

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1489  
TO BE ANSWERED ON 28<sup>TH</sup> JULY, 2023**

**“PRIMARY HEALTH CENTRES”**

**1489. SHRIMATI SUPRIYA SULE:  
SHRI ARUN KUMAR SAGAR:  
DR. DNV SENTHILKUMAR.S:  
SHRI ASHOK MAHADEORAO NETE:  
SHRI NIHAL CHAND:  
DR. AMOL RAMSING KOLHE:  
SHRI KULDEEP RAI SHARMA:  
DR. SUBHASH RAMRAO BHAMRE:**

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

- (a) the number of Primary Health Centres (PHCs) functioning in the country alongwith number of PHCs proposed to be set in the country particularly in remote, rural and tribal areas of the country, State/UT-wise;
- (b) whether there is acute shortage of PHC in the country and if so, the details thereof and the reasons therefor, State/UT-wise;
- (c) the details of the steps taken by the Government to strengthen Primary Health Centres in the country, State/UT-wise;
- (d) whether the Government has received proposals from various States/UTs for opening new Primary Health Centres including Maharashtra;
- (e) if so, the details thereof and the funds allocated and expenditure incurred in absolute terms and as a percentage of total health budget for the said purpose, State/UT-wise;
- (f) the details regarding the steps taken by the Government to provide quality treatment to rural people and whether the Government proposes to interlink all PHCs in States or district for better coordination in the country and if so, the details thereof and the reasons therefor; and
- (g) whether there is a shortage of doctors, trained professional and equipments in PHCs in the country and if so, the the details of the vacancies of medical, para medical and other staff at PHC in the country as on date along with necessary steps taken in this regard, State/UT-wise?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE**

**(DR. BHARATI PRAVIN PAWAR)**

- (a) & (b) : As per the norms defined under Indian Public Health Standards(IPHS) 2022, a PHC

in rural area can be established for a population of 30,000 in plains and 20,000 in hilly and tribal areas. Urban PHCs can be constructed at a population of 50,000 and as a polyclinic at population of 2.5-3 lakhs.

Rural Health Statistics (RHS) is an annual publication, based on Health care administrative data reported by States/UTs. As per RHS 2021-22, State/UT-wise details of PHCs alongwith shortfall of PHCs may be seen at the following link of RHS 2021-22:

<https://hmis.mohfw.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%202021-22.pdf>

(c) to (e) : 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 National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

The details of RoPs issued to States/UTs wise are available at following web link.

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Under NHM, allocations to State/UTs are made in flexible pools. Approvals under “Hospital Strengthening and New Constructions/ Renovation and Setting up of healthcare facilities” under NHM from the F.Y. 2021-22 & 2022-23 is at **Annexure**.

(f) & (g): As on 24.07.2023, a total of 1,60,480 Ayushman Bharat – Health and Wellness Centres (AB-HWCs) have been operationalized in India by upgrading existing SHCs and PHCs to deliver Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community.

The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs 70,051 crores and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-22 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.

Government of India runs many schemes which focus upon the bridging the gap in providing health services to the public at large. PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched by Hon'ble Prime Minister of India for an amount of Rs.64,180 crore. The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

For better coordination to ensure Comprehensive Primary Care in the country there is an existing referral mechanism starting from community level (Primary Health Care) to District level (Tertiary Health Care). The AB-HWCs provide e-Sanjeevani - teleconsultation services, whereby

medical officer from PHC can access higher level consultation, including with specialists in secondary and tertiary care centres.

As per RHS 2021-22, State/UT-wise details of PHCs alongwith shortfall of Doctors & Trained Staffs may be seen at the following link of RHS 2021-22:

<https://hmis.mohfw.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%202021-22.pdf>

Under NHM, states have been given flexibility to take following steps to increase number of doctors in different regions of the country including tribal areas of the country:

- I. Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters.
- II. To offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- III. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists.

## Annexure

**States/UTs wise SPIP Approvals and Expenditure under Hospital Strengthening and New Constructions/ Renovation and Setting up of healthcare facilities under NHM from the F.Y. 2021-22 to 2022-23**

<b>Rs. In Lakhs</b>					
<b>S.No.</b>	<b>State/UTs</b>	<b>2021-22</b>		<b>2022-23</b>	
		<b>SPIP Approval</b>	<b>Expenditure</b>	<b>SPIP Approval</b>	<b>Expenditure</b>
1	Andaman and Nicobar Islands	159.00	2.52	2.00	3.70
2	Andhra Pradesh	2,583.25	2,682.25	633.06	315.88
3	Arunachal Pradesh	5,674.45	4,386.79	4,737.52	6,568.85
4	Assam	23,425.82	15,546.48	35,925.05	9,521.74
5	Bihar	37,842.57	13,032.84	99,387.56	36,055.09
6	Chandigarh	-	-	-	-
7	Chhattisgarh	15,047.86	4,106.67	7,789.77	6,970.37
8	Dadra & Nagar Haveli and Daman & Diu	2.88	-	2.88	-
9	Delhi	681.80	172.50	1,399.96	2,285.11
10	Goa	125.95	54.58	260.26	134.17
11	Gujarat	878.22	564.05	5,028.85	253.57
12	Haryana	12,804.52	755.18	8,555.93	8,937.08
13	Himachal Pradesh	3,547.39	3,149.75	-	-
14	Jammu and Kashmir	3,433.33	579.19	1,599.96	498.41
15	Jharkhand	2,494.78	2,389.54	9,373.36	3,713.19
16	Karnataka	15,324.05	15,833.87	7,613.96	5,158.75
17	Kerala	5,897.00	4,539.01	12,709.03	5,319.77
18	Lakshadweep	-	-	-	-
19	Madhya Pradesh	25,482.92	14,190.80	19,866.87	22,572.53
20	Maharashtra		21,942.42		24,932.60

		55,881.84		61,535.48	
21	Manipur	2,999.42	683.74	1,796.82	44.62
22	Meghalaya	1,656.32	262.55	1,096.27	864.35
23	Mizoram	35.40	44.42	36.75	14.37
24	Nagaland	1,074.84	1,370.75	3,073.78	1,138.36
25	Odisha	32,846.14	35,621.88	62,574.68	84,110.12
26	Puducherry	26.16	1.17	6.36	8.54
27	Punjab	5,201.90	3,759.31	990.10	40.87
28	Rajasthan	85,616.83	14,112.40	57,577.61	28,782.14
29	Sikkim	391.84	237.11	52.51	6.44
30	Tamil Nadu	26,196.13	27,738.27	56,033.70	41,677.06
31	Telangana	7,640.83	12,909.19	11,534.19	15,478.29
32	Tripura	4,998.54	4,206.31	5,149.70	4,185.24
33	Uttar Pradesh	124,665.62	12,736.34	42,730.00	18,346.25
34	Uttarakhand	13,588.14	15,159.27	10,604.54	5,195.83
35	West Bengal	7,984.58	2,217.18	11,212.94	1,899.55
36	Ladakh	3,125.00	470.95	2,691.15	1,215.87

Note:

1. The Above Figures are as per FMR reported by State/UTs and are Provisional.
2. After the Reorganisation of the State of Jammu and Kashmir (J&K) into the Union Territory of J&K and Union Territory of Ladakh, NHM funds to the UT of Ladakh were disbursed for the first time during 2020-21.
3. Expenditure includes expenditure against Central Release, State share & unspent balances at the beginning of the year.