

provides compensation for loss of wages to the beneficiary and also to the service provider (and team) for conducting sterilizations.

6. **COT Scheme** - The scheme has been launched in 146 Mission Parivar Vikas districts for providing Family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.
7. Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries.
8. Scheme for ASHAs to ensure spacing in births.
9. Scheme for provision of Pregnancy Testing Kits in the drug kits of the ASHAs for use in communities.
10. **Family Planning Logistic Management and Information System (FP-LMIS):** A dedicated software to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.
11. **National Family Planning Indemnity Scheme (NFPIS)** under which clients are insured in the eventualities of deaths, complications and failures following sterilization.
12. Ensuring quality of care in Family Planning services by establishing Quality Assurance Committees in all States and districts.
13. Appointment of dedicated RMNCH+A counselors at high case load facilities.
14. Improved Demand generation activities through a 360 degree media campaign.

#### **Condition of medical infrastructure in rural areas**

200. SHRI HARNATH SINGH YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn towards medical services, doctors and para-medical staff in rural and remote areas;

(b) if so, the details thereof and the effective steps being taken to improve health services and making doctors and nurses available in rural areas; and

(c) the target set for expenditure on rural health services during the current Five Year Plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Public health being a State subject, the primary responsibility to provide better medical Services and ensure availability of doctors and para-medical staff in rural and remote area, lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for improving health services and engagement of health professionals on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope.

In order to improve better health services, NHM aims for 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 and to achieve Universal Healthcare and bring down Out-Of Pocket Private (OOPE) expenditure. Also, the Central Government is supporting States/ UTs under NHM for provision of a host of free services such as maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, 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 NHM Free Drugs and Free Diagnostics Service Initiatives, PM National Dialysis Programme and implementation of National Quality Assurance Framework.

As part of Ayushman Bharat, the Government is supporting the States for strengthening Sub Centres and Primary Health Centres as Health and Wellness Centres for provision of comprehensive primary care that includes preventive and health promotion at the community level with continuum of care approach.

The Government has also taken various steps to train more health professionals and depute them in rural areas, these efforts include:

- (i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas.

- (ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.
  - (iii) Support is provided to States/UTs for hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
  - (iv) The States are encouraged to adopt flexible norms for engaging specialists at public health facilities. These include various mechanisms for 'contacting in' and 'contracting out' of specialist services, methods of engaging specialists outside the Government system for service delivery at public facilities and the mechanism to include requests for these in the State Program Implementation Plans (PIP) under the National Health Mission.
- (c) There is no Five Year Plan at present as the Government stopped to formation of the same beyond Twelfth Five Year Plan which ended on 31st March, 2017.

#### **High incidence and risk of cervical cancer**

201. DR. VIKAS MAHATME: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware that cervical cancer, which is preventable, accounts for twenty six per cent of female cancers in India and twenty five per cent of deaths due to cervical cancer worldwide occur in India;
- (b) if so, the steps taken/being taken by Government to deal with this serious issue, including establishing a National Screening Programme, to ensure early detection and timely treatment;
- (c) whether Government plans to include the Human Papillomavirus Vaccination (HPV) in the National Immunisation Programme; and
- (d) if not, the reasons therefor and whether any alternate vaccination will be introduced to prevent cervical cancer?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) As per the Indian Council of Medical Research's Cancer Registry, estimated number of incidence of cervical cancer accounts for 12.8% among females in India for the year 2018. As per estimates for the year 2018, the estimated number of deaths due to cervical cancer in India accounts for 21.8%.