

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

**LOK SABHA
UNSTARRED QUESTION NO.123
TO BE ANSWERED ON 21ST JUNE,2019**

PRIMARY HEALTH CENTRES

123. SHRI KANAKMAL KATARA:

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

- (a) whether the Government is aware that the functioning of Primary Health Centres (PHC) is not satisfactory due to lack of management and monitoring system;
- (b) if so, the details thereof;
- (c) the initiative taken by the Government to strengthen management and monitoring system so that the patients can get facilities such as availability of doctors, basic diagnostic tests and medicines; and
- (d) the type of assistance the Government provides to the State Governments for strengthening PHCs?

ANSWER

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

(a) & (b): Public Health and hospitals being a State subject, it is the responsibility of the States/UTs to ensure satisfactory functioning of Primary Health Centre (PHC) through proper management and monitoring. The Government had constituted a Task Force on Comprehensive Primary Health Care in 2014. As per the Task Force report, poor functioning of primary health care systems is reflected in the rapidly escalating demand for secondary and tertiary care services and increases in the cost of health care.

Primary health centre provides services that are limited to care in pregnancy, some aspects of child health and some of the national disease programmes.

Therefore, while management and monitoring systems play a key role in ensuring functioning of PHCs, other factors such as limited range of services also contribute in low service utilization.

(c): (i) Under 'Ayushman Bharat', 1,50,000 PHCs and SHCs are to be converted into Health and Wellness Centres (HWCs) in phased manner, to provide Comprehensive Primary Health Care (CPHC) close to the community.

(ii) Ongoing initiatives to strengthen management and monitoring systems, are as follows:-

- In addition to the regular structures of the state government, the National Health Mission has institutionalized Programme Management Units to review and assess gaps in service delivery, prepare annual action plans and enable efficient use of resources to address the gaps.
- Monthly meetings of District Health Society are held to review functioning of health care facilities.
- Mechanisms of reviews at State/regional/district level are in built in the programme design of NHM.
- Free Diagnostics Initiative has been launched to ensure availability and access to diagnostic tests at public health facilities, free of cost. As a part of free drugs initiative, Drug and Vaccine Delivery Management Systems(DVDMS) is being used for monitoring purposes.
- Health information sources such as; Health Management Information Systems, Human Resources Management Information Systems, Public Finance Monitoring Systems, Information systems for various national health programmes (Reproductive & Child Health Portal, NIKSHAY, Comprehensive Primary Health Care Non-Communicable Disease Application, Integrated Disease Surveillance Program IDSP etc.), 'Mera Aspataal', are also utilized for this purpose.
- 104 Call Centre supports in tracking availability of inputs such as HR, medicines, diagnostics etc. as well as service utilization in public health facilities. These information sources enable robust monitoring and evaluation at the block, district and State level for effective programme management.

(d): The assistance provided for strengthening PHCs are as under:-

- (A) Financial and technical assistance is provided to States/UTs under National Health Mission to supplements their efforts in strengthening healthcare infrastructure including strengthening of PHC. Funds are provided to States/UTs under NHM on the basis of the annual Project Implementation Plans (PIPs) through which they project activities and budget requirement for the financial year.
- (B) Financial support provided under the NHM for PHCs is wide ranging and includes provisions for- Contractual HR-service delivery, Infrastructure Strengthening, Free Drugs Initiative, Free Diagnostics, National Health Programmes, Capacity Building, Community bases activities, Community Interventions such as ASHA, Village Health Sanitation & Nutrition Committees (VHSNC), Mahila Arogya Samiti(MAS), for both rural and urban areas.
- (C) As a part of Ayushman Bharat, Health Sub-Centres(HSC) and Primary Health Centres (PHC) are being transformed into Health and Wellness Centres, which will deliver Comprehensive Primary Health Care (CPHC) close to the community. This include preventive and health promotion at the community level with continuum of care approach. The HWCs are envisioned to provide an expanded range of services to include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma as well as health promotion and wellness activities like Yoga apart from services already being provided for Maternal and Child Health including immunization and communicable diseases.