

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

**LOK SABHA  
UNSTARRED QUESTION NO. 3997  
TO BE ANSWERED ON 9<sup>TH</sup> DECEMBER, 2016**

**SURVEY FOR HEALTHCARE**

**3997. SHRI VIKRAM USENDI:**

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

- (a) whether the Government proposes to conduct any survey for healthcare in all the remote forest and rural areas across the country;
- (b) if so, the details thereof; and
- (c) the steps that are being taken to ameliorate healthcare facilities in the remote forest and rural areas in all the States across the country including Chhattisgarh?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(ANUPRIYA PATEL)**

(a) & (b): A number of large scale surveys like National Family Health Survey, District Level Household Survey, Annual Health Survey were conducted by the Ministry of Health and Family Welfare periodically in the past. This Ministry has taken a decision to dispense with various health surveys of similar nature with varying periodicity and to have an integrated health survey namely, “National Family Health Survey” with a periodicity of three years, to provide population, health, family welfare, nutrition etc. data upto district level. Accordingly, fourth round of National Family Health Survey (NFHS-4) (2015-16) has been conducted in two phases covering all districts of the States and UTs in the country and key results (factsheets) for 18 States/UTs have been released so far.

(c): The National Rural Health Mission (NRHM) was launched in 2005 to improve the healthcare services, particularly in rural areas. NRHM has since been subsumed as a Sub Mission of the overarching National Health Mission (NHM) with the National Urban Health Mission (NUHM) as the other Sub Mission.

- Under NHM support is being provided to States/UTs to strengthen their primary healthcare systems & medical facilities including the referrals based on requirements posed by the States in their Programme Implementation Plans.

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- Support is also provided to States by 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 serve in public health facilities in such areas.
- All tribal districts, whose composite health index is below State average, have been categorized as High Priority Districts (HPD) and all tribal districts that are not HPDs have been designated as Special Focus Districts (SFDs). These HPDs receive higher per capita funding, enhanced monitoring and focused supportive supervision. Further the HPDs and SFDs are encouraged to adopt innovative approaches to address their peculiar health challenges. Technical support from all sources is being harmonised and aligned with NHM particularly in these districts to support implementation of key priority intervention packages.
- Norms for tribal areas for establishing health facilities, Human resource, Accredited Social Health Activists, Mobile Medical Units etc. are comparatively relaxed.

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