

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:402
ANSWERED ON:21.12.2005
UNIVERSAL HEALTH CARE
Oram Shri Jual

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

- (a) whether the Union Government proposes to provide universal health care in every State to supplement the efforts of State Governments;
- (b) if so, the details thereof;
- (c) whether the Government has drawn up any action plan in that regard after reviewing the existing Central and Centrally Sponsored Schemes vis-à-vis the prevailing health care scenario in every State;
- (d) if so, the details of the proposed action plan; and
- (e) the steps proposed to be taken to ensure effective implementation of this plan?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a) to (e) A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 402 FOR 21ST DECEMBER, 2005.

The National Health Policy, 2002, laid down the major objective as achieving an acceptable standard of good health amongst the general population of the country. It laid emphasis on providing increased access to decentralized public health system, enhancing public health investment, convergence of public programmes etc. The National Common minimum programme of the Government has also placed emphasis on raising public health investment with focus on primary health care and increased investment in programmes to control communicable diseases.

Towards this end, the Government has launched a National Rural Health Mission (NRHM) to provide effective health care to rural population throughout the country with special focus on 18 States with poor health indices and with poor health infrastructure. The main objective is to provide accessible, effective, accountable, effective and reliable health care, especially to poor and vulnerable sections of the population. It seeks to provide interalia, an overarching umbrella to the existing vertical schemes and programmes of the Health and Family Welfare. NRHM has been launched for a period of 7 years (2005-2012) i.e. for the 2 years of the 10th Plan and full 11th Plan.

Under the strategies of NRHM, the gaps in the existing scenario of rural health care is to be addressed through 2.5 lakh Accredited Social Health Activists (ASHA) to assist the Anganwadi Worker and ANM at village level to make the increased health services accessible to the rural people of the country. The role of ASHA is to reinforce community action for universal immunization, safe/institutional delivery, other reproductive and health related services, newborn care, prevention of water-borne and other communicable diseases, nutrition and sanitation.

Strengthening of rural health infrastructure is also a priority under NRHM. CHCs are proposed to be upgraded to the level of India Public Health Standard (IPHS). Untied funds are being provided to sub-centres. Panchayati Raj Institutions and Civil Society are to be involved in management and monitoring of the public health facilities.

While the financial and technical support is largely to be provided by the Government of India, the implementation of the mission rests with the State Governments. The State Governments are required to prepare district/state plan and get them approved by the Central Government.

Institutional arrangements have already been put in place with Mission Steering Group headed by the Minister of Health & Family Welfare at the Centre and State Health Missions chaired by the Chief Minister and District Health Mission by the Zila Parishad at the State and District level respectively. In addition, it is proposed to have community monitoring at the Village level with external evaluation also conducted at frequent intervals. In accordance with the Outcome Budgeting introduced for the entire Government, under NRHM timelines have been fixed for quantifiable deliverables. Capacity building exercise has been taken up particularly in the EAG states.