

**Impact of COVID-19 pandemic on rural healthcare**

1051. SHRI RAJEEV SATAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether healthcare is a major concern in the rural areas of the country in view of the COVID-19 pandemic, if so, the details thereof and the reasons therefor;

(b) the reasons for the failure of Government in providing basic health care facilities in the rural and backward areas of the country;

(c) whether many of the doctors posted in rural areas are reluctant to work in view of lack of facilities; and

(d) whether there is any proposal to revise National Health Policy and a long term perspective plan to address prevailing inequalities in rural health sector and, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) "Public Health and Hospitals" being a State subject the primary responsibility of implementation of various healthcare schemes including National Health Mission lies with respective States.

The Ministry is continuously monitoring the implementation of their National Programmes and giving the required guidance to States/UTs from time to time.

States/UTs are being provided required technical and financial assistance for managing the COVID-19 Public Health Challenge from time to time.

All the States/UTs are provided with necessary financial support under India COVID-19 Emergency Response and Health System Preparedness Package, with flexibility to use the resources based on their context and priorities. During FY 2020-21, funds of ₹ 4256.81 crore have been released to the States/UTs as on 10.09.2020.

(c) "Public health and hospitals" being a State subject, the primary responsibility of ensuring the availability of doctors at public health facilities lies with the respective 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 (NHM).

NHM support is provided to States/UTs for setting up of new facilities as per norms and upgradation of existing facilities for bridging the infrastructure gaps and to fill up the vacancies of Human Resource on contractual basis based on the requirement posed by them.

The States are also encouraged to adopt flexible norms for engaging specialists for public health facilities. These include 'contracting in' and 'contracting out' of specialist services and engaging specialists outside the Government system for service delivery at public facilities under NHM.

States have also been allowed to offer negotiable salaries to attract Specialists including flexibility in strategies such as "You quote, we pay".

Financial support is also provided to States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc. to engaged human resources to address the issue of shortage of doctors and specialists in the public health facilities.

(d) At present, there is no proposal to revise the National Health Policy.

#### **Health emergency package for COVID pandemic**

1052. SHRI PRABHAKAR REDDY VEMIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has sanctioned ₹ 15,000 crore health emergency package to deal with COVID pandemic in the country;

(b) if so, the details of amount that has been sanctioned to various States, including Andhra Pradesh;

(c) the criteria adopted in releasing the funds to States;

(d) whether any special attention has been paid on States/cities where there are more number of cases; and

(e) if so, the details thereof?