GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

RAJYA SABHA
STARRED QUESTION NO.380
TO BE ANSWERED ON THE 3RDAPRIL, 2018
POOR ACCESS TO HEALTHCARE FACILITIES IN RURAL AREAS

***380. SHRI RAM KUMAR KASHYAP:**

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

(a) whether around 600 million people in the country, mostly in the rural areas, have little or no access to healthcare facilities and if so, the details thereof;

(b) whether Government is considering any mechanism/scheme/plan to train more health professionals and depute them in rural areas and, if so, the details thereof;

(c) whether various Government hospitals in rural areas are facing the problem of infrastructure to accommodate critical care patients; and

(d) if so, the details thereof?

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

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

STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA STARRED QUESTION NO. 380* FOR 3RD APRIL, 2018

(a) Addressing the healthcare needs of the rural population has been a priority for the Government.

As per Rural Health Statistics (RHS) 2016-17 and 2015-16**,** both Average rural area (Sq. Km) covered by Sub Centre (SC), Primary Health Centre(PHC) and Community Health Centre(CHC) and average radial distance (Km) covered by them had decreased over the year.

Moreover, as per RHS (2016-17), increase in number of health facilities since implementation of National Rural Health Mission (NRHM)/ National Health Mission (NHM) in the country is as per the table given below:

Health Facility	RHS 2005	RHS 2016-17
Sub Centres	146026	156231
Primary Health Centres	23236	25650
Community Health Centres	3346	5624

Additionally, 1390 Mobile Medical units are also functional in the country to provide services in underserved areas.

(b) The Government has taken various steps to train more health professionals and depute them in rural areas, these efforts include-

(i) 50% of the seats in Post Graduate Diploma Courses are reserved for Medical Officers in the Government services, who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical Officers has to serve for two more years in remote and/or difficult areas.

(ii) Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

(iii) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Professor from 1:1 to 1:2 if the Associate Professor is a unit head. This would result in increase in number of specialists in the country.

(iv) Enhancement of maximum intake capacity at MBBS level from 150 to 250.

(v) Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.

(vi) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

(vii) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.

(viii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.

(ix) Support is provided to States/UTs for hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.

(x) Initiatives for up-skilling of MBBS doctors to provide Life Saving Anaesthetic Skills (LSAS) and Emergency Obstetric Care (EmOC) have been put in place.

(xi) The States are encouraged to adopt flexible norms for engaging specialists at public health facilities. These include various mechanisms for 'contracting in' and 'contracting out' of specialist services with support provided under the National Health Mission (NHM).

(xii) Government is upgrading the Sub-Health Centres (SHCs) and PHCs as health and Wellness Centres in a phased manner. The SHCs that are upgraded as a Health & Wellness Centre will have a mid-level provider as Community Health Officer (CHOs). These CHOs will be B. Sc. (Community Health) or Ayurveda doctors/ Nurses trained through a six-month bridge course on public health and primary care.

(c) & (d) Public Health and Hospitals being a State subject, the primary responsibility of providing healthcare services including strengthening of health facilities lies with the State/UT Governments. However, under NHM, technical and financial support is provided to State/UTs for strengthening their overall health system for provision of accessible, affordable and quality health care to all the citizens based on the proposals submitted by State/UTs in their NHM-Programme Implementation Plans (PIPs), within their overall resource envelope. This support inter alia includes support towards strengthening of infrastructure to accommodate critical care patients.

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