

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2836
TO BE ANSWERED ON 25TH MARCH, 2025**

PUBLIC HEALTHCARE INFRASTRUCTURE IN RURAL AREAS

2836 SHRI IMRAN PRATAPGARHI :

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

- (a) the details of Government's plan to improve public healthcare infrastructure, especially in rural areas;
- (b) the specific steps Government is taking to expand infrastructure, equip primary health centres, and ensure accessibility to quality medical services for all, taking into account of many rural regions still facing inadequate healthcare facilities;
- (c) the measures being taken to address the shortage of medical staff in Government hospitals; and
- (d) the initiatives, including recruitment drives, incentives, and training programs, being implemented to bridge this gap and improve healthcare delivery, in view of the persistent shortage of doctors, nurses, and healthcare workers in Government hospitals?

ANSWER

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

(a) to (d) National Health Mission (NHM): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health & Family Welfare is implementing various programs and provides technical and financial support to the States/UTs for improvement in infrastructure condition of health services.

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 project-wise and year wise budgets approved under RoPs for all states/UTs can be accessed at link mentioned below:

<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), the details of health facilities functioning in the country, available resources, as on 31.03.2023 can be assessed at the following link of HDI 2022-23:

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): 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.

India COVID-19 Emergency Response and Health Systems Preparedness Package-II” (ECRP-II): The Cabinet has also approved the ECRP-II scheme 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.

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 (GMCIs) 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.

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 Anesthesia 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.
