

- Improving access to and use of high quality sanitary napkins by adolescent girls residing primarily in rural areas.
- Ensuring safe disposal of sanitary napkins in an environmentally friendly manner
- Provision of funds to ASHAs to hold monthly meetings with adolescents to discuss issues related to menstrual hygiene.

A range of IEC material has been developed around maintenance of good menstrual health, using 360 degree approach to create awareness among adolescent girls about safe and hygienic menstrual health practices which includes audio, video and reading materials for adolescent girls and job-aids for ASHAs and other field level functionaries for communicating with adolescent girls.

There is no provision for free distribution of sanitary napkins under the Scheme. Adolescent girls are provided sanitary napkins at a subsidized rate through the ASHAs

(b) No.

**Upgradation of Health and Wellness Centres (HWCs) under  
Ayushman Bharat Scheme**

1848. SHRI VIVEK K. TANKHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Ayushman Bharat Scheme proposes upgrading sub centres (SCs) to Health and Wellness Centres (HWCs);

(b) whether it is also a fact that as per data made available from the Rural Health Statistics 2017, the services envisaged under HWC are not even available at most of the existing community health centres (CHCs); and

(c) how Government plans to meet the huge shortage of specialist doctors and other support at CHCs since upgrading SCs to HWCs without matching referral set up can be counter-productive?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per the budget announcement 2017-18, 1.5 lakh Health Sub Centres and Primary Health Centres are being transformed into Health and Wellness Centres across the country under Ayushman Bharat (AB-HWCs) for provision of comprehensive primary care that includes preventive healthcare and health promotion at the community level with continuum of care approach.

The AB-HWCs will provide an expanded range of services to include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma as well as health promotion and wellness activities like Yoga apart from services already being provided for maternal and child health including immunization and communicable diseases.

(b) and (c) Public health and hospitals being a State subject, the primary responsibility to ensure availability of doctors including specialists in public health facilities lies with the State/UT Governments. Shortage of human resource in public health sector varies from State to State depending upon their policies and context.

As per Rural Health Statistics 2017-18 the number of vacancies of Specialists and General Duty Medical Officers (GDMOs) in Community Health Centres (CHCs) along with shortfall are given in Statement-I and Statement-II respectively.

As per the Indian Public Health Standards (IPHS), following Services Delivery have been envisaged from CHCs:—

- OPD Services and IPD Services: General, Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Dental and AYUSH services.
- Eye Specialist services (at one for every 5 CHCs).
- Emergency Services
- Laboratory Services
- National Health Programmes

Under National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including provision of above mentioned service delivery at CHCs based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Support is also provided to States/UTs for provision of Free Drugs and Free Diagnostic services and Biomedical equipment management in public health facilities including CHCs based on the requirements of the States/UTs in their PIPs.

The States are also encouraged to adopt flexible norms for engaging specialists for public health facilities. These include 'contracting in' and 'contracting out' of specialist services and engaging specialists outside the government system for service delivery at public facilities under NHM.

States have also been allowed to offer negotiable salaries to attract Specialists including flexibility in strategies such as 'You quote, we pay'.

Financial support is also provided to States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc to engaged human resources to address the issue of shortage of doctors and specialists in the public health facilities.

***Statement-I*****Total Specialists At CHCs***Total Specialists [Surgeons, OB&GY, Physicians and Paediatricians]*

Sl. No.	States/UTs	(As on 31st March, 2018)				
		Required <sup>1</sup>	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	2	3	4	5	6	7
1.	Andhra Pradesh	772	533	384	149	388
2.	Arunachal Pradesh	252	NA	4	NA	248
3.	Assam	688	NA	158	NA	530
4.	Bihar	600	NA	82	NA	518
5.	Chhattisgarh	676	652	57	595	619
6.	Goa	16	5	10	*	6
7.	Gujarat	1452	1177	118	1059	1334
8.	Haryana	452	59	17	42	435
9.	Himachal Pradesh	364	NA	4	NA	360
10.	Jammu and Kashmir	336	344	256	88	80
11.	Jharkhand	684	684	92	592	592
12.	Karnataka	824	824	498	326	326
13.	Kerala	908	30	40	*	868
14.	Madhya Pradesh	1236	1236	248	988	988
15.	Maharashtra	1444	823	485	338	959
16.	Manipur	92	4	3	1	89
17.	Meghalaya	112	3	9	*	103
18.	Mizoram	36	33	0	33	36
19.	Nagaland	84	NA	8	NA	76
20.	Odisha	1508	1529	253	1276	1255

1	2	3	4	5	6	7
21.	Punjab	604	593	105	488	499
22.	Rajasthan	2352	1731	565	1166	1787
23.	Sikkim	8	NA	0	NA	8
24.	Tamil Nadu	1540	NA	210	NA	1330
25.	Telangana	364	320	112	208	252
26.	Tripura	88	0	2	*	86
27.	Uttarakhand	268	268	29	239	239
28.	Uttar Pradesh	3288	2099	192	1907	3096
29.	West Bengal	1392	669	125	544	1267
30.	Andaman and Nicobar Islands	16	9	0	9	16
31.	Chandigarh	0	0	0	0	0
32.	Dadra and Nagar Haveli	8	0	0	0	8
33.	Daman and Diu	8	6	3	3	5
34.	Delhi	0	0	0	0	0
35.	Lakshadweep	12	0	0	0	12
36.	Puducherry	12	4	5	*	7
All India <sup>2</sup> /Total		22496	13635	4074	10051	18422

Notes: NA: Not Available.

1 Four per Community Health Centre as per IPHS norms.

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

2 For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, are excluded.

\*: Surplus.

### Statement-II

#### General Duty Medical Officers (GDMOs)-Allopathic at CHCs

Sl. No.	State/UT	(As on 31st March, 2018)		
		Sanctioned	In Position	Vacant
		[S]	[P]	[S-P]
1	2	3	4	5
1.	Andhra Pradesh	247	203	44
2.	Arunachal Pradesh	NA	119	NA

1	2	3	4	5
3.	Assam	NA	493	NA
4.	Bihar	NA	714	NA
5.	Chhattisgarh	453	546	*
6.	Goa	12	19	*
7.	Gujarat	1151	792	359
8.	Haryana	494	317	177
9.	Himachal Pradesh	234	165	69
10.	Jammu and Kashmir	751	586	165
11.	Jharkhand	849	704	145
12.	Karnataka	255	218	37
13.	Kerala	781	1019	*
14.	Madhya Pradesh	1854	881	973
15.	Maharashtra	512	486	26
16.	Manipur	97	93	4
17.	Meghalaya#	91	82	9
18.	Mizoram	NA	16	NA
19.	Nagaland	42	42	0
20.	Odisha	405	731	*
21.	Punjab	282	408	*
22.	Rajasthan	1403	1150	253
23.	Sikkim	NA	5	NA
24.	Tamil Nadu	4942	4942	0
25.	Telangana	184	145	39
26.	Tripura	0	65	*
27.	Uttarakhand	117	94	23
28.	Uttar Pradesh	778	778	0
29.	West Bengal	1330	1150	180
30.	Andaman and Nicobar Islands	13	13	0
31.	Chandigarh	0	0	0
32.	Dadra and Nagar Haveli	0	6	*

1	2	3	4	5
33. Daman and Diu		12	5	7
34. Delhi		0	0	0
35. Lakshadweep		14	14	0
36. Puducherry		18	18	0
All India/Total <sup>2</sup>		17321	17019	2510

# Sanctioned data for year 2015 used

NA: Not Available

2 For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded.

### Implementation of National Health Protection Scheme

1849. SHRI VIVEK K. TANKHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the manner in which Government expects States that are already in a fiscal noose, to be ready to dole out the amount of nearly 40 per cent of the contribution amounting to approximately ₹ 4000 crore for National Health Protection Scheme (NHPS) as proposed by the Ayushman Bharat Scheme, as per the estimates of NITI Aayog; and

(b) since many States are currently implementing their own health insurance schemes, whether Government expects them to give preference to NHPS over their own schemes and if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a centrally sponsored scheme. The ratio of contribution towards premium between Centre and State is 60:40 in all States except North Eastern States and the three Himalayan States, where the ratio is 90:10. In the case of Union Territories, the Central contribution of premium is 100% for UTs without legislature, while the ratio of contribution is 60:40 for those with legislature. Therefore, Government is already providing financial support to the States which need additional resources to implement the scheme.

At the time of launch of AB-PMJAY, many states were implementing the centrally sponsored health insurance scheme Rashtriya Swasthya Bima Yojana while some of the states had their own health insurance/assurance schemes from their own resources. ABPMJAY aims to build synergies with the existing health insurance/assurance