

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

UNSTARRED QUESTION NO:2450
ANSWERED ON:22.07.2009
LACK OF MEDICAL FACILITIES IN ISOLATED AREAS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether there has been a significant increase in attendance of out-patient and in-patient cases in Primary Health Centres (PHCs) and Community Health Centres (CHCs) under the NRHM;
- (b) if so, the details thereof;
- (c) whether there is still lack of such facilities in far-flung and inaccessible areas of the country;
- (d) whether the Union Government has identified the most isolated areas for allocation of funds to the State Governments to set up PHCs and to hire doctors on contract;
- (e) if so, the details thereof; and
- (f) the steps taken by the Union Government to make PHCs in such isolated areas functional?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

- (a) to (b) : Yes. As per the 2nd Common Review Mission of the National Rural Health Mission [NRHM][Nov-Dec. 2008], there is a sharp increase in institutional deliveries and greater utilization of ancillary services like diagnostics, referral transport etc. The DLHS III has shown substantial increase in institutional delivery figures from 40.9% during 2002-04 to 47 % during 07-08 and the SRS has shown substantial decline in the MMR which has come down from 301 per lakh live births during the period 01-03 to 254 per lakh live births during the period 04-06. These independent surveys have confirmed the findings of the review mission of NRHM.
- (c) Yes. There is indeed relative shortage of quality health care services in far flung and inaccessible areas of the country.
- (d) The Government has identified states with relatively weak health indicators and health infrastructure as high focus states.
- (e) These high focus states have been allocated more funds under NRHM.
- (f) States have initiated various steps to make the PHCs in remote and isolated areas functional. These steps include initiatives for strengthening infrastructure i.e patient wards, labour rooms, laboratories as well as residential areas for service providers etc, augmenting the human resources i.e. recruiting key Human Resource on contract, multi-skilling in service doctors, mainstreaming AYUSH, expanding training capacities etc. improving the management which includes logistics, planning processes, accounting, monitoring and community ownership etc. With these steps the performance of the PHCs in the isolated areas has substantially improved.