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

RAJYA SABHA
UNSTARRED QUESTION NO. 275
TO BE ANSWERED ON 21st JULY 2026

HEALTHCARE INFRASTRUCTURE IN BORDER AND TRIBAL AREAS OF HIMACHAL PRADESH

275. SHRI HARSH MAHAJAN:

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

(a) whether Government is aware of the shortage of healthcare infrastructure and specialist availability in remote tribal and border blocks of Himachal Pradesh such as Kinnaur, Lahaul-Spiti, Pangi and Bharmour;
(b) if so, the details of Primary Health Centres (PHCs), Community Health Centres (CHCs) and specialist positions currently functional versus sanctioned in these areas;
(c) whether Government proposes to expand telemedicine and mobile health unit coverage in these areas, and if so, the details and timeline thereof; and
(d) the steps taken or being taken by Government to ensure adequate healthcare access for tribal and border populations in Himachal Pradesh?

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

(a) to (d): 'Public Health' & 'Hospitals' are State subjects. The National Health Mission (NHM) provides support for improvement in health infrastructure, human resources in health facilities, availability and accessibility to quality healthcare across the country including Himachal Pradesh. The Ministry of Health and Family Welfare (MoHFW) 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 NHM. However, strengthening of public health infrastructure and availability of manpower is primarily the responsibility of State Government. Under NHM, following types of incentives and honorarium are provided for encouraging healthcare professionals to practice in rural and remote areas of the country:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- 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 Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (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 NRHM for achieving improvement in health outcomes.

As per Health Dynamics of India (HDI), 2023-24, details of Community Health Centres (CHCs),Primary Health Centres (PHCs) including human resources in rural and urban areas of the country including Himachal Pradesh may be seen at the following link:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

The details of available health care facilities in the districts, namely Kinnaur, Lahaul-Spiti and Chamba are mentioned at Annexure.

As on 30.06.2026, total teleconsultations conducted nationwide at Ayushman Arogya Mandirs(AAMs) through eSanjeevani are 46.90 crore including 11.79 lakh tele-consultations completed in Himachal Pradesh. As per NHM-MIS report, a total of 1546 MMUs have been deployed across the country including 10 MMUs in Himachal Pradesh as on 31.12.2025.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) have been reduced to 3,000, 20,000 and 80,000 respectively. One Accredited Social Health Activist (ASHA) is allowed per habitation instead of per 1,000 population, and up to 4 Mobile Medical Units (MMUs) per district are permitted in tribal and hard-to-reach areas, compared to 2 in plain districts.

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Annexure

As per Health Dynamics of India 2023-24 (31st March, 2024), the available health care facilities in the districts, namely **Kinnaur, Lahaul-Spiti and Chamba** are mentioned below:-

Health care facilities	Kinnaur district	Lahaul-Spiti district	Chamba (Pangi and Bharmour) district
Medical College functioning as a district hospital	0	0	1
District Hospital	1	1	0
Sub-divisional hospital	2	2	7
Community Health Centre	3	1	5
PHC	23	16	46
SHC	35	36	178

As per Health Dynamics of India 2023-24 (31st March, 2024), the availability of in-position Medical Officers/ Doctors in PHC & CHC, specialists in CHC in Himachal Pradesh is mentioned below:-

Health care facilities	Number of Medical Officers/ Doctors in PHC	Number of GDMO/ Medical Officer-Allopathy in CHC	Number of specialists in CHC
Rural areas	487	210	9
Urban areas	28	16	5
Tribal areas	46	16	0