

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2359
TO BE ANSWERED ON THE 21st March, 2023**

MEDICAL INFRASTRUCTURE IN PUNJAB

2359: DR. ASHOK KUMAR MITTAL

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

- (a) the steps taken by Government to improve the medical infrastructure in rural area of Punjab;
- (b) whether Government has any policy for improving the basic medical services in the rural areas;
- (c) whether the policy has been able to achieve its aims and objectives, the details thereof; and
- (d) the total amount released by Government for improving the rural medical infrastructure and the actual amount spent thereon?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d) : The National Health Policy was approved by the Union cabinet in Year 2017 with an objective to improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality. The policy envisages to provide universal access to good quality health care services through increasing access, increasing affordability by lowering the cost of healthcare delivery and equity.

Under National Health Mission (NHM), Ministry of Health and Family Welfare (MoHFW) provides the technical and financial support to States/UTs for strengthening of their healthcare systems. The proposals from State/UT Governments are received in the form of Programme Implementation Plans (PIPs) under NHM and Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

The Government of India has taken several steps to improve health systems and infrastructure which are as follows:

- Free Drugs and Free Diagnostics initiative to provide essential drugs and diagnostics free of cost in public health facilities.

- Advanced Life Support (ALS), Basic Life Support (BLS) and Patient Transport Vehicle (PTV) ambulance system in both rural and urban areas for augmenting the referral network.
- Mobile Medical Units (MMUs) and Telemedicine to improve healthcare affordability. MMUs conduct outreach activities to offer range of services in remote, difficult and hard to reach areas.
- Under Ayushman Bharat HWCs initiative, the existing Sub-health Centres (SHCs) and Primary Health Centres (PHCs) are transformed into AB-HWCs to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services which is universal, free and close to the community.
- Another essential component of Ayushman Bharat Health & Wellness Centres (AB-HWCs) is the roll out of tele-consultation services through ‘eSanjeevani’. This platform provides telemedicine services for the communities through a hub and spoke model which connects AB-HWCs (spokes) to District Hospitals/Medical colleges (Hubs) for specialist consultation services.
- With a view to improve the provisioning of basic health services and strengthening the health systems including enhancement of capacity of Human Resources for Health, support is provided to States for incentives and honorarium under NHM, which are as follows:
 - Hard area allowance to specialist doctors for serving in rural and remote areas
 - Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
 - Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
 - States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
 - Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas
 - Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

The details of PIPs and RoPs including the support provided to the State of Punjab under NHM are available at website of National Health Mission i.e. <https://nhm.gov.in> at the Uniform Resource Locator (URL) as under:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=57&lid=70>

In addition to this, Government of India has launched PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) on 25th October, 2021 with the aim of strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health systems to respond effectively to current and future pandemics and disasters. The objective of scheme is to fill critical gaps in health infrastructure, surveillance and health research – spanning both the urban and rural areas services.

Under PM-ABHIM (CSS component), so far in FY 2021-22 & 2022-23, administrative approval has been accorded to State of Punjab for an amount of Rs 171.87 Crore for establishment of 6 Integrated Public Health laboratories and 6 Critical Care Hospital Blocks at District level.

Under NHM, in FY 2021-22, administrative approval for an amount of Rs 5141.90 Lakhs was accorded to the State of Punjab for Hospital Strengthening and New Constructions against which State has reported the expenditure of Rs 3499.20 Lakhs.
