

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

**LOK SABHA  
UNSTARRED QUESTION NO. 4632  
TO BE ANSWERED ON 28.03.2025**

**HEALTH INFRASTRUCTURE IN KAIRANA, UTTAR PRADESH**

**4632. MS IQRA CHOUDHARY:**

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

- (a) whether it is true that like any other rural districts in the country, Kairana district in Uttar Pradesh lacks well equipped Government hospitals and specialist doctors and if so, the details thereof;
- (b) whether with budgetary increase, inadequate amount of funds has been allocated specially for improving healthcare infrastructure in backward districts of Uttar Pradesh such as Kairana, if so, the details thereof and if not, the reasons therefor; and
- (c) whether new Primary Health Centres (PHCs) and Community Health Centres (CHCs) is likely to be developed in the said region and if so, the details thereof?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI PRATAPRAO JADHAV)**

(a) : As of March 31, 2023, HDI report, Uttar Pradesh has 25,723 Sub Health Centres (SHCs), 3,055 Rural and 598 Urban Primary Health Centres (PHCs), 939 Rural and 11 Urban Community Health Centres (CHCs), 125 District Hospitals (DHs), and 46 Medical Colleges.

Kairana is a city and a municipal board in Shamli district of the Indian state of Uttar Pradesh. As per HDI Report 2022-23, Shamli district has 154 rural Sub Health Centres (SHC). The district has 22 rural Primary Health Centres (PHCs), 3 urban PHCs, 8 Community Health Centres (CHCs) and one District Hospital.

Further, the state of Uttar Pradesh has 1172 specialists posted at the CHCs against the requirement of 4750. Besides there are 2946 doctors and specialists posted at the district hospital level.

Health being a state subject, infrastructure development, as well as the management and deployment of HRH in public health facilities comes under the jurisdiction of the State Govt.

(b) Under National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their healthcare systems upto District Hospitals based on the proposal received from States/UTs in the form of Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall Resource Envelope. Under NHM, funds are released to the States/UTs under flexible pools on a lump sum basis to provide greater

flexibility to States to utilize the funds as per their felt need and priorities.

(c) As per the Indian Public Health Standards (2022), the population norms for CHCs and PHCs vary based on geographical conditions. For CHCs in rural areas, one facility is recommended for every 1,20,000 people in plain areas and 80,000 in hilly, tribal, or difficult-to-reach regions. Similarly, PHCs in rural areas are planned at a ratio of one PHC per 30,000 people in plain areas and one per 20,000 in hilly or difficult terrains.

As health is a State subject, the planning and implementation of CHCs and PHCs primarily fall under the jurisdiction of State Government. State Government may propose the new CHC and PHC as per norms and their need. The Govt. of India after examination may sanction under NHM (PIP), PM-ABHIM, 15<sup>th</sup> Finance Commission, as proposed by the States/UTs.

\*\*\*\*\*