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

LOK SABHA
UNSTARRED QUESTION NO. 2287
TO BE ANSWERED ON 31st JULY, 2026

SHORTAGE OF MEDICAL STAFF IN HEALTH CENTRES IN MAHARASHTRA

2287. DR. AMOL RAMSING KOLHE:

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

(a) whether the existing network of Sub-Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in Maharashtra meets the Indian Public Health Standards (IPHS) and prescribed population norms, if so, the details thereof, district-wise;

(b) the number of sanctioned, functional and vacant SHCs, PHCs, CHCs, Sub-District Hospitals and District Hospitals in the State, including Pune District, along with the shortages of doctors, specialists, nurses and paramedical staff in the said institutions;

(c) whether the Government has undertaken any assessment of the healthcare infrastructure requirements of Pune District, in view of its rapidly growing urban and peri-urban population and if so, the details thereof;

(d) the corrective measures taken by the Union Government to bridge infrastructure and manpower gaps, particularly in the tribal, hilly, drought-prone and aspirational districts of Maharashtra; and

(e) the timeline fixed by the Union Government for achieving full compliance with IPHS norms across the State?

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

(a) to (e): Public Health' & 'Hospitals' are State subjects. The primary responsibility of the availability of healthcare facilities and human resources in various public health facilities in the country lies with the respective State Governments.

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality healthcare across the country including Maharashtra. Under NHM, this Ministry provides technical and financial support to the States/UTs, including tribal, hilly, drought-prone and aspirational districts of Maharashtra, to strengthen the public healthcare system in rural areas, based on the proposals received in the form of

Programme Implementation Plans (PIPs). Government of India provides approval for the proposals received in the form of Record of Proceedings (RoPs) as per norms & available resources.

The Indian Public Health Standards (IPHS) have been developed by MoHFW for primary and secondary healthcare facilities which provides a set of uniform standards, including norms for services, infrastructure, human resources, diagnostics, equipment, medicines etc, envisaged to improve the quality of health care delivery in the country. They are used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs.

Health Dynamics of India (HDI) is an annual publication, based on healthcare administrative data reported by States/UTs. Details of availability and shortfall of health infrastructure including Sub-Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) and doctors, specialists, nurses, paramedical staff across the country including Pune district in Maharashtra, State/UT-wise, may be accessed through the HMIS portal under Publications at the following link of HDI 2023-24:
https://hmis.mohfw.gov.in

To facilitate the assessment of public health facilities, MoHFW has developed an Open Data Kit (ODK), an Android-based application. This application allows States and UTs to conduct a baseline assessment of their healthcare facilities, identify gaps, and implement timely corrective measures by achieving compliance to provide all essential services and work towards desirable standards.

Under NHM, the performance of various health programmes including gaps in health infrastructure in all the States/UTs including Pune district of Maharashtra in view of its rapidly growing urban and peri-urban population, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of SHCs, PHCs and CHCs have been reduced to 3,000, 20,000 and 80,000 respectively. One Accredited Social Health Activist (ASHA) is allowed per habitation instead of per 1,000 population.

A total of 1.86 lakh Ayushman Arogya Mandirs (AAMs) including 13,457 AAMs in Maharashtra have been operationalized by strengthening SHCs and PHCs. These AAMs provide preventive, promotive, rehabilitative and curative care for an expanded range of services. The AAMs incrementally provide 12 package of primary health care services across the country including Maharashtra, encompassing Reproductive and child care services, Communicable diseases, Non Communicable diseases (NCD), Palliative Care and elderly Care, Care for common mental disorders, neurological conditions (epilepsy, dementia) and substance use disorders management (tobacco, alcohol, drugs), Oral health, ENT care, and Basic

emergency care.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) aims to support for infrastructure development for SHCs, Urban AAMs, Support for Block Public Health Units (BPHUs), Integrated District Public Health Laboratories (IPHL) and Critical Care Hospital Blocks (CCB) in the country including Maharashtra. The Fifteenth Finance Commission (FC-XV) has recommended grants through Local Governments for specific components of the health sectors.

The Government of India provides incentives and honorarium to medical professionals to improve service delivery in rural and remote areas, including Maharashtra. Under NHM, measures such as Hard Area Allowance for specialist doctors, flexibility to States to offer negotiable salaries including "You Quote We Pay", non-monetary incentives like preferential admission in postgraduate courses and multi-skilling of doctors through training in Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS) are supported to address the shortage of specialists in such areas.

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