



International Journal of Humanities & Social Science Studies (IJHSSS)

A Peer-Reviewed Bi-monthly Bi-lingual Research Journal

ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)

Impact Factor: 6.8

Volume-XII, Issue-I, January 2026, Page No. 113-119

Published by Scholar Publications, Sribhumi, Assam, India, 788711

Website: <http://www.ijhsss.com>

DOI: [10.29032/ijhsss.vol.12.issue.01W.186](https://doi.org/10.29032/ijhsss.vol.12.issue.01W.186)



Impact of the National Rural Health Mission on Rural Health Infrastructure and Service in India

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Received: 10.01.2026; Accepted: 16.01.2026; Available online: 31.01.2026

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Abstract

Government of India initiated NRHM in 2005 to build up strong healthcare system in rural area. This paper focus on how NRHM impact the rural health services in rural areas of India from 2005 to 2022. information from different sources like rural health statics, national family health services (NFHS), and reports of government of India. The study includes 18 states that got special attention under (NRHM). We studied how many health infrastructure built up and how much manpower improved and condition of maternal and child health. The results shows that NRHM Improved health infrastructure and increased number of doctors, nurses and paramedical staff in rural health centers. study also reflects that there are still some gaps need to fill up to further enhance health facilities in rural India like with good infrastructure we need upgraded modern machines, Labs, blood banks, and most important to increased number of specialist doctors in rural area so that with quantity quality of health in rural India will shine brighter.

Keywords: NRHM; Rural health; India, Mother Health Care; Child Health Care; Public Health

Introduction:

India's around 65% population lives in rural areas and they do not have access to good hospitals, better health facilities due to poor development in rural areas like transportation, internet, banking etc. NRHM started by government of India in 2005 to bring better health care facilities in rural areas and focuses on high-risk group like neonates, Antenatal and Postnatal mothers to monitor health of mother and growing baby and to fill up the gap between urban and rural health facilities. NRHM aimed to improve rural health by using more funds on rural health and involving people from native places to plan health services so that disease prevention and treatment can be done more efficiently. In 2013 the program came under broader plan called the National Health Mission (NHM) and it includes full

access of health to all class of the society whether in rural areas or small towns, it mainly covers mother and child health, bringing down mother deaths during pregnancy, fighting against diseases like (tuberculosis (TB), leprosy, malaria) and reducing their burden by detecting them early and providing complete and safe treatment to all and this program also motivates people to maintain healthy lifestyle, taking good and nutritious food, clean water and maintaining over all sanitation that bring good effect on over all social health. In this paper we look over by using secondary data how well (NRHM) functioned in these 18 states to build enough health infrastructure with enough doctors, nurses, paramedical staff, and did maternal and children health status improved or not?

Review of Literature:

Tariq Ahmad Rather, Wakeel Ahmed Rather, 17 March 2022 The study talks about condition under which the NRHM program was launched by Indian government. It is launched to attain the target set by United Nations, MDGs. It checks the role of working NRHM to uplift Primary health related conditions. Major outcome of the NRHM was ASHA recruitment in every village for community participation health related influence for socioeconomic deprived people. NRHM led huge change in Indian health sector on several level. 75 lakhs ASHAs appointed at grass root level, it addresses the basic health resulted issues.

Motika S Rymbal, Darishisha W Thangkhiew 5 December 2020 the study aims to find the interstate variations before and after the implementation of national rural health mission act of 2005, on the public expenditure in the north eastern states. Yet the status of health infrastructure and health accessibility in the region are still a need concern. The study is based on secondary data. The study found that the interstate variations in public healthcare expenditure with all the eight states in the region is on a decline. Further the study found that post NRHM, the states have equalized their proportion of health spending. The study resulted that the north easter stats have significant variation in incomes and thus in GDP per capita.

Sukumar Vellakkal, Adyya Gupta and Pat Doyle (10 August 2016) all these evaluated the data to find impact of NRHM and socioeconomic inequality in uptake of institutional delivery and antenatal care (AMC) across high focus (deprived) Indian states. It resulted in decline in inequalities in institutional delivery between pre-NRHM and post- NRHM. It records the main effect in lower class and middle class than upper class. It suggested the NRHM type health program that target deprived (lower/middle socioeconomic groups) by its full implementation and widely spread in society to make people more aware about their health. Together such population by making maternal health programmed with child health care are very important for universal access to healthcare.

Suresh Kumar Patra, April 2013 Study shows that there are many reasons that makes Odisha one of poorest state of the country that highly focused under NRHM scheme. Study analyse NRHM effects on health indicator in Odisha. Study based on Secondary data taken from Survey of Odisha, Suresh Kumar Patra examined that after NRHM launched in Odisha. Subcenter PHC/CHC increases but very few in numbers comparing to nation average and after NRHM doctors /specialist increases because of uniformity in health sector in Odisha. Study discovers that there are very insufficiencies of Doctor/Specialist in Odisha. Not having proper infrastructure.

Research Methodology:

Type of study

In this study we are using secondary data from different government sources and reports.

Data Sources

These are the data sources from we used the information for our study

- Rural Health Statistics (RHS) reports.
- National Family Health Survey (NFHS) – Round 3, 4, and 5
- Government of India health reports
- Census and other official government papers

The study covers the years from 2005 to 2022. We used the data of 2005 as the base year because that's when NRHM began, and 2022 is recent enough to see what happened.

Study Area

We focused on 18 states that got special focus under NRHM. These includes:

- Poor states (like Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Uttarakhand)
- States in North-East (like Assam, Arunachal Pradesh, Manipur)
- Mountains states (like Himachal Pradesh, Jammu & Kashmir)

Results and Data Analysis:

1.1 New health centers established (Sub-Centers, PHCs, and CHCs)

Before NRHM in 2005, India had 1,46,026 small health centers (called sub-centers), 23,236 Primary Health Centers, and 3,346 Community Health Centers and these numbers increased by 2022, shown in the table below:

Table 1: Expansion of Rural Health Centers in India (2005-2022)

Year	Sub-Centers	PHCs	CHCs
2005	1,46,026	23,236	3,346
2010	1,48,366	23,458	4,276
2015	1,53,655	25,308	5,396
2020	1,58,417	25,743	5,624
2022	1,60,522	25,931	5,649

Source: Rural Health Statistics, Ministry of Health and Family Welfare

This data shows that in last 17 years 14,500 sub centers, 2,700 primary health centers and 2,300 community health centers newly formed in rural areas of India. This shows healthcare infrastructure get bigger in rural India, state like Rajasthan, Madhya Pradesh, Chhattisgarh, and Uttarakhand expanded the most centers.

1.2 Doctors and Health Workers Got Appointed in Rural Health Services

With good infrastructure we need complete manpower to run the health facilities efficiently. For that we need improve doctor's patient ratio and paramedical staff. The condition of same in 2022 is shown in the table given below:

Table 2: Doctors and Workers in Rural Health Centers (2022)

Type of Worker	How Many Needed	How Many Working	Gap (%)
Doctors at PHCs	26,344	22,045	16.3%
Experts at CHCs	21,676	4,485	79.3%
ANMs (Female Nurses)	2,05,824	1,97,168	4.2%
Staff Nurses	1,55,344	1,31,122	15.6%

Source: Rural Health Statistics 2021-2022

This table reveals some noticeable things that nurses and ANMs recruitments are in good numbers, but the actual concern is the doctors, mainly the specialists’ doctors like gynecologists, surgeons, pediatricians. At CHC level against 21,676 posts only 4,485 posts are filled. That means 79% remain vacant, due to this in many rural hospitals can’t provide good specialized and emergency services. This shortage of manpower in rural health is shown in figure below:

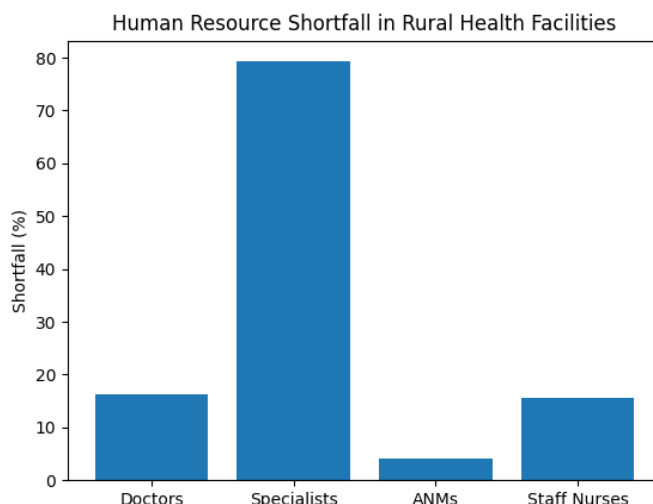


Figure 2: Shortfall of Human Resources in Rural Health Facilities

1.3 How NRHM Improved Maternal and Children Health Care

Mothers getting Antenatal cares and Awareness like Multiple Hospital visits, blood investigations, various antenatal scans and Education about benefits of institutional delivery which overall benefited maternal and Children’s Health and leads to significant Reduction of maternal mortality rate (MMR) and infant mortality rate (IMR)

Table 3: Mother Health Improvements (NFHS Data)

What We Measured	2005-06(Before)	2015-16 (5 years later)	2019-21 (Recent)
Mothers who gave birth in hospitals (%)	38.7%	75.1%	88.6%
Mothers who got 4 prenatal checkups (%)	37.0%	51.2%	58.1%
New mothers checked by doctors after birth (%)	35.4%	62.4%	78.0%

Source: National Family Health Survey (NFHS-3, 4, AND 5)

The above table reflects the various aspects related to maternal and child health that improved after NRHM implementation. Like in 2005 institutional delivery rate was too low about 39 percent which recorded higher in 2022 about 89 percent. This is massive positive change in health services. Now the figure given below talks about the improved scenario in institutional deliveries in Rural India.

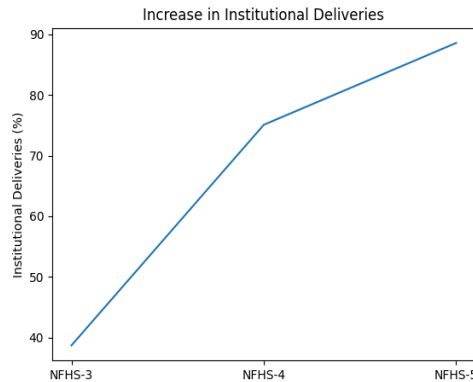


Figure 3: Rise in Institutional Deliveries in Rural India

Few Factors that Improved children’s health:

To prevent various communicable diseases among children’s various vaccination programs like Mission Indradhanush, which ensures timely and complete vaccination among all age groups of children’s.

Good food, sanitation, safe drinking water and immediate health support to children increased their complete health. These all factors help in reduction of under-5 mortality rate and reduce child disease burden.

Table 4: Child Vaccination and Nutritional Status

Children’s Health	2005-06	2015-16	2019-21
Children who got all vaccines (%)	43.5%	62.0%	76.4%
Children too thin for their age (%)	48.0%	38.4%	35.5%

Source: National Family Health Survey (NFHS)

The above table talks about the improved complete vaccination, improved from 43.5% in 2005 to 76.4% in 2019-21. Reduction in wasting among children due to increased infrastructure, connectivity, trained manpower at grassroot level in rural India.

1.4 Reasons That Make People to Avoid Visiting Government Hospitals

In rural areas government established more hospitals still people travel far away from their homes in search of advanced medical care, for chronic diseases, complicated delivery cases and various emergency conditions, for this question asked in NFHS survey and answers given by people is shown in the table below:

Table 5: Why Rural People Don’t Use Government Hospitals

Reasons	Percentage of People
Care is not good quality	46.2%
Have to wait too long	21.4%
Hospital is too far	18.7%
No medicines available	13.7%

Source: National Family Health Survey -5

Based on the answers given by people it concludes that care provided at rural government hospitals are not good because of incomplete staff and lesser regular monitoring of hospitals by higher authorities, in many rural hospitals essentials medicines are not easily available and in maximum rural hospitals investigations CT scan, ultrasound, X ray, MRI are not available that makes difficult for doctors and staff to handle emergency conditions.

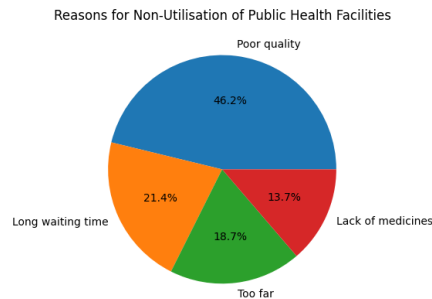


Figure 5: Reasons For Non-Utilization of Public Health

Suggestions:

Even though the improvement is visible in rural health services still there is long way to go, Main concern is to fill up the vacant post of doctors, specialist, other staff, that can be done by providing better living conditions to them and giving extra allowance to specialist doctors can help to improve this condition. Recruitment of technical staff in hospital at regular interval is necessary. Government should make sure that essential medicines at all rural centers should available so patient don't need to buy from outside. regular monitoring of all health facilities and proper implementation of government health schemes in rural areas should be done health camp and awareness camps should be organized in villages at regular interval to educate and aware people about various health conditions government Schemes and guidelines. Use of modern technology can be used in larger scale to boost up rural health like telemedicine consultation from tertiary care center to sub center and PHC can be provided. So that people can save their money and time can get specialists consultation via telemedicine and mobile health units can be created to reach remote rural areas for basic investigation and health advises. Better condition of roads, transportation to reach hospitals is required in rural areas free ambulance services and their 24-hour availability should ensure so that each and every patient will get advance better health facility near by their homes. Focusing on all these points will surely makes more stronger health system in our country especially in rural areas.

Conclusion:

The study clearly reveals that several new health care centers and hospitals were built in past few years but manpower and machinery to run them smoothly still lagging behind according to required norms. Many rural hospitals in India running on papers but on ground reality there is no availability of doctor, nurse and other paramedical staff still 79% seats of specialist Doctors are vacant at CHC level and 16% seats of Doctors are vacant in PHC hospitals. Even in larger hospitals in rural area like CHC's and District hospitals there is massive deficiency of machines, well equipped labs, essential medicines make tougher to provide good health care and emergency services at rural hospitals which leads to increased

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number of referral cases and non-availability of severe emergency care in many rural health centers sometimes prove fatal for serious patients that's the reason many people don't have faith on government health facilities in rural area.

In case of maternal and child health care this study shows that there is improvement in the health care given to mother and child because institutional delivery increased significantly and hospital visits during pregnancy raised those effects both mother and child health. Timely complete vaccination in rural area produced great impact on reduction of neonatal mortality rate (NMR), under 5 mortality rate (U5MR) and overall prevention from several communicable diseases. But there is still some area to improve to make more stronger health care system to maternal and children's cases because in many remote areas low literacy rate, less awareness among people, conservative thoughts, difficult transportation system, poor internet connectivity makes difficult to utilize and deliver high standard health facilities.

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