

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

STARRED QUESTION NO:61  
ANSWERED ON:11.07.2014  
MEDICAL FACILITIES IN RURAL AND TRIBAL AREAS  
Simha Shri Prathap;Sreeramulu Shri B.

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

- (a) Whether the quality of health services available in rural and tribal areas of the country is not satisfactory and if so, the reaction of the Government thereto;
- (b) The number of hospitals/health care centres/health professionals required, in position and the shortfall, if any to man such agencies;
- (c) Whether any criterion has been laid down for the purpose of providing health services in these areas and if so, the details thereof, State/UT-wise;
- (d) The funds allocated, released and utilised by the States during each of the last three years and the current year for expansion and setting up of new health centres in rural and tribal areas, State/UT-wise; and
- (e) Whether any special assistance is being proposed for improving medical facilities in these areas, if so, the details thereof along with the other steps taken/ being taken in this regard?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a) to (e): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO THE LOK SABHA STARRED QUESTION NO. 61 FOR 11-7-2014

- (a) : Public Health being a State subject, the primary responsibility for providing good quality health services to the population including those in rural and tribal areas is that of the State Governments. There are many rural and tribal areas where the health services are not satisfactory. It is essentially in light of this situation that the National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable and quality healthcare to the rural population, especially the vulnerable sections. Under NRHM, high focus States that are economically and socially backward and have poor health indices are provided with higher per capita allocation as compared to rest of the States. Further, within the States, to ensure equitable healthcare and to bring about sharper improvements in health outcomes, a systematic effort to effectively address the intrastate disparities in health outcomes has been undertaken. At least 25% of all districts in each State have been identified as "High Priority Districts" based on a composite health index. All tribal districts which are below the State's average of composite health index have also been included as high priority districts. These districts receive higher per capita funding, enhanced monitoring and focused supportive supervision, and are supported to adopt innovative approaches to address their special healthcare challenges.
- (b) The desired information is placed at Annexure I, II, III-A, III-B, III-C, III-D, IV-A, IV-B, IV-C, and IV-D.
- (c) The norm for setting up of SC, PHC and CHC for both rural and tribal is at Annexure -V.
- (d) The Government of India (GOI) does not release the funds activity/work wise but releases the funds as a lump sum to the States against their allocation. The States further release funds to districts/construction agencies activity/work wise. The funds approved and utilized, State-wise, during each of the last three years and current year for the expansion/setting up of new health centers in rural and tribal areas is at Annexure VI.
- (e) Apart from the measures mentioned in part (a), steps being taken to improve delivery through increased health human resource in rural and tribal areas is given at Annexure VII.