

9. Intensified Diarrhoea Control Fortnight (IDCF) is being implemented as a campaign in last month of July and first month of August, since 2014, for control of deaths due to Diarrhoea across all States and UTs. It includes massive awareness generation on use of ORS and Zinc during diarrhoea, bringing together multiple departments to generate awareness and also reach to each under-five child with one packet of ORS to be used when diarrhoea begins. Main activities include intensification of advocacy activities, awareness generation activities, diarrhoea management service provision, establishing ORS-Zinc demonstration sites, ORS distribution by ASHA through home visitation, detection of undernourished children and their treatment, promotion of infant and young child feeding activities by home visits by ASHA and establishing IYCF corners.
10. State and regional level workshops are being held for in-depth planning and review as per the Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) framework.

#### **Addressing the problems of rural health**

2066. SHRI RAM KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether health status of Indians is still a cause for grave concern especially that of rural population;
- (b) whether about 75 per cent of health infrastructure, medical man-power and other health resources are concentrated in urban areas where 27 per cent of population live;
- (c) the details of steps taken to address problems of rural health both at macro (national and State) and micro (district and regional) levels; and
- (d) whether there is any proposal to revise National Health Policy to address prevailing inequalities and working towards promoting a long term perspective plan, mainly for rural health, if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) The health status of the population especially that of rural population does require improvement. However, the condition of the health services in rural areas of the country has improved after the launch of the National Rural Health Mission.

(b) As per the National Health Profile, 2015, the number of beds in rural hospitals is 183602 as against 492177 beds in urban hospitals.

(c) Public health being a State subject, the primary responsibility to provide health care facilities lies with the State Governments. To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT Governments to provide accessible, affordable and quality healthcare. The National Rural Health Mission (NRHM) has now been subsumed under the National Health Mission (NHM) as its sub-Mission, along with National Urban Health Mission (NUHM) as the other sub-Mission. Support under NHM is provided to State/UTs for setting up new facilities or renovation of existing facilities, health human resource on contractual basis, drugs, equipment, diagnostics, Ambulances, Mobile Medical Units etc. based on the requirement posed by the States/UTs in their Programme Implementation Plans (PIPs).

The Government has already taken steps towards provision of free services for maternal health, child health, adolescent health, family planning, universal immunization programme, and for major diseases such as TB, vector borne diseases such as Malaria, Dengue and Kala Azar, Leprosy etc. Other major initiatives for which States are being supported include Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), implementation of National Health Mission Free Drugs Service Initiative and National Health Mission Free Diagnostics Service Initiative, Strengthening District Hospitals and implementation of National Quality Assurance Framework. To address health inequities, 184 High Priority Districts have been identified for enhanced fund allocation and focused attention.

(d) The Government has formulated a draft National Health Policy, 2015, which among others, recommends setting up of medical colleges in rural areas in addition to realigning pedagogy and curriculum to suit rural health needs.

#### **Ensuring stable supply of pediatric ARV**

2067. SHRI A. U. SINGH DEO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether National AIDS Control Programme is facing challenges to ensure stable supply of pediatric ARV and adult tablets are given to children, if so, the details thereof;

(b) the effect of improper ARV dosage on compliance, effectivity and efficiency of medicine;

(c) the details of pediatric ARV shortage incidences, in both public and private sector, State-wise, last year;