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

LOK SABHA
UNSTARRED QUESTION NO. 3284
TO BE ANSWERED ON 08th AUGUST 2025

STRENGTHENING OF PHCs, CHCs AND HWCs

†3284. SHRI DHARMENDRA YADAV:

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

(a) the details of the progress achieved in setting up and strengthening of Primary Health Centres (PHCs), Community Health Centres (CHCs) and Health and Wellness Centres (HWCs) in accordance with the relaxation of population norms in tribal and OBC/SC dominated rural areas of the country, State-wise particularly in Uttar Pradesh;

(b) the steps being taken to address the shortage of doctors, nurses and paramedical staff in health facilities serving OBC, SC and ST populations in the country;

(c) the number of mobile medical units currently operational in areas with OBC, SC and ST population along with their effectiveness in providing health services, especially for preventive care and early diagnosis; and

(d) the specific strategies under National Health Mission (NHM) depicting explicit improvement in maternal and child health indicators among OBC, SC and ST women and children in the country?

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

(a): The healthcare system of the country involves a three-tier system with Sub Health Centre (Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of Primary Health Care System in India. National Health Mission (NHM) envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to needs of the population including OBC, SC and ST population.

As per established norms, in rural areas a Sub Health Centre for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health Centre for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre for a population of 1,20,000 (in plain) and 80,000 (in hilly and tribal area) is suggested. Further, for urban area one Urban Ayushman Arogya Mandir is recommended for a urban population of 15,000 to 20,000, one Urban-Primary Health Centre (U-PHC) for a urban population of 30,000 to 50,000, One Urban-Community Health Centre (U-CHC) for every 2.5 lakh population in non-metro cities (above 5 lakh population) and one U-CHC for every 5 lakh population in the metro cities.

The population norms for setting up SHC, PHC and CHC in tribal and hilly areas has been relaxed from 5,000, 30,000, and 1,20,000 to 3000, 20,000 and 80,000 respectively.

As per Health Dynamics of India (HDI) 2022-23, details of Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals operational in the country including Uttar Pradesh may be seen at the following link :

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

(b): Under NHM, following types of incentives and honorarium are provided for encouraging Health Specialists to practice in different regions of the country including rural and remote areas of the country:

(i) 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.

(ii) Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.

(iii) Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.

(iv) States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".

(v) Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

(vi) Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

(c): Mobile Medical Units (MMUs) provide primary healthcare services to remote, tribal, and underserved populations which also include OBC, SC and ST population. These MMUs function as mobile clinics, delivering preventive, promotive, and curative healthcare to areas lacking easy access to hospitals or health centers. As per NHM MIS December, 2024, there are a total of 1498 MMUs operational in the country including OBC, SC and ST population areas under NHM. Out of these 1498 MMUs, a total of 694 MMUs are currently operational in areas with Particularly Vulnerable Tribal Groups (PVTGs), providing both preventive and curative care.

(d): The Government of India, through the National Health Mission (NHM), has implemented various programs to improve maternal and child health services and outcomes including OBC, SC and ST population throughout the country. These initiatives to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) include Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Surakshit Matritva Aashwasan (SUMAN), Pradhan Mantri Surakshit

Matritva Abhiyan (PMSMA), Mothers' Absolute Affection (MAA), Setting up of Maternal and Child Health (MCH) Wings, Birth Waiting Homes (BWH), Anaemia Mukt Bharat (AMB), Facility-Based Newborn Care, Kangaroo Mother Care (KMC), Community-based care of Newborn and Young Children, STOP Diarrhoea initiative, Nutrition Rehabilitation Centres (NRCs), and Universal Immunization Programme (UIP).

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