

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

**LOK SABHA  
UNSTARRED QUESTION NO.2005  
TO BE ANSWERED ON 29<sup>TH</sup> NOVEMBER, 2019**

**HEALTH CENTRES/DISTRICT HOSPITALS IN RURAL AREAS**

**2005. DR. RAMAPATI RAM TRIPATHI:**

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

- (a) the process/criteria fixed by the Government to set up health centres/district hospitals in rural areas of the country,
- (b) the number of health centres/ district hospitals needed to cater to the requirement of rural population, State/UTwise;
- (c) whether the country has dearth of health centres/district hospitals, if so, the details thereof and the reasons therefor and the reformative steps taken by the Government, State/UT-wise; and
- (d) the steps taken/being taken by the Government to provide quality medical facilities at an affordable cost in the country, if so, the details thereof?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): Population norm is the criterion for setting up of health centres based on which the health care infrastructure in rural areas has been developed as a three tier system as given below: -

<b>Centre</b>	<b>Population Norms</b>	
	<b>Plain Area</b>	<b>Hilly/ Tribal/ Difficult Area</b>
Sub Centre	5000	
Primary Health Centre	30,000	3000
Community Health Centre	1,20,000	20,000
		80,000

However, as the population density in the country is not uniform, it shall also depend upon the case load of the facility and distance of the village/habitations which comprise the Sub-centre. A subdivision hospital caters to about 5-6 lakhs people. As regards district hospital, every district is expected to have one.

(b) to (d) The number of Sub-Centres, PHCs and CHCs needed State/UT-wise as well as those in position are as per Annexure. The information regarding district hospitals is not maintained centrally.

There is some shortfall in health centres vis-à-vis requirement, which is also reflected in Annexure-I. One of the reasons for deficient health infrastructure is historical underfunding in health sector.

Public health and hospitals being a State subject, the primary responsibility of providing quality medical facilities at an affordable cost lies with respective State/UT Governments. To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT governments to provide accessible, affordable and quality healthcare to all those who access public health facilities. After National Urban Health Mission (NUHM) was introduced in 2013, the Mission was known as National Health Mission (NHM), merging both the components. Under NHM, technical and financial support is provided to States/UTs for strengthening their healthcare system in the form of Record of Proceeding (RoPs) based on the proposals submitted by the States in their Program Implementation Plans (PIPs).

This support under NHM includes provision of a host of free services such as maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc.

Other major initiatives include Janani Shishu Suraksha Karyakram (JSSK) (under which free drugs, free diagnostics, free blood and diet, free transport from home to institution, between facilities in case of a referral and drop back home is provided), Rashtriya Bal Swasthya Karyakram (RBSK) (which provides newborn and child health screening and early interventions services free of cost for birth defects, diseases, deficiencies and developmental delays to improve the quality of survival), implementation of Free Drugs and Free Diagnostics Service Initiatives, PM National Dialysis Programme and implementation of National Quality Assurance Framework.

Mobile Medical Units (MMUs) & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas.

As part of Ayushman Bharat, the Government is supporting the States for strengthening Sub Centres and Primary Health Centres as Health and Wellness Centres (AB-HWCs) for provision of comprehensive primary health care that includes preventive and health promotion at the community level with continuum of care approach. Further, Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage up to Rs. 5.00 lakh per family per year to around 10.74 crore poor and vulnerable families as per Socio Economic Caste Census (SECC).

## REQUIRED, IN POSITION &amp; SHORTFALL IN HEALTH FACILITIES AS PER 2011 POPULATION IN INDIA (As on 31st March, 2018)

S.No.	State/ UT	Total Population in Rural Areas	Tribal Population in Rural Areas	Sub Centres				PHCs				CHCs			
				R	P	S	% Shorfall	R	P	S	% Shorfall	R	P	S	% Shorfall
1	Andhra Pradesh	34776389	2293102	7261	7458	*	*	1197	1147	50	4	299	193	106	35
2	Arunachal Pradesh	1066358	789846	318	312	6	2	48	143	*	*	12	63	*	*
3	Assam	26807034	3665405	5850	4644	1206	21	954	946	8	1	238	172	66	28
4	Bihar	92341436	1270851	18637	9949	8688	47	3099	1899	1200	39	774	150	624	81
5	Chhattisgarh	19607961	7231082	4885	5200	*	*	774	793	*	*	193	169	24	12
6	Goa	551731	87639	122	214	*	*	19	25	*	*	4	4	0	0
7	Gujarat	34694609	8021848	8008	9153	*	*	1290	1474	*	*	322	363	*	*
8	Haryana	16509359	0	3301	2589	712	22	550	368	182	33	137	113	24	18
9	Himachal Pradesh	6176050	374392	1285	2084	*	*	212	576	*	*	53	91	*	*
10	Jammu & Kashmir	9108060	1406833	2009	2967	*	*	327	637	*	*	81	84	*	*
11	Jharkhand	25055073	7868150	6060	3848	2212	37	966	298	668	69	241	171	70	29
12	Karnataka	37469335	3429791	7951	9443	*	*	1306	2359	*	*	326	206	120	37
13	Kerala	17471135	433092	3551	5380	*	*	589	849	*	*	147	227	*	*
14	Madhya Pradesh	52557404	14276874	12415	11192	1223	10	1989	1171	818	41	497	309	188	38
15	Maharashtra	61556074	9006077	13512	10638	2874	21	2201	1823	378	17	550	361	189	34
16	Manipur	2021640	791126	509	429	80	16	80	91	*	*	20	23	*	*
17	Meghalaya	2371439	2136891	759	443	316	42	114	108	6	5	28	28	0	0
18	Mizoram	525435	507467	172	370	*	*	25	57	*	*	6	9	*	*
19	Nagaland	1407536	1306838	455	396	59	13	68	126	*	*	17	21	*	*
20	Odisha	34970562	8994967	8193	6688	1505	18	1315	1288	27	2	328	377	*	*
21	Punjab	17344192	0	3468	2950	518	15	578	432	146	25	144	151	*	*
22	Rajasthan	51500352	8693123	11459	14405	*	*	1861	2078	*	*	465	588	*	*
23	Sikkim	456999	167146	113	147	*	*	18	24	*	*	4	2	2	50
24	Tamil Nadu	37229590	660280	7533	8712	*	*	1251	1421	*	*	312	385	*	*
25	Telangana	21585313	2939027	4708	4744	*	*	768	643	125	16	192	91	101	53
26	Tripura	2712464	1117566	691	1020	*	*	109	108	1	1	27	22	5	19
27	Uttarakhand	7036954	264819	1442	1847	*	*	238	257	*	*	59	67	*	*
28	Uttar Pradesh	155317278	1031076	31200	20521	10679	34	5194	3621	1573	30	1298	822	476	37
29	West Bengal	62183113	4855115	13083	10357	2726	21	2153	913	1240	58	538	348	190	35
30	A & N Islands	237093	26715	50	123	*	*	8	22	*	*	2	4	*	*
31	Chandigarh	28991	0	5	17	*	*	0	0	0	0	0	0	0	0
32	D & N Haveli	183114	150944	56	71	*	*	8	9	*	*	2	2	0	0
33	Daman & Diu	60396	7617	13	26	*	*	2	4	*	*	0	2	*	*
34	Delhi	419042	0	83	12	71	86	13	5	8	62	3	0	3	100
35	Lakshadweep	14141	13463	4	14	*	*	0	4	*	*	0	3	*	*
36	Puducherry	395200	0	79	54	25	32	13	24	*	*	3	3	0	0
	All India/ Total	833748852	93819162	179240	158417	32900	18	29337	25743	6430	22	7322	5624	2188	30

Notes: The requirement is calculated using the prescribed norms on the basis of rural population from Census, 2011. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states.

R: Required; P: In Position; S: Shortfall; \*: Surplus