

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

UNSTARRED QUESTION NO:3604

ANSWERED ON:21.03.2001

COMPREHENSIVE HEALTH SCHEME

BOLLA BULLI RAMAIAH;CHANDRA NATH SINGH;DHANI RAM SHANDIL;NARESH KUMAR PUGLIA

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

- (a) whether the Government propose to make a Comprehensive Health Scheme for the poors of rural areas as reported in Rashtriya Sahara dated January 13, 2001;
- (b) if so, the details thereof;
- (c) the priorities of the Government under this scheme;
- (d) whether the Government propose to take the services of NGOs?
- (e) if so, the details thereof;
- (f) whether the Government also propose to set up a medical grants commission;
- (g) if so, the details thereof; and
- (h) the time by which the said commission is likely to be set up?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) to (c): Government has identified the critical gaps in rural health care systems and has already begun putting in place specific interventions to address these critical gaps, specially in the area of shortages of trained manpower, inadequate supplies, weak linkages for referral transportation and round the clock delivery services.

Government proposes to bring about improvements in the primary health by a series of measures.

(i) Under the Pradhan Mantri Gramodaya Yojana, the Primary Health Care Infrastructure is being strengthened by increased provisioning of drugs, essential consumables, contingencies per ANM, for travel costs provisioning of toilets and potable water, repair of essential equipments. Area projects are in progress in various states to address the unmet need of specified pockets for strengthening infrastructure facilities increasing training facilities and for need based procurement of goods, equipment and drugs etc.

A detailed operational strategy for improving health services in rural areas was outlined in the Ninth Five Year Plan 1997-2002. The National Population Policy, 2000 enumerates over 100 interventions that will improve coverage and outreach. The national socio-demographic goals are listed in annexure-I. The strategies themes are listed in Annexure-II. Additionally, attempts are on to ensure more comprehensive coverage for health of the rural poor in future planning.

(d)&(e): The National Population Policy, 2000 envisages increasing and augmenting the public-private partnership by putting in place diverse health care providers including private medical practitioners as well as Non-Medical fraternity for reaching out supplies and services, besides Reproductive and Child Services at information and counselling at sub-district and house hold levels.

(f)to(h): There was a proposal to set up Education Commission in Health Sciences. Some token provision was also kept for the purpose. However, due to scarcity of resources the proposal has been kept in abeyance.

ANNEXURE-I

EXTRACT - 9TH Plan document: ACTION PLAN TO PROVIDE BETTER HEALTH FACILITIES

RURAL PRIMARY HEALTH CARE:

1. Ensure that geographically delineated rural areas are covered by the three tier primary health care institutions as per norms through integration of the existing hospitals/dispensaries in rural areas into the appropriate tier of the rural primary health care infrastructure.
2. Accord high priority to filling the reported large gap in the viral CHC/FRU by redesignating and appropriately strengthening the existing block level PHCs, Subdistrict/subdivisional hospitals, rural hospitals and subdistrict post partum centres.
3. In all FRUs:
 - a) ensure that there are specialist/trained doctors in the following specialities: Medicine, surgery, obstetrics, paediatrics and anaesthesia;
 - b) ensure that there are no vacancies (if necessary by providing for part time appointments) and that referred patients and those requiring emergency care do receive the treatment they need until such time that there are qualified PSM personnel to monitor progress in ongoing national programmes, the specialist available in the CHC may be given the additional responsibility of monitoring these programmes (eg., paediatrician will monitor the immunization programme); enable the staff to stay and provide good quality services to the population by improving the service conditions and providing a conducive work environment to doctors (including specialist) and paramedical personnel.
4. Ensure that there are no vacancies in the critical para professional posts by skill development and redeployment of already available manpower; where absolutely necessary manpower gaps may be filled through part time appointments.
5. Available funds to be utilised on priority basis for purchase of equipment, consumables, drugs required for improving quality of services; funds may be provided for construction only when absolutely necessary.
6. Strengthen the referral services.

ANNEXURE-II

NATIONAL POPULATION POLICY 2000

Action Plan and operational strategy enunciated in National Population Policy 2000-Salient points:

1. Converge service delivery at village level.
2. Empowering women for improved health and nutrition.
3. Strengthen the referral network between the district Health Office district hospital, the Community Health Centre, the Primary Health Centre and Sub-centres in the management of obstetric and neonatal complications.
4. Strengthen community health centres to provide comprehensive emergency obstetric and neonatal care.
5. Strengthen the capacity of primary health centres to provide basic emergency and obstetric and neonatal care;
6. Improve technical skills of maternal and child health providers.
7. Expand and improve facilities for safe abortion care.
8. Develop maternity hospitals at sub-district level and at Community Health Centres to function as First Referral Units.
9. Ensure 100% routine immunization for all vaccine preventable diseases.
10. Pursue Pulse Polio Campaign to eradicate polio.
11. Collaborate with and commitments from the Non-governmental sector and industry.
12. Provide for the older population.
13. Improve Information, Education and Communication.