

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

**LOK SABHA
STARRED QUESTION NO. 251
TO BE ANSWERED ON THE 2ND DECEMBER, 2016
NATIONAL HEALTH POLICY**

***251. SHRI D.K. SURESH:
SHRI C. MAHENDRAN:**

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

- (a) whether healthcare is a major concern in the rural areas of the country and if so, the details thereof and the reasons therefor;
- (b) the details of healthcare infrastructure available including manpower and affordability of healthcare facilities for the rural people, State/UT-wise;
- (c) the details of the steps taken to address the problems of rural health both at macro and micro levels and to improve the healthcare sector in rural areas of the country;
- (d) whether the financial outlay for health related activities have decreased and if so, the details thereof; and
- (e) whether the Government proposes to revise National Health Policy and bring a long term perspective plan to address prevailing inequalities in rural health sector and if so, the details thereof?

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

(a) to (e): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 251* FOR 2ND DECEMBER, 2016**

(a) The health care indicators of rural areas in terms of Infant Mortality Rate (IMR), Total Fertility Rate (TFR), Under 5 Mortality Rate (U5MR) and availability of beds etc. are considerably poor as compared to urban areas. Hence, addressing health care needs of rural areas is a key priority.

(b) As per Rural Health Statistics (RHS), 2014-15, the details of Sub-Centres (SCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDH) and District Hospitals (DHs) functioning in the country, state-wise are given at annexure-I and II. The details about number of allopathic doctors at PHCs, pharmacists, laboratory technicians and nursing staff available at PHCs and CHCs are given at annexure III to VI.

According to NSSO Health and Morbidity Survey data analysis, in 2014 about 23.66% rural households faced catastrophic healthcare expenditures in India.

(c) NRHM was launched in 2005 essentially to improve health care in rural areas. Some key steps taken to improve health care services in rural areas is given annexure-VII.

(d) There is no decrease in budgetary support during any succeeding year under NHM. Further, the centre-state funding pattern has been revised from 75:25 to 60:40 w.e.f. Financial Year 2015-16, which has also led to increase in the resources for health activities under NHM.

(e) The draft National Health Policy, 2015 has been formulated to revise the existing NHP, 2002. One of the key principles of the principles of the Draft National Health Policy, 2015 is reducing inequality, which implies minimizing disparity on account of gender, poverty, caste, disability, other forms of social exclusion and geographical barriers.

NUMBER OF SUB-CENTRES, PHCs & CHCs FUNCTIONING				
S. No.	State/UT	(As on 31st March 2015)		
		Sub centre	PHCs	CHCs
1	Andhra Pradesh	7659	1069	179
2	Arunachal Pradesh	286	117	52
3	Assam	4621	1014	151
4	Bihar	9729	1883	70
5	Chhattisgarh	5186	792	155
6	Goa	209	21	4
7	Gujarat	8063	1247	320
8	Haryana	2569	461	109
9	Himachal Pradesh	2065	500	78
10	Jammu & Kashmir	2265	637	84
11	Jharkhand	3957	327	188
12	Karnataka	9264	2353	206
13	Kerala	4575	827	222
14	Madhya Pradesh	9192	1171	334
15	Maharashtra	10580	1811	360
16	Manipur*	421	85	17
17	Meghalaya	428	110	27

18	Mizoram	370	57	9
19	Nagaland	396	128	21
20	Odisha ¹	6688	1305	377
21	Punjab	2951	427	150
22	Rajasthan	14407	2083	568
23	Sikkim	147	24	2
24	Tamil Nadu	8706	1372	385
25	Telangana	4863	668	114
26	Tripura	1017	91	20
27	Uttarakhand	1848	257	59
28	Uttar Pradesh	20521	3497	773
29	West Bengal	10357	909	347
30	Andaman & Nicobar Islands	122	22	4
31	Chandigarh	16	0	2
32	Dadra & Nagar Haveli	56	7	1
33	Daman & Diu	26	3	2
34	Delhi	27	5	0
35	Lakshadweep	14	4	3
36	Puducherry	54	24	3
	All India	153655	25308	5396

Note:

** Data for 2013-14 repeated*

¹ *State informed that PHCs include 79 other hospitals which are equivalent to PHCs*

NUMBER OF SUB DIVISIONAL HOSPITAL & DISTRICT HOSPITAL FUNCTIONING				
S. No.	State/UT	Sub Divisional Hospital (SDH)	As on 31st March 2015	
				District Hospital (DH)
1	Andhra Pradesh	31		8
2	Arunachal Pradesh	0		14
3	Assam	13		25
4	Bihar	45		36
5	Chhattisgarh	10		27
6	Goa	1		2
7	Gujarat	31		21
8	Haryana	20		20
9	Himachal Pradesh	48		12
10	Jammu & Kashmir	NA		23
11	Jharkhand	10		24
12	Karnataka	146		32
13	Kerala	79		16
14	Madhya Pradesh	66		51
15	Maharashtra	86		23

16	Manipur*	1		7
17	Meghalaya	1		12
18	Mizoram	2		8
19	Nagaland	0		11
20	Odisha	27		32
21	Punjab	41		22
22	Rajasthan	19		34
23	Sikkim	0		4
24	Tamil Nadu	240		31
25	Telangana	31		7
26	Tripura	11		6
27	Uttarakhand	17		19
28	Uttar Pradesh	0		160
29	West Bengal	37		22
30	Andaman & Nicobar Islands	0		3
31	Chandigarh*	0		1
32	Dadra & Nagar Haveli	0		1
33	Daman & Diu	0		2
34	Delhi	7		41
35	Lakshadweep	2		1

36	Puducherry	0		5
	All India	1022		763

** In U.T, Chandigarh the concept of MMU has been changed to Alternative Medical Units.*

** Data for 2013-14 repeated*

**VACANCY POSITION OF
ALLOPATHIC DOCTORS AT PHCs**

S. No.	State/UT	Sanctioned	In Position	Vacant
		[S]	[P]	[S-P]
1	Andhra Pradesh	2270	1412	858
2	Arunachal Pradesh	NA	102	NA
3	Assam	NA	1355	NA
4	Bihar###	2078	2521	*
5	Chhattisgarh	752	368	384
6	Goa	48	56	*
7	Gujarat#	1504	889	615
8	Haryana	635	489	146
9	Himachal Pradesh	636	571	65
10	Jammu & Kashmir	1352	834	518
11	Jharkhand	327	372	*
12	Karnataka	2353	2196	157
13	Kerala	1120	1169	*
14	Madhya Pradesh	1658	999	659
15	Maharashtra	3009	2937	72
16	Manipur^	238	199	39
17	Meghalaya	128	114	14
18	Mizoram##	152	49	103
19	Nagaland	108	133	*
20	Odisha ³	1312	1008	304
21	Punjab	490	441	49
22	Rajasthan	2807	2412	395

23	Sikkim	NA	29	NA
24	Tamil Nadu	2744	2375	369
25	Telangana	1318	1024	294
26	Tripura	158	158	0
27	Uttarakhand**	325	160	165
28	Uttar Pradesh	4509	2209	2300
29	West Bengal	2600	723	1877
30	A& N Islands	42	36	6
31	Chandigarh	0	0	0
32	D & N Haveli	6	8	*
33	Daman & Diu	3	5	*
34	Delhi	21	21	0
35	Lakshadweep	9	9	0
36	Puducherry	38	38	0
	All India²	34750	27421	9389

Source: Rural Health Statistics (RHS) 2014-15

Note: # Data for 2013 repeated

###Inposition data for 2013-14 & Sanctioned data for 2011 used

^Data for 2013-14 repeated

Sanctioned data for 2011 used

1 One per Primary Health Centre

2 Total given in the Table are not strictly comparable as figures for some of the States were not available in 2005. For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, may be excluded

**: Surplus. All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs*

Annexure-IV

**VACANCY POSITION OF
PHARMACISTS AT PHCs & CHCs**

S. No.	State/UT	Sanctioned	In Position	Vacant
		[S]	[P]	[S-P]
1	Andhra Pradesh	1279	951	328
2	Arunachal Pradesh	NA	97	NA
3	Assam##	1284	1347	*
4	Bihar+	989	250	739
5	Chhattisgarh	1081	844	237
6	Goa	17	16	1
7	Gujarat#	1550	879	671
8	Haryana	568	508	60
9	Himachal Pradesh	594	456	138
10	Jammu & Kashmir	1057	872	185
11	Jharkhand	515	305	210
12	Karnataka	2668	2521	147
13	Kerala	1036	1102	*
14	Madhya Pradesh	1443	1023	420
15	Maharashtra	2355	2100	255
16	Manipur^	145	146	*
17	Meghalaya	135	135	0
18	Mizoram	NA	46	NA
19	Nagaland	135	101	34
20	Odisha	1819	1499	320

21	Punjab	841	806	35
22	Rajasthan	1282	667	615
23	Sikkim	NA	14	NA
24	Tamil Nadu	1799	1526	273
25	Telangana	928	691	237
26	Tripura	102	131	*
27	Uttarakhand	312	100	212
28	Uttar Pradesh	2952	2883	69
29	West Bengal	1229	966	263
30	A& N Islands	62	60	2
31	Chandigarh^^	16	17	*
32	D & N Haveli	7	9	*
33	Daman & Diu	5	5	0
34	Delhi	6	6	0
35	Lakshadweep	15	15	0
36	Puducherry	42	37	5
	All India²	28268	23131	5456

Source: Rural Health Statistics (RHS) 2014-15

Notes:

+ Sanctioned data for 2010 repeated

Data for 2013 repeated

^^Sanctioned data for 2013-14 used

1 One per each Primary Health Centre and Community Health Centre

2 Total given in the Table are not strictly comparable as figures for some of the States were not available in 2005. For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, may be excluded

*: Surplus. All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

**VACANCY POSITION OF
LABORATORY TECHNICIAN AT PHCs & CHCs**

S. No.	State/UT	Sanctioned	In Position	Vacant
		[S]	[P]	[S-P]
1	Andhra Pradesh	1053	776	277
2	Arunachal Pradesh	NA	74	NA
3	Assam##	860	1225	*
4	Bihar+	683	611	72
5	Chhattisgarh	1069	657	412
6	Goa	15	14	1
7	Gujarat#	1556	1401	155
8	Haryana	517	437	80
9	Himachal Pradesh	352	157	195
10	Jammu & Kashmir	930	763	167
11	Jharkhand	515	301	214
12	Karnataka	1790	1294	496
13	Kerala	324	365	*
14	Madhya Pradesh	1043	892	151
15	Maharashtra	1474	1387	87
16	Manipur^	102	96	6
17	Meghalaya	118	125	*
18	Mizoram	NA	61	NA
19	Nagaland	72	72	0
20	Odisha^	476	378	98
21	Punjab	578	482	96
22	Rajasthan	3425	1930	1495

23	Sikkim	NA	31	NA
24	Tamil Nadu	2142	1314	828
25	Telangana	765	566	199
26	Tripura	50	67	*
27	Uttarakhand	127	157	*
28	Uttar Pradesh	1331	963	368
29	West Bengal	1185	448	737
30	A& N Islands	29	27	2
31	Chandigarh^^	8	19	*
32	D & N Haveli	7	9	*
33	Daman & Diu	4	4	0
34	Delhi	5	2	3
35	Lakshadweep	11	11	0
36	Puducherry	10	38	*
	All India²	22626	17154	6139

Source: Rural Health Statistics (RHS) 2014-15

Notes

+ Sanctioned data for 2011 repeated

Data for 2013 repeated

^Data for 2013-14 repeated

¹ *One per each Primary Health Centre and Community Health Centre*

² *Total given in the Table are not strictly comparable as figures for some of the States were not available in 2005. For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, may be excluded*

VACANCY POSITION OF NURSING STAFF AT PHCs & CHCs				
S. No.	State/UT	Sanctioned	In Position	Vacant
		[S]	[P]	[S-P]
1	Andhra Pradesh	2300	2006	294
2	Arunachal Pradesh	NA	319	NA
3	Assam##	2798	3056	*
4	Bihar#	1662	1736	*
5	Chhattisgarh	2495	1511	984
6	Goa	80	86	*
7	Gujarat+	4058	2705	1353
8	Haryana	1783	1685	98
9	Himachal Pradesh	819	635	184
10	Jammu & Kashmir	1616	1184	432
11	Jharkhand	703	1230	*
12	Karnataka	3457	3176	281
13	Kerala	3610	3969	*
14	Madhya Pradesh	4189	3629	560
15	Maharashtra	3218	2535	683
16	Manipur^	484	433	51
17	Meghalaya	413	413	0
18	Mizoram	NA	224	NA
19	Nagaland	117	378	*
20	Odisha^	903	1260	*
21	Punjab	2189	1907	282
22	Rajasthan	13435	9250	4185

23	Sikkim	NA	41	NA
24	Tamil Nadu	8177	7349	828
25	Telangana	1666	1453	213
26	Tripura	421	421	0
27	Uttarakhand	275	456	*
28	Uttar Pradesh	4497	4412	85
29	West Bengal	8285	7047	1238
30	A& N Islands	191	185	6
31	Chandigarh^^	47	99	*
32	D & N Haveli	8	37	*
33	Daman & Diu	14	14	0
34	Delhi	5	7	*
35	Lakshadweep	52	52	0
36	Puducherry	131	139	*
	All India²	74098	65039	11757

**Source: Rural Health Statistics (RHS)
2014-15**

Notes:

NA: Not Available.

¹ *One per Primary Health Centre and 7 per Community Health Centre*

**: Surplus.*

² *Total given in the Table are not strictly comparable as figures for some of the States were not available in 2005. For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, may be excluded*

+ Data for 2013 repeated

Data for 2011 repeated

Measures taken to strengthen Health Care Services in the rural areas under NRHM/ NHM

1. More resources through increased state share have been made available for NRHM/NHM. Incentive pool to encourage states to undertake health sector reform has been introduced.
2. Reproductive, Maternal, Newborn, Child and Adolescent Health Services (RMNCH + A) : The following programmes are under implementation for improving health care:-
 - ✓ Janani Suraksha Yojana,
 - ✓ Janani Shishu Suraksha Karyakram (JSSK)
 - ✓ Rashtriya Bal Swasthya Karyakram (RBSK)
 - ✓ Rashtriya Kishore Swasthya Karyakram (RKSK)
 - ✓ Facility Based Newborn care including Special Newborn Care Units (SNCUs)
 - ✓ Newborn Care Stabilisation Units (NBSUs)
 - ✓ Maternal & Child health wings
 - ✓ Routine Immunisation and Pulse Polio Immunisation etc
3. Support under NHM is provided for provision of ANMs, ASHAs and lady health visitors at peripheral public health facilities like sub-centres and primary health centres to strengthen outreach services in rural areas.
4. Communicable Disease Control Programmes - includes national programmes namely Revised National Tuberculosis Control Programme, National Vector Borne Disease Control Programme to control malaria, dengue, filariasis, kala-azar, National Leprosy Eradication Programme, and Integrated Disease Surveillance Project.
5. Non- Communicable Diseases Control Programme interventions upto District Hospital level - including National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), National

Programme for Control of Blindness (NPCB), National Mental Health Programme (NMHP), National Programme for Health Care of the Elderly (NPHCE), National Tobacco Control Programme (NTCP) and National Oral Health Programme (NOHP).

6. Infrastructure strengthening upgradation – The framework for NHM provides for setting up new facilities based on time to care. It allows funding support to states for setting up of Sub Health Centres in selected districts of hilly states and desert areas.
7. 100/50/30 bedded Maternal and Child Health (MCH) Wings are sanctioned in Public Health facilities with high bed occupancy to cater to the hugely increased demand for services.
8. Mobile Medical Units (MMUs) - 1148 MMUs operationalised in 348 districts for delivery of health care to difficult areas.
9. National Ambulance Service (NAS):-
 - Support under the NHM provided for 23,226 NAS Vehicles [8165 (108-Type); 8638 (102/104-Type) and 6,423 vehicles (Janani Express, MamataVahan etc)]
10. Mainstreaming of AYUSH
 - 17,449 AYUSH facilities co-located at PHCs, CHCs and Districts Hospitals.
 - 27830 AYUSH doctors and 4,450 AYUSH paramedics co-located at various health facilities.
11. Human Resource: - Support is also provided to States/UTs by giving hard area allowance to health human resources for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
Further, in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has 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% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

