

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

**LOK SABHA
UNSTARRED QUESTION NO. 5747
TO BE ANSWERED ON 27TH MARCH, 2026**

HEALTH INFRASTRUCTURE IN LAKSHADWEEP

5747. SHRI MUHAMMED HAMDULLAH SAYEED:

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

- (a) the details of new hospitals, Primary Health Centres (PHCs) and other health infrastructure constructed or sanctioned in the Union Territory of Lakshadweep;
- (b) the islands where such health facilities have been established and the services provided at each facility;
- (c) the amount of funds allocated, released and utilized for the construction and operationalisation of these health facilities;
- (d) whether any gaps exist in healthcare infrastructure, including the shortage of beds, medical equipment and specialist doctors, if so, the details thereof; and
- (e) the steps being taken by the Government to strengthen health infrastructure, improve medical services and ensure timely healthcare access for residents of all islands in Lakshadweep?

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

(a) to (e) The details of island wise District Hospital (DH), Sub-district Hospitals (SDHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) in the Union Territory of Lakshadweep is as follows:

Islands	Health Facility Type	No. of health facility
Kavaratti	District Hospital (DH)	1
Agatti & Minicoy	Sub-district Hospital (SDH)	2
Andrott, Amni & Kadmat	Community Health Centres (CHCs)	3
Chetlat, Kalpeni & Kiltan	Primary Health Centres (PHCs)	3

The details of funds allocated for the operationalization of health facilities including Ayushman Arogya Mandir (AAM) in the UT of Lakshadweep through NHM can be accessed in the ROP allocated from the following link:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=76&lid=89>

Under the National Health Mission (NHM), need-based financial and technical support is provided to States/UTs including the UT of Lakshadweep to improve health care systems as a part of decentralised planning, based on their proposals within their resource envelope. The step undertaken to strengthen health infrastructure, medical services and healthcare falls under the ambit of 4 pillars of Ayushman Bharat Yojana introduced under NHM include-

- Ayushman Arogya Mandir (AAM)
- Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)
- Pradhan Mantri- Jan Arogya Yojana (PM-JAY)
- Ayushman Bharat Digital Mission (ABDM)

Details are in Annexure-1 and Annexure-2.

Health Systems Strengthening

1. Ayushman Bharat – Ayushman Arogya Mandir (AB-AAM): Under AB-AAM, existing Sub Health Centers (SHCs) and Primary Health Centers (PHCs) are being upgraded to Ayushman Arogya Mandir (AAM) to deliver universal, free comprehensive primary healthcare services, with a focus on wellness and the delivery of an expanded range of services closer to the community. The services span from promotive, preventive, curative, rehabilitative and palliative care targeting holistic healthcare service delivery.

All AAM-PHC and AAM-Sub Centres are provided with sufficient space for **outpatient care**, dispensing medicines, diagnostic services, adequate spaces to display communication material of health messages, including audio-visual aids and appropriate community spaces for **wellness activities**, including the practice of Yoga and physical exercises.

Ayushman Arogya Shivirs are 'one-stop' platforms to address a comprehensive range of health issues have proven to be an effective strategy to reach the masses and augment the utilization of healthcare services. They are organised at Sub Health Centre, Primary Health Centre and Community Health Centre.

AAM provide **e-Sanjeevani** teleconsultation services, connecting service providers, including CHOs/ MOs, to specialists in secondary and tertiary centres. This minimizes the need for physical travel, reducing costs and hardships for patients along with enabling continuum of care.

The AAM team works closely with communities enabling empowerment of individuals, families and communities with knowledge and skills to take responsibility for their own health. The AAM also focus on improving health literacy through interpersonal communication and media (including social media) usage, for promotion of healthy lifestyles – balanced healthy diet, yoga, exercise, tobacco cessation, and self-care for those with chronic disease conditions.

The **Accredited Social Health Activists (ASHA)** program is a key component of the community processes of National Health Mission (NHM). ASHAs are women from the local community who serve the community's healthcare needs. Having a strong footing in the community, they ensure the provision of a range of services, door-to-door surveys, vaccination, providing information on hygiene practices, nutrition and sanitation, reproductive and childcare services, and communicable and non-communicable disease prevention and control.

2. Free Diagnostics Service Initiative (FDSI): Ministry of Health and Family Welfare had launched the National Free Diagnostic Service Initiative (FDSI) in 2015 to achieve Universal Health Coverage (UHC) and reduce out of pocket expenditure on healthcare by ensuring availability of essential diagnostics at the

public health facilities, free of cost. As per the FDSI guidelines an expanded range of diagnostics at all levels of public health facilities (14 tests at SHCs, 63 tests at PHCs, 97 tests at Community Health Centres (CHCs), 111 tests at Sub-District Hospitals (SDHs) and 134 tests at District Hospitals (DHs) are recommended.

- 3. Free Drugs Service Initiative (FDSI):** Under Free Drugs Service Initiative, Ministry of Health and Family Welfare 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). MoHFW has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities - 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.
- 4. Community Participation:** To bring the governance, convergence and action for health from the local governments, community platforms like **Village Health Sanitation and Nutrition Committee (VHSNC)** in rural areas and **Mahila Arogya Samiti (MAS)** in urban areas have been introduced to address the barriers and social determinants of health. **Jan Arogya Samiti (JAS)** are being established at AAM (the SHC-AAM and PHC-AAMs level), as the institutional platform for community participation in management of the facility, and for supporting AAM team in its community level interventions.
- 5. Mobile Medical Units (MMUs):** Mobile Medical Units (MMUs) to improve access to public healthcare, especially for populations in remote, hard-to-reach, and underserved areas. The primary goal of this initiative is to deliver healthcare services directly to the doorsteps of rural, vulnerable, and marginalized communities.
- 6. National Ambulance Services (NAS):** NHM provides technical and financial assistance to States & UTs to strengthen for emergency transportation of patients for acute and critical illnesses including trauma through NAS.
- 7. Indian Public Health Standards (IPHS) 2022:** The government has established the IPHS 2022 standards to monitor and improve health infrastructure and services in public health facilities. These standards include population norms for the establishment of public healthcare facilities, such as

Sub-Centers (SC), Primary Health Centers (PHC), Community Health Centers (CHC), and District Hospitals (DH). The standards cover services, infrastructure, human resources, diagnostics, equipment, and medicines, serving as the reference for public health care infrastructure planning and upgrading in the States and Union Territories. States have the flexibility to propose funding under the National Health Mission (NHM) for upgrading infrastructure, human resources, and services according to IPHS, following a gap analysis.

- 8. National Quality Assurance Standards (NQAS):** The National Quality Assurance Standards (NQAS) serves as a comprehensive framework to ensure and enhance the quality of healthcare in public facilities by focusing on service provision, patient rights, clinical care, infection control, and quality management. Launched for District Hospitals in 2013 and subsequently extended to other facility types, NQAS is internationally accredited and recognised by organisations such as ISQua, IRDA, and NHA.
- 9. Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):** Launched in 2021, PM-ABHIM is a Centrally Sponsored Scheme with certain Central Sector components, aimed at strengthening primary, secondary, and tertiary healthcare facilities. The mission focuses on enhancing grassroots public health institutions to ensure universal access to comprehensive primary healthcare services, including diagnostics and critical care. This scheme emphasizes on expansion of IT-enabled disease surveillance systems to effectively detect, investigate, prevent, and manage public health emergencies and disease outbreaks, making the healthcare system more responsive during crises. Under PM-ABHIM, support is provided for the development of infrastructure, including building-less sub-centres in rural and urban areas, Block-level Public Health Units, Integrated Public Health Laboratories, and Critical Care Hospital Blocks.
- 10. Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY)** is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families, constituting the economically vulnerable bottom 40% of India's population. On 29.10.2024, the scheme was further extended to cover 6 crore senior citizens aged 70 years and above, representing 4.5 crore families, through the Vay Vandana Card, irrespective of their socio-economic status.
- 11. Ayushman Bharat Digital Mission (ABDM)** aims to create an online platform enabling interoperability of health data within the health ecosystem. 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.

12. XV-Finance Commission Health Grants channelized through local government - The XV Finance Commission recommended grants through local governments, allocating ₹70,051 crores over five years from FY 2021-22 to FY 2025-26 to strengthen primary healthcare. This funding supports various rural healthcare components, including the development of building-less sub-centres, primary health centres (PHCs), and community health centres (CHCs). It also facilitates the conversion of rural PHCs and sub-health centres (SHCs) into Ayushman Arogya Mandir, enhances diagnostic infrastructure in primary healthcare facilities, and establishes Block-Level Public Health Units, with a special focus on tribal areas and aspirational districts.

13. To enhance availability of specialists, NHM offers flexible provisions, which include the following:

- The GoI support States in recruiting and retaining specialists in public health facilities through the innovative "You Quote, We Pay" scheme under NHM, which allows specialists to negotiate lucrative and flexible salaries. There are also provisions for engaging specialists on a per-case basis if required.
- To address shortages in difficult and underserved areas, provision for differential salaries based on the place of posting are available under NHM. Many States have categorized all their blocks and facilities based on the difficulty level for providing services there. The staff posted in these areas are given an additional amount as a difficult/ hard area allowance till the time they are posted there.
- In-sourcing of speciality services wherever required to ensure service availability.
- State may also make provision of performance-based/ team-based incentives to staff after achieving over and above defined threshold of performance
- GoI also recommends fixed-tenure postings in difficult areas and ensuring proper working conditions in terms of availability of team, equipment and supplies, and living quarters/ transit hostels
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors are also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote areas.

- Measures such as multi-skilling including short-term in-service training programs like EmOC and LSAS for medical officers, and continuous capacity building through in-service training are also supported.

These provisions can be utilized by all the states/ UTs including UT of Lakshadweep and propose budgetary support in their Programme Implementation Plans (PIPs) based on their specific needs and available resource envelope.

Programs and Schemes under NHM

<u>Health Systems Strengthening</u>	
1.	Health care Infrastructure a. Ayushman Arogya Mandir (AB-AAM) b. Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) c. 15 th FC Health grants to Local bodies
2.	Free Diagnostics Service Initiative (FDSI)
3.	Free Drugs Service Initiative (FDSI)
4.	Mobile Medical Units (MMUs)
5.	National Ambulance Services (NAS)
6.	Indian Public Health Standards (IPHS) 2022
7.	National Quality Assurance Standards (NQAS)
<u>Reproductive, Maternal, Neonatal, Child and Adolescent health</u>	
8.	Janani Shishu Suraksha Karyakaram (JSSK)
9.	Rashtriya Kishor Swasthya Karyakram(RKSK)
10.	Rashtriya Bal Swasthya Karyakram (RBSK)
11.	Universal Immunisation Programme
12.	Mission Indradhanush (MI)
13.	Janani Suraksha Yojana (JSY)
14.	Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
15.	Navjaat Shishu Suraksha Karyakram (NSSK)
16.	National Programme for Family planning
17.	LaQshya' programme (Labour Room Quality Improvement Initiative)
<u>National Nutritional Programmes</u>	
18.	National Iodine Deficiency Disorders Control Programme
19.	MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding
20.	National Programme for Prevention and Control of Fluorosis (NPPCF)
21.	National Iron Plus Initiative for Anaemia Control
22.	Mid-day Meal Scheme
<u>Communicable diseases</u>	
23.	Integrated Disease Surveillance Programme (IDSP)
24.	Revised National Tuberculosis Control Programme (RNTCP)
25.	National Leprosy Eradication Programme (NLEP)
26.	National Vector Borne Disease Control Programme (NVBDCP)
27.	National AIDS Control Programme (NACP)
28.	Pulse Polio Programme
29.	National Viral Hepatitis Control Program (NVHCP)

30.	National Rabies Control Programme
31.	National Programme on Containment of Anti-Microbial Resistance (AMR)
<u>Non-communicable diseases</u>	
32.	National Tobacco Control Programme(NTCP)
33.	National Programme for Non-Communicable Diseases (NP-NCD)
34.	National Programme for Control Treatment of Occupational Diseases
35.	National Programme for Prevention and Control of Deafness (NPPCD)
36.	National Mental Health Programme
37.	National Programme for Control of Blindness & Visual Impairment (NPCB&VI)
38.	Pradhan Mantri National Dialysis Programme (PMNDP)
39.	National Programme for the Health Care for the Elderly (NPHCE)
40.	National Programme for Prevention & Management of Burn Injuries (NPPMBI)
41.	National Oral Health programme
42.	National Sickle Cell Anaemia Elimination Mission
