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

LOK SABHA
UNSTARRED QUESTION NO. 4899
TO BE ANSWERED ON 16TH DECEMBER,

LACK OF HEALTH FACILITIES

4899. SHRI NANA PATOLE:

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

(a) whether the Government is aware about the lack of health facilities in the country including Delhi and NCR, if so, the reasons therefor;

(b) whether the Government is also aware that AIIMS, Delhi is not functioning as referral hospital and that good medical facilities are not available to patients across the country and if so, the details thereof;

(c) whether the Government have prepared any scheme for better medical facilities in the light of suggestions/ recommendations made by a Parliamentary Committee; and

(d) if so, the details of the schemes prepared and the time limit of their implementation?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a): As per Rural Health Statistics (RHS), there is a shortage of public health facilities as per State/ UT wise details given at **Annexure-I**. The details are not maintained in respect of NCR. One of the key reasons for lack of health facilities is lack of public investment in healthcare. Public health being a State subject, the primary responsibility to ensure availability of adequate public health facilities lies with the State Governments. Nonetheless, under NHM, financial and technical support is provided to States/UTs to strengthen their healthcare systems including setting up of/upgradation of public health facilities, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs).

(b): The patients, who come to AIIMS and require hospitalization for diagnostic and/or therapeutic purpose, are admitted either from the OPD's (including specialty clinics) or through the casualty/emergency. In the casualty/emergency life saving situations, all efforts are made to admit the seriously ill patient in the hospital as far as 'practically' possible. In case of non-availability of bed in the emergency, the emergency patients are first evaluated and given appropriate treatment as may be required to stabilize them clinically and after adequate stabilization, they are sent to other Government hospitals for admission and further management. The AIIMS hospital entertains not only referral patients but also direct cases coming to AIIMS on their own. To improve access to affordable high quality tertiary medical care facilities, 6 more AIIMS have been set up and 12 more have been approved.

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(c) & (d): Government does seriously consider the recommendations of Parliamentary Committees for improving medical facilities. Under the flagship programme of National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their health care system to provide accessible, affordable and quality health care.

Various measures have been taken under the National Health Mission to act on the recommendations of Parliamentary Standing Committees e.g. as regards recommendation to take credible action towards reducing IMR and MMR to targeted levels, key measures taken are provided at **Annexure-II**. As regards adopting innovative strategies to control population growth, different steps taken are given at **Annexure-III**.

Annexure-I

SHORTFALL IN HEALTH INFRASTRUCTURE AS PER 2011 POPULATION IN INDIA
(As on 31st March, 2015)

S.No.	State/ UT	Total Population in Rural Areas	Tribal Population in Rural Areas	Sub Centres				PHCs				CHCs			
				R	P	S	% Shorfall	R	P	S	% Shorfall	R	P	S	% Shorfall
1	Andhra Pradesh	34776389	2293102	7261	7659	*	*	1197	1069	128	11	299	179	120	40
2	Arunachal Pradesh	1066358	789846	318	286	32	10	48	117	*	*	12	52	*	*
3	Assam	26807034	3665405	5850	4621	1229	21	954	1014	*	*	238	151	87	37
4	Bihar	92341436	1270851	18637	9729	8908	48	3099	1883	1216	39	774	70	704	91
5	Chhattisgarh	19607961	7231082	4885	5186	*	*	774	792	*	*	193	155	38	20
6	Goa	551731	87639	122	209	*	*	19	21	*	*	4	4	0	0
7	Gujarat	34694609	8021848	8008	8063	*	*	1290	1247	43	3	322	320	2	1
8	Haryana	16509359	0	3301	2569	732	22	550	461	89	16	137	109	28	20
9	Himachal Pradesh	6176050	374392	1285	2065	*	*	212	500	*	*	53	78	*	*
10	Jammu & Kashmir	9108060	1406833	2009	2265	*	*	327	637	*	*	81	84	*	*
11	Jharkhand	25055073	7868150	6060	3957	2103	35	966	327	639	66	241	188	53	22
12	Karnataka	37469335	3429791	7951	9264	*	*	1306	2353	*	*	326	206	120	37
13	Kerala	17471135	433092	3551	4575	*	*	589	827	*	*	147	222	*	*
14	Madhya Pradesh	52557404	14276874	12415	9192	3223	26	1989	1171	818	41	497	334	163	33
15	Maharashtra	61556074	9006077	13512	10580	2932	22	2201	1811	390	18	550	360	190	35
16	Manipur#	2021640	791126	509	421	88	17	80	85	*	*	20	17	3	15
17	Meghalaya	2371439	2136891	759	428	331	44	114	110	4	4	28	27	1	4
18	Mizoram	525435	507467	172	370	*	*	25	57	*	*	6	9	*	*
19	Nagaland	1407536	1306838	455	396	59	13	68	128	*	*	17	21	*	*
20	Odisha	34970562	8994967	8193	6688	1505	18	1315	1305	10	1	328	377	*	*
21	Punjab	17344192	0	3468	2951	517	15	578	427	151	26	144	150	*	*
22	Rajasthan	51500352	8693123	11459	14407	*	*	1861	2083	*	*	465	568	*	*
23	Sikkim	456999	167146	113	147	*	*	18	24	*	*	4	2	2	50
24	Tamil Nadu	37229590	660280	7533	8706	*	*	1251	1372	*	*	312	385	*	*
25	Telangana	21585313	2939027	4708	4863	*	*	768	668	100	13	192	114	78	41
26	Tripura	2712464	1117566	691	1017	*	*	109	91	18	17	27	20	7	26
27	Uttarakhand	7036954	264819	1442	1848	*	*	238	257	*	*	59	59	0	0
28	Uttar Pradesh	155317278	1031076	31200	20521	10679	34	5194	3497	1697	33	1298	773	525	40
29	West Bengal	62183113	4855115	13083	10357	2726	21	2153	909	1244	58	538	347	191	36
30	Andaman & Nicobar Islands	237093	26715	50	122	*	*	8	22	*	*	2	4	*	*
31	Chandigarh	28991	0	5	16	*	*	0	0	0	0	0	2	*	*
32	Dadra & Nagar Haveli	183114	150944	56	56	0	0	8	7	1	13	2	1	1	50

33	Daman & Diu	60396	7617	13	26	*	*	2	3	*	*	0	2	*	*
34	Delhi	419042	0	83	27	56	67	13	5	8	62	3	0	3	100
35	Lakshadweep	14141	13463	4	14	*	*	0	4	*	*	0	3	*	*
36	Puducherry	395200	0	79	54	25	32	13	24	*	*	3	3	0	0
	India	**833748852**	**93819162**	**179240**	**153655**	**35145**	**20**	**29337**	**25308**	**6556**	**22**	**7322**	**5396**	**2316**	**32**

Notes: The requirement is calculated using the prescribed norms on the basis of rural population from Census, 2011. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states.

*R: Required; P: In Position; S: Shortfall; *: Surplus*

 # Data for 2013-14 repeated

Annexure-II

Key measures taken for reducing Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)

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The Government of India is implementing the following interventions under the National Health Mission (NHM) all across the country to reduce IMR and MMR:

i. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been introduced to ensure quality Antenatal care to over 3 crore pregnant women in the country in their 2nd or 3rd trimesters of pregnancy. Under the campaign, a minimum package of antenatal care services (including investigations) would be provided to the beneficiaries on the 9th day of every month. Private health care providers also being engaged on a voluntary basis.

ii. Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.

iii. Mothers Absolute Affection (MAA) programme launched on 5th August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities.

iv. Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, annual deworming on National Deworming Day (NDD), home visit by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.

v. For ensuring fast tracking of operationalization of FRUs, detailed guidance for appropriate planning, placing/ in sourcing of HR, operationalization of Blood Storage/ Blood Bank, Infrastructure upgradation etc. has been provided.

vi. Maternal Death Review (MDR) is being implemented across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.

vii. Operationalization of Safe Abortion Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on “Delivery Points”.

viii. To further accelerate the pace of decline in MMR and improving quality of ante-natal care, new guidelines have been prepared and disseminated to the states for screening for diagnosis & management of gestational diabetes mellitus, hypothyroidism during pregnancy, training of General Surgeons for performing Caesarean Section, Calcium supplementation during pregnancy and lactation, de-worming during pregnancy, Maternal Near Miss Review, screening for syphilis during pregnancy, standardization of Labor rooms at Delivery points, training manual for facilitators and training manual for participants for the Daksh Skills Lab for RMNCH+A services and Dakshata guidelines for strengthening intra-partum care.

ix. Guidance note on use of uterotonics during labor, Guidance note on prevention and management of postpartum hemorrhage and Guidance note on Birth Companion have been released to the States which will further improve quality in service delivery during intrapartum and post-partum care.

Annexure-III

Strategies and new interventions adopted to achieve population stabilization

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i. Compensation scheme for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary on account of undergoing sterilisation. The scheme has been recently enhanced for 11 high focus states (8 EAG+ Assam+ Gujarat+ Haryana).

ii. Accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP.

iii. Improving contraceptives supply management up to peripheral facilities.

iv. A rational human resource development plan is in place for provision of IUCD, Minilap and NSV to empower the facilities (DH, CHC, PHC, SHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion

v. Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities.

vi. The packaging for Condoms, OCPs and ECPs has now been improved and redesigned so as to influence the demand for these commodities.

vii. The current basket of choice has been expanded to include the new contraceptives viz. Injectable contraceptive DMPA, Centchroman and Progrsterone Only Pills (POP).

viii. To increase the demand for family planning, new Family Planning, media campaign (with Shri Amitabh Bachchan as a brand ambassador) has also been launched.

ix. Promotion of IUCDs as a short & long term spacing method - Introduction of Cu IUCD-375 (5 years effectivity) under the Family Planning Programme.

x. Emphasis on Postpartum Family Planning (PPFP) services with introduction of PPIUCD and promotion of minilap as the main mode of providing sterilization in the form of post-partum sterilization to capitalize on the huge cases coming in for institutional delivery under JSY.

xi. Appointment of dedicated RMNCH+A counsellors at high case load facilities.