

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

UNSTARRED QUESTION NO:876

ANSWERED ON:27.02.2015

HEALTH CENTRES

Dubey Shri Satish Chandra; Godse Shri Hemant Tukaram; Kataria Shri Rattan Lal; Mahto Dr. Banshilal; Misra Shri Ajay (Teni); Puttaraju Shri C.S.; Vellaigounder Shri Elumalai

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

(a) the criteria/procedure laid down by the Government for setting up of primary/ community health centres/district hospitals under the National Health Mission (NHM) in the country along with the details of medical facilities provided therein;

(b) the number of district hospitals/ community and primary health centres presently operational and proposed to be opened in the country in the near future, State/UT-wise;

(c) whether there is a shortfall of primary/community health centres/district hospitals/doctors/medical/ paramedical staff/drugs/medicines/equipments in the country, if so, the details thereof along with the corrective measures taken/being taken by the Government and also indicate the ratio of availability of doctors to patients in this regard; and

(d) whether the Government has received any proposal from States for setting up/modernization/upgradation of hospitals/district hospitals/primary/ community health centres in the country and if so, the details thereof along with the action taken/being taken by the Government on each of these proposal, State/UT-wise?

Answer

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

(a): Public Health is a State subject. Financial and technical support is provided under the National Health Mission (NHM) to strengthen the health system including support for infrastructure. The criteria for setting up Primary Health Centres (PHCs) and Community Health Centres (CHCs) is as follows:

PHC: 1 per 30,000 population in Plain areas and 1 per 20,000 population in hilly/difficult/tribal areas
CHC: 1 per 1,20,000 population in plain areas and 1 per 80,000 population in hilly/difficult/tribal areas.

Although there is no Central norm for setting District Hospital, it is understood that each district should have a District Hospital.

The PHCs are meant to provide preventive, promotive and curative health care to the rural population. It acts as a referral unit for 6 Sub-centres. It generally has 4-6 beds for patients. These centres provide a range of Reproductive and Child Health (RCH) and Family Welfare Services and implement different national programmes.

CHCs are meant to provide facilities for Obstetric care, specialist consultation and serves as a Referral Centre generally for 4 PHCs. A CHC generally provides 30 indoor beds with one Operation Theatre, X-Ray, Labour Room and Laboratory facilities.

District Hospital are meant to provide services related to General Medicine, General Surgery, Obstetrics & Gynaecology, Family Planning, Paediatric, Emergency / Critical Care / Intensive Care, Anaesthesia, Ophthalmology, Otolaryngology (ENT), Orthopaedics, Radiology including imaging, Psychiatry, Geriatric Care, Dental Care, Health Promotion, AYUSH, Blood Bank & Transfusion medicine, Services under National Health Programmes etc.

The details of medical facilities desired to be provided in these health facilities as per Indian Public Health Standards (IPHS), 2012 are available at nrhm.gov.in/nhm/nrhm/guidelines/indian-public-health-standards.html.

(b): As per Rural Health Statistics (RHS) Bulletin, 2014 (containing data of Andhra Pradesh inclusive of State of Telangana) the number of PHCs/CHCs/Sub-Divisional Hospitals and District Hospitals functioning as on 31st March 2014, State/UT-wise, is given in Annexure I. There is no target for opening new PHCs, CHCs, and DHs. Support under NHM for opening of District Hospitals, CHCs & PHCs is given on the basis of proposal contained in the Programme Implementation Plan (PIPs) of States/UTs.

(c): A statement giving State/UT wise details of Required/ In-position/shortfall/ % of shortfall of PHCs/CHCs as per RHS 2014 Bulletin (containing data of Andhra Pradesh inclusive of State of Telangana) is at Annexure II.

Further, statement regarding the details of shortfall of Doctors/Paramedic staff at PHCs, CHCs as per RHS 2014 Bulletin (containing data of Andhra Pradesh inclusive of State of Telangana) is at Annexure III.

No data is maintained about the availability of drugs/ medicine/equipments at each of the centres (CHC, PHC, DH) at the national level. Financial support is provided to States under NHM to strengthen the health system including supply of drugs based on the requirements proposed by the States in their PIPs. States are being incentivized up to 5% of their total outlay to prepare policy and establish systems for free distribution of essential drugs.

The statement, based on the National Health Profile, 2013, related to the doctor-patient ratio, State/UT wise (wherein the figure in respect of Telengana is included in that of Andhra Pradesh) is at Annexure IV.

NHM also provides support for engagement to doctors and multi-skilling of doctors to overcome the shortage of specialists, providing incentives to serve in rural areas, mainstreaming of AYUSH, financial and technical support for procurement of drugs, medicines and equipments (including maintenance of equipments). To increase the availability of doctors other initiatives like rationalization of norms in medical education, increase of seats in Under-graduate and Post-graduate courses in Medical science, upgradation of district hospitals into medical colleges in states having less medical colleges, setting up of ANM/GNM schools in different states etc. have been undertaken to increase the availability of trained healthcare service providers.

(d): Under NHM, Ministry receives Programme Implementation Plans from States/UTs for health system strengthening including for setting up / modernization/ upgradation of PHCs/CHCs/Sub-Divisional Hospital and District Hospital and this is an ongoing activity. The PIPs are evaluated based on their necessity, appropriateness and approved as per the norms and availability of financial resources.