

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

**LOK SABHA
UNSTARRED QUESTION NO. 1128
TO BE ANSWERED ON 05th DECEMBER 2025**

STATUS OF RURAL HEALTH CENTRES

†1128. SMT. KRISHNA DEVI SHIVSHANKAR PATEL:

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

- (a) whether many Community Health Centres (CHCs) and Primary Health Centres (PHCs) in Chitrakoot and Banda districts in the State of Uttar Pradesh are facing severe staff and resource shortages, if so, the details thereof;
- (b) the number of CHCs/PHCs currently operating in both districts along with the number of CHCs/PHCs in lack of doctors, lab technicians, nurses and medicines
- (c) the details ongoing Government schemes aimed to strengthen these health centres; and
- (d) whether the Government proposes to increase the number of Mobile Medical Units (MMUs) in rural health services across the country, if so, the details thereof?

ANSWER

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

(a) & (b) : Health is a state subject, hence, the responsibility for improving the healthcare facilities lies with the respective State/UT Governments. As per the information provided by the State Government of Uttar Pradesh, there is no shortage of staffs and resources in Community Health Centres (CHCs) and Primary Health Centres (PHCs) in Chitrakoot and Banda districts of the State. Further, State Government of Uttar Pradesh has informed that all PHCs and CHCs have adequate number of Doctors, Lab Technicians and Nurses as well as sufficient medicines are available in these centres. The number of CHCs/PHCs currently operating in both districts is as follows:

Districts	Number of functional Centres	
	PHCs	CHCs
Banda	47	8
Chitrakoot	28	7

(c): Health being a State subject, the establishment of new health facilities and the strengthening of existing centres fall under the jurisdiction of the respective State Governments. However, the following schemes have been undertaken to support States and UTs in strengthening primary healthcare services:

i. **National Health Mission (NHM)** - Under NHM financial and technical support is provided to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs). Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

ii. **PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** envisages increased investments in public health and other health reforms to provide better access to health in rural areas. 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.

iii. **The 15th Finance Commission (XV-FC)** health grants complement existing budgets by providing ₹70,051 crore for 2021-26 to strengthen primary healthcare services. These grants empower local governments to upgrade Sub-Centers(SHCs), PHCs, and Urban Ayushman Arogya Mandir.

iv. **India COVID-19 Emergency Response & Health System Preparedness Package (ECRP-I & II)** : These packages, launched during the pandemic, aimed to build a resilient health system and provide free COVID-19 testing, treatment, and vaccination. This reduced OOPE for pandemic-related healthcare expenses.

v. **Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)** offers cashless healthcare coverage of up to ₹5 lakh per eligible family per year for secondary and tertiary hospitalization. AB PM-JAY beneficiaries are eligible to take the benefits of the scheme through a network of over 31,466 hospitals in which 14,194 are private hospitals.

(d): Health being a State subject, the primary responsibility to ensure availability and service adequacy of Mobile Medical Units (MMUs) lies with the State/UT Governments. However, the Ministry of Health and Family Welfare (MOHFW) provides need-based financial and technical support to the States/UTs each year through the annual State Programme Implementation Plan (SPIP) duly appraised by the National Program Coordination Committee (NPCC). States have been given this flexibility to propose for the required number of MMU including the operational costs/full operational costs based on the requirement and the gap analysis in their respective State/UT.
