

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:3429

ANSWERED ON:04.08.2017

Primary Health Centres and Community Health Centres

Kaswan Shri Rahul;P.K. ,Shri,Kunhalikutty

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

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

- (a) whether the Government has set parameters to set up Primary Health Centres (PHCs) and Community Health Centres (CHCs) and if so, the details thereof;
- (b) the percentage of population covered by PHCs and CHCs services;
- (c) whether there is an acute shortage of Doctors, lab technicians, pharmacists and other health workers in PHCs and CHCs in the country including Churu district of Rajasthan and if so, the details thereof;
- (d) whether people in rural areas are unable to get proper medical facility due to absence of doctors from duty and if so, the details thereof and the reasons therefor;
- (e) the steps taken/proposed to be taken to fill the above vacant posts to ensure adequate healthcare facility in rural areas; and
- (f) the steps taken to set up PHCs and CHCs all over the country?

**Answer**

ANSWER

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

(SHRI FAGGAN SINGH KULASTE)

(a): A Primary Health Centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas. As per norms, 4 PHCs are included under each CHC thus catering to approximately 80,000 populations in tribal/hilly/desert areas and 1,20,000 population for plain areas.

(b): No such information is maintained.

(c): There is some shortage of health human resource. The State/UT-wise position including that of the State of Rajasthan, is placed at Annexures I to VI. No separate record regarding district-wise shortage of health manpower, is maintained.

(d): Public Health and hospitals being a State subject, the primary responsibility of providing adequate medical facilities and HR such as doctors/specialists, in rural areas, is that of the States/UTs. Further, all administrative and personnel matters, including filling up of vacant posts falls within the jurisdiction of the respective State/UT Governments. However, under NRHM (now subsumed in NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including insourcing or engagement of human resources on contractual basis for provision of equitable, affordable healthcare particularly in rural areas based on requirements posed by the States in their Programme Implementation Plans within their overall resource envelope.

(e): All administrative and personnel matters, including filling up of vacant posts fall within the jurisdiction of the respective State/ UT Governments. However, under NHM the State/ UT Governments are advised from time to time to expedite recruitment of health human resources to fill the vacant posts in various public health facilities.

Support is also provided to States/ UTs for hard area allowance to healthcare professionals 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.

(f): Public Health and hospitals being a State subject, the primary responsibility of providing adequate healthcare facilities including setting up of PHCs and CHCs, is that of the States/UTs. However, under NHM, financial and technical support is provided to States/UTs to strengthen their healthcare systems including for setting up of new/upgrading existing PHCs/CHCs, based on requirements projected by the States/UTs in their Programme Implementation Plans.

