

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

**LOK SABHA
UNSTARRED QUESTION NO. 3007
TO BE ANSWERED ON THE 06th AUGUST, 2021**

STRENGTHENING OF RURAL HEALTHCARE SERVICES

**3007. SHRI VISHNU DATT SHARMA:
SHRI RAJENDRA DHEDYA GAVIT:
SHRI JUGAL KISHORE SHARMA:
SHRIMATI GEETA KORA:
SHRI DILESHWAR KAMAIT:**

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

- a) whether the Government proposes to formulate **any long term perspective plan** to address the existing **disparities in rural health sector** in the country and if so, the details thereof;
- b) the details of the **programmes/schemes** being implemented or proposed by the Government to bridge the gap between rural and urban areas with regard to **availing quality healthcare facilities, modern treatment methods and diagnostic facilities;**
- c) whether the Government has made **any study comparing the affordability of healthcare facilities** in rural and urban areas of the country along with the other factors like ease of access/ availability of healthcare facilities/infrastructure and manpower; and
- d) if so, the details thereof along with the **steps taken to resolve the rural health problems at all levels** and to improve the healthcare sector in the rural areas of the country?

ANSWER

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

(a) to (d):

“Public Health and Hospitals” being a State subject, the primary responsibility of strengthening public healthcare system, including for provision of quality healthcare and advanced treatment and diagnostic facilities, lies with the respective State Governments. However, the Ministry of Health and Family Welfare provides technical and financial support is provided to the States/UTs to strengthen the public healthcare delivery at public healthcare facilities.

Under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their health care systems including setting-up/upgrading public health facilities and augmenting health human resource on contractual basis for provision of equitable,

affordable and quality healthcare with modern treatment methods and diagnostic facilities in the public healthcare facilities of the Country including rural areas based on requirements posed by the States in their Programme Implementation Plans (PIPs).

NHM support is also provided for provision of a range 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) & Tele-consultation services are also being implemented to improve access to healthcare 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 Health Care (CPHC) that includes preventive healthcare and health promotion at the community level with continuum of care approach. Under this programme, CPHC services of an expanded range of services, that are universal and free to users, with a focus on wellness, are provided, closer to the community. Further Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage up to Rs 5 Lakh per family per year to around 10.74 crore poor and vulnerable families as per Socio Economic Caste Census (SECC).

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 including tribal areas, sponsoring training programmes, etc to engaged human resources to address the issue of shortage of doctors and specialists in the public health facilities.

In the 15 years of implementation, the NHM has enabled achievement of the Millennium Development Goals (MDGs) for health. It has also led to significant improvements in maternal, new-born, and child health indicators, particularly for maternal mortality ratio, infant and under five mortality rates, wherein the rates of decline in India are much higher than the global averages and these declines have accelerated during the period of implementation of NHM.

Report of NITI Aayog (March 2021), collated the three Studies done on the aspects of Governance, Human Resources, Financing and Health outcomes(details given in Annexure) and the key findings of the Report are as follows:

- There has been significant improvement in the infrastructure facilities during NHM period with an increase in number of beds in the government hospitals as well in the community health centers (CHCs) from 0.44 in 2005 to 0.7 in 2019 per 1000 population. The focus on infrastructure improvement resulted in construction of more than 46,000 health facilities, with a significant increase in the total number of first referral units (FRUs) (940 in 2005 to 3057 in 2019).
- The number of doctors, nurses in PHCs and CHCs also increased during the NHM periods. An additional 200,000 healthcare providers (from auxiliary nurse-midwives (ANMs) to specialists' doctors) and 850,000 village level ASHA in rural areas were recruited during the NHM period.
- There is strong evidence to show that increased infrastructure and increased human resources has had a positive effect on improving the availability, affordability and accessibility of maternal and child services, leading to improved antenatal and postnatal care and improved maternal and child outcomes.
- Maternal and child indicators such as the IMR, NMR and MMR have shown a marked improvement in the NHM period. There has been a remarkable decline in under five mortality rate (U5MR) from 78 to 37 per thousand live births from 2005 to 2019. The infant mortality rate (IMR) declined from 58 per 1000 live births to 32 per 1000 live births during 2013-18. the neonatal mortality reduced from 38 per thousand live births to 22 per thousand live births, with a percentage decline of 42.1% from 2005 to 2019. Maternal mortality ratio (MMR) declined by 52%, from 257 per lakh live births in 2004-06 to 122 per lakh live births, in 2015-17.
- Improvements in maternal and child indicators can be attributed to better implementation of facility based newborn care including sick newborn care units (SNCUs), evidenced from systematic review.
- Various studies showed that Janani Suraksha Yojana (JSY) strategy had a strong evidence in promoting institutional delivery and reducing perinatal mortality. JSSK had a role in providing free diagnostics by improving the affordability.
- There is strong evidence that shows that child health strategies such as Facility Based Newborn Care (FBNC), Home Based Post Natal Care (HBPNC), Integrated Management of Neonatal and Childhood Illness (IMNCI) and immunization improved the availability, affordability and accessibility of child health services especially for the rural and poor community.
- There has been steady decline in out-of-pocket expenditure for under five child hospitalization, institutional deliveries and catastrophic hospitalizations as per consecutive rounds of NSS surveys. Multiple schemes launched by the government like free transport, free diagnostics, free dialysis, and free drug / Jan AushadhiKendras are initiatives that have contributed to reducing OOPE.

Details of the three studies in NITI Aayog report of March 2021

1. The study on Governance and Human Resource issues under NHM, was conducted by IIPH-Gandhinagar (Principal Investigator: Dr.DileepMavalankar) with help from two senior faculty members of IIM Ahmedabad.
2. The Study on NHM Financing was conducted by National Institute of Public Finance and Policy (Principal Investigator: Dr MitaChoudhary).
3. Impact of NHM on Health Outcomes, the study on this aspect was conducted by Department of Community Medicine & School of Public Health Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh (Principal Investigator: Dr. Rajesh Kumar).