- (i) Provision of safe drinking water.
- (ii) Reduction in emissions from vehicles, industries and power plants and other sources of air pollution.
- (iii) Measures for safe disposal of human excreta through sanitary latrines.
- (iv) Treatment of diarrheal diseases, typhoid, worm infestation through public health care system.
- (v) Provision of clean sources of energy including LPG, electric and solar energy.

#### AIIMS-like institutes in Jammu and Kashmir

996. SHRI MAJEED MEMON: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has decided to set up two AIIMS-like institutes in Jammu and Kashmir:
- (b) whether the sites for the two AIIMS-like institutes have been cleared by the Union Health Ministry and if so, names of the sites along with the amount earmarked for establishing the institutions; and
- (c) whether Government has any plan to have AIIMS-like institutes in Mumbai and other parts of Maharashtra also and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) Yes. The sites at Vijaypur in Samba district in Jammu region and at Awantipora, Pulwama in the Kashmir region have been finalized for the establishment of AIIMS in Jammu division and Kashmir division of J and K respectively. Budget allocation is not done AIIMS-wise. However, sufficient fund is available under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) to take up the project.

(c) An AIIMS is being set up in Nagpur, Maharashtra under PMSSY.

## Star rating of community health centres

- 997. SHRI RANJIB BISWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
- (a) whether Government has drawn up eleborate guidelines for star rating of community health centres;
  - (b) if so, the details thereof along with its aims and objectives;

- (c) whether the star rating guidelines would be applicable to private health centres/nursing homes;
  - (d) if so, the details thereof and if not, the reasons therefor; and
- (e) the benefits likely to accrue to the public and the health centres as a result of star rating?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) The Ministry of Health and Family Welfare has initiated star rating of Community Health Centers (CHCs) in April, 2015. Further, it has been renamed as "Grading of CHCs" in June, 2016. The main aim of grading CHCs is to bring focus on key initiatives under National Rural Health Mission / National Health Mission and to encourage strengthening of health facilities. Grading of CHCs is based on monthly performance data and annual infrastructure data as uploaded on Health Management Information System (HMIS) Portal and is generated on quarterly basis on HMIS portal.

The criteria to grade the CHCs are given in the Statement (See below).

- (c) and (d) Yes, the same criteria is applicable to private health centres/nursing homes also. However at present, the grading is being done only for public CHCs as data uploaded by private facilities on HMIS portal is very minimal.
- (e) Grading of CHCs is currently available in the public domain of HMIS portal (https://nrhm-mis.nic.in/hmisreports/analyticalreports.aspx). Public can access the report to identify the facilities with a high grade and can avail the health services accordingly. Further, the grading of CHCs helps the Programme Managers to identify the gaps in the available infrastructure and service availability across facilities for taking necessary corrective steps to strengthen health facilities.

#### Statement

## The criteria followed to grade the CHCs

### 1. Infrastructure data:

Category Indicators/ Criteria		Grade	
Human Resource	Number of Doctors including	If CHC satisfies all the criteria under	
and infrastructure	specialists >= 2	the category, it would be eligible for	
		Grading & will get 1 grade.	

Indicators/ Criteria	Grade	
Number of Nurse and Auxiliary  Nurse Midwife (ANM) >= 6		
Number of laboratory technician >=1		
Availability of separate public utilities for males and females		
Availability of operation theatre		
Availability of standby power facility (generator)		
Availability of 2 months supply of essential drugs	CHC will get 1 grade for fulfilling al the criteria of this category.	
Availability of 2 months supply of essential vaccines		
Availability of 2 months supply of essential contraceptives		
Availability of 24- hour delivery services including normal and assisted deliveries	CHC will get 1 grade for fulfilling al the criteria of this category.	
Availability of emergency care of sick children		
Availability of essential laboratory services		
Availability of publicly displayed mechanism, whereby a complaint/grievance can be registered	CHC will get 1 grade for fulfilling all the criteria of this category.	
Availability of publicly displayed Citizen's charter		
Provision of monitoring by Panchayati Raj Institutions / Zila Parishad / Rogi		
	Number of Nurse and Auxiliary Nurse Midwife (ANM) >= 6  Number of laboratory technician >=1  Availability of separate public utilities for males and females  Availability of operation theatre  Availability of standby power facility (generator)  Availability of 2 months supply of essential drugs  Availability of 2 months supply of essential vaccines  Availability of 2 months supply of essential contraceptives  Availability of 24- hour delivery services including normal and assisted deliveries  Availability of emergency care of sick children  Availability of essential laboratory services  Availability of publicly displayed mechanism, whereby a complaint/grievance can be registered  Availability of publicly displayed Citizen's charter  Provision of monitoring by Panchayati Raj Institutions /	

# 2. Performance / Service Utilization data:

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Category	Indicators	Criteria (Non Hilly	Criteria (Hilly*	Grade		
		districts and districts and				
		States/UTs)	North			
			Eastern			
	incorporating					
	30% relaxation)					
Service	Number of deliveries	100 per	70 per	CHC will get 1 grade for fulfilling		
Utilization	conducted at the facility	month	month	criteria for 4 out 5 indicators		
	(Including Caesarean					
	Sections)					
	Number of new	3 per	2 per			
	IUCD Insertions at facility	month	month			
	Number of infants	80 per	56 per			
	(0-11 months old)	month	month			
	who are immunized					
	with BCG vaccine					
	Number of inpatients	500 per	350 per			
	in the CHC (IPD)	month	month			
	Out patients	750 per	525 per			
	attendance (All)	month	month			

<sup>\*</sup>Hily States: Himachal Pradesh, Jammu and Kashmir (except Srinagar), Uttarakhand (except Dehradun, Haridwar and Udham Singh Nagar).

Final grading of CHC is done after adding grades from all the above mentioned categories. The facility will not be considered for grading if data under the Infrastructure is not reported by the facility.

## Acute shortage of IPV in Kerala

998. SHRI D. RAJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the acute shortage of Inactivated Polio Vaccine(IPV) in both Government and private hospitals in Kerala; and