

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

**LOK SABHA
UNSTARRED QUESTION NO. 3173
TO BE ANSWERED ON 13TH DECEMBER, 2024**

HEALTH INFRASTRUCTURE IN RURAL AREAS

+3173. SHRI JYOTIRMAY SINGH MAHATO:

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

- (a) the steps taken/being taken to strengthen the healthcare infrastructure in rural areas post COVID-19 period and to improve primary healthcare facilities, ensure availability of medical personnel and to provide critical equipment;
- (b) whether the Government has any scheme to ensure that rural communities have reliable access to essential healthcare services;
- (c) if so, the details thereof; and
- (d) if not, the reasons therefor?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (d) The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

The healthcare system of the country involves a three-tier system with Sub Health Centre (Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of Primary Health Care System in India.

As per established norms, in rural areas, 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) is suggested. Further, District Hospital (DH), Sub-District Hospital (SDH) and First Referral Unit provide secondary care services for rural & urban area.

The existing Sub Centres and Primary Health Centres in both rural and urban areas are transformed into Ayushman Arogya Mandir (AAM) to deliver Comprehensive Primary Health Care that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free and closer to the community, this will improve the access to quality care in the rural areas.

PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is one of the largest Pan-India scheme with an outlay of Rs. 64,180/- Crores for strengthening health care infrastructure to effectively manage and respond to any future pandemics and outbreaks across the country. The scheme period is for 5 years ie. FY 2021-22 to FY 2025-26. Under the CSS components of the scheme, following are the five activities where support is provisioned to the State/UTs during the scheme period (2021-2026):

- Construction of 17,788 Buildingless Sub-Centres as Ayushman Bharat- Health & Wellness centres, now known as Ayushman Arogya Mandir (AAM)
- Establishment of 11,024 Health & wellness Centres, now AAM in Urban areas with a focus on slum and slum like areas,
- Establishment of 3382 Block Public Health Units (BPHUs) at the block level,
- Establishment of 730 District Integrated Public Health Labs (IPHL) in the country, wherein each district will have one such lab.
- Establishing 602 Critical Care Hospital Blocks (CCBs) in all districts with population more than 5 lakhs.

ECRP-I: The 'India COVID-19 Emergency Response and Health System Preparedness Package-I' (ECRP-I) of Rs.15,000 Crore has been approved by the Cabinet on 22nd April 2020 with an objective to prevent, detect and respond to the threat posed by COVID-19. It is 100% centrally funded.

ECRP-II: The Cabinet has also approved the scheme, "India COVID-19 Emergency Response and Health Systems Preparedness Package-II" (ECRP-II) on 08th July 2021 for an amount of Rs.23,123 crore for the F.Y. 2021-22. The scheme aims to accelerate health system preparedness for immediate responsiveness for early prevention, detection and management of COVID-19, with the focus on health infrastructure development including for Pediatric Care and with measurable outcomes. Under ECRP-II to respond to the bed availability during Covid-19 pandemic, the following sanctions were given to the States/UTs to improve bed availability in Public Sector Hospitals including Medical Colleges. The details are as under:

- Total 37,834 ICU beds inclusive of 9,873 Pediatric ICU Beds, 7,008 Pediatric High Dependency Unit (HDU) Beds, 20,953 Adult ICU Beds in Medical Colleges, District Hospitals and Sub-Divisional Hospitals.
- Additional 124,859 beds at the existing CHCs, PHCs and Sub Health Centres (6-20 bedded units); 19,337 Oxygen supported Pediatric beds; Field hospitals (50-100 bedded units) with 20,102 Beds.
- 26 Critical Care Blocks (CCBs) (50 bedded) in Hilly States in the Hilly and North Eastern State/UTs.

15th Finance Commission (FC-XV): The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-2022 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level. 15th Finance Commission grants are being provided for strengthening primary care in the rural areas through components such as Building-less Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), Conversion of rural PHCs and Sub-Centres to Health and Wellness Centres (HWCs), Support for diagnostic infrastructure to the primary healthcare facilities and Block Level

Public Health Units. Rs 43,928 Crores has been allocated as tied grants for the states through Rural Local Bodies (RLBs) for these components.

Further, the Ministry supports 'Free Diagnostics Service Initiative' programme under NHM with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community which in turn reduces the OOPE. It encompasses free laboratory services, free Tele Radiology Services and free CT Scan services. Under this scheme, there is a provision of 14 tests at Sub Centers, 63 at Primary Health Centers, 97 at Community Health Centres, 111 tests at Sub District Hospitals and 134 tests at District Hospitals.

Under NHM, the States are supported for augmenting the referral network in the country by Advanced Life Support (ALS), Basic Life Support (BLS) and Patient Transport Vehicles (PTV) ambulance system in both rural and urban areas. Support is also provided for Mobile Medical Units (MMU) under NHM to improve healthcare affordability. MMUs conduct outreach activities to offer range of services in remote, difficult and hard to reach areas.

In order to address the shortage of human resources (HR), under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country under NHM:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

Also, Ministry of Health and Family Welfare has developed eSanjeevani, a telemedicine application, which provides doctor to doctor (HWC module) and patient to doctor consultation services (OPD module). This application works on a hub and spoke model. At hub level, a specialist doctor provides services to Health and Wellness Centers (HWCs) in rural areas. These measures have ensured that rural communities have reliable access to essential healthcare services.
