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

RAJYA SABHA UNSTARRED QUESTION NO. 1868 TO BE ANSWERED ON 5th AUGUST, 2025

UNIVERSAL HEALTH COVERAGE CLAIMS

1868 DR. ASHOK KUMAR MITTAL:

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

- (a) the manner in which Government justify its Universal Health Coverage claims in view of the fact that 60 per cent of sub-centres unable to manage common conditions like hypertension or diabetes;
- (b) the timelines and funding allocations made to upgrade these centres to meet even basic standards;
- (c) whether there is a national audit mechanism to track conversion of non-functional subcentres into accredited health and wellness centres, if so, the details thereof and if not, the reasons therefor; and
- (d) how secondary and tertiary care can be effective or affordable for rural populations without empowered frontline facilities?

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

(a) to (d): Public Health and Hospital is a State subject. Under National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their healthcare systems upto District Hospitals, based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall Resource Envelope. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Through Ayushman Arogya Mandir (AAM), comprehensive primary healthcare (CPHC) is provided by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs). These AAMs provide preventive, promotive, palliative, rehabilitative and curative care for an expanded range of services encompassing reproductive and child healthcare services, elderly care services, Communicable diseases, Non-communicable diseases, emergency medical services and other health issues. As reported by States/UTs on AAM portal, a total of 1,78,154 AAMs have been operationalized in India, till 15.07.2025.

Under the National Programme for Prevention and Control of Non-Communicable Diseases

(NP-NCD), a population-based initiative for prevention, control and screening for common NCDs including diabetes and hypertension has been rolled out in the country under NHM and also as a part of CPHC. Under this Program, ASHA administers Community Based Assessment Checklist (CBAC) for all individuals of 30 years and above age group in the population. Risk assessment for NCDs is done through CBAC and all the high risk individuals of age 30 years and above are referred for screening of common NCDs. Population Based Screening helps in better management of diseases by the way of early stage of detection, follow up and treatment adherence.

Prevention, control & screening services are being provided through trained frontline workers and the referral support and continuity of care is ensured through Community Health Centres, District Hospitals and other tertiary care institutions. As on 15.07.2025, 33.53 crore screenings for Hypertension and 32.18 crore for Diabetes have been carried out at all health facilities as per NP NCD portal.

Under NHM, the performance of various health programmes is regularly monitored in all the States/UTs, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Also, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

AAMs aim to deliver primary healthcare services closer to the people and be the first point of contact for healthcare provisioning and referral for secondary and tertiary care. The Primary Health Care team at AAMs is responsible for conducting community outreach and population enumeration for individuals in their catchment area and screen for communicable diseases and NCDs for early detection, timely referral for accurate diagnosis and follow-up care.
