

Bridging healthcare divide between rural-urban areas

1052. SHRI VIJAY PAL SINGH TOMAR:

SHRI HARNATH SINGH YADAV:

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

(a) whether healthcare in the rural areas of the country is very poor despite several efforts made by Government;

(b) if so, the details of steps taken to address the problems of rural healthcare sector in rural areas of the country;

(c) whether there is any proposal to draw a long term perspective plan to address the prevailing inequalities in the rural health sector; and

(d) if so, the details thereof indicating programmes/schemes being implemented/ proposed to be implemented by Government to reduce rural-urban gap in access to quality healthcare and advanced treatment and diagnostic facilities in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The key health indicators such as Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR), Total Fertility Rate (TFR), proportion of institutional deliveries etc. and availability) of health human resources and health infrastructure are poor in rural areas as compared to urban areas.

(b) to (d) "Public Health and Hospital" being a State subject, the primary responsibility to provide healthcare to its citizens 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 to all those who access public health facilities. Currently, NRHM is a sub-mission of National Health Mission.

This support under NHM includes 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)(under which free drugs, free diagnostics, free blood and diet, free transport from

home to institution, between facilities in case of a referral and drop back home is provided). Rashtriya Bui 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.

Mobile Medical Units (MMUs) & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas.

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 health care that includes preventive and health promotion at the community level with continuum of care approach. Further, the Government / has launched Pradhan Mantri Jan Arogya Yojana (PMJAY) under Ayushman Bharat to provide affordable quality inpatient care.

To improve availability of doctors and specialists in underserved areas, the Government is upgrading District Hospitals to Medical Colleges in 82 districts which do not have any Medical College thereby providing at least one Medical College for every three contiguous Parliamentary Constituencies.

Registration by ineligible people for Ayushman Bharat

†1053. SHRI VISHAMBHAR PRASAD NISHAD:

CH. SUKHRAM SINGH YADAV:

SHRIMATI CHHAYA VERMA:

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

(a) whether Government is aware of the fact that names of rich and influential people have been registered under "Ayushman Bharat Yojana" as its beneficiaries;

(b) if so, the details thereof; and

(c) the steps taken at the level of Government to tackle such discrepancies so that the scheme may reach to the intended people and those people who are not entitled may remain out of it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) PMJAY is an entitlement-based scheme under which beneficiary families figuring in the specific deprivation criteria of Socio Economic Caste Census (SECC) database are entitled to avail the benefit. Families belonging to automatically included categories and deprivation criteria

†Original notice of the question was received in Hindi.