECK-UPS DECLINED IN APRIL 2020 AND 2021

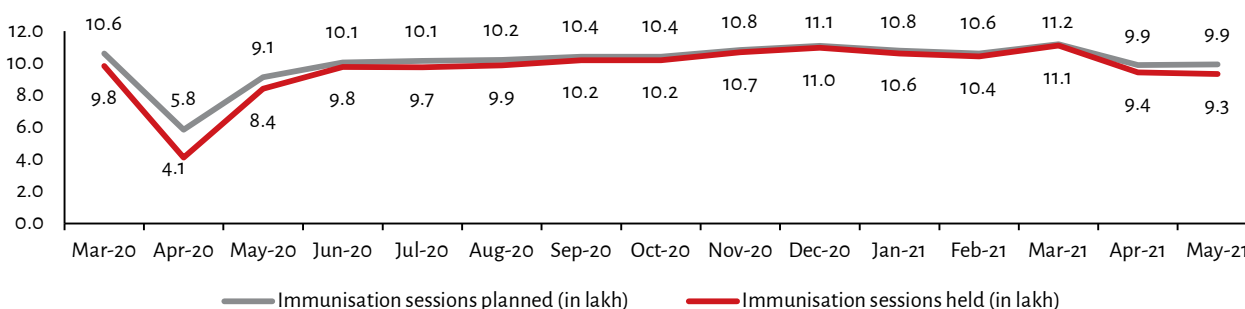


**Source:** Health Management Information System. Status as on 26 January 2022. Available online at: <https://hmis.nhp.gov.in/#!/standardReports>. Last accessed on 23 December 2021.

### Immunisation

- The Universal Immunisation Programme intends to reduce the under-five mortality rate by providing free-of-cost immunisations against vaccine-preventable diseases such as Hepatitis B, measles, polio, tetanus, and tuberculosis. The COVID-19 pandemic slowed down the progress on increasing immunisation coverage. During the first lockdown between March and April 2020, the number of immunisation sessions planned fell by 45 per cent from 10.58 lakh to 5.84 lakh.
- Over the same period, the number of immunisation sessions held out of sessions planned also fell. In March 2020, 93 per cent planned sessions were held, whereas in April 2020 only 70 per cent sessions were held.
- During the second wave of the COVID-19 pandemic, immunisation coverage was marginally hampered. The number of sessions planned and sessions held fell by 11 per cent and 15 per cent, respectively, in April 2021 compared to the previous month.

### THE NUMBER OF IMMUNISATION SESSIONS PLANNED AND HELD DECLINED BY 45% AND 58% IN APRIL 2020



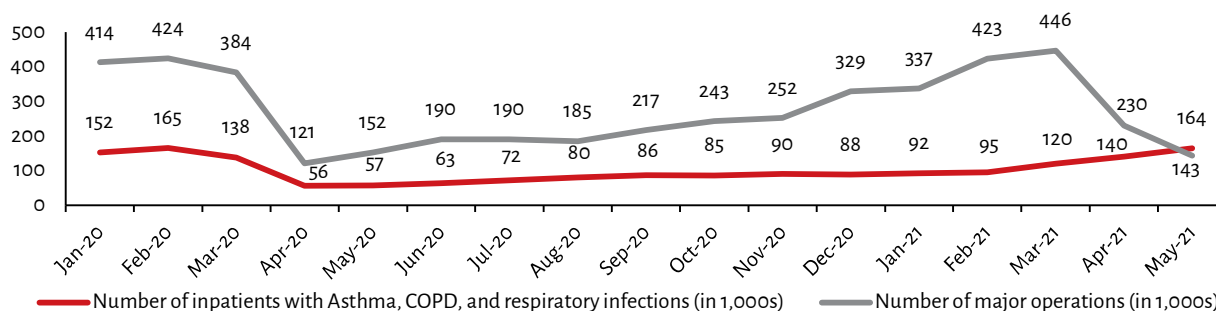
**Source:** Health Management Information System. Status as on 26 January 2022. Available online at: <https://hmis.nhp.gov.in/#!/standardReports>. Last accessed on 23 December 2021.

### Communicable Diseases

- Due to the COVID-19 pandemic, inpatient treatment of serious communicable diseases declined. For communicable diseases such as asthma, Chronic Obstructive Pulmonary Disease (COPD), and respiratory infections, fewer patients were admitted for treatment during the COVID-19 pandemic. The number of inpatients per month more than halved from 1.38 lakh in March 2020 to 56,325 in April 2020.
- Throughout FY 2020-21, the number of patients admitted remained below the figure in March 2020. In May 2021, during the second wave of the COVID-19 pandemic, the number of inpatients doubled compared to August 2020.

- The trend is similar for the number of major operations (general and spinal anaesthesia) conducted, which were significantly impacted by the nationwide lockdown in 2020. The number of major operations declined by more than two-thirds, from 3,83,818 in March 2020 to 1,21,313 in April 2020. Once the lockdown restrictions were lifted, numbers increased again to pre-pandemic levels and stood at 4,46,304 in March 2021. During the second wave in May 2021, however, operations once again dropped to 1,43,136.

### THE NUMBER OF INPATIENTS WITH ASTHMA, COPD, AND RESPIRATORY INFECTIONS INCREASED IN MAY 2021 AND WERE HIGHER THAN MARCH 2020

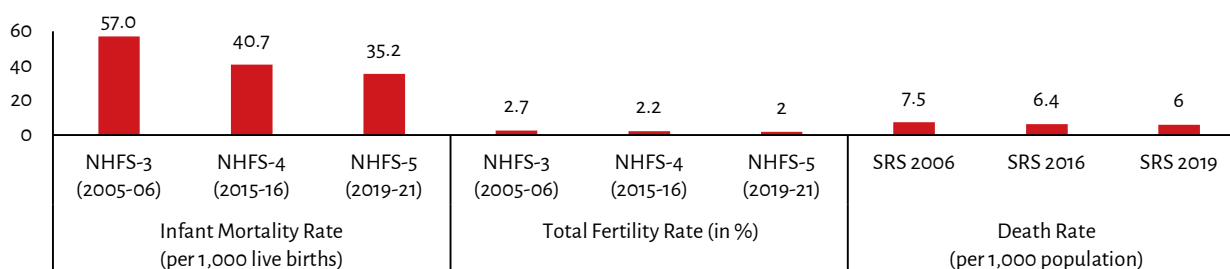


**Source:** Health Management Information System. Status as on 26 January 2022. Available online at: <https://hmis.nhp.gov.in/#/standardReports>. Last accessed on 23 December 2021.

## OUTCOMES

- NHM's emphasis on RCH is with the aim of reducing fertility, maternal mortality, and child mortality. Three indicators have been used to understand progress in outcomes:
  - Infant Mortality Rate (IMR) refers to the number of deaths of children under the age of one per 1,000 live births each year, and the objective is to reduce IMR to 25 per 1,000 live births.
  - Total Fertility Rate (TFR) is the average number of children that would be born to a woman during reproductive age, and the objective is to reduce it to 2.1.
  - Death Rate is a measure of mortality and is described as the number of deaths per thousand population. There is no benchmark for it.
- As per NFHS data, between 2005-06 and 2019-21, IMR in India fell from 57.0 to 35.2 and TFR fell from 2.7 to 2, thereby achieving the health outcome goal established in the 12<sup>th</sup> Five Year Plan. According to the Sample Registration System (SRS), the Death Rate in India also declined between 2006 and 2019, from 7.5 to 6.

### ACROSS INDIA, IMR, TFR, AND DEATH RATES DECLINED BETWEEN 2005-06 AND 2019-21



**Source:** (1) India factsheets NHFS-3, NHFS-4, and NHFS-5. Available online at: <http://rchiips.org/nfhs/>. Last accessed on 25 January 2022. (2) Sample Registration System (SRS) Bulletins for October 2007, September 2017, and October 2021. Available online at: [https://censusindia.gov.in/vital\\_statistics/SRS\\_Bulletins/Bulletins.html](https://censusindia.gov.in/vital_statistics/SRS_Bulletins/Bulletins.html).