

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

**LOK SABHA
UNSTARRED QUESTION NO. 1117
TO BE ANSWERED ON 05.12.2025**

HEALTH INFRASTRUCTURE IN RURAL PUNJAB

1117. SMT HARSIMRAT KAUR BADAL:

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

- (a) whether the Government has taken note of the newspaper reports regarding crumbling health infrastructure in rural Punjab, if so, the details thereof;
- (b) whether the Government is aware that more than 600 rural dispensaries across the State do not have a single Medical Officer depriving rural residents without access to basic healthcare, if so, the details thereof;
- (c) whether these rural dispensaries were created as per the 73rd and 74th Constitutional Amendment under Panchayati Raj Institutions, if so, the details thereof;
- (d) whether the Government is likely to fix any responsibility and take action against the State health department for sheer negligence of rural health infrastructure, if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to operationalize these dispensaries in the said State?

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

(a) to (e): Under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including State of Punjab to strengthen the public healthcare system including establishment/upgradation of healthcare facilities 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 details are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=57&lid=70>

The details of healthcare facilities/ infrastructure and details of medical staff including Medical Officers in India are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

Under the CSS component of PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), provisions have been made for the State of Punjab for the construction and strengthening of 22 Integrated Public Health Labs (IPHLs), and 21 Critical Care Blocks (CCBs) during the scheme period from FY 2021-22 to 2025-26 with a total outlay amounting to Rs. 755.65 Crore.

The 15th Finance Commission has significantly strengthened Panchayati Raj Institutions by providing assured, formula-based grants to rural local bodies for improving basic services, health infrastructure and local governance. These grants include both tied funds—focused on sanitation, drinking water and primary health—and untied funds that allow PRIs flexibility to address local priorities. The Commission emphasizes transparency, planning and utilization of funds through GDPDs, while encouraging capacity building and accountability at the grassroots level. This support enables PRIs to play a more effective role in decentralized planning and delivery of essential services.

Under FC XV Health Sector Grants, an amount of Rs. 2129.38 Crore has been approved against the total allocation of Rs. 2130.71 Cr for the scheme period, i.e, FY 2021-22 to 2025-26 which includes construction of 1222 building-less SHC-AAM, 54 building-less PHC-AAM, 16 building-less CHC, 120 Block Public Health Units (BPHUs) & 151 Urban-Ayushman Arogya Mandir (U-AAM).

Health is a state subject. The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission.

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 including Kerala to address the shortage of staff:

- 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.
