

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

**LOK SABHA
UNSTARRED QUESTION NO. 3270
TO BE ANSWERED ON THE 5TH AUGUST, 2022**

HEALTHCARE IN RURAL AREAS

3270. SHRI RAMDAS C. TADAS :

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

- (a) whether the healthcare delivery system introduced in rural areas has achieved the desired goals during the implementation of the National Rural Health Mission (NRHM);
- (b) if so, the details thereof;
- (c) the details of expenditure incurred on rural healthcare delivery system during the last three years and the current year, State/UT-wise; and
- (d) the number of people provided health insurance cover so far in rural areas of the country?

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

(a) and (b) National Health Mission (NHM) envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. NHM encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non-Communicable Diseases.

The responsibility of strengthening public healthcare delivery system, especially to rural areas lies with the respective State/ UT Governments. Under National Health Mission (NHM), Ministry of Health & Family Welfare, Government of India provides financial and technical support to States/UTs including support for health/ medical facilities, upto District Hospital level, based on the proposals submitted by States/UTs in their Program Implementation Plans (PIPs). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per available resources.

The outcome of the implementation of healthcare delivery system under NHM to provide universal access to good quality healthcare services to the people is given below:

- As per the estimates of National Health Accounts, there has been a decline of 30% in Out-of-Pocket Expenditure (OOPE) from 69.4% in 2004-05 to 48.8% in 2017-18.
- Maternal Mortality Rate (MMR) has declined from 130/lakh live births in 2014-16 to 103/lakh live births in 2017-19.
- Infant Mortality Rate (IMR) has declined from 47 in 2010 to 30 in 2019.
- Under 5 Mortality Rate (U5MR) has declined from 52 in 2012 to 35 in 2019.
- Total Fertility Rate (TFR) has declined from 2.3 in 2014 to 2.1 in 2019.
- The incidence of Tuberculosis per 1,00,000 population has reduced from 234 in 2012 to 193 in 2019. The mortality due to TB per 1,00,000 population has also reduced from 42 in 2012 to 33 in 2019.
- The 12th Five Year Plan target of reducing prevalence of Leprosy to <1/10,000 population in all districts by March, 2017 has been achieved nationally. The prevalence rate of Leprosy reduced to less than 1/10,000 population in 662 Districts in 2021.
- For Malaria, Annual Parasitic Index (API) was sustained at levels of less than 1 and has declined from 0.89 in 2014 to 0.13 in 2020. In the year 2020, malaria cases and deaths have declined by 46.28 % and 18.18 % respectively as compared to 2019
- The percentage of Kala-Azar(KA) endemic blocks, achieving the elimination target of < 1 KA case per 10,000 population has increased from 74.2% in 2014 to 97.5% in 2020-21.
- The National target of sustaining case fatality rate (CFR) to less than 1 percent for Dengue was achieved. The case fatality rate on account of Dengue in 2020 was 0.01%.
- Under the National Programme for Control of Blindness & Visual Impairment (NPCBVI) activities such as cataract surgeries, cornea transplantation are done. The prevalence of blindness (visual acuity <3/60) has reduced to 0.36% in 2019 from 0.68% in 2010.
- There is a 17.3% relative reduction in prevalence of tobacco use from 34.6% to 28.6% from 2009-10 to 2016-17 through sustained public awareness campaigns, enforcement of tobacco control laws and tobacco dependence treatment service under National Tobacco Control Programme.
- There has been a significant increase in the number of Healthcare facilities at the Primary and Secondary care level after the introduction of National Health Mission in 2005 as shown in the table below:

Public Health Facility	2005	2021
Sub-Health Centre (SHC)	1,42,655	1,57,819 (11%)
Primary Health Centre (PHC)	23,109	30,579 (32%)
Community Health Centre (CHC)	3,222	5,951 (85%)
Sub Divisional/Sub District Hospital (SDH)	NA	1224
District Hospital (DH)		764

- Additionally, Sub Health Centres and Primary Health Centres are transformed as Ayushman Bharat Health and Wellness Centres (AB-HWCs) with an aim to provide Comprehensive Primary Health Care (CPHC). As reported by the States/UTs on the AB-HWC Portal, as on 30th June, 2022, total 1,20,112 AB-HWCs have been operationalized against the target of 1,50,000 AB-HWCs by December, 2022.
- Technical and financial support is provided for National Ambulance Service (NAS) to States/UTs with 28,010 Ambulances operational under Dial 108/102 including 5,057 Other Patient Transport Vehicles.
- Under Free Drugs Service Initiative (FDSI), 30 States/UTs have drugs procurement, quality system and distribution streamlined through IT-enabled Drugs Distribution Management System. 33 States/UTs have facility-wise Essential Medicines List (EML).
- Similarly, under Free Diagnostics Services Initiative (FDI), support is provided to States / UTs for provision of medical equipment to enables access and use of high-quality diagnostic services. FDI laboratory services have been implemented in 33 States/UTs.

(c) State/UT wise information regarding Central Releases under NRHM from FY 2019-20 to 2021-22 is given at **Annexure-I**. Further, under NHM, pools have been merged from FY 2022-23 onwards, hence State/UT wise information regarding Central Releases under NHM for the FY 2022-23 is given at **Annexure-II**.

(d) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health assurance of up to Rs. 5.00 Lakh per family per year for secondary and tertiary healthcare hospitalization, for 10.74 crores poor and vulnerable families, identified as per Socio-economic Caste Census (SECC) 2011. Many of the 33 State and Union Territories (UTs) implementing AB-PMJAY have further expanded the beneficiary base under the scheme to approximately 14.75 Crore families, using non-SECC data sources (including National Food Security Act, State specific datasets). The rural-urban categorization of beneficiary families is not available in many of the non-SECC databases, hence, the number of rural beneficiary families covered under AB-PMJAY is also not available.

Annexure -I**Statement showing State/UT Central wise releases under NRHM for FY 2019-20 to 2021-22****(Rs. In crore)**

Sl. No.	States	2019-20	2020-21	2021-22
1	Andaman & Nicobar Islands	34.43	36.37	43.10
2	Andhra Pradesh	1054.08	1037.21	1161.02
3	Arunachal Pradesh	185.25	241.64	187.86
4	Assam	1721.69	1782.37	1941.52
5	Bihar	1486.65	1803.05	1735.34
6	Chandigarh	19.38	18.01	15.69
7	Chhattisgarh	792.83	958.43	957.01
8	Dadra & Nagar Haveli	25.14	35.81	38.07
9	Daman & Diu	16.68		
10	Delhi	108.63	97.20	113.02
11	Goa	35.12	33.83	25.63
12	Gujarat	1057.35	961.08	1061.53
13	Haryana	540.04	508.50	553.43
14	Himachal Pradesh	504.23	440.83	553.74
15	Jammu & Kashmir	692.49	656.39	455.69
16	Jharkhand	815.72	596.02	635.26
17	Karnataka	1120.14	1178.89	1240.57
18	Kerala	814.36	766.56	757.55
19	Lakshadweep	6.16	7.11	8.41
20	Madhya Pradesh	1684.59	2311.39	2283.96
21	Maharashtra	1579.12	1686.67	1743.40
22	Manipur	181.61	188.93	94.58
23	Meghalaya	135.80	199.42	280.86
24	Mizoram	122.06	139.05	92.55
25	Nagaland	119.41	184.26	125.06
26	Orissa	1453.04	1597.69	1242.57
27	Puducherry	29.18	23.68	19.85
28	Punjab	691.23	544.60	340.23
29	Rajasthan	1750.34	1964.29	1903.49
30	Sikkim	52.84	69.03	51.62
31	Tamil Nadu	1349.28	1437.32	1555.80
32	Tripura	233.56	223.18	214.32
33	Uttar Pradesh	4634.96	3672.27	3217.87
34	Uttarakhand	341.15	575.98	549.33
35	West Bengal	1677.47	1812.63	1569.59
36	Telangana	924.03	624.55	717.36
37	Ladakh	0.00	91.62	44.67

Note: The above releases relate to Central Govt. Grants & do not include State share contribution.

Statement showing State/UT wise Central release under NHM for the FY 2022-23

(Rs. In crore)

Sl. No.	States	Central Releases
1	Andaman & Nicobar Islands	17.15
2	Andhra Pradesh	650.66
3	Arunachal Pradesh	0.05
4	Assam	371.84
5	Bihar	231.64
6	Chandigarh	14.01
7	Chhattisgarh	376.80
8	Dadra & Nagar Haveli and Daman & Diu	7.70
9	Delhi	16.76
10	Goa	9.04
11	Gujarat	35.95
12	Haryana	125.18
13	Himachal Pradesh	109.91
14	Jammu & Kashmir	66.93
15	Jharkhand	31.84
16	Karnataka	16.44
17	Kerala	287.35
18	Lakshadweep	2.69
19	Madhya Pradesh	385.31
20	Maharashtra	548.85
21	Manipur	1.70
22	Meghalaya	1.38
23	Mizoram	0.47
24	Nagaland	0.52
25	Odisha	544.75
26	Puducherry	0.41
27	Punjab	148.63
28	Rajasthan	381.86
29	Sikkim	0.16
30	Tamil Nadu	199.98
31	Tripura	50.62
32	Uttar Pradesh	1170.63
33	Uttarakhand	4.83
34	West Bengal	416.09
35	Telangana	159.67
36	Ladakh	3.67

Note:

1. The above releases relate to Central Govt. Grants & do not include State share contribution. It is updated upto 04.07.2022
2. Releases to State is linked with submission of utilization certificate and progress of expenditure, Audited Statement of previous year by States/Uts.