

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1096  
TO BE ANSWERED ON 18<sup>TH</sup> SEPTEMBER, 2020**

**HEALTHCARE FACILITES IN RURAL AREAS**

**1096. DR. AMOL RAMSING KOLHE:  
DR.DNV SENTHILKUMAR S.:  
SHRI KRUPAL BALAJI TUMANE:  
DR.SUBHASH RAMRAO BHAMRE:  
SHRI KULDEEP RAI SHARMA:  
SHRI P.P. CHAUDHARY:  
SHRIMATI SUPRIYA SULE:**

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

- (a) whether healthcare is a major concern in the rural areas of the country in view of the Covid-19 pandemic, if so, the details thereof including the factors which led to this situation and the necessary steps taken in this regard;
- (b) the problem being faced by the Union Government in implementing various Healthcare schemes in the rural areas;
- (c) whether many of the doctors posted in rural areas are reluctant to work in view of lack of facilities, if so, the details thereof; and
- (d) the steps taken to address the problems of rural health both at macro and micro levels and to improve the healthcare sector in rural areas of the country?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b) “Public Health and Hospitals” being a State subject the primary responsibility of implementation of various health care schemes including National Health Mission lies with respective States.

The Ministry is continuously monitoring the implementation of their National Programmes & giving the required guidance to States/ UTs from time to time.

States/UTs are being provided required technical and financial assistance for managing the COVID-19 Public Health Challenge from time to time.

All the States/ UTs are provided with necessary financial support under *India COVID-19 Emergency Response and Health System Preparedness Package*, with flexibility to use the resources based on their context and priorities. During FY 2020-21, funds of Rs 4256.81 crore have been released to the States/ UTs as on 10.09.2020.

(c) & (d) To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT governments to provide accessible, affordable and quality healthcare to all those who access public health facilities. Currently, NRHM is a sub-mission of National Health Mission (NHM).

NHM support is provided to States/ UTs for setting up of new facilities as per norms and upgradation of existing facilities for bridging the infrastructure gaps and to fill up the vacancies of Human Resource on contractual basis based on the requirement posed by them.

NHM support is also provided for provision of a host of free services related to maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc.

Other major initiatives supported under NHM include Janani Shishu Suraksha Karyakram (JSSK) (under which free drugs, free diagnostics, free blood and diet, free transport from home to institution, between facilities in case of a referral and drop back home is provided), Rashtriya Bal Swasthya Karyakram (RBSK) (which provides newborn and child health screening and early interventions services free of cost for birth defects, diseases, deficiencies and developmental delays to improve the quality of survival), implementation of Free Drugs and Free Diagnostics Service Initiatives, PM National Dialysis Programme and implementation of National Quality Assurance Framework in all public health facilities including in rural areas.

Mobile Medical Units (MMUs) & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas.

As part of Ayushman Bharat, the Government is supporting the States for transformation of Sub Health Centres and Primary Health Centres into 1.5 lakh Health and Wellness Centres across the country by December, 2022 for provision of comprehensive primary care that includes preventive healthcare and health promotion at the community level with continuum of care approach. Further Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage up to Rs 5 Lakh per family per year to around 1074 crore poor and vulnerable families as per Socio Economic Caste Census (SECC). The States are also encouraged to adopt flexible norms for engaging specialists for public health facilities. These include 'contracting in' and 'contracting out' of specialist services and engaging specialists outside the government system for service delivery at public facilities under NHM.

States have also been allowed to offer negotiable salaries to attract Specialists including flexibility in strategies such as "You quote, we pay".

Financial support is also provided to States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc to engaged human resources to address the issue of shortage of doctors and specialists in the public health facilities.