

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

UNSTARRED QUESTION NO:2856  
ANSWERED ON:13.03.2015  
HEALTHCARE FACILITIES IN RURAL AREAS  
Kharge Shri Mallikarjun ;Noor Smt. Mausam

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

- (a) whether the Government has assessed the availability of healthcare facilities in the rural areas vis-a-vis the urban areas of the country;
- (b) if so, the details and the outcome thereof;
- (c) the programmes/schemes being implemented/proposed to be implemented by the Government to reduce rural-urban gap in access to quality healthcare and advanced treatment and diagnostic facilities in the country;
- (d) whether the Government proposes to make the effective use of telemedicine with introduction of advanced telemedicine tools to address the gap between the ruralurban healthcare facilities and access to healthcare, if so, the details thereof;
- (e) whether the Government proposes to make an exclusive telemedicine digital backbone for the efficient use of telemedicine in the country; and
- (f) if so, the details thereof?

**Answer**

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

(a) & (b): Public Health being a state subject, the detailed information regarding the availability of health care facilities in the rural areas viz-a-viz the urban areas 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 as on 31st March, 2014 is placed at Annexure I. State/UT wise Statement regarding Number of Government Hospital beds & Beds in Rural areas & Urban Areas (Including CHCs) in India as per National Health Profile 2013 is placed at Annexure II. Estimates from studies indicate that there are about four times as many doctors per 10000 population in urban areas as compared to the rural areas.

(c): Public Health is a state subject. National Rural Health Mission (NRHM) was launched in April, 2005 to provide accessible, affordable and quality health care particularly to the rural population. Under the Mission financial and technical support is provided to States/UTs to strengthen their healthcare system based on the demands posed by the States in their Programme Implementation Plans (PIPs). One of the key strategies identified for the same has been improving the availability of critical manpower to provide services in public health facilities. In order to encourage the doctors to work in remote and difficult areas, the Medical Council of India with the previous approval of Central Government has amended the Post Graduate Medical Education Regulations, 2000 to provide:

a. 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas; and,

b. Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

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.

Further, under the National Health Mission (NHM), financial support is provided to States, inter-alia for giving hard area allowance to doctors for serving in rural and remote areas and for their residential quarters, so that doctors find it attractive to join public health facilities in such areas. States have also been advised to have transparent policies of posting and transfer, and deploy doctors rationally.

The Support is also provided for the following:

i. Support is provided to States/UTs under NRHM, to strengthen the health system including establishment/up-gradation/renovation of health infrastructure.

ii. States/UTs are also supported to provide free essential medicines in all public health facilities.

iii. Under NHM, the High Focus States that generally have higher proportion of rural population, receive higher per capita funding. Also, States/UTs are being provided support for focused attention and greater resources per capita to High Priority Districts which have relatively poor composite health index.

iv. 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.

v. 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.

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

vii. 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 improve access to quality healthcare. States are also supported for tele-medicine projects.

(d): As stated, 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 telemedicine projects.

Ministry of Health & Family Welfare (MOHFW) is promoting technologies like m-health and tele-health for promotive health and remote patient care.

(e) & (f): Ministry of Health & Family Welfare (MOHFW) is utilizing the connectivity provided by National Knowledge Network (NKN) and Satellite Communication network of Department of Space for providing remote healthcare and continuing medical education.