

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

**RAJYA SABHA  
UNSTARRED QUESTION NO. 2992  
TO BE ANSWERED ON 19.08.2025**

**IMPROVEMENT OF PUBLIC HEALTHCARE INFRASTRUCTURE IN RURAL  
AREAS**

**2992. SHRI RATANJIT PRATAP NARAIN SINGH:**

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

- (a) the steps taken to improve infrastructure and service delivery of Primary Healthcare Centres (PHCs), especially in rural and remote areas;
- (b) whether there has been an expansion of digital health services in PHCs to enhance accessibility and efficiency, and if so, the details thereof;
- (c) the steps taken to ensure the availability of essential medicines and diagnostic facilities at PHCs to reduce the burden on secondary and tertiary healthcare facilities; and
- (d) the initiatives introduced to train and upskill healthcare workers at PHCs to improve the quality of primary care services?

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

(a) to (c): Ministry of Health and Family Welfare (MoHFW) is implementing various schemes for improvement of infrastructure at Primary Health Centres in India:

The **National Health Mission (NHM)** envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. NHM encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). Under NHM, MoHFW provides the technical and financial support of the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

**The Fifteenth Finance Commission (FC-XV)** has recommended grants through local governments for specific components of the health sector and spread over the five-year period from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level for an amount of Rs. 70,000 crores. These grants are for strengthening primary care through specified components such as Building-less Sub-Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Conversion of rural PHCs and Sub- Centres to Ayushman Arogya Mandirs (AAMs), Support for diagnostic infrastructure to the primary healthcare facilities, Block Level Public Health Units and Urban - AAMs.

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 and (ii) eSanjeevani OPD– a patient-to-provider telemedicine platform. This application works on a hub and spoke model. At hub level, a specialist doctor provides services to Ayushman Arogya Mandirs (AAMs) in rural areas.

The Government of India has implemented the **National Quality Assurance Standards (NQAS)** which is a comprehensive framework established by the Ministry of Health and Family Welfare (MoHFW), aimed at ensuring and enhancing the quality of healthcare services provided at public health facilities. NQAS provides a comprehensive framework aimed at enhancing the quality of care in public health facilities by focusing on areas such as service provision, patient rights, inputs, support services, clinical care, infection control, quality management. This lead to better patient outcomes and increased public trust in healthcare services.

Under **Free Drugs Service Initiative (FDSI)**, Government of India supports procurement of drugs and strengthening robust systems of procurement, Quality Assurance, Supply chain management and warehousing, Prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines and Establishment of IT enabled platform DVDMS (Drugs & Vaccine Distribution Management System) for monitoring the real status of procurement and availability of essential medicines.

Ministry of Health and Welfare (MoHFW) has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities. The facility wise number of medicines in the EML includes 106 drugs at Sub Health Centre level, 172 at Primary Health Centre level, 300 at Community Health Centre level, 318 at Sub-district Hospital level and 381 drugs at district Hospital level.

The Ministry of Health and Family Welfare supports the ‘**Free Diagnostics Service Initiative’ (FDSI)** programme under the National Health Mission (NHM). The programme ensures availability of pathological and radiological diagnostic services. The FDSI recommends provision of 14 tests at Sub Centre (SC), 63 tests at Primary Health Centre (PHC), 97 tests at Community Health Centre (CHC), 111 tests at Sub-District Hospital (SDH) and 134 tests at District Hospital (DH).

Ministry of Health and Family Welfare has launched various digital initiatives. One of the major initiative is **Ayushman Bharat Digital Mission (ABDM )**. 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.

(d): The training of 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.

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.

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.

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