

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

**LOK SABHA
UNSTARRED QUESTION NO. 839
TO BE ANSWERED ON THE 26th JULY, 2024**

“HEALTHCARE FACILITIES IN RURAL AREAS”

839. SMT. MALVIKA DEVI :

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

- (a) the steps taken/to be taken by the Government to increase the number of hospitals in rural areas with sufficient number of doctors and nurses;
- (b) the steps taken/proposed to be taken by the Government to provide immediate help to people in non-connectivity areas of the country; and
- (c) the steps taken/proposed to be taken by the Government to make sure that there is hygienic disposal of medical waste in all the hospitals specially in the rural areas?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

(a) & (b) Public Health & Hospital is a State subject and its implementation primarily lies with the State Government. However, the Central Government through the National Health Mission (NHM) and Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) provides technical and financial support to States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs).

National Health Mission (NHM) was launched by the Government of India in 2013 with a Vision of “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”

Under NHM, financial support is provided to States/UTs for upgradation of existing or construction of new health infrastructure including in rural areas as per established population Norms, a Sub Health Centre for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health Centre for a population of 30,000 (in plains) and 20,000 (in hilly and

tribal areas) and Community Health Centre for a population of 1,20,000 (in plain) and 80,000 (in hilly and tribal area). As per Rural Health Statistics (RHS) 2022, total of 1,57,935 SHCs, 24,935 PHCs, 5,480 CHCs, 1,275 Sub-District Hospitals and 767 District Hospitals are providing health care services in the rural areas across all the States/UTs.

The NHM has enabled the augmentation of human resources to fill the existing gaps in the health system. NHM has supported engagement of 4.77 lakhs additional human resources which are deployed across the States. Continuous support for capacity building and multiskilling of staff is being provided to the states.

Some of the key steps taken under NHM to enable availability of HR in under-served areas includes hard area allowances, short-term training courses such as Comprehensive Emergency Obstetric and Neonatal Care (CEmONC), and Life Saving Anaesthesia Skills (LSAS) for multiskilling doctors, introduction of new cadre of Community Health Officers (CHO) at the SHC-Ayushman Arogya Mandir (AAM), provision for performance/ team-based incentives, flexible salary for hiring specialists etc. have led to huge increase in the number of human resources for health (HRH).

Under NHM, States/UTs are provided support to ensure health care service accessibility for people in non-connectivity areas of the country through provision of **Mobile Medical Units (MMUs)** which are deployed in areas with limited or lack of access to health care services and the reach is limited on account of several habitations that are too small to establish regular fixed services or are too distant or cut-off.

MMUs are envisaged to provide primary care services for common diseases, including communicable and non-communicable diseases, RCH services, carry out screening activities and provide referral linkage to appropriate higher facilities. In addition, point of care diagnostics (blood glucose, Hb, pregnancy, urine microscopy, etc.), sputum sample collection, IEC & BCC activities are also conducted.

Further, under **National Ambulance Service** component, boat ambulances and bike ambulances are supported under NHM to provide Basic and Advanced Life Support in areas with difficult access due to water bodies/difficult terrain.

The **PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** was launched on 25th October, 2021 with an outlay of **Rs.64,180 Cr** to be implemented over five years from 2021-22 to 2025-26, with the aim to strengthen the public health infrastructure to fill critical gaps in health infrastructure, surveillance and health research - spanning both the urban and rural areas. The Scheme is a Centrally Sponsored Scheme with some Central Sector components.

Under CSS components, support is provided to States/UTs for construction of Ayushman Arogya Mandir (AAM) in rural and Urban Areas, establishment/strengthening of Block

Public Health Units, Integrated District Public Health Labs in all districts and Critical Care Hospital Blocks.

(c) In the country, the Biomedical Waste Management Rules 2016 have been established to regulate waste generated at healthcare facilities. Compliance with these rules is mandatory for all facilities. Initiatives such as the Kayakalp program under NHM also ensure adherence to the Biomedical Waste Management Rules 2016. Annual assessments using the Kayakalp tool are conducted at every level of healthcare facilities to evaluate compliance. Additionally, when facilities undergo assessments under the National Quality Assurance Standards (NQAS), adherence to the Biomedical Waste Management Rules is thoroughly evaluated.

Bio Medical Waste management guidelines 2016 can be accessed at Link-
https://dhr.gov.in/sites/default/files/Bio-medical_Waste_Management_Rules_2016.pdf