

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

UNSTARRED QUESTION NO:348

ANSWERED ON:06.12.2013

FAMILY WELFARE CENTRES

Biswal Shri Hemanand ;Dome Dr. Ram Chandra;Nagar Shri Surendra Singh;Saha Shri Anup Kumar;Singh Shri Mahabali

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

(a) the total number of Family Welfare Centres i.e. Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-Centres (SCs) and District Hospitals in the country vis-a-vis posts of doctors and para-medical staff lying vacant in these centres/hospitals, State/UT-wise;

(b) the details of the proposals received from the States regarding upgradation/ modernization and setting up of new centres/district hospitals along with the total funds allocated/released by the Government to these States for the said purpose, State/UT-wise;

(c) whether there is shortage of doctors, including gynaecologists and specialist doctors, para-medical staff including dressers, medical equipment and medicines in these centres/hospitals particularly in the rural areas; and

(d) if so, the details thereof and the reasons therefor along with the corrective steps taken/being taken by the Government in this regard especially in the remote rural and tribal areas, State/UT-wise?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a): The state-wise number of Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-Centres (SCs) and District Hospitals functional in the country, as per Rural Health Statistic in India, 2012 is attached as Annexure – I. State-wise statement regarding the vacancy position of Doctors, and paramedical staff as per Rural Health Statistic in India, 2012 is attached as Annexure – II to V.

(b): Public Health is a State subject. However, under National Rural Health Mission (NRHM), financial support is provided to States/UTs to strengthen their healthcare system including up-gradation/modernization and setting up of health infrastructure as per the requirements posed by states/UTs in their Programme Implementation Plans. The details of proposals received from States/UTs under NRHM and total funds granted/released by the Central Government to the State/UTs during 2012-13 (upto February, 2013) for upgradation /renovation and setting up of new centres/district hospitals is placed at Annexure VI and Annexure VII respectively.

(c) & (d): Statement of shortfall of Doctors at PHCs, Radiographers at CHCs, Pharmacists at PHCs & CHCs, Laboratory Technician at PHCs & CHCs, total specialists at CHCs , Obstetricians & Gynecologists at CHCs, as per Rural Health Statistic in India, 2012 is placed at Annexure II, III, IV, V, VIII, IX respectively.

As mentioned above, Public Health is a state subject. Financial support is provided to States under NRHM to strengthen the health system including provision of medicines, medical equipment, engagement of doctors on contractual basis, etc based on the requirement proposed by the states in their Annual Programme Implementation Plans.

States have been impressed upon from time to time to make available improved health facilities including free essential medicines in all public health facilities. Accordingly, financial support is also being provided to States under NRHM to strengthen the health system including for ensuring uninterrupted supply of free essential medicines in public health facilities based on the requirement proposed by the States in their Programme Implementation Plans. Further, incentives upto 5% of the NRHM outlay has been introduced in 2012-13 for establishing policy framework and systems for providing free generic medicines to those who access public health facilities

Support is also being provided under NRHM for incentivizing doctors to serve in rural areas including tribal areas, mainstreaming of AYUSH, improved accommodation arrangements in rural areas etc.

To increase the availability of doctors, several initiatives have been taken to rationalize the norms in medical education, such as, relaxation in land requirements, bed strength, increase in ceiling for maximum intake for undergraduates, enhancements of teacher-student ratio in PG etc which has resulted in substantial increase in number of undergraduate and post graduate seats. Further, in order to incentivize the doctors working in remote and difficult areas, the Medical Council of India with the approval of Central Government has also amended the Post Graduate Medical Education Regulations, 2000 to provide-

(i) 50% reservation in Post Graduate Diploma Courses for medical Officers in the Government service who have served for at least three years in remote and difficult areas; and

(ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Government has also approved setting up of ANM/GNM schools in different States besides setting up of institutes of Paramedical Sciences at National and regional levels.