

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1412
TO BE ANSWERED ON 11.03.2025**

SHORTAGE OF PRIMARY HEALTH CARE CENTRE

1412. SHRI ABDUL WAHAB:

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

- (a) whether it is a fact that many villages and Talukas in the country do not have Government primary health care centres;
- (b) the details of primary health care centres currently functional in the country, State-wise;
- (c) the details of newly constructed primary health care centre in various States built with the support of union Government in the last five years, State-wise and year-wise;
- (d) whether it is also a fact that many of these primary health care centres do not have adequate doctors; and
- (e) if so, the measures taken by Government to mitigate this challenge?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY
WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (e): The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, improve availability and accessibility of quality health care especially for the under-served and marginalized groups in rural areas. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. The Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

As per established norms, in rural areas, a Primary Health Centre is suggested for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas).

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on healthcare administrative data reported by States/UTs. The details of primary health care centres functioning in rural and urban areas in the country, alongwith status of health manpower may be seen at the following link of HDI 2022-23:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

The Government of India has taken number of initiatives in the form of incentives and honorarium to the medical professionals for encouraging better service delivery in rural and remote areas across the country, which include:

- i. Hard Area Allowance to specialist doctors for serving in rural and remote areas so that they find it attractive to serve in public health facilities in such areas.
- ii. States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- iii. Non-monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- iv. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists such as Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS).
