

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

STARRED QUESTION NO:252

ANSWERED ON:30.03.2012

ACCESS TO PUBLIC HEALTH CENTRES

Adsul Shri Anandrao Vithoba; Dharmshi Shri Babar Gajanan

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

- (a) Whether a number of poor and under privileged population do not have access to public health centres/facilities in the country;
- (b) if so, the details thereof alongwith the reasons therefor;
- (c) whether the Government proposes measures with focus on improving social determinants and nutrition scenario in order to provide universal access to health services and check health inequities; and
- (d) if so, the details thereof?

**Answer**

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

(a)to(d); A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 252 FOR 30th MARCH, 2012

(a) & (b): No, Madam. The National Rural Health Mission (NRHM) was launched in 2005 to support the States / UTs to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially to the poor and vulnerable sections of the population. NRHM, under its overarching umbrella, brings the existing Reproductive Child Health Programmes and various Communicable Disease Programmes, National Programme for Control of Blindness, Iodine Deficiency Diseases Control Programme and Integrated Disease Surveillance Programme on a horizontal platform. It also aims to bridge the gap in rural health care service through improved health infrastructure, augmentation of human resource, improved service delivery through free referral transport, Mobile Medical Units etc.

(c) & (d): The focus under NRHM is also on improving social determinants including nutrition in order to provide universal access and equity in health care services. Several measures have been taken under NRHM to improve the condition of poor and vulnerable sections of the society with special focus on pregnant women and children. The measures taken under NRHM include:

# Janani Shishu Suraksha Karyakram (JSSK) was launched to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural & urban areas. 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 in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.

# Cash incentive to poor pregnant woman for Promotion of institutional deliveries through Janani Suraksha Yojana.

# Capacity building of health care providers in basic and comprehensive obstetric care.

# Operationalisation of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.

# Reaching health services in the hard to reach and remote areas through Mobile Medical Units

# Name Based Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.

# Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.

# Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anemia.

# Engagement of more than 800,000 trained Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

# Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services and awareness generation.

# Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition among poor children.

# Village Health and Sanitation Committees under NRHM have been repositioned as Village Health Sanitation and Nutrition Committees to pro-actively look at the nutritional status and take advantage of interventions to improve nutritional status of the population.