

of health facilities. The IPHS guidelines, 2012 can be accessed at <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid:=971&lid=154>

(b) and (c) As per RHS 2017-18, there are 5624 Community Health Centres (CHCs) functioning in the country out of which 732 CHCs are reportedly functioning as per IPHS norms. There are gaps in term of infrastructure, human resources and services etc. in the facilities which are not IPHS compliant. NHM is supporting States/UTs to strengthen infrastructure, human resources, drugs and diagnostics etc. at CHCs to attain IPHS compliance.

(d) No such assessment is available.

(e) Public Health and Hospital being State subject, the primary responsibility to provide essential minimum assured services to its citizens including in the CHCs, lies with the States/UTs. Under National Health Mission (NHM), financial and technical support is provided to the States to strengthen their health systems including making available essential minimum assured services in CHCs as per IPHS. This includes support for infrastructure, equipment, drugs and diagnostics, and required health human resources.

Condition of medical facilities in rural areas

1184. SHRI RAMKUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the condition of medical facilities in rural areas is deplorable;
- (b) whether there is acute shortage of doctors, nurses, lab technicians and pharmacists in Primary Health Care Centres (PHCs);
- (c) the total number of PHCs available in rural areas and the sanctioned posts of doctors, nurses, lab technicians and pharmacists in those PHCs;
- (d) the number of posts of doctors, nurses, lab technicians and pharmacists lying vacant in PHCs and since when; and
- (e) the details of measures taken/proposed to be taken to improve medical facilities in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) As per Rural Health Statistics (RHS) 2018, there are shortages in the availability of human resource of various categories in

public health facilities of the rural areas of the country. Shortage of Doctors in public health sector varies from State to State depending upon their policies and context.

The details of total number of PHCs available in rural areas as per RHS, 2018, is placed at Statement-I (*See below*). The sanctioned and vacant posts of doctors, nurses, lab technicians and pharmacists, State/UT-wise in the PHCs, are given at Statement-II to V (*See below*).

The periods since when the positions are lying vacant, is not maintained centrally.

(e) Public health and hospitals being a State subject, the primary responsibility to ensure the availability of qualified doctors and other health workers lies with the State/UT Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engagement of health human resources, based on the requirements proposed by the States/UTs in their Programme Implementation Plans (PIPs).

The Government has taken various steps to ensure the availability of medical staff especially in the rural/remote areas. These efforts include:—

- (i) Providing support to the States for hard area allowance and providing residential quarters for serving in rural and remote areas.
- (ii) The States are advised to put in place transparent policies of posting and transfer and ensure rational deployment of doctors. Further, the States are also impressed upon from time to time to fill up the vacant posts.

In addition to the above initiatives under NHM, Government has also taken other remedial steps to increase the number of Doctors. Details are as given below:—

- Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- Strengthening/upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.
- Requirement of land for establishment of medical college in metropolitan cities as notified under Article 243P(c) of the Constitution of India has been dispensed with.

- Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country. Under the Centrally Sponsored Scheme “Establishment of New Medical Colleges by upgrading district/referral hospitals” with fund sharing between the Central Government and State in the ratio of 90:10 for NE/Special Category States and 60:40 for other States, a total of 82 districts in 21 States and UTs have been identified and approved to establish new Medical Colleges. Out these, 39 have become functional.
- Cabinet has approved setting up of 15 more new AIIMS in addition to 06 AIIMS sanctioned earlier under Phase-I of PMSSY.

Statement-I

Number of PHCs functioning

Sl. No.	State/UT	(As on 31st March, 2018) PHCs
1	2	3
1.	Andhra Pradesh	1147
2.	Arunachal Pradesh	143
3.	Assam	946
4.	Bihar	1899
5.	Chhattisgarh	793
6.	Goa	25
7.	Gujarat	1474
8.	Haryana	368
9.	Himachal Pradesh	576
10.	Jammu and Kashmir	637
11.	Jharkhand	298
12.	Karnataka	2359
13.	Kerala	849
14.	Madhya Pradesh	1171

1	2	3
15.	Maharashtra	1823
16.	Manipur	91
17.	Meghalaya	108
18.	Mizoram	57
19.	Nagaland	126
20.	Odisha	1288
21.	Punjab	432
22.	Rajasthan	2078
23.	Sikkim	24
24.	Tamil Nadu	1421
25.	Telangana	643
26.	Tripura	108
27.	Uttarakhand	257
28.	Uttar Pradesh	3621
29.	West Bengal*	913
30.	Andaman and Nicobar Islands	22
31.	Chandigarh	0
32.	Dadra and Nagar Haveli	9
33.	Daman and Diu	4
34.	Delhi	5
35.	Lakshadweep	4
36.	Puducherry	24
ALL INDIA		25743

* 11 PHCs situated at Municipal Area included in it.

*Statement-II**Doctors⁺ at Primary Health Centres*

Sl. No.	State	(As on 31st March, 2018)	
		Sanctioned	Vacant
1	2	3	4
1.	Andhra Pradesh	2267	222
2.	Arunachal Pradesh	NA	NA
3.	Assam	NA	NA
4.	Bihar [#]	2078	292
5.	Chhattisgarh	793	434
6.	Goa	48	*
7.	Gujarat	1865	544
8.	Haryana	551	60
9.	Himachal Pradesh	636	14
10.	Jammu and Kashmir	1347	653
11.	Jharkhand	556	216
12.	Karnataka	2359	223
13.	Kerala	1120	*
14.	Madhya Pradesh	1771	659
15.	Maharashtra	3009	80
16.	Manipur	238	44
17.	Meghalaya ^{##}	128	*
18.	Mizoram ^{###}	152	93
19.	Nagaland	108	*

1	2	3	4
20.	Odisha	1326	409
21.	Punjab	593	1 13
22.	Rajasthan	2751	355
23.	Sikkim	NA	NA
24.	Tamil Nadu	3136	356
25.	Telangana	1254	188
26.	Tripura	0	*
27.	Uttarakhand	425	184
28.	Uttar Pradesh	4509	3165
29.	West Bengal	1268	252
30.	Andaman and Nicobar Islands	42	8
31.	Chandigarh	0	0
32.	Dadra and Nagar Haveli	15	7
33.	Daman and Diu	5	1
34.	Delhi	21	*
35.	Lakshadweep	8	0
36.	Puducherry	38	*
TOTAL (ALL INDIA@)		34417	8572

Sanctioned data for year 2011 used.

Sanctioned data for year 2015 used.

Sanctioned data for year 2013-14 used.

NA: Not Available.

+: Allopathic Doctors.

@ All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs.

*: Surplus.

Statement-III*Nursing staff at PHCs and CHCs*

Sl. No.	State	(As on 31st March, 2018)	
		Sanctioned	Vacant
1	2	3	4
1.	Andhra Pradesh	4518	1013
2.	Arunachal Pradesh	NA	NA
3.	Assam [#]	2798	*
4.	Bihar ^{##}	1662	451
5.	Chhattisgarh	2809	351
6.	Goa	126	*
7.	Gujarat	4391	1231
8.	Haryana	1894	97
9.	Himachal Pradesh	837	385
10.	Jammu and Kashmir	1710	305
11.	Jharkhand	2179	997
12.	Karnataka	2667	*
13.	Kerala	3610	*
14.	Madhya Pradesh	4624	1316
15.	Maharashtra	3218	922
16.	Manipur	484	84
17.	Meghalaya ^{\$}	413	*
18.	Mizoram [^]	570	372
19.	Nagaland	175	*
20.	Odisha	1666	*

1	2	3	4
21.	Punjab	2189	160
22.	Rajasthan	12712	2825
23.	Sikkim	NA	NA
24.	Tamil Nadu	7963	1603
25.	Telangana	2208	181
26.	Tripura	0	*
27.	Uttarakhand	623	264
28.	Uttar Pradesh	17974	*
29.	West Bengal	6981	517
30.	Andaman and Nicobar Islands	138	9
31.	Chandigarh	0	0
32.	Dadra and Nagar Haveli	14	*
33.	Daman and Diu	64	15
34.	Delhi	5	*
35.	Lakshadweep	54	0
36.	Puducherry	131	*
TOTAL (ALL INDIA)		91407	13098

Sanctioned data for year 2013 used.

Sanctioned data for year 2011 used.

\$ Sanctioned data for year 2015 used.

^ Total 570 Nursing Staff sanctioned in the State.

One per Primary Health Centre and seven per Community Health Centre as per IPHS norms

*: Surplus.

NA: Not Available.

Note: All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs.

Statement-IV*Laboratory Technicians at PHCs and CHCs*

Sl. No.	State	(As on 31st March, 2018)	
		Sanctioned	Vacant
1	2	3	4
1.	Andhra Pradesh	1 185	396
2.	Arunachal Pradesh	NA	NA
3.	Assam [#]	860	*
4.	Bihar ^{##}	683	72
5.	Chhattisgarh	1063	240
6.	Goa	40	0
7.	Gujarat	1837	179
8.	Haryana	504	148
9.	Himachal Pradesh	300	169
10.	Jammu and Kashmir	826	28
11.	Jharkhand	640	376
12.	Karnataka	1790	258
13.	Kerala	324	*
14.	Madhya Pradesh	1808	570
15.	Maharashtra	1474	178
16.	Manipur	102	32
17.	Meghalaya ^{\$}	118	*
18.	Mizoram [^]	92	9
19.	Nagaland	72	*
20.	Odisha	497	*
21.	Punjab	616	31
22.	Rajasthan	3644	1553

1	2	3	4
23.	Sikkim	NA	NA
24.	Tamil Nadu	2222	1255
25.	Telangana	749	152
26.	Tripura	0	*
27.	Uttarakhand	135	57
28.	Uttar Pradesh	2054	410
29.	West Bengal	966	92
30.	Andaman and Nicobar Islands	23	4
31.	Chandigarh	0	0
32.	Dadra and Nagar Haveli	7	*
33.	Daman and Diu	9	4
34.	Delhi	5	I
35.	Lakshadweep	13	0
36.	Puducherry	10	*
TOTAL (ALL INDIA)		24668	6214

Sanctioned data for year 2013 used.

Sanctioned data for year 2011 used.

\$ Sanctioned data for year 2015 used.

^ Total 92 Lab Technicians sanctioned in the State.

*Statement-V**Pharmacists at PHCs and CHCs*

Sl. No.	State	(As on 31st March, 2018)	
		Sanctioned	Vacant
1	2	3	4
1.	Andhra Pradesh	1384	380
2.	Arunachal Pradesh	NA	NA
3.	Assam [#]	1284	*

1	2	3	4
4.	Bihar ##	989	702
5.	Chhattisgarh	1107	171
6.	Goa	48	*
7.	Gujarat	1847	263
8.	Haryana	504	107
9.	Himachal Pradesh	594	216
10.	Jammu and Kashmir	1137	163
11.	Jharkhand	469	228
12.	Karnataka	2674	151
13.	Kerala	1036	*
14.	Madhya Pradesh	1905	127
15.	Maharashtra	2355	300
16.	Manipur	145	*
17.	Meghalaya ^s	135	*
18.	Mizoram ^	99	46
19.	Nagaland	135	19
20.	Odisha	1741	118
21.	Punjab	841	51
22.	Rajasthan	1127	*
23.	Sikkim	NA	NA
24.	Tamil Nadu	2656	559
25.	Telangana	763	63
26.	Tripura	0	*
27.	Uttarakhand	408	126
28.	Uttar Pradesh	5697	980
29.	West Bengal	1459	37

1	2	3	4
30.	Andaman and Nicobar Islands	53	4
31.	Chandigarh	0	0
32.	Dadra and Nagar Haveli	10	*
33.	Daman and Diu	16	7
34.	Delhi	6	2
35.	Lakshadweep	16	0
36.	Puducherry	42	5
TOTAL (ALL INDIA)		32682	4825

Sanctioned data for year 2013 used.

Sanctioned data for year 2011 used.

\$ Sanctioned data for year 2015 used.

^ Total 99 Pharmacists sanctioned in the State.

Increase in cases of infant deaths

1185. SHRIMATI JHARNA DAS BAIDYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that cases related to infant deaths are increasing in the country and if so, the details thereof; and

(b) the reasons for death of infants, State-wise and year-wise during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) No. As per Sample Registration System (SRS) Bulletin of Registrar General of India, the Infant Mortality Rate (IMR) of India has decreased steadily from 39 per 1000 live births in 2014 to 33 per 1000 live births in 2017.

The major causes of Infant mortality in India as per the SRS reports (2010-13) are Prematurity and low birth weight (35.9%), Pneumonia (16.9%), Birth asphyxia and birth trauma (9.9%), Other non-communicable diseases (7.9%), Diarrhoeal diseases (6.7%), Ill-defined or cause unknown (4.6%), Congenital anomalies (4.6%), Acute bacterial sepsis and severe infections (4.2%), Injuries (2.1%), Fever of unknown origin (1.7%) and All Other Remaining Causes (5.4%).

State-wise Infant Mortality Rate for last 3 years is placed at Statement.