

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

UNSTARRED QUESTION NO:5892

ANSWERED ON:11.05.2012

HEALTHCARE FACILITIES/INFRASTRUCTURE IN RURAL AREAS

Das Shri Ram Sundar;Karwariya Shri Kapil Muni;Maharaj Shri Satpal;Nagar Shri Surendra Singh;Pandey Saroj;Singh Shri Ganesh;Swamygowda Shri N Cheluvarama Swamy

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

- (a) the details of the action plan formulated to provide better healthcare facilities and to improve the healthcare infrastructure in the backward/inaccessible/ tribal and rural areas of the country;
- (b) the percentage availability of health services for rural population vis-a-vis urban population in the country;
- (c) the details of programmes/schemes being implemented under National Rural Health Mission (NRHM) successfully in the country alongwith the funds allocated and utilised under the scheme during each of the last three years and the current year, State/UT-wise; and
- (d) the measures taken by the Government for effective implementation of various programmes/schemes under NRHM and to improve the overall healthcare facilities/infrastructure in the country?

Answer

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

(a) The Central Government has launched the National Rural Health Mission [NRHM] in 2005 to support State/UT Governments to provide better healthcare facilities and to improve the healthcare infrastructure in the rural areas of the country. Under NRHM, hands of State/UT Governments are being strengthened through additional central funding for rejuvenating the public healthcare delivery system. All State/UT Governments project their requirements of funds for undertaking various activities at rural areas including backward/inaccessible/tribal areas in their respective annual Programme Implementation Plans [PIPs]. The Government of India releases the funds for taking up the approved activities. 264 High Focus Districts have been identified across the country based on higher SC, ST population and poor health indicators. Higher allocation of funds is made to bridge critical gaps in healthcare infrastructure and human resource in these districts.

(b) As per National Health Profile 2010, there were 6795 Rural Government Hospitals with 149690 Beds and 3748 Urban Government Hospitals with 399195 Beds. No authentic population figures are available for 2010. Taking Census 2011 provisional figures published for rural and urban population, population served per Govt. Hospital bed in rural and urban areas works out to be 4960.2 and 716.7 respectively. Besides hospitals with beds, primary health care facilities in rural areas are also being provided through 148124 Sub Centres.

(c) The following national level programmes/schemes being implemented in the country under the overarching umbrella of NRHM:

1. National Leprosy Eradication Programme[NLEP]
2. National Programme for Control of Blindness[NPCB]
3. National Vector Borne Disease control Programme [NVBDCP]
4. National Iodine Deficiency Disorder Control Programme[NIDDCP]
5. Revised National Tuberculosis Control Programme[RNTCP]
6. Integrated Disease Surveillance Programme[IDSP]
7. Immunisation Programme
8. Mother & Child Tracking System[MCTS]

Besides above, funds are provided under NRHM and RCH Mission flexipool for Hospital Strengthening, Renovations and upgradation for CHCs and PHCs, IEC/BCC, ambulances, Mobile Medical Units, contractual appointment of Medical and Paramedical staff Janani Shishu Suraksh Karyakaram, Janani Suraksha Yojana,etc.

A State-wise statement showing the Allocation, Release and Expenditure of funds under NRHM including for supporting the above programme/schemes for the financial year 2009-10 to 2011-12 and current year is annexed.

(d) The following measures have been taken to improve the implementation of various programmes under the NRHM and improve the overall healthcare facilities/infrastructure in the country :

1. Enhanced allocation of funds to the States.
2. For effective implementation of the NRHM, periodic assessment of the progress made in various schemes/programmes is done by undertaking various measures as Common Review Mission (CRM), Joint Review Mission[JRM], District Level Household Survey .
3. Encouraging the States for increasing health care providers by 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 supported with Mobile Medical Units for improved service delivery especially in hard to reach areas.
7. Financial support for provisioning of ambulances and Emergency Response Services so as to provide patient transport services and emergency healthcare to the needy.
8. A new initiative namely Janani Shishu Suraksha Karyakaram[JSSK] entitles all pregnant women delivering in public health institution to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between 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.