

1	2	3	4
21.	Maharashtra	53758.95	28641.82
22.	Manipur	1297.00	210.66
23.	Meghalaya	15872.00	621.37
24.	Mizoram	820.58	409.54
25.	Nagaland	1016.05	252.86
26.	Odisha	5662.09	2705.24
27.	Puducherry	435.26	220.62
28.	Punjab	11295.14	6709.89
29.	Rajasthan	10954.93	3254.12
30.	Sikkim	220.87	100.10
31.	Tamil Nadu	20225.95	9517.74
32.	Telangana	10954.40	6081.10
33.	Tripura	323.52	183.58
34.	Uttar Pradesh	29962.72	15438.51
35.	Uttarakhand	1394.39	970.39
36.	West Bengal	7022.45	6484.37
TOTAL		255753.20	132963.14

Healthcare facilities in rural areas

1843. SHRI RAM KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether rural India which accounts for over 68 per cent of India's total population with half of it living below poverty line is struggling for better and easy access to healthcare services;

(b) whether most of the health centres in rural areas are functioning without doctors and trained paramedical staff and necessary and life saving drugs are not available in those health centres; and

(c) if so, the measures taken to provide better healthcare facilities in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) Public Health being a State subject,

the primary responsibility to provide improved access to healthcare services is that of the State Governments. However, under National Health Mission (NHM) financial support is provided to State/UT Governments to strengthen their healthcare systems to provide better and easy access to healthcare services. As per Rural Health Statistics, 2014, there is a shortfall of 36346 Sub Health Centres (SCs), 6700 Primary Health Centres (PHCs), and 2350 Community Health Centres (CHCs) against the specified population norm.

(b) As per Rural Health Statistics Bulletin (RHS) 2014, a total of 2225 (8.89%) Primary Health Centres (PHCs) are functioning without doctor, 9825 (39.26%) PHCs without Lab Technician and 5739 (22.94%) PHCs without a pharmacist in the country.

(c) Under the National Health Mission (NHM), financial support is provided to the States/UTs to strengthen their health care system for augmentation of health human resources, provision of free essential medicines, etc.

Some key support areas under NHM are:

- (1) ASHAs: ASHA is a female voluntary health worker who acts as the link between the community and the public health facilities. She provides basic information regarding health and health care services and motivates people to access services from public health facilities.
- (2) Ambulances: Under NHM, support is provided to States/UTs to set up a patient transport system where people can dial 108 or 102 telephone number for calling an ambulance. Dial 108 system is an Emergency Response System, primarily designed to cater to patients of critical care, trauma and accident victims, etc. 102 services is essentially the basic patient transport system aimed to cater to the pregnant women and sick children though other categories are also taking benefit and are not excluded.
- (3) Mobile Medical Units (MMUs): MMUs provide outreach services in rural and remote areas through a team of staff including one doctor, one nurse, one lab attendant, one pharmacist and a helper and driver.
- (4) Human Resources: Support is provided under National Health Mission to States and UTs for engaging health care staff at public health facilities on contractual basis, for providing incentives to doctors and other staff to work in rural and remote areas, for capacity building of staff, etc.

- (5) **Infrastructure:** Support under NHM is provided to States/UTs for establishment of new facilities based on population and time to care norms and for up-gradation of existing facilities by constructing new buildings or by renovation of existing ones.
- (6) **Drugs & Equipment:** To supplement the efforts of States/UTs in ensuring availability of drugs at public health facilities, Government of India has been providing free drugs/funds for free drugs to States/UTs under the Reproductive and Child Health (RCH) and National Disease Control Programmes for Tuberculosis, Vector borne diseases including Malaria, Leprosy and HIV/AIDS etc. Government is also encouraging the States/UTs to provide universal access to free essential medicines in public health facilities by providing funds and incentives under the National Health Mission (NHM). Up to 5% additional funding (over and above the normal allocation of the State) under the NRHM was introduced as an incentive from the year 2012-13 for those States that introduce free medicines scheme.
- (7) **Untied Grants to facilities:** Under NHM, support is given to States/UTs to strengthen Sub Centres, PHCs, CHCs and District Hospitals by provision of Untied Funds to undertake need based works for improving infrastructure and enhancing service delivery at these facilities.
- (8) **Support for Reproductive, Maternal, New-born, Child & Adolescent Health (RMNCH+A) :** RMNCH+A seeks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care services. The RMNCH+A strategic approach provides for 'continuum of care' to ensure equal focus on various life stages. The support to States/UTs under National Health Mission for RMNCH+A includes Janani Suraksha Yojana (J.S.Y.), Janani Shishu Suraksha Karyakram (J.S.S.K), Maternal and Child Health Wings at facilities with higher case load, Integrated Management of Neonatal and Childhood Illness (IMNCI), Home Based New-born Care (HBNC), establishment of facility based care for new-born and sick children including New Born Care Corners (NBCCs), New Born Stabilization Units (NBSUs), Special New Born Care Units (SNCUs), Nutritional Rehabilitation Centres (NRCs), Universal Immunization Programme, Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram and Family Planning Services.

- (9) Support for control of communicable and non-communicable diseases: Under NHM, support is provided to States/UTs for the control of the communicable diseases including vector borne diseases such as Malaria and Filariasis, Leprosy and Tuberculosis and for disease surveillance. Under the National Non-Communicable Disease Programmes, NHM supports prevention and control of Blindness, mental health issues, cardiovascular diseases and stroke, deafness, Tobacco related illnesses, oral health issues, Fluorosis, Iodine deficiency disorders, etc. In addition support is also provided to States/UTs for health care of elderly and palliative care.

Funding of NGOs working in public health area

1844. SHRI K.C. TYAGI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) how many Non-Governmental Organizations (NGOs) are being given money to work on public health in India;
- (b) the amount of money given to each NGO; and
- (c) the names and nature of work of each of them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) The number of Non-Governmental Organizations (NGOs) who are being given money to work in the area of public health are as under:

Sl.No	Name of Programme/Department	Number of NGOs
1.	Tuberculosis Control	2
2.	M/o Ayurveda, Yoga, & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)	2
3.	Tobacco Control	1

NGOs working in area of AIDS Control and Public Health Programmes under National Health Mission (NHM) now do not receive any funding directly from the Government of India. However, they may receive funds under the National AIDS Control Programme (NACP) and NHM through the States/UT Governments.

- (b) and (c) Details are given in the Statement (*See below*).