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

LOK SABHA
STARRED QUESTION NO. *88
TO BE ANSWERED ON THE 24TH JULY, 2026

MEDICAL SEATS/COLLEGES

***88. SHRI HASMUKHBHAI SOMABHAI PATEL:**

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

(a) whether the Government has framed any strategy to utilise the increased medical colleges and MBBS seats effectively across the country and if so, the details thereof;

(b) whether the Government has assessed the impact of Ayushman Arogya Mandirs (AAMs) on primary healthcare delivery in the country; and

(c) if so, the key findings of such assessment and steps taken by the Government to improve service delivery based on those assessments?

ANSWER
THE MINISTER OF STATE IN MINISTRY OF HEALTH AND FAMILY WELFARE
(SMT ANUPRIYA PATEL)

(a) to (c) A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. *88 FOR 24TH JULY, 2026

(a) to (c): The government has increased number of Medical Colleges, Under Graduate (UG) and Post Graduate (PG) seats. The number of Medical Colleges have increased from 387 to 844; UG seats from 51,348 to 1,39,489 and PG seats from 31,185 to 86,360 from 2014 to as on date. The opening up of new medical colleges in the remote and underserved areas of the country coupled with increase in MBBS seats will enhance the availability of doctors and further improve healthcare delivery. Also, the Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron & Folic Acid (IFA) supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. Further, the District Residency Programme (DRP) notified by the National Medical Commission (NMC) provides for a compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum. DRP benefits the public by strengthening healthcare delivery in rural and underserved areas.

NITI Aayog commissioned evaluation of Ayushman Arogya Mandirs (AAMs) programme assessing its implementation and impact. The study highlights several encouraging outcomes, including significant improvements in infrastructure and increased community footfall because of wider access to Comprehensive Primary Health Care services—especially for NCD management, general Out-Patient Department (OPD) care, free medicines and diagnostics. The introduction of Community Health Officers has strengthened frontline service delivery and digital tools such as e-Sanjeevani have expanded access to specialist care.

Under National Health Mission (NHM), the performance of various health programmes is also regularly monitored in all the States/UTs through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Also, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

The Ministry of Health and Family Welfare (MoHFW) has undertaken several strategic initiatives to address the observations emerging from the findings and to improve service delivery & utilization. These include the development of integrated training modules and strengthened collaboration with regional training institutes to enhance skill-based capacity building; the launch of Swasth Bharat Portal as an integrated portal to improve digital interoperability; optimal utilization of the Drugs and Vaccine Distribution Management System (DVDMS) to strengthen drug inventory and supply chain management. In addition, the Ministry has issued revised guidelines for Village Health, Sanitation and Nutrition Committees (VHSNCs) and Jan Arogya Samiti (JAS) to promote greater community participation and has developed standardized IEC materials to facilitate beneficiary-centric communication. Furthermore, incentive mechanisms are functional at AAM to strengthen the retention of human resources.

*****