

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

**LOK SABHA  
UNSTARRED QUESTION NO. 627  
TO BE ANSWERED ON 20<sup>th</sup> JULY, 2018**

**HEALTHCARE FACILITIES**

**627. SHRI CHANDRA PRAKASH JOSHI:  
SHRI RAM CHARAN BOHRA:  
SHRI KANWAR SINGH TANWAR:  
SHRI RAMDAS C. TADAS:  
SHRI NARANBHAI KACHHADIYA:  
SHRI ARVIND SAWANT:  
SHRI BHARAT SINGH:  
DR. A. SAMPATH:**

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

- (a) whether people in the rural areas have minimal access to healthcare facilities and if so, the details thereof along with the present status of same in the country, State/ UT-wise;
- (b) whether various Government hospitals in rural areas are facing problem of infrastructure and shortage of doctors and other professionals and if so, the details thereof and the reasons therefor;
- (c) whether the Government is considering any mechanism/scheme/plan to train more health professionals and depute them in rural areas and if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to improve/ provide better health care services in rural areas of the country?

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

(a): The National Rural Health Mission (NRHM) was launched in 2005 to provide universal access to equitable, affordable and quality health care which is accountable, and at the same time responsive to the needs of the people, especially those who live in the rural areas of the country. As per Rural Health Statistics (RHS) 2017, the health care infrastructure has increased after launch of NRHM in April 2005. The number of public health facilities in rural areas State/UT-wise during 2005 and 2017 is at Annexure.

(b): Public health and hospitals being a State subject. Shortage of doctors and Infrastructure in public health sector varies from State to State depending upon their policies and context. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for new construction, renovation/upgradation of existing facilities and also for engagement of doctors and other professionals on contractual basis, based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

(c): The Government has taken various steps to train more health professionals and depute them in rural areas, these efforts include:

- 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.
- II. Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.
- III. Support is provided to States/UTs for hard area allowance to specialist doctors 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.
- IV. The States are encouraged to adopt flexible norms for engaging specialists at public health facilities. These include various mechanisms for 'contacting in' and 'contracting out' of specialist services, methods of engaging specialists outside the government system for service delivery at public facilities and the mechanism to include requests for these in the state Program Implementation Plans (PIP) under the National Health Mission.

(d): As stated above, public health and hospitals being a State subject, the primary responsibility to improve better health care services in rural areas lies with the respective State Governments. However, under the National Health Mission (NHM), technical and financial support is provided to States/UTs to strengthen and improve their healthcare system based on the proposals made by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope.

The Government has taken various steps to to improve/ provide better health care services in rural areas. These efforts include-

- I. The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Professor from 1:1 to 1:2 if the Associate Professor is a unit head. This would result in increase in number of specialists in the country.
- II. Diplomate of National Board (DNB) qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- III. Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- IV. Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.
- V. relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- VI. Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- VII. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.
- VIII.** Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.

## NUMBER OF SUB-CENTRES, PHCs &amp; CHCs FUNCTIONING

S. No.	State/UT	2005			2017		
		Sub Centre	PHCs	CHCs	Sub Centre	PHCs	CHCs
1	Andhra Pradesh	12522	1570	164	7458	1147	193
2	Arunachal Pradesh	379	85	31	312	143	63
3	Assam	5109	610	100	4621	1014	158
4	Bihar	10337	1648	101	9949	1899	150
5	Chhattisgarh	3818	517	116	5186	785	169
6	Goa	172	19	5	214	24	4
7	Gujarat	7274	1070	272	9082	1392	363
8	Haryana	2433	408	72	2589	366	112
9	Himachal Pradesh	2068	439	66	2083	538	89
10	Jammu & Kashmir	1879	334	70	2967	637	84
11	Jharkhand	4462	561	47	3848	297	188
12	Karnataka	8143	1681	254	9381	2359	206
13	Kerala	5094	911	106	5380	849	232
14	Madhya Pradesh	8874	1192	229	9192	1171	309
15	Maharashtra	10453	1780	382	10580	1814	360
16	Manipur	420	72	16	421	85	17
17	Meghalaya	401	101	24	436	109	27
18	Mizoram	366	57	9	370	57	9
19	Nagaland	394	87	21	396	126	21
20	Odisha	5927	1282	231	6688	1280	370
21	Punjab	2858	484	116	2950	432	151
22	Rajasthan	10512	1713	326	14406	2079	579
23	Sikkim	147	24	4	147	24	2
24	Tamil Nadu	8682	1380	35	8712	1362	385
25	Telangana	-	-	-	4797	689	114
26	Tripura	539	73	10	987	93	21
27	Uttarakhand	1576	225	44	1847	257	60
28	Uttar Pradesh	20521	3660	386	20521	3621	822
29	West Bengal	10356	1173	95	10369	914	349
30	A& N Islands	107	20	4	123	22	4
31	Chandigarh	13	0	1	17	3	2
32	Dadra & Nagar Haveli	38	6	1	71	9	2
33	Daman & Diu	21	3	1	26	4	2
34	Delhi	41	8	0	10	5	0
35	Lakshadweep	14	4	3	14	4	3
36	Puducherry	76	39	4	81	40	4
	<b>All India/ Total</b>	<b>146026</b>	<b>23236</b>	<b>3346</b>	<b>156231</b>	<b>25650</b>	<b>5624</b>

Note: Telangana came to existence in 2014 after bifurcation of Andhra Pradesh