

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

UNSTARRED QUESTION NO:2672
ANSWERED ON:04.12.2009
MEDICAL FACILITIES IN SCHEDULED AREAS
Balram Shri P.

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

- (a) whether a large number of deaths have taken place due to lack of medical facilities in the scheduled areas of the country including Andhra Pradesh;
- (b) if so, the details thereof during the last three years and the current year;
- (c) whether the Government has recently sent a team of health experts in some of these scheduled areas including Adilabad in Andhra Pradesh;
- (d) if so, the details findings thereof; and
- (e) the corrective measures taken or proposed to be taken by the Government to provide affordable medical facilities and create health awareness among tribals in such areas?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) & (b): No. There is no report of large number of deaths having taken place due to lack of medical facilities in the scheduled areas of the country including Andhra Pradesh.

(c) & (d) The Government has operationalised a multipronged monitoring protocol to monitor the activities under National Rural Health Mission (NRHM). As part of this protocol, regular state visits are undertaken by teams to the districts. Their reports are collated against the regular web based Management Information System (MIS), periodic survey reports, and community reports to check for desirable areas of improvement in the delivery of health services. The corrective steps, if any, are appraised & approved as part of the Annual Programme Implementation Plans (PIP) of respective states. The central team from National Vector Borne Disease Control Programme had also visited the district of Adilabad during 2007 and the state government has reported that actions recommended in their report have been taken.

(e) The Government is committed to establishing a fully functional, community owned, decentralized health delivery system in all states in the country especially in the remote, rural and tribal areas. For this purpose, the NRHM has been operationalised with special focus on states with relatively poor health indicators and /or health infrastructure

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health care services through creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing programmes of Health and Family Welfare including the Reproductive & Child Health Phase II, programmes for Tuberculosis vector borne diseases, leprosy, blindness, iodine deficiency diseases and integrated disease surveillance project. Further, it addresses the issue of health in the context of sector-wide approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health.