

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

**LOKSABHA
UNSTARRED QUESTION NO. 1050
TO BE ANSWERED ON THE 3RD DECEMBER, 2021**

“NATIONAL RURAL HEALTH MISSION”

1050: SHRI RAJAN VICHARE:

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

- a) whether the rural population do not have access to adequate medical facilities till date in most of the rural areas in the country including Maharashtra;
- b) the extent to which National Rural Health Mission (NRHM) has achieved its objectives;
- c) whether the Government proposes to set up super specialty healthcare centres in rural areas; and
- d) if so, the details thereof along with number of such centres set up during the last three years?

ANSWER

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

a) to (d) Public Health and Hospitals is a State Subject, the responsibility of strengthening public healthcare system in rural areas including setting up of new hospitals, up gradation and strengthening of existing health/ medical facilities lies with the respective State/ UT Governments including Maharashtra. Under National Health Mission (NHM), technical and financial support is provided to States/UTs for strengthening their healthcare systems, upto District Hospital level, based on the proposals submitted by them in their Program Implementation Plans (PIPs), subject to availability of resources. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

NHM is successfully achieving the following objective to provide universal access to good quality healthcare services to the people including rural and urban areas:

A. Improvements in Core Health Outcomes:

- 1) Reduction in Out-of-Pocket Expenditure (OOPE): The OOPE has decreased from 58.7% in 2016-17 to 48.8% in 2017-18.
- 2) Maternal Mortality Rate (MMR) has declined from 130/lakh live births in 2014-16 to 113/lakh live births in 2016-2018.
- 3) Infant Mortality Rate (IMR), declined from 47 in 2010 to 30 in the year 2019.
- 4) Under 5 Mortality Rate (U5MR), declined from 52 in 2012 to 36 in 2018.
- 5) Total Fertility Rate (TFR) declined from 2.2 in 2015-16 to 2.0 in the year 2019-21.
- 6) The incidence of Tuberculosis per 1,00,000 population reduced from 234 in 2012 to 193 in 2019. The mortality due to TB per 1,00,000 population also reduced from 42 in 2012 to 33 in 2019.
- 7) The number of districts that achieved the target of leprosy elimination increased from 543 districts in 2011-2012 to 554 by March 2017 and to 571 districts by March 2018. The prevalence rate of Leprosy reduced to less than 1/10000 population in 610 Districts in 2020.
- 8) For Malaria, Annual Parasitic Index (API) was sustained at levels of less than 1 and declined from 0.89 in 2014 to 0.32 in 2018, and 0.25, in 2019. Malaria cases and deaths declined from 21.27% and 20% respectively in 2019 from 2018.
- 9) By the end of December 2019, 94% Kala-azar endemic blocks have achieved the elimination target of <1 KA case per 10,000 population at block level.
- 10) The National target for sustaining Dengue related case fatality rate to less than 1% was met. Dengue related case fatality rate in 2014 was 0.3% and reduced to 0.1% in 2019.
- 11) The prevalence of blindness (visual acuity <3/60) has reduced to 0.36% in 2019) from 0.68% in 2010.
- 12) There is a 17.3% relative reduction in prevalence of tobacco use from 34.6% to 28.6% from 2009-10 to 2016-17.

B. Increased Access to Health Services:

1. As a result of the health systems strengthening efforts of NHM, the proportion of those seeking care from public health facilities, increased from 28.3% to 32.5% in rural areas and 21.2% to 26.2% in urban areas between 2014 to 2017.; and utilization of public health facilities for institutional deliveries increased from 56% to 69.2% in rural areas and from 42% to 48.3% in urban areas.

2. Growth in Public Health Facilities:

NHM adopts a health system approach and targets to build a network for public health facilities with Health & Wellness Centres at the grassroot level and District Hospitals, with robust referral linkage, to offer Comprehensive primary and secondary care services to citizens. The growth in the number of facilities at various levels since 2005 is given in Table 1 -

S. No.	Type of facility	Status 2005	Status 2020
Facilities as per classification in 2005			
1.	Sub Health Centres	146026	157921
2.	Primary Health Centres	23236	30813
3.	Community Health Centres	3346	5649
4.	District Hospitals	635	810
Facilities conceptualised and implemented under NHM			
5.	Ayushman Bharat Health & Wellness Centres	-	80,466 (as on 28 nd November 2021)
6.	Urban PHCs	-	5,895
7.	MCH Wings	-	650
8.	Obstetric ICUs/HDUs	-	278
9.	Sick New-born Care Units (SNCU) / Neonatal ICUs (NICU)	-	894
10.	New-Born Stabilization Units	-	2,571

	(NBSU)		
11.	New Born Care Corners (NBCC)	-	20,337
12.	Paediatric ICUs (PICU)	-	42
13.	Nutritional Rehabilitation Centres (NRC)	-	1072
14.	NCD Clinics	-	Dt NCD Clinics: 638 CHC NCD clinics: 4464
15.	Molecular Diagnostic facilities for TB	-	3,470
16.	Geriatric wards in District Hospitals	-	578
17.	Geriatric services in District Hospitals and CHCs	-	DHs: 578 CHCs: 2,704
18.	National Ambulance Service (ALS\BLS ambulances)	-	20,990
19.	Adolescent Friendly Health Clinics (AFHCs)	-	7,980
20.	Treatment Centres for Viral Hepatitis	-	792
21.	PMNDP Dialysis Centres	-	862
	Dental Care Units	-	1,759

It may be seen from the above that implementation of NHM has not only contributed to increase in the institutional capacities for service delivery but also has led to development of capacities for targeted interventions of the various National Programmes under the NHM.

- 3. Equitable development:** There was also a sustained focus on the health of tribal populations, those in Left Wing Extremism areas, and the urban poor. A more recent effort at ensuring equity in access and use, is the Aspirational district initiative, in which 115 districts across 28 states, with weak social and human development indicators have

been identified for allocation of additional resources and capacity enhancement to catch up with more progressive districts.

- 4. National Ambulance Services:** Under National Health Mission (NHM), Govt. of India (GOI) provides technical and financial support for emergency medical services in States/UTs through a functional National Ambulance Service (NAS) network linked with centralized toll-free number 108/102.
- 5. Human Resource Augmentation:** Health care service delivery requires sufficient skilled human resources. There has been an enormous shortage of human resources in the public health care sector in the country. NHM has attempted to fill the gaps in human resources by providing additional health human resources to the States. NHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCs and DHs.
- 6. Health Sector Reforms:** The NHM enabled the design and implementation of reforms specifically related to Governance, Procurement and Technology.
- 7. Addressing high Out-of-Pocket Expenditure (OOPE):** Recognising the need for reducing the current high levels OOPE, and that, almost 70% of the OOPE is on account of drugs and diagnostics, the Free Drugs and Free Diagnostics Services Initiatives have been implemented under the NHM.