

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2037
TO BE ANSWERED ON 18TH MARCH, 2025**

UPGRADATION OF GOVT. HOSPITAL INFRASTRUCTURE IN THE COUNTRY

2037 SHRI K.R.N. RAJESHKUMAR:

Will be **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the current status of infrastructure upgrades in Government hospitals across the country;
- (b) the number of hospitals that have been upgraded or newly constructed during the last year, State-wise;
- (c) the investments made in upgrading medical equipment and technology in Government hospitals during the last year; and
- (d) whether Government proposes to increase the number of hospital beds and medical staff in Government hospitals and if so, the details thereof?

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

(a) to (d) The healthcare system of the country involves a three-tier system with Sub Health Centre (Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of Primary Health Care System in India.

As per established norms, in rural areas, a Sub Health Centre for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health Centre for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre for a population of 1,20,000 (in plain) and 80,000 (in hilly and tribal area) is suggested. Further, District Hospital (DH), Sub-District Hospital (SDH) and First Referral Unit provide secondary care services for rural & urban area. The existing Sub Centres and Primary Health Centres in both rural and urban areas are transformed into Ayushman Arogya Mandir (AAM) to deliver Comprehensive Primary Health Care that includes preventive, promotive, curative, palliative and rehabilitative services, which are universal, free and closer to the community, this will improve the access to quality care in the rural areas.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, 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. The number of approvals granted to each State is referenced in the Record of Proceedings (RoPs) available at the below mentioned link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Health Dynamics of India 2022-23 report, which is published based on the data reported by States/Union Territories (UTs), states that there are 8,18,661 beds at PHC, CHC, Sub District Hospital, District Hospital and Medical Colleges in India as on 31.03.2023. State/UT wise details of health facilities functioning in the country, available resources, can be assessed at the following link of HDI 2022-23 (Refer Page 123 and 124 of the publication).

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

PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is one of the largest Pan-India scheme with an outlay of Rs.64180/- Crores for strengthening health care infrastructure to effectively manage and respond to any future pandemics and outbreaks across the country. The scheme period is for 5 years ie. FY 2021-22 to FY 2025-26. Under the CSS components of the scheme, following are the five activities where support is provisioned to the State/UTs during the scheme period (2021-2026):

- Construction of 17,788 Buildingless Sub-Centres as Ayushman Bharat- Health & Wellness centres, now known as Ayushman Arogya Mandir (AAM)
- Establishment of 11,024 Health & wellness Centres, now AAM in Urban areas with a focus on slum and slum like areas,
- Establishment of 3382 Block Public Health Units (BPHUs) at the block level,
- Establishment of 730 District Integrated Public Health Labs (IPHL) in the country, wherein each district will have one such lab.
- Establishing 602 Critical Care Hospital Blocks (CCBs) in all districts with population more than 5 lakhs. CCBs are important component for upgradation of Hospitals/ Medical Colleges. Under the scheme, support for 100 and 50-bedded Critical Care Hospital Blocks (CCBs) at district hospitals or medical colleges for an amount of Rs.11614.71 Crore have been accorded to States/UTs for FY 2021-22 to 2024-25 for setting up of 395 CCBs. Under Central Sector component of PM-ABHIM, 150 bedded Critical Care Blocks are envisaged to be established in 12 AIIMS and Institute of National Importance (INIs).

ECRP-II: The Cabinet has also approved the scheme, "India COVID-19 Emergency Response and Health Systems Preparedness Package-II" (ECRP-II) on 08th July 2021 for an amount of Rs.23,123 crore for the F.Y. 2021-22. The scheme aims to accelerate health system preparedness for immediate responsiveness for early prevention, detection and management of COVID-19, with the focus on health infrastructure development including for Pediatric Care and with measurable outcomes. Under ECRP-II to respond to the bed availability during Covid -19 pandemic, the following sanctions were given to the States/UTs to improve bed availability in Public Sector Hospitals including Medical Colleges. The details are as under:

- Total 37,834 ICU beds inclusive of 9,873 Pediatric ICU Beds, 7,008 Pediatric High Dependency Unit (HDU) Beds, 20,953 Adult ICU Beds in Medical Colleges, District Hospitals and Sub-Divisional Hospitals.
- Additional 124,859 beds at the existing CHCs, PHCs and Sub Health Centres (6-20 bedded units); 19,337 Oxygen supported Pediatric beds; Field hospitals (50-100 bedded units) with 20,102 Beds.
- 26 Critical Care Blocks (CCBs) (50 bedded) in Hilly States in the Hilly and North Eastern State/UTs.

15th Finance Commission (FC-XV): The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-2022 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): Under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), there is a provision for upgradation of existing Government Medical Colleges/Institutions (GMCI) by way of setting up of Super Specialty Blocks (SSB)/Trauma Centres. So far, 75 such projects have been approved under the Scheme. Further, establishment of 22 new All India Institute of Medical Sciences (AIIMS) has been approved under the Scheme. Under Centrally Sponsored Scheme for 'Establishment of new Medical Colleges attached with existing district/referral hospitals', a total of 157 Medical Colleges have been approved in the country.

Further, the Ministry supports 'Free Diagnostics Service Initiative' programme under NHM with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community which in turn reduces the OOPE. It encompasses free laboratory services, free Tele Radiology Services and free CT Scan services. Under this scheme, there is a provision of 14 tests at Sub Centers, 63 at Primary Health Centers, 97 at Community Health Centres, 111 tests at Sub District Hospitals and 134 tests at District Hospitals.

For augmentation of Human Resources in Health in the country, there has been 101% increase in medical colleges from 387 in 2013-14 to 779 in 2024-25, adding 392 new medical colleges in the Country. Further, during the last ten years, MBBS Seats increased by 65714 (i.e. 128%) from 2013-14 (51,348 seats) to 2024-25 (1,17,062 seats). In addition to this, during the last ten years, the number of PG seats increased by 41,951 (i.e. 134%) from 2013-14 (31,185 seats) to 2024-25 (73,136 seats).

In order to address the shortage of human resources (HR), under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country under NHM:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided

to increase availability of specialists for conducting Cesarean Sections in rural & remote area.

- Incentives like 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 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 NHM for achieving improvement in health outcomes.
