## GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:4798
ANSWERED ON:04.05.2012
HEALTHCARE FACILITIES IN RURAL AREAS.
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## Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government is providing healthcare for the needy at the door step especially in the rural and backward areas of our country;
- (b) if so, the details thereof, State-wise in the Xlth Five Year Plan;
- (c) if not, the reasons therefor; and
- (d) the action plan prepared in this regard for the XIIth Five Year Plan?

## **Answer**

## THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

- (a) & (b) National Rural Health Mission (NRHM) was launched in the year 2005 to provide accessible, affordable and quality healthcare to the population in rural areas including backward areas. The key measures taken under NRHM during the XIth Five Year Plan to strengthen the healthcare system of the country and thereby to improve the service delivery in rural and backward areas are as follows:-
- 1. Enhanced allocation of funds to the States.
- 2. For focused attention to districts having weak health indicators, 264 High Focus Districts have been identified across the country for supportive supervision and higher allo cation of funds to bridge critical gaps especially in infrastructure and human resources.
- 3. Encouraging the States for engaging health personnel including doctors, nurses, and paramedics on contractual basis.
- 4. Strengthening the health infrastructure by providing support to the States for new construction/ up- gradation/renovation of healthcare facilities.
- 5. Providing financial assistance to the States for selection and training of Accredited Social Health Activists (ASHA) who act as a link between community and healthcare facilities.
- 6. States are suppported with Mobile Medical Units for improved service delivery especi ally in hard to reach areas.
- 7. Financial support is provided to States for the purchase of ambulances for Emergency Response Services so as to provide emergency healthcare to the needy.
- 8. A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) was launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to abs olutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, bet ween facilities in case of a referral and drop back home. Similar entitlements have been put up in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.
- 9. To improve availability of personnel in difficult and remote areas, monetary and non-monetary incentives are provided to staff posted in such hard to reach and inaccessible areas.
- 10. Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia.

The State-wise release of funds to the states for above activities in Xlth Five Year Plan is given at Annexure.

- (c) Question does not arise.
- (d) The XIIth Five Year Plan has not yet been finalized.