

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:318

ANSWERED ON:20.11.2009

PRIMARY HEALTH CENTRES COMMUNITY HEALTH CENTRES

Lal Shri Kirodi

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

- (a) whether the number of cases of outdoor patients and indoor patients in Primary Health Centres (PHCs) and Community Health Centres (CHCs) under NRHM has increased;
- (b) if so, the details thereof;
- (c) whether such facilities in remote and inaccessible areas of the country are still lacking;
- (d) if so, whether the Government has identified the most backward areas to allocate funds to State Governments for establishing PHCs and appointing doctors on contractual basis;
- (e) if so, the details thereof; and
- (f) the steps taken by the Union Government to make PHCs functional in such backward areas?

**Answer**

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) & (b): Yes. As per the 2nd Common Review Mission of the National Rural Health Mission (NRHM) (Nov-Dec. 2008), there is a sharp increase in institutional deliveries and greater utilization of ancillary services like diagnostics, referral transport etc. The DLHS III has shown substantial increase in institutional delivery figures from 40.9% during 2002-04 to 47% during 07-08 and the SRS has shown substantial decline in the MMR which has come down from 301 per lakh live births during the period 01-03 to 254 per lakh live births during the period 04-06. These independent surveys have confirmed the findings of the review mission of NRHM.

(c) Yes. There is relative shortage of quality health care services in remote and inaccessible areas of the country.

(d) & (e) The Government has identified States with relatively weak health indicators and health infrastructure as high focus States. These high focus States have been allocated more funds under NRHM.

(f) States have initiated various steps to make the PHCs in remote and isolated areas functional. These steps include initiatives for strengthening infrastructure i.e patient wards, labour rooms, laboratories as well as residential areas for service providers etc, augmenting the human resources i.e recruiting key Human Resource on contract, multi-skilling in service doctors, mainstreaming AYUSH, expanding training capacities etc., improving the management which includes logistics, planning processes, accounting, monitoring and community ownership etc.