

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

**LOK SABHA  
UNSTARRED QUESTION NO. 3833  
TO BE ANSWERED ON 24<sup>th</sup> MARCH, 2017**

**LACK OF HEALTH FACILITIES**

**3833. SHRI NANA PATOLE:**

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

- (a) whether there is a lack of health facilities in the country including Delhi- NCR;
- (b) if so, the details thereof;
- (c) whether non-working of AIIMS as referral hospital, non-availability of better medical facilities to the patients and hurdles coming in the way of medical education of the country is a matter of great concern; and
- (d) if so, the corrective measures taken in this regard?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

(a) & (b): As per Rural Health Statistics (RHS), there is some shortage of public health facilities as per State/ UT wise details given at Annexure-I. The details are not maintained in respect of NCR.

(c) & (d): All efforts are made to provide best possible treatment to all the patients coming to AIIMS Delhi emergency department as well as OPD in-patient wards and the ICUs. In spite of constraints of space and finance, adequate medical care is being provided to all the patients who come for treatment. Adequate attention is being given by the doctors, nurses and other staff to all patients admitted in Casualty & In-patients Wards. The patients who require hospitalization for diagnostic and/or therapeutic purpose are admitted either from the OPD's (including specialty clinics) or through the casualty/emergency. In the casualty/emergency life saving situations, all efforts are made to admit the seriously ill patient in the hospital as far as 'practically' possible. In case of non-availability of bed in the emergency, the emergency patients are first evaluated and given appropriate treatment as may be required to stabilize them clinically and after adequate stabilization, they are sent to other Government hospitals for admission and further management. This practice is in operation because AIIMS hospital as a policy does not admit any patient on the floor or two patients on one bed. In view of this, all cases that require hospitalization from OPD's Emergency cannot always be accommodated in the in-patient wards of the hospital. The AIIMS hospital entertains all referral patients as well as direct cases coming to AIIMS on their own.

Various measures taken to improve medical education are given at Annexure-II. Public health being a State subject, the primary responsibility to ensure availability of adequate public health facilities lies with the State Governments. Nonetheless, under NHM, financial and technical support is provided to States/UTs to strengthen their healthcare systems including setting up of/upgradation of public health facilities, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). To improve access to affordable high quality tertiary medical care facilities, 6 more AIIMS have been set up and 13 more have been planned out of which 5 have been approved.

## Annexure-I

SHORTFALL IN HEALTH INFRASTRUCTURE AS PER 2011 POPULATION IN INDIA (As on 31st March, 2016)															
S.No.	State/ UT	Total Population in Rural Areas	Tribal Population in Rural Areas	Sub Centres				PHCs				CHCs			
				R	P	S	% Shortfall	R	P	S	% Shortfall	R	P	S	% Shortfall
1	Andhra Pradesh	34776389	2293102	7261	7659	*	*	1197	1075	122	10	299	193	106	35
2	Arunachal Pradesh	1066358	789846	318	304	14	4	48	143	*	*	12	63	*	*
3	Assam	26807034	3665405	5850	4621	1229	21	954	1014	*	*	238	151	87	37
4	Bihar	92341436	1270851	18637	9729	8908	48	3099	1802	1297	42	774	148	626	81
5	Chhattisgarh	19607961	7231082	4885	5186	*	*	774	790	*	*	193	155	38	20
6	Goa	551731	87639	122	212	*	*	19	22	*	*	4	4	0	0
7	Gujarat	34694609	8021848	8008	8801	*	*	1290	1314	*	*	322	322	0	0
8	Haryana	16509359	0	3301	2576	725	22	550	474	76	14	137	110	27	20
9	Himachal Pradesh	6176050	374392	1285	2071	*	*	212	518	*	*	53	79	*	*
10	Jammu & Kashmir	9108060	1406833	2009	2805	*	*	327	637	*	*	81	84	*	*
11	Jharkhand	25055073	7868150	6060	3953	2107	35	966	327	639	66	241	188	53	22
12	Karnataka	37469335	3429791	7951	9332	*	*	1306	2353	*	*	326	206	120	37
13	Kerala	17471135	433092	3551	4575	*	*	589	824	*	*	147	225	*	*
14	Madhya Pradesh	52557404	14276874	12415	9192	3223	26	1989	1171	818	41	497	334	163	33
15	Maharashtra	61556074	9006077	13512	10580	2932	22	2201	1811	390	18	550	360	190	35
16	Manipur	2021640	791126	509	421	88	17	80	85	*	*	20	17	3	15
17	Meghalaya	2371439	2136891	759	431	328	43	114	109	5	4	28	27	1	4
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	1305	10	1	328	377	*	*
21	Punjab	17344192	0	3468	2951	517	15	578	427	151	26	144	150	*	*
22	Rajasthan	51500352	8693123	11459	14408	*	*	1861	2080	*	*	465	571	*	*
23	Sikkim	456999	167146	113	147	*	*	18	24	*	*	4	2	2	50
24	Tamil Nadu	37229590	660280	7533	8712	*	*	1251	1368	*	*	312	385	*	*
25	Telangana	21585313	2939027	4708	4863	*	*	768	668	100	13	192	114	78	41
26	Tripura	2712464	1117566	691	1033	*	*	109	94	15	14	27	20	7	26
27	Uttarakhand	7036954	264819	1442	1847	*	*	238	257	*	*	59	59	0	0
28	Uttar Pradesh	155317278	1031076	31200	20521	10679	34	5194	3497	1697	33	1298	773	525	40
29	West Bengal	62183113	4855115	13083	10369	2714	21	2153	909	1244	58	538	349	189	35
30	A & N Islands	237093	26715	50	123	*	*	8	22	*	*	2	4	*	*
31	Chandigarh	28991	0	5	17	*	*	0	3	*	*	0	2	*	*
32	Dadra & Nagar Haveli	183114	150944	56	56	0	0	8	11	*	*	2	0	2	100
33	Daman & Diu	60396	7617	13	26	*	*	2	4	*	*	0	2	*	*
34	Delhi	419042	0	83	26	57	69	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	*	*
	<b>All India/ Total</b>	<b>833748852</b>	<b>93819162</b>	<b>179240</b>	<b>155069</b>	<b>35110</b>	<b>20</b>	<b>29337</b>	<b>25354</b>	<b>6572</b>	<b>22</b>	<b>7322</b>	<b>5510</b>	<b>2220</b>	<b>30</b>

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

**Steps taken by the Government to improve the standard of medical education in the country**

- 1) With the amendment in IMC Act, 1956 and the Dentist Act, 1948, “Uniform Entrance Examination” known as NEET (National Eligibility cum Entrance Test) has been introduced for admission in educational institutions at UG and PG level.
- 2) With the amendment in Postgraduate Medical Education Regulations, 2000, a common counseling for admission to all Postgraduate Courses (Diploma/MD/ MS/DM/M.Ch.) in all Medical Educational Institutions on the basis of merit list of the National Eligibility-cum-Entrance Test has been introduced with Directorate General of Health Services as designated authority for counseling for the 50% All India Quota seats and State Government for all Postgraduate Courses (Diploma/MD/MS/DM/M.Ch.) in all Medical Educational Institutions in a State/Union Territory, including Medical Educational Institutions established by the Central Government, State Government University, Deemed University, Trust, Society or a Company/Minority Institutions/Corporations.
- 3) With the amendment in Graduate Medical Education Regulations, 1997, a common counseling for admission to all Undergraduate Courses in all Medical Educational Institutions on the basis of merit list of the National Eligibility-cum-Entrance Test has been introduced with Directorate General of Health Services as designated authority for counseling for the 15% All India Quota seats and State Government for all Undergraduate Courses in all Medical Educational Institutions in a State/Union Territory, including Medical Educational Institutions established by the Central Government, State Government University, Deemed University, Trust, Society or a Company/Minority Institutions/Corporations.
- 4) An amendment has been made in Minimum Standard Requirements Regulations for 50 to 250 Annual MBBS seats for installation of biometric fingerprint attendance machine and close circuit television (CCTV) in all medical colleges across the country to maintain constant vigil on the standard of medical education in the country.