GOVERNMENT OF INDIA
MINISTRY OF PANCHAYATI RAJ
LOK SABHA
UNSTARRED QUESTION NO.2493
ANSWERED ON: 10.12.2024

STATUS OF ROAD CONNECTIVITY IN RURAL AREAS

†2493. SHRI DHARMENDRA YADAV:

Will the Minister of Panchayati Raj be pleased to state:

(a) whether proper road connectivity, drinking water, strong and spacious school buildings,Panchayat building, health facilities are needed in villages;
(b) if so, the details of the rural development schemes/programmes implemented by theGovernment for alleviation of rural poverty and the present status of proper road connectivity, drinking water and health facilities in rural India;
(c) whether many villages in the country still facing problems of drinking water, connectivity and health facilities;
(d) if so, the reaction of the Central Government thereto;
(e) whether the Government has identified villages which still lack drinking water, road connectivity and health facilities; and
(f) if so, the details thereof, particularly in Uttar Pradesh, State/UT-wise?

ANSWER

THE MINISTER OF STATE FOR PANCHAYATI RAJ

(PROF. S.P. SINGH BAGHEL)

(a) Yes, sir.

(b) to (f) The Department of Rural Development (DoRD), Ministry of Rural Development is implementing the Pradhan Mantri Gram Sadak Yojana (PMGSY) since 2000 to provide rural connectivity through single all-weather road to eligible unconnected habitations in the core network. It aims to alleviate poverty in rural areas by providing access to basic services and quality roads. Since its inception, the PMGSY has sanctioned 8,28,533 km of road length, with 7,69,128 km completed under various interventions. The scheme targets eligible habitations with a population of 500+ in plain areas and 250+ in North-East, hilly states and special category areas. In Left Wing Extremism (LWE) affected areas, the population norms have been relaxed to cover habitations with a population of 100 or more. 99.7% habitations have been provided connectivity under PMGSY-I. PMGSY-IV is a new vertical launched to provide all-weather connectivity to unconnected habitations in India, targeting 500+ population in plain areas, 250+ population in NE and Hill States/UTs, special category areas, and 100+ in Left Wing Extremism (LWE) affected districts. The scheme will be implemented from 2024-25 to 2028-29, with a total outlay of Rs. 70,125 crore. Eligible habitations will be finalized after surveys and approvals by designated authorities. A separate vertical, PMGSY-JANMAN, aims to provide road connectivity to Particularly Vulnerable Tribal Groups with a population size up to 100, with a target length of 8,000 km. PMGSY has improved market access, employment, socio-economic conditions, and poverty reduction.

Government of India is committed to make provision for safe & potable tap water supply in adequate quantity, of prescribed quality and on a regular & long-term basis to all rural households in the country. Towards this end, in August 2019, the Ministry of Jal Shakti, Department of Drinking Water and Sanitation (DDWS) launched the Jal Jeevan Mission (JJM), to be implemented in partnership with States.Drinking Water is a State subject. As such, the responsibility of planning, approval, implementation, operation, and maintenance of drinking water supply schemes lies with State/UT Governments. The Government of India supports the States by providing technical and financial assistance under JJM. Significant progress has been made in the country since the launch of JJM, towards enhancing access to tap water for rural households. At the time of announcement of JJM, 3.23 Crore rural households in the country were reported to have tap water connections. Since then, additional 12.11 Crore rural households have been provided tap water connections. Thus, as on 08.12.2024, out of 19.36 Crore rural households in the country, 15.35 Crore (79.28%) households have been provided tap water connection. The State-wise details of coverage of tap connections including those in Uttar Pradesh is at **Annexure-I.**

The status of health facilities in rural areas as per information made available by the Ministry of Health and Family Welfare is given at **Annexure-II.**

The Department of School Education & Literacy (DoSE&L) of Ministry of Education is implementing the Right of Children to Free and Compulsory Education Act, 2009 in all recognized elementary schools, including those established by the government or local authority, aided schools and unaided schools.The RTE Act mandates for construction of all-weather school building consisting of (i) at least one class-room for every teacher and an office-cum-store-cum-Head teacher's room; (ii) barrier-free access; (iii) separate toilets for boys and girls; (iv) safe and adequate drinking water facility to all children; (v) a kitchen where mid-day meal is cooked in the school; (vi) Playground; (vii) arrangements for securing the school building by boundary wall or fencing. It may also be mentioned that education is in the Concurrent list of the Constitution of India and majority of the schools are under the administrative control of respective State Government and UT Administration and they are the appropriate Government for regulating the schools of their domain under the provisions of RTE Act, 2009.

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Annexure-I

Annexure Referred to in Reply to Parts (b) to (d) of the Lok Sabha Unstarred Question No. 2493 answered on 10.12.2024 regarding "Status of Road Connectivity in Rural Areas".

The State-wise details of coverage of tap connections including those in Uttar Pradesh

(Nos. in Lakhs)

S. No.	State/ UT	Total rural HHs as on date	Rural HHs with tap water connection as on 15.08.2019		Tap connections provided since launch of JJM		Rural HHs with tap water supply as on 08.12.2024	
			No.	%	No.	%	No.	%
1.	A&N Islands	0.62	0.29	46.75	0.33	53.23	0.62	100.00
2.	Andhra Pr.	95.53	30.74	32.21	39.61	41.46	70.35	73.64
3.	Arunachal Pr.	2.29	0.23	10.06	2.06	89.96	2.29	100.00
4.	Assam	72.02	1.11	1.55	57.46	79.78	58.57	81.32
5.	Bihar	167.48	3.16	1.89	157.20	93.86	160.36	95.75
6.	Chhattisgarh	50.05	3.2	6.39	36.69	73.31	39.89	79.70
7.	DNH & DD	0.85	-	-	0.85	100.00	0.85	100.00
8.	Goa	2.64	1.99	75.41	0.65	24.62	2.64	100.00
9.	Gujarat	91.18	65.16	71.46	26.02	28.54	91.18	100.00
10.	Haryana	30.41	17.66	58.07	12.75	41.93	30.41	100.00
11.	Himachal Pr.	17.09	7.63	44.65	9.46	55.35	17.09	100.00
12.	J&K	19.24	5.75	30.76	9.77	50.78	15.52	80.67
13.	Jharkhand	62.55	3.45	5.52	30.71	49.10	34.16	54.61
14.	Karnataka	101.31	24.51	24.2	58.43	57.67	82.94	81.87
15.	Kerala	70.83	16.64	23.48	21.66	30.58	38.3	54.07
16.	Ladakh	0.41	0.01	2.45	0.38	92.68	0.39	95.12
17.	Lakshadweep	0.13		-	0.12	92.31	0.12	92.31
18.	Madhya Pr.	111.81	13.53	12.1	60.90	54.47	74.43	66.57
19.	Maharashtra	146.80	48.44	33.02	80.01	54.50	128.45	87.50
20.	Manipur	4.52	0.26	5.76	3.33	73.67	3.59	79.42
21.	Meghalaya	6.51	0.05	0.77	5.25	80.65	5.3	81.41
22.	Mizoram	1.33	0.09	6.76	1.24	93.23	1.33	100.00
23.	Nagaland	3.64	0.14	3.85	3.22	88.46	3.36	92.31
24.	Odisha	88.70	3.11	3.51	64.16	72.33	67.27	75.84
25.	Puducherry	1.15	0.94	81.76	0.21	18.26	1.15	100.00
26.	Punjab	34.27	16.79	49.12	17.48	51.01	34.27	100.00
27.	Rajasthan	107.33	11.74	10.96	47.15	43.93	58.89	54.87
28.	Sikkim	1.33	0.7	52.57	0.50	37.59	1.2	90.23
29.	Tamil Nadu	125.29	21.76	17.39	88.38	70.54	110.14	87.91
30.	Telangana	53.98	15.68	29.05	38.30	70.95	53.98	100.00
31.	Tripura	7.50	0.25	3.33	6.09	81.20	6.34	84.53
32.	Uttar Pr.	266.86	5.16	1.94	225.64	84.55	230.8	86.49
33.	Uttarakhand	14.50	1.3	8.95	12.76	88.00	14.06	96.97
34.	West Bengal	175.37	2.15	1.23	92.11	52.52	94.26	53.75
	Total	**1,935.51**	**3,23.62**	**16.75**	**1,210.9**	**62.56**	**1,534.53**	**79.28**

As on 08.12.2024. * DNH & DD – Dadra Nagar Haveli & Daman Diu

Annexure-II

Annexure Referred to in Reply to Parts (b) to (d) of the Lok Sabha Unstarred Question No. 2493 answered on 10.12.2024 regarding "Status of Road Connectivity in Rural Areas".

Status of health facilities in Rural Areas

There has been significant efforts to enhance and ensure quality Public health facilities in India, various reforms have been implemented to address the service delivery gaps and improve the performance and quality of services delivered through public health facilities.

The National Health Policy 2017 proposes key policy shift in organsing health care services which includes approach of providing primary care from selective care to assured comprehensive care with linkages to referral services. The policy also proposes for strengthening of primary health infrastructure to reach out underserved areas. Ayushman Bharat Program, a unique integration of primary and promotive healthcare is progressing significantly to achieve health system strengthening via four pillars Ayushman Arogya Mandir erstwhile Ayushman Bharat – Health and Wellness Centres (AB-HWCs), Prime Minister – Jan Arogya Yojana (PM-JAY), Prime Minister – Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and Ayushman Bharat Digital Mission (ABDM). AB-AAM, PM-ABHIM and ABDM are initiatives started for the overall development of physical and digital health infrastructure in the country.

Ayushman Arogya Mandir: The primary aim of Ayushman Bharat program is to achieve universal health coverage. National Health Policy 2017 envisage establishment of Ayushman Arogya Mandir to provide comprehensive primary health care that is universal, free and closer to the community.

To fulfil the aim, Ayushman Arogya Mandir Program was launched in 2018. Under the program, existing Sub- Health Centres (SHCs) & Primary Health Centres (PHCs) are being transformed as Ayushman Arogya Mandir These centres are to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people with an expanded range of services to address needs of the entire population in their area, expanding access, universality and equity with principle being "time to care" to be no more than 30 minutes.

As on 3rd December 2024, **1,75,334** Ayushman Arogya Mandir have been operationalized. This includes- AAM-SHC-1,40,219, AAM-PHC- 23,930 and AAM-UPHC-11,103 (Source- Ayushman Arogya Mandir portal).

Key components of Ayushman Arogya Mandir:

a. **Expanded service delivery:** At the Ayushman Arogya Mandir, the package of comprehensive primary health care services is being expanded to 12 by going beyond reproductive and child health to include care for non-communicable diseases, palliative and rehabilitative care, oral, eye and ear, nose and throat (ENT) care, elderly care, mental health and first level care for emergencies and trauma.

b. **Expanding HR-MLHP & multiskilling:** To improve the delivery mechanism, a new cadre of healthcare providers is introduced with educational background of BSc in

Community Health or Nursing (GNM or B.SC) or an Ayurveda graduation with due certification in public health. These mid-level health care providers are designated as Community Health Officers (CHO). The CHO at AAM-SHC carries out clinical, public health and managerial and leadership role at the AAM-Sub-Health Centre. Currently, **1,38,994 CHOs** have been posted at AAM-SHC across the country. (Source -Data as on 4th December 2024; Source- Ayushman Arogya Mandir Portal).

c. A total of **42 training modules** on expanded package of services have been developed for different cadres of Ayushman Arogya Mandir team. This includes medical officers, staff nurses, community health officers, multi-purpose health workers and ASHAs. These training modules are uploaded on the NHSRC website (https://nhsrcindia.org). So far, a total of 401 National and 3870 State trainers have been trained in all expanded package of services. Similarly, all states/UTs have started training their primary healthcare team on expanded package of services.

d. **Medicines & expanding diagnostics:** The number of essential medicines at AAM-PHC has been increased to 172 and number of essential diagnostic services to 63. While at the AAM-SHC, essential medicine list has been expanded to 106 and essential diagnostic list to 14. The CHOs at the AAM-SHC dispense medicines based on treatment plans initiated by the medical officer at the AAM-PHC. As on 4th December 2024, **295.97** crores Patients have received medicines, and more than **148.32** crores patients have availed diagnostic tests. (Data Source-Ayushman Arogya Mandir Portal)

e. **Continuum of care/Telehealth:** The Ayushman Arogya Mandir provide teleconsultation services, where the Community Health Officer & Medical officers shall link to specialist at the secondary and tertiary care centres through Hub and Spoke model for enabling specialist services for patients closer to home and ensuring continuum of care. As on 4th December 2024 more than **32.02** crores patients have received Teleconsultation services (Data source e-Sanjeevani Portal)

f. **Community mobilization and health promotion:** The Ayushman Arogya Mandir team works closely with communities enabling empowerment of individuals, families and communities with knowledge and skills to take responsibility for their own health. There is focus on improving health literacy through interpersonal communication and media (including social media) usage, for promotion of healthy lifestyles – healthy diet, yoga, exercise, tobacco cessation, and self-care.

With increase in the scope of services and responsibility at AAM-PHC and AAM-SHC, Jan Arogya Samiti is to be constituted at AAM-SHC level and Rogi Kalyan Samiti at PHC is being reformed as Jan Arogya Samiti. JAS Serve as institutional platform of SHC/PHC level Ayushman Arogya Mandir (similar to RKS at PHC / CHC), for community participation in its management, governance and ensuring accountability, with respect to provision of healthcare services and amenities. Jan Arogya Samiti also plays instrumental role in health promotion.

As on 3rd December 2024, **4.34** crores wellness session are conducted at Ayushman Arogya Mandir and more than **59.55** crores community members have participated in wellness sessions. (Data Source Ayushman Arogya Mandir portal)

g. **Infrastructure augmentation:** All Ayushman Arogya Mandir have space for outpatient care, for dispensing medicines, diagnostic services, adequate space for

display of IEC, including audio visual aids and for wellness activities, including practice of Yoga and physical exercises. For infrastructure augmentation an additional grant of Rs. 7 lakhs per AAM-SHC, Rs. 4 lakhs per AAM-PHC in rural areas and Rs. 1 lakh per AAM-Urban PHC is provided. States /UTs are encouraged to leverage CSR funds and Members of Parliament Local Area Development Scheme etc.

h. **IT enabled reporting and data management:** Ayushman Arogya Mandir portal was developed to capture progress and is being used in all the States. An App version of the Ayushman Arogya Mandir portal has also been developed to enable geo-tagging of the Ayushman Arogya Mandir and entering the daily, service delivery parameters, by the frontline healthcare workers. The Ayushman Arogya Mandir team are equipped with IT equipment- Tablets at SHCs and Laptop/ Desktop at PHC/UPHC level to create electronic health record of the population covered by Ayushman Arogya Mandir.

2. Pradhan Mantri Jan Arogya Yojana (PMJAY)-

The second component under Ayushman Bharat, PM-JAY, is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12.37 crores poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population. The expenditure incurred in premium payment will be shared between Central and State Governments in a specified ratio as per Ministry of Finance guidelines in vogue. Additionally, all senior citizens of age 70 yrs and above are covered under the scheme.

3. Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)

Launched to fill critical gaps in public health infrastructure, especially in critical care facilities and primary care in both urban and rural areas.

Centrally Sponsored Scheme (CSS) Components:

a. Support for infrastructure development for 17788 Sub-Health Centers in 7 High Focus States and 3 North Eastern States
b. Support for 11044 Ayushman Arogya Mandir Urban Sub Health Centre across the country
c. Support for 3382 BPHUs in 11 High Focus States
d. Integrated District Public Health Laboratories in all districts.
e. Critical Care Hospital Blocks in all districts with a population more than 5 lakhs, in state government medical colleges/District Hospitals

4. Ayushman Bharat Digital Mission (ABDM)-

Aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of healthcare ecosystem through digital highways.

5. Focussing on Quality of Health Services: National Quality Assurance Standards (NQAS) - to ensure that the services provided through public health facilities are safe, patient centric and of assured level of quality; National Quality Assurance Standards (NQAS) certification are being actively implemented in public health facilities across rural areas in all states/UTs. Various quality improvement initiatives aimed at strengthening the public health system are as follows:

i. **Kayakalp Incentive Scheme:** Launched on 15 May 2015 to encourage and incentivize all levels of Public Health Facilities in the country to demonstrate high

levels of cleanliness, hygiene and infection control practices. Number of Kayakalp winner facilities increased from 97 facilities in Year 2015-16 to 32,780 facilities in FY 2023-24.

ii. **Mera Aspataal:** Understanding the Voice of Customer: Government has launched the "Mera Aspataal/ My Hospital" initiative to empower the patients by seeking their views on Quality of experience in a public healthcare facility. It is a simple, and multi-lingual application that captures patient feedback in a very short time on the services received from public hospitals.

iii. **LaQshya:** It is a quality improvement initiative, launched in 2017 by MoHFW to accelerate the efforts towards the reduction of preventable maternal mortality and morbidity by aiming at the improvement of labour rooms (LR) and Maternity Operation Theatre (MOT).

iv. **MusQan (A child-friendly initiative):** Launched in 2021, this initiative aims to ensure a child-friendly environment in public health facilities by strengthening paediatric care departments such as Paediatric OPD, Paediatric Ward, SNCU, Nutrition Rehabilitation Centre and NBSU (depending on the level of the facility).

6. Reaching the unreached: Efforts have been made to ensure connectivity, referral system, and increase access to the public health system by the GoI.

i. **Teleconsultations:** AAM are equipped to provide e-Sanjeevani teleconsultation services, connecting various service providers, including Community Health Officer (CHO), to Medical Officers (MO) and specialists in secondary and tertiary centres. This minimizes the need for physical travel, reducing costs and hardships for patients along with ensuring continuum of care. As on 4th December 2024 – 32.02 crore teleconsultations have been conducted through e-sanjeevani.

ii. **Mobile Medical Units (MMUs) -** To widen the access to those living in remote, in-accessible, under-served areas, to the health services, States/UTs have been given flexibility to deploy Mobile Medical Units (MMUs).

iii. **National Ambulances Services** for free transportation of sick patients to the health facilities, BLS, ALS and PTV ambulances are being provided for timely management of emergency services.

7. Indian Public Health Standards (IPHS) – To improve health infrastructure and services in public health facilities, government has laid down IPHS, which has been revised in 2022 to address the present and future healthcare challenges of the country. These standards include norms for services, infrastructure, human resource, diagnostics, equipment, medicines etc. They are used as the reference point for public health care infrastructure planning and up-gradation in the States/UTs.

MoHFW supports states/UTs by providing funding to address identified gaps and ensure facilities meet essential standards. An ODK (Open Data Kit) digital tool and a web-based dashboard has been developed to facilitate assessments. These tools help states and the facilities to quickly identify gaps and receive targeted support to achieve the required standards.

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