

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

**RAJYA SABHA**  
**UNSTARRED QUESTION NO. 2025**  
**TO BE ANSWERED ON 18.03.2025**

**IMPLEMENTATION OF NHM IN TELANGANA**

**2025. SHRI K.R. SURESH REDDY:**

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

- (a) the status of National Health Mission (NHM) implementation, including fund allocation, release, and utilization over the last three years, State-wise including Telangana;
- (b) the progress in reducing maternal and child mortality, especially in high-focus States, and efforts to address regional disparities;
- (c) whether digital interventions have been introduced for healthcare delivery and monitoring and if so, details thereof; and
- (d) the steps being taken to strengthen healthcare infrastructure and workforce in rural and underserved areas?

**ANSWER**

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

(a): Under National Health Mission (NHM), the Government has taken many steps towards universal health coverage by supporting the State Government in providing improved health infrastructure, availability of adequate human resources in health facilities, availability and accessibility to quality health care especially for the under served and marginalized groups in rural areas across the country. The details of central release and expenditure under NHM from the FY 2021-22 to FY 2023-24, State-UT-wise including Telangana is given at **Annexure**.

(b): The Maternal Mortality Ratio (MMR) of India has shown significant decline by 33 points from 130 per lakh live births in 2014-2016 to 97 per lakh live births in 2018-20 as per the Sample Registration System (SRS) released by the Registrar General of India. The Neonatal Mortality Rate (NMR) has declined from 24 per 1000 live births in 2016 to 20 per 1000 live births in 2020 at National level. The Infant Mortality Rate (IMR) has declined from 34 per 1000 live births in 2016 to 28 per 1000 live births in 2020 at National level and the Under 5 Mortality Rate (U5MR) has declined from 39 per 1000 live births in 2016 to 32 per 1000 live

births in 2020 at National level.

The Ministry of Health and Family Welfare (MoHFW) supports all States/UTs in implementation of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH + N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by States / UTs. The details of interventions are as under:

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost assured and quality antenatal check up by an obstetrician/Specialist/Medical Officer on the 9th day of every month.
- Surakshit Matritva Aashwasan (SUMAN) provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- Facility Based New-born Care: Neonatal Intensive Care Units (NICUs)/ Special Newborn Care Units (SNCUs) are established at Medical College and District Hospital, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/Community Health Centres (CHCs) for care of sick and small babies.
- Kangaroo Mother Care (KMC) is implemented at facility and community level for low birth weight/ pre-term babies. It includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.
- Janani Shishu Suraksha Karyakram (JSSK): Sick infants up to one year of age are entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.
- Universal Immunization Programme (UIP) is implemented to provide 11 vaccines to protect children against 12 preventable diseases.
- Mothers' Absolute Affection (MAA): Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- STOP Diarrhoea campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- Nutrition Rehabilitation Centres (NRCs) are established at public health facilities where children with Severe Acute Malnutrition (SAM) and medical complications are admitted for treatment.

(c): Digital interventions have been introduced for healthcare delivery, with eSanjeevani-national telemedicine service playing a key role in enhancing remote healthcare access through video consultations.

eSanjeevani is implemented in two variants: eSanjeevani OPD, which enables direct patient-to-doctor video consultations and eSanjeevani AB-AAM (Ayushman Arogya Mandirs), which facilitates doctor-to-doctor teleconsultations, allowing primary healthcare providers to seek expert opinions from specialists in higher-level hospitals.

To monitor implementation of various healthcare programmes, dashboards & portals such as

RCH, Nikshay, Sickle Cell Disease, Non- Communicable Disease and AAM Portal have been rolled out and used by Centre and State/UT Governments.

(d): To strengthen healthcare infrastructure and workforce in rural and underserved areas various initiatives carried out under NHM by the Government of India in the country 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 Mukh Bharat (AMB) strategy, Pradhan Mantri TB Mukh Bharat Abhiyaan (PMTBMBA) and Universal Immunization programme.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories and Critical Care Hospital Blocks.

The XV-Finance Commission has recommended grants aggregating to Rs.70,051 crore over the period of five years (2021-2026) through Local Governments to strengthen the healthcare system in states.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system including strengthening of health workforce based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. Under NHM, following types of incentives and honorarium are provided for encouraging doctors to practice in rural and remote areas of the country:

- 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.
- 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 post graduate 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.

\*\*\*\*\*

## State/UT wise Central Release and Expenditure under NHM from the FY 2021-22 to 2023-24

(Rs. in cr.)

Sl. No.	States/UT	2021-22		2022-23		2023-24	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Andaman and Nicobar Islands	43.68	31.20	45.26	42.28	37.84	40.71
2	Andhra Pradesh	1,199.37	2,448.67	1,489.45	1,914.34	1,096.01	2,436.62
3	Arunachal Pradesh	188.53	248.51	233.82	424.78	404.55	399.44
4	Assam	1,955.93	2,194.36	1,981.83	2,307.00	2,257.06	2,626.87
5	Bihar	1,748.76	1,905.35	1,586.57	3,717.81	2,032.95	4,010.97
6	Chandigarh	17.47	26.86	38.09	26.98	30.58	31.85
7	Chhattisgarh	969.61	1,833.45	1,195.08	2,152.45	875.80	1,743.79
8	Dadra & Nagar Haveli & Daman & Diu	38.59	45.02	58.28	41.61	39.92	41.96
9	Delhi	127.37	237.79	35.15	298.11	150.54	338.41
10	Goa	26.01	60.56	55.42	84.64	48.97	82.44
11	Gujarat	1,094.48	1,835.81	1,120.06	2,292.35	1,506.96	3,672.25
12	Haryana	577.07	879.91	681.21	1,185.43	524.01	998.80
13	Himachal Pradesh	555.09	525.09	494.65	567.83	470.36	700.67
14	Jammu and Kashmir	459.10	779.61	651.52	917.02	805.22	956.95
15	Jharkhand	640.18	1,176.55	810.30	1,495.17	958.06	1,968.70
16	Karnataka	1,274.71	2,200.92	1,246.67	2,376.94	1,187.60	2,272.27
17	Kerala	771.47	1,230.96	1,036.76	1,592.96	189.15	1,069.42
18	Lakshadweep	8.41	7.26	9.97	9.29	3.79	7.10
19	Madhya Pradesh	2,295.66	3,714.92	2,582.10	4,489.15	2,545.68	5,079.18
20	Maharashtra	1,769.67	4,227.31	2,187.13	4,501.75	2,729.30	5,001.70
21	Manipur	95.59	154.09	61.40	214.69	169.12	159.32
22	Meghalaya	282.46	227.08	261.56	319.08	261.39	305.83
23	Mizoram	93.82	153.16	111.82	135.33	134.42	148.29
24	Nagaland	126.66	192.16	91.38	161.93	184.84	196.69
25	Odisha	1,263.07	2,587.72	1,284.69	3,402.50	1,901.77	2,868.83
26	Puducherry	21.33	46.36	20.73	48.51	30.80	45.74
27	Punjab	349.21	918.96	448.89	1,054.39	91.49	1,201.21
28	Rajasthan	1,924.95	3,230.01	1,460.80	3,726.21	2,785.46	4,350.63
29	Sikkim	51.86	46.06	73.30	88.69	68.17	55.69
30	Tamil Nadu	1,631.91	3,039.39	1,652.24	3,191.84	1,996.06	2,957.57
31	Tripura	217.95	237.24	231.90	287.20	264.31	277.62
32	Uttar Pradesh	3,235.46	6,210.20	5,133.59	8,828.29	4,928.14	9,044.22

33	Uttarakhand	553.47	606.07	505.01	647.13	711.33	709.79
34	West Bengal	1,654.26	2,229.46	1,252.32	3,509.86	890.42	2,817.75
35	Telangana	725.67	1,556.65	683.77	2,062.93	564.93	1,001.75
36	Ladakh	44.79	62.81	94.95	109.67	120.44	119.67

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. Expenditure is as per available Financial Management Reports submitted by the States/UTs and is provisional.
3. After the reorganisation of the State of Jammu and Kashmir (J&K) into the Union Territory of J&K and Union Territory of Ladakh, NHM funds to the UT of Ladakh were disbursed for the first time during 2020-21.