

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

**LOK SABHA  
UNSTARRED QUESTION NO. +4776  
TO BE ANSWERED ON 28<sup>th</sup> MARCH, 2025**

**PRIMARY HEALTHCARE SERVICES IN RURAL AREAS**

**+4776. SHRI DHARMENDRA YADAV:**

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

- (a) whether lack of adequate healthcare infrastructure like Primary Health Centres (PHCs) and hospitals is affecting the rural population;
- (b) if so, the details thereof along with the responsibility of the Government in making health services accessible in rural areas and the success achieved so far in discharging this responsibility;
- (c) the manner in which availability of emergency medical services including ambulances varies between rural and urban areas and the steps taken to reduce this variation and the success achieved so far in this regard;
- (d) the primary reasons for the shortage of qualified doctors, nurses and other health professionals in rural India;
- (e) the manner in which the unequal distribution of healthcare workers between urban and rural areas affect the quality of healthcare; and
- (f) the steps taken/proposed to be taken by the Government to address this inequality and the success achieved so far?

**ANSWER**

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

**(a) to (f) 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, shortages, 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](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 08<sup>th</sup> 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.

**15<sup>th</sup> 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.

**National Ambulance Services (NAS):** MoHFW introduced NAS in 2012 under NHM. As per NHM-MIS, September 2024, there are 3058 Advanced Life Support (ALS) ambulances and 15475 Basic Life Support (BLS) ambulances across all States/UTs of India. The total number of ambulances operational under NHM across the country are 27, 839. The distribution of ALS and BLS ambulances follows a strategic approach based on population norms outlined under the NHM. According to these norms, one ALS ambulance is recommended per 500,000 people, while one BLS ambulance is recommended per 100,000 people. This allocation is designed to ensure a balanced and efficient response to healthcare needs across the country.

Further, to improve access to quality healthcare services in remote and rural areas support for Mobile Medical Unit (MMU) is provided to States/UTs, based on the requirements posed by them in their Programme Implementation Plans (PIPs), subject to availability of resources. Deployment of MMUs is based on a normal population norm with 1 MMU per 10 lakhs population.

The Government has increased number of MBBS and PG seats in the country. As informed by the National Medical Commission, there are a total of 1,18,190 MBBS seats and 74,306 PG seats in the country.

The Ministry of Health & Family Welfare administers a Centrally Sponsored Scheme (CSS) for **'Establishment of new medical colleges attached with existing district/referral hospitals'** with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. Under the scheme, all the envisaged 157 Government medical colleges have already been approved, of which 131 are functional.

Further, under the CSS for Strengthening/ Upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS (UG) and PG seats, support has been provided for increase of 4977 MBBS seats in 83 colleges, 4058 PG seats in phase-I in 72 colleges and 4000 PG seats in phase-II in 65 colleges.

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.

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