

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 914
TO BE ANSWERED ON 3RD DECEMBER, 2024**

STRENGTHENING OF RURAL HEALTHCARE INFRASTRUCTURE

914. SHRI NARESH BANSAL:

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

- (a) the number of Primary Health Centers (PHCs) and Community Health Centers (CHCs) established in rural areas in financial year 2021-22, 2022-23 and 2023-24;
- (b) whether Government has conducted any assessment of the adequacy of healthcare infrastructure in rural areas, if so, the details thereof and if not, the reasons therefor;
- (c) the budgetary allocation for strengthening rural healthcare infrastructure under the National Health Mission (NHM) in the current financial year, and the percentage change compared to the previous financial year; and
- (d) the steps being taken to improve the availability of specialist doctors and paramedical staff in rural healthcare facilities?

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

(a) & (b) 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. 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, a Primary Health Centres (PHC) in rural areas is to be established for a population of 20,000 (in hilly and tribal areas) and 30,000 (in plains). Community Health Centres (CHC) in rural areas is to be established for a population of 80,000 (in hilly and tribal areas) and 1,20,000 (in plains).

In 2018, the Government of India announced 1,50,000 Ayushman Bharat Health and Wellness Centres (AB-HWCs) to be established by December 2022. The existing Sub Centres and Primary Health Centres in both rural and urban areas are transformed into Ayushman Arogya Mandir (AAM) to deliver Comprehensive Primary Health Care that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free and closer to the community.

Health Dynamics of India (HDI) (Infrastructure & Human Resources) formerly known as Rural Health Statistics, is an annual publication, based on Health care administrative data reported by

States/UTs. The State/Union Territories (UTs) wise details of infrastructure is provided in the publication including the shortages. Details of health facilities functioning in rural & urban areas may be accessed at the following link of HDI for 2021-22 and 2022-23:

<https://hmis.mohfw.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%202021-22.pdf>

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

(c) The Government of India has given approvals of Rs.53,578.36 Crore in current FY 2024-25 and Rs.49,830.29 Crore in previous FY 2023-24 for the Health Systems Strengthening in Rural areas under the National Health Mission (NHM). This corresponds to 7.52% increase compared to the previous financial year.

(d) In order to address the shortage of human resources (HR), 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 under NHM:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters.
- 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 ANM for ensuring timely 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 NHM for achieving improvement in health outcomes.
