GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:557
ANSWERED ON:25.04.2001
UPGRADING OF PRIMARY HEALTH CENTRES
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the criteria adopted for upgrading the Primary Health Centres/Community Health Centres to Hospitals in the country;

(b) the number of such Centres upgraded to Hospital status during each of the last three years, State-wise;

(c) whether most of the Rural Health Care Centresin the country are lacking basic infrastructure i.e. medicines, well trained doctors (specialists) and pharmacists;

(d) if so, the rationale behind opening these Centres without manpower and basic infrastructure; and

(e) the steps taken/proposed to be taken by the Government to fill up the vacancies of doctors in these Centres?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) to (e): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 557 FOR 25.4.2001

(a) & (b) The government had advised the State governments to establish Community Health Centres/Hospitals by upgrading 25% of Primary Health Centres. While selecting the locationof the upgraded PHC/CHC, only those areas be selected which have no referral facilities within reasonable distance. Preference should be given to the areas located farthest from the district head quarters and backward, hilly and tribal areas. One CHC should cover four Primary Health Centres, should have 30beds, trained and qualified specialist in medicine, surgery, paediatrict, obstetrict-gynae and Public Health. There should be about 1 CHC/Hospital forevery one lakh population.

As the establishing of CHCs and Hospitals comesunder the purview of concerned state governments, the above criteria have not been followed . As a result most of the CHCs/Hospitals have been established de novo rather than through upgradation.

The list of CHCs established during last three years is annexed. At present secondary health systems are being strengthened in seven states i.e. Andhra Pradesh, West Bengal, Karnataka, Punjab, Orissa, Maharashtra and Uttar Pradeshwith the objective of upgrading and modernizing secondary level facilities, such as district hospital/sub- district hospitals and CHCs to provide first referral case to patient.

(c) & (d) Government is aware of certain gaps in health infrastructure and manpower within the primary health care system and that it functions sub-optimally. Some of the factors responsible for the sub-optimal functioning of rural Health Care Institutions are:

- Multiple tier of institutions, which had been created at various times, not being organized to take care of health needs of a defined population.

- Inappropriate location, poor access and poor maintenance;

- Gaps in critical manpower;

- Lack of essential drugs/diagnostics;

- Poor referral linkages;

The following steps are being taken by Government to improve the functioning of Primary Health Care Institutions:-

- Strengthening/appropriately relocating Sub-centres/PHCs.

- Merger, restructuring, re-locating of hospitals/dispensaries in rural areas and integrating them with existing infrastructure.

- Restructuring existing block level PHC Taluk, Sub-divisional hospitals in some states.

- Utilising funds from BMS, ACA, for BMS and EAP to fill critical gaps in manpower and facilities.

- Districts level walk-in interviews for appointment of doctors of required qualifications for filling up the gaps in PHC and Contractual Appointments/hiring of ANMs/Lady Doctors/Specialists.

- Use of mobile health clinics.

Currently, funding from Additional Central Assistance under the Pradhan Mantri Gramodaya Yojana (PMGY) serves to strengthen health infrastructure and to improve functioning of centrally sponsored programmes in Health and Family Welfare, covering critical gaps in infrastructure.

Under the Reproductive and Child Health Care Programme, funds are being released to the states towards minor/major repair and maintenance etc.

(e) Since the appointment and postings of doctors is entirely the responsibility of the State Governments/UT administrations, the State Governments/UT administrations have been advised to take appropriate steps to fill up the vacancies of doctors in rural areas. In pursuance of the Resolution of the 6th Conference of Central Council of Health and Family Welfare, held in 1999, the states have been advised to take the following steps to ensure availability of qualified doctors in rural areas.

- To resort to decentralized recruitment of doctors.

- To appoint doctors on contractual basis.

- To make rural service obligatory for 3 years, for fresh graduates

- To reserve 25% of post-graduate seats in Medical Colleges, for in-service candidates who have worked in rural areas for 3 years.

Reproductive and Child Health Programme interventions for improving the availability of doctors, are:

- State Government is empowered to appoint anaesthetists and specialists on contract basis.

- 24 hours delivery services has commenced in some PHC`s/CHC`s with honorarium to the staff.

- There is provision for the contractual hiring of consultant doctors to visit PHC`s for providing MTP Services at least twice every month.

- NGOs and private sector are encouraged for service delivery.

- Practitioners of the Indian Systems of Medicine are being involved in the delivery of RCH services

Government have adopted the National Population Policy, 2000, which emphasises the need to augment the existing number of trained medical personnel in the rural areas and in other underserved segments with diverse health care provides, by, for instance:

- Reviving the earlier system of the licensed medical practitioners.

- Increasing and augmenting the public-private partnership and providing a role for the non-government/private practitioners.

- Assigning a satellite population to private medical practitioners who may be accredited after due certification by the Indian Medical Association (IMA) Involving the non-medical fraternity in counseling and advocacy.

- Collaborating with NGOs to augment advocacy, counseling and clinic services.

ANNEXURE

Position of PHCs & CHCs upgraded during last three Years

Sl.No.	Statcs/UTs	1998-99		1999-2000		2000-2001		
		PHCs	CHCs	CHCs	PHCs	CHCs	PHCs	CHCs	CHC

		estab upgrd to upg rad ed CHCs durin g the year	upgrad ed to hospit als	esta blis hed duri ng the year	upgrd ed to CHCs	upgra ded to hospi tals dur ing the year	s est abl ish ed
1	Andhra Pr.	12					1
2.	Arunacha Pr.					10	
3.	Assam						
4.	Bihar						
5.	Goa						
6.	Gujarat		18			18	9
7	Haryana						
8	Himachal Pr.			1	10		
9	J&K		8				
10	Karnataka			5	7		
11	Kerala					25	
12	MadhyaPr.	124		20			
13	Maharashtra			2		40	1
14	Manipur						
15	Meghalaya						
16	Mizoram					1	
17	Nagaland		2			2	
18	Orissa						
19	Punjab						
20	Rajasthan			1			
21	Sikkim						
22	Tamil Nadu						
23	Tripura						
24	Uttar Pr.						
25	West Bengal			10			
26	A&N Islands						
27	Chandigarh						
28	D&N Haveli						
29	Daman &Diu						
30	Delhi						
31	Lakshadweep						
32	Pondicherry						

(Figures are provisional).