

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

**LOK SABHA
STARRED QUESTION NO. *96
TO BE ANSWERED ON THE 25.07.2025**

STRENGTHENING HEALTHCARE ACCESS AND INFRASTRUCTURE

***96. SHRI RAJMOHAN UNNITHAN:**

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

- (a) whether any specific measures are being implemented by the Government to strengthen the infrastructure and services of rural health centres in the country;
- (b) if so, the details thereof;
- (c) whether new wellness centres are being planned as part of the Ayushman Bharat initiative to enhance healthcare access for communities across the country;
- (d) if so, the details thereof; and
- (e) the manner in which the Ministry actively addresses the ongoing shortage of medical staff in remote and underserved areas to ensure that residents receive adequate healthcare services in the country?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

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

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. *96 FOR 25.07.2025**

(a) to (d): 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 (NHM). Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

As per established norms, in rural areas, an Ayushman Arogya Mandir - Sub Health Centre (SHC-AAM) for a population of 5,000 (in plains) and 3000 (in hilly and tribal areas), an Ayushman Arogya Mandir -Primary Health Centre (AAM- PHCs) for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre (CHC) for a population of 1,20,000 (in plains) and 80,000 (in hilly and tribal areas) are suggested. Further, District Hospital (DH), Sub- District Hospital (SDH) and First Referral Unit provide secondary care services for rural & urban areas.

In February 2018, the Government of India announced establishment of 1,50,000 Ayushman Arogya Mandirs (AAMs) erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs), across the country by December 2022. As updated by the States/UTs in AAM portal, a total of 1,77,906 Ayushman Arogya Mandirs have been established and operationalized as on 30.06.2025, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver the expanded range of comprehensive primary healthcare services with complete 12 package of services that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community.

In addition to the National Health Mission (NHM), Government of India has allocated the following funds for developing public healthcare infrastructure and services:

- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (2021-22 to 2025-26). The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

Administrative approvals have been accorded to States/UTs for FY 2021-26 for an amount of Rs 33081.82 Crore for construction/strengthening of 10609 Building less-AAMs, 5456 Urban-AAMs, 2151 Block Public Health Units (BPHUs), 744 Integrated Public Health Labs (IPHLs) at District level and 621 Critical Care Blocks (CCBs).

- The **Fifteenth Finance Commission (FC-XV)** has recommended grants through local governments for specific components of the health sector and spread over the five-year period

from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level for an amount of Rs. 70,000 crores. These grants are for strengthening primary care through specified components such as Building-less Sub-Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Conversion of rural PHCs and Sub-Centres to Ayushman Arogya Mandir (AAM), Support for diagnostic infrastructure to the primary healthcare facilities, Block Level Public Health Units and Urban - AAMs. A total number of 30,025 Building-less SHC-AAMs have been approved under FC-XV health sector Grants.

- Under Centrally Sponsored Scheme (CSS), **‘Establishment of new medical colleges attached with existing district/referral hospitals’**, 157 new medical colleges have been approved with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college.

(e). Under NHM, following types of incentives and honorarium are provided for encouraging doctors to practice in remote and underserved areas to ensure that residents receive adequate healthcare services in the country:

- Hard area allowance to specialist doctors to serve 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.
- States are also allowed to offer negotiable salary to attract specialists 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 Human Resource (HR) is another major strategy under NHM for improvement in health outcomes.

For fulfilling objective of providing exposure of District Health System to the Post Graduate (PG) students and to involve them in health care services at the District Hospital, the District Residency Programme (DRP) was mandated, under which, there is provision for compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum.

As informed by National Medical Commission (NMC), the Government has increased number of medical colleges and subsequently increased MBBS seats. There is an increase of medical colleges from 387 in 2014 to 780 as of now. Further, there is an increase of 61,552 MBBS seats from 54,348 in 2014 to 1,15,900 as of now.