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

LOK SABHA
UNSTARRED QUESTION NO. 2147
TO BE ANSWERED ON 31.07.2026

STATUS OF GOVERNMENT MEDICAL FACILITIES AND HEALTH CENTRES

2147. MS. PRANITI SUSHILKUMAR SHINDE:

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

(a) the current status of Government medical facilities and health centres across the country, including Primary Health Centres (PHCs), Community Health Centres (CHCs) and district hospitals, along with details of infrastructure and human resource availability;
(b) whether the Government has identified key issues affecting the functioning of these facilities, including shortage of medical personnel, inadequate infrastructure, lack of essential medicines and overcrowding, if so, the details thereof;
(c) the steps taken by the Government to address these challenges, including recruitment drives, infrastructure upgradation, digital health initiatives and strengthening of supply chains for medicines and equipment in the country; and
(d) whether any recent assessment audit has been conducted by the Government to evaluate the quality of services and patient outcomes in Government health facilities, if so, the details thereof along with the corrective measures proposed to be taken by the Government in this regard?

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

(a) to (d): 'Public Health' & 'Hospitals' are State subject and the primary responsibility lies with respective State/UT. However, Central Government through the National Health Mission (NHM) provides technical and financial support to States/UTs to strengthen public healthcare system based on the proposals received in the form of Program Implementation Plans (PIPs). The Government of India annually takes up review on National Health Programme (NHM) programs thorough the Program Implementation Plan (PIP) with states/ UTs and based on the proposals submitted by them and deliberations will take place through National Program

Coordination Committee (NPCC). Based on such discussions, the government grants approval for various proposals to the States/UTs through the Record of Proceedings (RoP).

The details of medical facilities and health centre across the country, including Primary Health Centre (PHCs), Community Health Centre (CHCs), District Hospitals and Human Resource, can be accessed at the following link of HDI 2023-24; https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

The details of funds approved under the National Health Mission (NHM) for building infrastructure projects in the States/UTs during the last four years are as follows:

(in crore)

2025-26	**2024-25**	**2023-24**	**2022-23**
4249.15	4222.23	4688.49	5471.98

However, under NHM, following types of incentives and honorarium are also provided to overcome the shortages of healthcare personnel:

- Hard area allowances 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.

The Swasth Bharat Portal is a single window to access multiple national health programmes through one integrated platform. The portal reduces the need to access and manage multiple programme applications separately, thereby saving time and minimizing duplicate data entry and enhancing efficiency of service providers.

To ensure availability of essential drugs and reduce the Out of Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under NHM. This includes financial support to States/UTs for 113 drugs at AAM-SHCs, 179 at AAM-PHCs, 301 at CHCs, 318 at SDHs and 381 drugs at DHs.

Under NHM, the performance of various health programmes is 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.

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