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India's Achievement in Rural Health Services: A Comprehensive Analysis

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ABSTRACT

India's rural health sector has witnessed remarkable transformation in the last few decades. National Rural Health Mission, Ayushman Bharat and other health programmes played a critical role in it. Expansion and development of the existing Sub-Health Centres, Primary Health Centres, and Community Health Centres has enabled the growth of rural health infrastructure. Together these have contributed to significant improvement in providing rural health services. Because of these the Maternal Mortality Ratio has declined to 97 per 100,000 live births and child mortality has reduced by 75% since 1990. On the other hand, initiatives like the eSanjeevani telemedicine platform and other digital health technologies have enabled specialist health care access for rural and tribal populations. Reduced prevalence of diseases such as tuberculosis and malaria indicate the progress in disease control. Political commitment, community participation, technology adoption, and multi-sectoral collaboration are some of the important key factors. In spite of that scarcity of human resources, quality assurance, and financial sustainability remain persistent challenges. India's achievement can be a potential role model in delivering universal health care services for other developing nations.

Keywords: Rural health, Ayushman Bharat, Maternal and child health, Digital health, Universal health coverage

INTRODUCTION

India faced enormous challenges of illiteracy, poverty, the trauma of partition, a large influx of refugees, and multiple wars just after gaining freedom after 200 years of colonial rule. To combat these challenges and nation building India adopted a pro-socialist model of development. To eradicate illiteracy, poverty, and malnutrition a wide array of policies and programs were implemented. These initial measures laid the foundation for becoming a global leader in the fields of information technology, pharmaceuticals, and space research. In spite of vast diversity and complex socio-political strata India has continued to make steady progress in its development journey.

Health has been one of the key parameters of development, and strong health and education systems have been the hallmark of any welfare state, India is no exception. Since independence, the nation has made significantadvancement toward the transformation of the national health system into a system that is more accountable, accessible, and affordable. Considerable progress has occurred in terms of the availability and quality of healthcare, especially in rural areas, where the majority of the population resides (Mohan and Kumar, 2019).

Traditionally, rural India has been deprived of access to medical-facility, skilled medical personnel, and adequate infrastructure. Such gaps within the system were related to the poor health outcomes, increased rates of avoidable ailments, and inaccessible much-needed medical assistance (Reddy, 2015). In response to these gaps, the Government of India, in the year 2005, launched the National Rural Health Mission (NRHM) that has an

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express purpose of enhancing health service delivery to underserved areas (Saikia and Das, 2012). This project represented landmark success in the rural health industry because there was increased access to infrastructure and delivery of services in the rural areas.

Additional reforms introduced under the National Health Mission (NHM) drew on these successes that came to emphasise equity, affordability and quality of care. The modernity of healthcare service expansion has been enhanced based on innovative programmes such as Ayushman Bharat, further expanded in the recent past, and digital platforms that engage the elements of the preventive, promotive, and curative type (Hannah *et al.*, 2023; Mohanty and Behera, 2023).

All of them imply that India is seriously striving to move beyond its structural flaws and create a rural health system that would not only act as a source of improvement to a health outcome but also fulfil the higher aspirations of inclusive growth and social justice.This paper is intended to investigate and critically examine the major achievements of India in regard to rural health services and to shed light on the strategies, policies and programmes behind measurable changes in regard to accessibility of healthcare and outcomes.

Specifically, the landmark programmes implemented, including the National Rural Health Mission (NRHM, 2005), the National Health Mission (NHM, 2013-present), and the Ayushman Bharat programme (2018-present), are discussed, as well as the fast growth of the digital health ecosystem with eSanjeevani telemedicine as an example. Such efforts signify an attempt to eradicate long-standing differences between the urban and country healthcare systems in the span of two decades, which is why the most crucial period of analysis is between the years 2005 and 2025.

Major Achievements in Rural Health Services:

India has reached several milestones in rural health through a series of targeted initiatives. These are discussed below.

Infrastructure Development and Three-Tier System:

The system of health care in the rural areas of India has gradually become three-tiered, bringing health care facilities near the people who are underserved. Sub-Centres form the basic tier of the health system, with Auxiliary Nurse Midwives (ANMs) and Male Health Workers being the first health workers that rural populations are introduced to. Their core mandate is the maternal and child health services, family welfare, nutrition, immunisation and the communicable disease control. At the point of writing this post in March 2020, India had a total of 155,404 sub-centres operating (Ministry of Health and Family Welfare, 2020).

Along with these, there are Health and Wellness Centres (HWCs), an innovation through the Ayushman Bharat initiative that combines health preventive, promotive and curative medical centres. As of 2020 there are 38,595 HWCs in operation, and 18,610 sub-centres and 19,985 primary health centres have been converted to HWCs. The next tier is Primary Health Centres (PHCs) that are the initial institutional contact point between the villages and the medical officers. PHC, to be a referral unit associated with 6 sub-centres, offers both curative and preventive services and has 4-6 bed inpatient facilities. However, by March 2020, 24,918 PHCs had been operational in rural India.

The next level is the Community Health Centres (CHCs), the level with highly specialised care and acting as referral units of PHCs. India had 169,615, 31,882 and 6,359 sub-health centres, PHCs and CHCs, respectively, by 2023 (Ministry of Health and Family Welfare, 2024), with growth rates of 16.1%, 37.2% and 90%, respectively, since the year 2005. The growth has been comparatively much higher in tribal and hilly areas where population standards are liberalised to achieve better coverage, with a 71.1 per cent increase in SHC and 61 per cent in CHCs.

National Health Programs and Policy Initiatives:

The health of the rural areas has been considerably transformed by a number of flagship programmes. The National Rural Health Mission (NRHM), which was launched in 2005, aimed at checking the shortages in the rural health sector by emphasising more on decentralised and community-based health care delivery services in the states with low health indicator vulnerabilities. Its goals were to decrease maternal and child mortality, universalise health services provided by the government, streamline AYUSH systems, and boost the prevention of diseases. It has been claimed that missions promoted infant and neonatal death decreases, construction, and community involvement normalisation in health services production (Nagarajan *et al.*, 2015; Tharigopula Satheesh and Gangadhar, 2024).

Ayushman Bharat is an innovative project that builds on NRHM to include Health and Wellness Centres offering comprehensive primary care and Pradhan Mantri Jan Arogya Yojana (PM-JAY), which offers financial security against hospitalisation at the secondary and tertiary levels. Ayushman Arogya Mandirs:By Dec 2024 there were 175,560 Ayushman Arogya Mandirs that provide comprehensive care and large-scale screening programmes, including 100.57 crore hypertension screenings and 88.65 crore diabetes screenings. The number of wellness sessions organised at these centres was 4.74 crore, and over 31.86 crore teleconsultations via the eSanjeevani platform were facilitated (Ministry of Health and Family Welfare, 2024).

Rural health outcomes have also been improved by other complementary programmes. NMHP has been striving to fill the mental health services without touching the well-serviced areas, which are mostly urban with high populations. The health of mothers and children has been given constant focus through the programmes that focus on safe delivery, institutional births, and immunisation coverage for all.

Maternal and Child Health Improvements:

The indicators of maternal and child health have improved greatly. The Maternal Mortality Ratio (MMR) in India stood at 97 per 100,000 live births in 2018-20, which put the country on the path of attaining the Sustainable Development Goal (SDG) by 2030. In several states such as Kerala (19), Maharashtra (33) and Telangana (43), the target has already been achieved (Ministry of Health and Family Welfare, 2024).

In the same breath, child death has dropped drastically, whereby the under-five mortality rate has been fixed at 32 per 1,000 live births compared to 28 per cent under the infant mortality rate. India recorded a remarkable increase of 75 per cent child death reduction between 1990 and 2020 in comparison to the world average of 58 per cent. These gains have been centred on programmes that have had a positive impact on the health of women, like Janani Shishu Suraksha Karyakram (JSSK), which reached more than 1.51 crore women in 2023–24, and the Universal Immunisation Program, which likely reached up to 93.5 per cent of children (Hannah *et al.*, 2023).

Digital Health Innovations:

The rural service delivery has changed with the digital health innovation. The eSanjeevani telemedicine platform has delivered more than 276 million consultations, linking rural patients with critical care, including specialists and doctors available nationwide to provide service to more than 230,000 healthcare providers. In addition, other systems like the Health Management Information System (HMIS), the Mother and Child Tracking System, and the Drugs and Vaccines Distribution Management System (DVDMS) enable the monitoring in real time together with supply chain efficiency (Ministry of Health and Family Welfare, 2024).

Indicators also reflect advancement in control of communicable and non-communicable diseases. The TB incidence decreased by 17.7 percent between 2015 and 2023, and the number of TB deaths by 21.4 percent. With increased urgency, the problem areas in terms of the burden of TB were addressed as part of the 100 Days TB Mukt Bharat Abhiyan (Mohanty and Behera, 2023). Equally, the level of malaria cases went down by 80 per cent within the period, with the number of deaths being only 83 people in 2023. The development of non-communicable disease services is based on 770 district levels, 6,410 CHCs and a two-digit number of cardiac care units.

Challenges and Future Directions:

Although the advancement in the development of rural healthcare facilities and access is impressive, there are still some lagging issues that hamper the effectiveness of the system. A consistent deficit in the skilled medical workforce – especially in doctors, nurses, and specialists – still plagues the delivery of services in remote locations. The fact that the rural postings are viewed as less desirable because of inadequate facilities, lack of incentives, and poor living conditions contributes to not having a qualified individual in exactly the area they are needed (Jaysawal, 2015).

Another major challenge becomes channelled to the maintenance of infrastructure. Although there has been considerable growth of health facilities, there exist issues regarding the repetitive quality of the facilities. Sub-health centres and primary health centres are also associated with a lack of basic medicines and tests and a shortage of power or water in many of them and therefore have limited ability to give holistic care.

Last-mile connectivity remains a challenge, especially to the most marginalised and remote geographies, including hill and tribal and border areas.

Even though mobile care or telemedicine solutions are increasing, providing access to time-sensitive care is geographically inconsistent, and this contributes to outcome disparities.

There is financial sustainability that is difficult. Rural healthcare has to be expanded and modernised, which necessitates continuous funding and substantial financing. When it comes to balancing the increased demand on the resources with the competing development priorities, this situation often leads to financial constraints, and thus it is hard to maintain the consistency, program increase, and program enhancement throughout the system.

Facilitating Factors for Success:

A number of enabling factors have been key in fortifying the rural healthcare. Continuity and stability have been achieved in the policies of rural health care due to government commitment that has been consolidated by different governments. Examples of political will being translated into long-term policy, mobilisation of resources and institutional backup are evident through initiatives like the National Health Mission and Ayushman Bharat.

The involvement of the communities has played a significant role in narrowing the gap between the policy design and the implementation. Communities have been effectively mobilised, and awareness/access to essential service/essential services (MCIs) has been facilitated via the structures of accredited social health activists (ASHAs), village health committees, and the local self-governing systems.

Usage of technology has changed the provision of service in the outskirts of the country. Teleconsultation programmes such as eSanjeevani, digital tracking of maternal and child health, and real-time tracking through the Health Management Information System (HMIS) have increased efficiency, accountability, and coverage.

Recommendations for Future Improvement:

Short-term priorities and long-term strategies should be pursued to consolidate the gains made so far in terms of rural healthcare and to sail towards universal health coverage. The short-term priorities (1-3 years) should also involve the rebuilding the depleted health workforce and the confusing; should be "enhanced recruitment, long-term training, and equitable distribution of medical staff in underprivileged locations. Quality control systems must be creatively incorporated within all the levels of health institutions in the rural setting through frequent auditing, adherence to set universal treatment guidelines, and patient satisfaction systems.

The short- to medium-term (5-10 years) vision should be to reach universal health coverage that includes an action path policy roadmap that covers comprehensive care services to every countryside community. There is a need to place greater emphasis on preventive and promotive health interventions such as the modification of lifestyles, large-scale screening of non-communicable diseases and health education.

The integration of health systems ought to provide a smooth referral chain and greater coordination between sub-centres, primary health centres, community health centres and tertiary hospitals. Strengthened financing, such as increased use of the public sector in health provision, creativity in insurance and collaboration with the intra- and civil society, will be important in maintaining health gains in rural settings.

Lessons Learned:

The story of rural health transformation in India shows that even significant positive momentum in the field of public health can appear when a long-term vision is supported by long-term investment and innovation. Health programmes on a big scale need massive resources but require consistent policies across successive administrations.India demonstrated its persistence over decades, and this persistence underscores its continuing importance for society.

The involvement of the community has been very crucial as well. ASHAs and other grassroots organisations have enabled access to services, encouraged behavioural change, and, importantly, fostered confidence in the public systems. The flexibility of policies has augmented effectiveness, as evident in the relaxation of population norms in tribal and hilly regions.

Technology has equally been the key factor. As telemedicine and digital health services grow so fast, they have reduced barriers caused by distance and workforce shortages, contributing to the equal access to healthcare services in rural and remote locations. However, health cannot be improved in a sustainable manner without being integrated with nutrition, sanitation, education and livelihood interventions. Evidence suggest that the most pronounced health outcomes are realised when interventions are sought in a multi-sectoral as opposed to an isolated approach.

Conclusion:

One of the most significant public health transitions of the 21st century is the improvement of health services in India over the last few decades, particularly in the rural areas. Millions have now gained access through expanded infrastructure, declining maternal and child mortality rates, along with the introduction of national health programmes. Innovations in the digital space have increased the scope and quality of health care services in remote areas.

The creation of 175,560 Ayushman Arogya Mandirs and a 75 per cent reduction in child mortality are the examples of the enabling role of political commitment, credible financing, and community involvement.The Indian experience demonstrates that despite working in a resource constrained environment, adaptation and a long-term approach could gain results higher than the global average.

Nonetheless, there are still significant challenges. shortages of health workers, uneven service quality, and last-mile delivery gaps, as well as issues of long-term financing, are still persistent bottlenecks. Dealing with them will be essential in both sustaining and securing equal benefits to states and regions.

Nevertheless, the background created by the National Rural Health Mission, Ayushman Bharat, and digital health innovations (like eSanjeevani) holdstrong potential for nextphase of reform. Consequently, rural health success can give us hope of universal health coverage since India pursues the sustainable development goals by 2030. The success of India can be a potential a role model for other developing countries.This lesson, which the Indian story highlights, is that with scale, collective action, and community ownership by the community, the vision of health for all will become a reality.

REFERENCES

Hannah, R., Ritchie, H., Roser, M., Rodés-Guirao, L., Mathieu, E., Gerber, M., Hasell, J., Macdonald, B., Giattino, C., Ortiz-Ospina, E. and Appel, C. (2023). Child and infant mortality. Our World in Data. https://ourworldindata.org/child-mortality

Jaysawal, N. (2015). Challenges of rural health in India: A review. *Internat. J. Medical Sci. & Public Health*, **4**(2) : 170-173.https://doi.org/10.5455/ijmsph.2015.0613201459

Ministry of Health and Family Welfare (2020). Rural Health Statistics 2019-20. Government of India. https://hmis.nhp.gov.in/downloadfile?filepath=Documents/RHS-2019-20.pdf

Ministry of Health and Family Welfare (2024). Annual Report 2023-24. Government of India. https://www.mohfw.gov.in/sites/default/files/Annual%20Report%202023-24.pdf

Mohan, P. and Kumar, R. (2019). Evaluating the National Rural Health Mission: A critical assessment of India's health sector reforms. *Health Policy & Planning*, **34**(8) : 623-635. https://doi.org/10.1093/heapol/czz094

Mohanty, S.K. and Behera, P. (2023). India's progress towards tuberculosis elimination: Challenges and opportunities. *The Lancet Global Health*, **11**(4), e492-e501. https://doi.org/10.1016/S2214-109X(23)00078-9

Nagarajan, R., Teixeira-Pinto, A., Carberry, A. and Shand, A. (2015). Impact of the National Rural Health Mission on maternal and child health outcomes in India: A systematic review. *PLoS One*, **10**(11), e0142940. https://doi.org/10.1371/journal.pone.0142940

Reddy, K.S. (2015). India's aspirations for universal health coverage. *New England J. Medicine*, **373**(1) : 1-5. https://doi.org/10.1056/NEJMp1414214

Saikia, N. and Das, K.C. (2012). Trends and determinants of under-five mortality in India: An analysis of the National Rural Health Mission period. *Population Health Metrics*, **10**(1) : 19. https://doi.org/10.1186/1478-7954-10-19

Tharigopula Satheesh, A. and Gangadhar, R. (2024). Assessment of National Rural Health Mission implementation: A comprehensive evaluation of health outcomes in rural India. *J. Public Health Policy*, **45**(2) : 245-262. https://doi.org/10.1057/s41271-024-00456-3.

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