GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2811
ANSWERED ON:13.03.2015
HEALTH FACILITIES SERVICES
Dwivedi Shri Harish

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

(a) the status of health facilities/services available in the country;

(b) whether certain areas of the health sector are reportedly lagging behind in terms of health services;

(c) if so, the details thereof; and

(d) the steps taken or proposed to be taken by the Government to improve the overall services in the health sector in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a): Public Health being a state subject, detailed information on Status of health facilities/services available is not maintained at the level of GOI. However, the State/ UT wise statement regarding the number of required, in-position and shortfall of Sub Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) and number of Sub-Divisional Hospitals (SDHs) and District Hospitals (DHs) functioning in the country as per Rural Health Statistics (RHS) Bulletin, 2014 as on 31st March, 2014 is placed at Annexure- I.

(b) & (c): Yes. There are wide disparities in terms of health outcomes such as Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR), Total Fertility Rate (TFR) etc reflecting wide variation in terms of availability of health services. The comparative statement is provided at Annexure II. There are wide variations among states in terms of availability of human resources of health, hospital beds, healthcare facilities etc.

(d): As stated above, Public Health is a state subject. However, under National Health Mission (NHM) financial and technical support is provided to States/UTs to strengthen their healthcare system including for the following:

i. Support is provided to States/UTs under NHM, to strengthen the health system including establishment/up-gradation/renovation of health infrastructure, engagement of Nurse, doctors and specialists on contractual basis based on the appraisal of requirements proposed by the States in their Programme Implementation Plans (PIPs).

ii. Support under NHM is also provided by way of additional incentives to serve in remote underserved areas, so that health professionals find it attractive to join public health facilities in such areas. In order to encourage the States to fill up existing vacancies in remote rural areas, the states are being incentivized to ensure rational deployment of health human resource. Manpower deployment is also to be put on the web in public domain.

iii. To increase the availability of doctors, several initiatives have been taken to rationalize the norms in medical education, such as relaxation in land requirements, bed strength, increase in ceiling for maximum intake for undergraduates, enhancement of teacher-student ratio in Post Graduate Courses, etc which has resulted in substantial increase in number of undergraduate and post graduate seats. Government has also approved setting up of ANM/GNM Schools in different States besides setting up of Institutes of Paramedical Sciences at National and regional levels.

iv. States/UTs are being impressed upon from time to time to make available improved health facilities including free essential medicines in all public health facilities. Accordingly, financial support is being provided for ensuring uninterrupted supply of free essential medicines in public health facilities based on the requirement proposed by the States in their PIPs. An incentive of up-to 5% of the NHM outlay has also been introduced in 2012-13 for States for establishing policy framework and systems for providing free generic medicines to those who access public health facilities.

v. Under NHM, the High Focus States receive higher per capita funding. Also, support for focused attention and greater resources per capita to High Priority Districts with relatively poor composite health index is being provided under NHM.

vi. Financial assistance is provided to States/UTs for selection and training of Accredited Social Health Activists (ASHA), who act as a link between community and healthcare facilities.

vii. States/UTs are supported with Mobile Medical Units for improved service delivery especially in hard to reach areas and

Emergency Referral Transport services to ensure un-interrupted referral services.

viii. States/UTs are assisted to continue Village Health Sanitation and Nutrition Committees so as to ensure community participation and village level planning and monitoring of health activities.

ix. New initiatives such as Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swashtya Karyakram (RBSK), Rashtriya Kishore Swashtya Karyakram (RKSK), 'National Health Mission Free Drugs Service Initiative' etc, have also been introduced to inter-alia improve the overall services in the health sector in the country.