

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

**LOK SABHA
UNSTARRED QUESTION NO. 2213
TO BE ANSWERED ON 23RD SEPTEMBER, 2020**

UPGRADATION/MODERNISATION OF HOSPITALS

**2213. SHRI VINAYAK RAUT:
SHRIMATI VEENA DEVI:
SHRI N.K. PREMACHANDRAN:
DR. NISHIKANT DUBEY:
SHRI CHANDESHWAR PRASAD:**

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

- (a) the norms set for the basic infrastructure of private and Government hospitals in the country including Bihar, Jharkhand and Maharashtra;
- (b) whether the Government has assessed the major deficiencies/challenges confronting the Public Healthcare Centres and Government hospitals in the country and if so, the outcome thereof;
- (c) whether the Government proposes to improve the infrastructure in Hospitals/Public Healthcare Centres and root out other deficiencies in order to provide quality healthcare services and if so, the details thereof indicating the hospitals upgraded/modernized during the last four years alongwith the funds provided and utilized therefor, State, district and hospitalwise;
- (d) whether the Government proposes to deploy sufficient manpower in healthcare facilities across the country and if so, the details of steps taken/proposes to be taken thereon;
- (e) the concrete action taken by the Government to resolve the unmanageable patient load in public hospitals including for expansion of hospitals infrastructure; and
- (f) the details of the action taken for ensuring adequate supply of medicines in public hospitals/ healthcare facilities?

ANSWER

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

- (a) Central Government has laid down Indian Public Health Standards (IPHS) as norms for public health facilities for the country including the States of Bihar, Jharkhand and Maharashtra. IPHS are a set of uniform standards envisaged to improve the quality of healthcare delivery in the country and have been used as the reference point for public healthcare infrastructure planning and up-gradation in the States and UTs. These standards have been developed for

Sub-centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District and District Hospitals.

Further, the Central government also enacted Clinical Establishments (Registration and Regulation) Act, 2010 to provide for registration and regulation of all clinical establishments (both public and private) in the country with a view to prescribe the minimum standards of facilities and services provided by them. States have the flexibility to adopt it under clause (1) of Article 252 of the Constitution. Among others, the States of Bihar and Jharkhand have adopted the Act. The State of Maharashtra enacted Bombay Nursing Home Registrations Act, 1949 to provide for registration and inspection of nursing homes in the state.

(b) Shortage of infrastructure and manpower are the major issues faced by healthcare system in the Country. “*Public Health & Hospital*” being a State subject, the primary responsibility to provide adequate medical facilities in public health care centres across the country lies with the respective State Government. However, under the NHM, technical and financial support is provided to States for strengthening of their healthcare systems based on the proposals submitted by them through their Programme Implementation Plans (PIPs).

(c) In order to provide quality healthcare services, Indian Public Health Standards have been laid down which, inter-alia, provide norms for services, infrastructure, human resource, diagnostics, equipment, medicines, etc. As per these standards, the services that different levels of facilities are expected to provide are grouped under two categories i.e. “Minimum Assured Services or Essential Services” and “Desirable Services”. Essential Services should be available at the facility which includes promotive, preventive, curative, referral services and all the national health programmes. The services which are indicated as ‘Desirable’ are for the purpose that States should aspire to achieve for the particular level of the facility. The overall objective of IPHS is to provide healthcare that is quality oriented and sensitive to the needs of the community. State-wise details of State Programme Implementation Plans (SPIP) approvals are given in Annexure.

(d) & (e) Under the National Health Mission (NHM), financial and technical support is provided to States to strengthen their healthcare systems including support for outsourcing or engagement of medical officers, specialist doctors and other staff on contractual basis, based on the requirements posed by the States in their Programme Implementation Plans (PIPs). To enable the States engage and retain Specialist doctors in rural and remote area, support is also provided for hard-area allowance, performance-based incentives, providing accommodation / residential quarters, transport facilities and sponsoring of training programmes, etc. The States are also encouraged to adopt flexible norms for engaging specialists at public health facilities. Remedial steps to increase the number of doctors and specialists in the country include various mechanisms for ‘*contracting-in*’ and ‘*contracting-out*’ of specialist services, empanelment of private medical facilities to provide requisite Specialists and other methods of engaging specialists outside the government system for service delivery at public facilities. States have also been allowed to offer negotiable salaries to attract Specialists including flexibility in strategies, such as, ‘*You quote, We pay*’. Also, States are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of doctors.

Further, under Ayushman Bharat – Health & Wellness Centres (AB-HWCs), 1.5 lakh Sub Health Centres and Primary Health Centres are to be transformed into Health and Wellness Centres (AB-HWCs) across the country for provision of Comprehensive Primary Health Care (CPHC) that includes preventive healthcare and health promotion at the community level with continuum of care approach. By providing CPHC services near to the community, these AB-HWCs are to act a gate keeper and decrease the load of patients in Secondary and Tertiary care.

(f) “Public Health and Hospitals” being State subject, the primary responsibility of ensuring sufficient supply of essential medicines in public health facilities is that of respective State Governments.

To ensure availability of essential drugs and diagnostics and reduce the “Out of Pocket Expenditure” of the patients visiting the public healthcare facilities, Central Government has rolled out Free Drugs Service Initiative (FDSI) under the National Health Mission (NHM). Under FDSI, financial support is provided to States for provision of free essential medicines in public healthcare facilities based on their requirements proposed in their Programme Implementation Plans (PIPs) within their overall resource envelope, including for strengthening / setting-up robust systems of procurement, quality assurance mechanism, warehousing, prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines, and IT backed supply chain management systems like Drugs and Vaccines Distribution Management Systems (DVDMS), etc.

All States have reported that they have notified this policy to provide free essential medicines in the public healthcare facilities.

ANNEXURE

Details of SPIP Approvals and Expenditure for the activity "Hospital Strengthening and New Constructions" under NHM for the FY 2016-17 to 2019-20

Rs. In Lakhs

S.No.	Name of the State / UT	2016-17		2017-18		2018-19		2019-20	
		SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure
A. High Focus States									
1	Bihar	12445.29	4502.04	19,568.63	594.92	48,262.46	4,899.63	52,065.00	49,548.31
2	Chattisgarh	3971.20	12279.05	12,488.91	10,446.11	17,331.84	8,883.84	12,888.53	12,248.67
3	Himachal Pradesh	3879.11	3931.17	5,363.32	3,279.32	4,850.91	5,814.97	5,521.00	1,759.30
4	Jammu & Kashmir	2705.67	3812.83	1,787.58	1,342.24	3,339.64	3,875.45	6,694.80	2,608.06
5	Jharkhand	4982.49	172.84	1,758.38	462.39	6,588.40	2,682.63	11,228.01	3,361.45
6	Madhya Pradesh	20511.94	17637.58	22,974.68	15,024.05	29,241.08	13,076.21	29,949.82	21,788.56
7	Orissa	30429.09	22311.13	26,768.21	14,978.25	26,259.56	21,919.95	40,032.09	41,903.45
8	Rajasthan	32484.61	25292.05	27,896.81	26,688.58	24,690.87	27,089.26	53,445.75	27,344.14
9	Uttar Pradesh	30996.44	56907.11	29,354.43	61,052.80	120,496.60	34,528.34	43,896.82	33,131.33
10	Uttarakhand	1826.23	322.35	1,113.05	1,867.63	2,741.93	3,405.96	7,064.25	7,262.03
	Sub Total	144,232.06	147,168.15	149,074.00	135,736.29	283,803.29	126,176.24	262,786.07	200,955.30
B. NE States									
11	Arunachal Pradesh	3119.17	3912.76	1,714.58	1,804.77	3,587.42	1,891.51	2,549.94	1,555.67
12	Assam	13599.60	11630.55	14,949.75	9,648.51	9,263.29	7,302.67	17,892.22	12,222.96
13	Manipur	1708.56	389.18	6.16	345.60	1,061.70	2,028.09	1,744.57	615.02
14	Meghalaya	650.55	2102.91	949.40	2,064.07	610.30	265.24	895.50	468.87
15	Mizoram	92.75	98.05	116.00	15.48	199.90	176.77	414.00	202.46
16	Nagaland	208.09	469.77	719.24	222.80	2,229.48	1,296.69	1,087.31	603.80
17	Sikkim	185.64	382.72	352.08	266.53	412.27	846.44	692.81	408.64
18	Tripura	1010.00	1176.35	5,101.50	3,107.49	3,455.28	2,631.40	5,050.54	1,642.06
	Sub Total	20,574.36	20,162.28	23,908.71	17,475.24	20,819.64	16,438.80	30,326.89	17,719.46

C. Non-High Focus States									
19	Andhra Pradesh	1243.09	6502.96	1,918.55	2,547.46	7,680.76	6,281.62	43,234.00	9,016.00
20	Goa	6.65	2.30	113.80	33.70	122.70	45.49	34.92	30.64
21	Gujarat	322.48	13157.92	1,191.25	1,470.26	1,444.05	2,532.25	3,388.00	1,633.52
22	Haryana	237.23	608.96	346.41	92.74	6,129.73	2,192.26	7,381.01	299.91
23	Karnataka	12594.56	4455.73	21,461.64	21,271.81	26,997.24	21,431.10	24,610.02	17,002.85
24	Kerala	3554.14	3895.10	1,872.64	1,448.59	12,562.06	1,467.46	13,743.61	2,999.87
25	Maharashtra	12999.40	10079.25	13,585.59	13,628.96	29,932.97	17,007.05	78,537.33	37,973.10
26	Punjab	4000.00	7273.48	4,100.00	3,022.69	10,070.00	3,461.16	6,950.00	3,520.88
27	Tamil Nadu	16043.45	23505.02	10,522.05	10,425.09	16,844.94	19,146.43	27,158.48	36,643.35
28	Telangana	1675.78	3639.57	17,460.79	3,024.12	5,988.31	6,096.09	31,449.78	1,735.69
29	West Bengal	2274.47	15304.42	5,008.45	11,980.64	13,918.61	7,771.82	16,269.00	4,559.16
	Sub Total	54,951.25	88,424.70	77,581.17	68,946.05	131,691.37	87,432.74	252,756.15	115,414.98
D. Small States/UTs									
30	Andaman & Nicobar Islands	183.60	64.80	236.32	19.98	78.00	8.00	340.00	47.05
31	Chandigarh	0.00	0.00	16.00	-	-	-	-	-
32	Dadra & Nagar Haveli	7.98	0.00	-	-	-	-	-	-
33	Daman & Diu	4.56	0.44	4.80	0.70	4.80	1.24	5.76	0.90
34	Delhi	3518.00	305.88	134.00	5,213.47	208.00	-	590.00	-
35	Lakshadweep	3.84	0.00	6.84	-	3.24	-	-	-
36	Puducherry	0.00	7.13	20.50	-	66.00	30.35	49.00	51.32
	Sub Total	3,717.98	378.26	418.46	5,234.15	360.04	39.59	984.76	99.27
	Grand Total	223,475.65	256,133.39	250,982.34	227,391.74	436,674.34	230,087.36	546,853.88	334,189.01

Note:

1. SPIP stands for State Program Implementation Plan.
2. Expenditure includes expenditure against central Release, State release & unspent balances at the beginning of the year.
3. The above figures are as per reported by the State/UTs.

