

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1079
TO BE ANSWERED ON 29.07.2025**

**CAPACITY OF HEALTH ADMINISTRATORS DURING CIVIL SERVICE DAY
SESSION**

**1079# SHRI BABURAM NISHAD:
SMT. MAYA NAROLIYA:
SHRI NARHARI AMIN:**

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

- (a) the specific measures undertaken to enhance the capacity of health administrators, ASHA workers, and community health workers as emphasized during the Civil Services Day session;
- (b) the model implemented by the Ministry for digital health intervention across all States;
- (c) whether the Ministry has conducted impact assessments or surveys to evaluate the effectiveness of Ayushman Bharat initiatives at the grassroots level; and
- (d) if so, the key findings of such assessments and the manner in which they have informed policy decisions?

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

(a): The training of Health administrators, ASHAs and community health workers is critical in enhancing their credibility in the community and effectiveness to achieve the desired healthcare outcomes through building knowledge and skills. Training helps workforce to effectively deliver their multiple role as a facilitator, community level health care provider, and health activist.

ASHAs are now part of Ayushman Arogya Mandir Team delivering comprehensive primary health care, hence training on expanded new packages has been initiated. A cascade model of the training has been adopted for capacity building of ASHAs, wherein national trainers train the State trainers, who further train the district/block level trainers or ASHAs.

Under NHM program various National Training and Regional Workshops are organized for Health administrators and Program officers like Regional Training Workshops held in Shillong, Srinagar, Vijaywada and Jodhpur during FY 2024-25. Further, National Best Practices Summit was held in Puri, Odisha, National Workshop on NCD in Hyderabad and National Workshop on Sick Cell Anaemia in Bhopal.

Training for Healthcare workforce and frontline health workers is regularly organized and planned in a cascade model. Further, trainings are also organized and conducted by States/UTs through its own funds.

(b): Ministry of Health and Family Welfare has launched various digital initiatives. One of the major initiatives is Ayushman Bharat Digital Mission (ABDM), it was launched in September 2021. ABDM aims to create an online platform enabling interoperability of health data within the health ecosystem. The aim of this mission is to create an Electronic Health Record (EHR) of every citizen. ABDM envisages to develop the backbone necessary to support the integrated digital health infrastructure of the country. The core components of the Mission include Ayushman Bharat Health Account (ABHA) for citizens, Health Professional Registry (HPR), Health Facility Registry (HFR) and ABHA Application. The digital health ecosystem created by ABDM supports continuity of care across primary, secondary and tertiary healthcare in a seamless manner.

Ministry of Health and Family Welfare (MoHFW) has further rolled out Telemedicine services as a policy intervention under the ambit of Ayushman Bharat Scheme through eSanjeevani (National Telemedicine Service). eSanjeevani is a significant step toward digital health equity, aimed at achieving Universal Health Coverage (UHC). It is implemented in two variants: (i) eSanjeevani AB-HWC / Ayushman Arogya Mandir– a provider-to-provider telemedicine platform, developed in 2019 and (ii) eSanjeevani OPD– a patient-to-provider telemedicine platform, developed in 2020.

(c) & (d): A baseline study was commissioned by the Government of India in 2019-2020 to understand the impact of AB-PMJAY. The study inter-alia recommended strategies to increase awareness of the scheme, addressing barriers in accessing healthcare services to ensure that beneficiaries receive specialized care timely, replicating experiences from other settings like dedicated staff to guide and assist beneficiaries, establishing communication and feedback channels to allow beneficiaries to voice their concerns. Further, in 2024, another study was commissioned with the main objective to understand beneficiary awareness and knowledge of the scheme, utilization status, beneficiary journey and satisfaction as well as to assess the overall impact of AB-PMJAY (both demand and supply side).
