Steps taken to strengthen healthcare services in tribal and OBC/SC dominated rural areas

Three-Tier Primary Healthcare System ensures equitable access with relaxed norms for tribal and hilly areas

Incentives and honorarium are provided under NHM to encourage health specialists in rural and remote areas

1,498 Mobile Medical Units are operational under NHM, serving remote and tribal populations, including 694 in areas with Particularly Vulnerable Tribal Groups

NHM initiatives strengthen maternal and child health nationwide, with focus on OBC, SC, and ST communities

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The healthcare infrastructure of the country involves a three-tier system with Sub Health Centre (Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of the Primary Health Care System in India. National Health Mission (NHM) envisages achievement of universal access to equitable, affordable and quality health care services that are accountable and responsive to the needs of the population, including OBC, SC and ST populations.

As per established norms, in rural areas a Sub Health Centre for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health Centre for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre for a population of 1,20,000 (in plain) and 80,000 (in hilly and

tribal area) is suggested. Further, for urban areas, one Urban Ayushman Arogya Mandir is recommended for an urban population of 15,000 to 20,000, one Urban-Primary Health Centre (U-PHC) for an urban population of 30,000 to 50,000, one Urban-Community Health Centre (U-CHC) for every 2.5 lakh population in non-metro cities (above 5 lakh population), and one U-CHC for every 5 lakhs population in the metro cities.

The population norms for setting up SHCs, PHCs and CHCs in tribal and hilly areas have been relaxed from 5,000, 30,000, and 1,20,000 to 3000, 20,000, and 80,000, respectively.

As per Health Dynamics of India (HDI) 2022-23, details of Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals operational in the country may be seen at the following link : https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf.

Under NHM, the following types of incentives and honorarium are provided for encouraging Health Specialists to practice in different regions of the country, including rural and remote areas of the country:

- 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.
- Honorarium to Gynaecologists/ Emergency Obstetric Care (EmoC) trained, Paediatricians & Anaesthetists/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Caesarean Sections in rural & remote areas.
- Incentives like special incentives for doctors, incentives for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salaries to attract specialists, including flexibility in strategies such as “You Quote We Pay”.
- Non-monetary incentives such as preferential admission in post-graduate courses for staff serving in difficult areas and improving accommodation arrangements in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

Mobile Medical Units (MMUs) provide primary healthcare services to remote, tribal, and underserved populations, which also include OBC, SC, and ST populations. These MMUs function as mobile clinics, delivering preventive, promotive, and curative healthcare to areas lacking easy access to hospitals or health centers. As per NHM MIS December 2024, there are a total of 1498 MMUs operational in the country, including OBC, SC, and ST population areas under NHM. Out of these 1498 MMUs, a total of 694 MMUs are currently operational in areas with Particularly Vulnerable Tribal Groups (PVTGs), providing both preventive and curative care.

Through the National Health Mission (NHM), the government has implemented various programs to improve maternal and child health services and outcomes, including OBC, SC and ST populations throughout the country. These initiatives to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) include Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Surakshit Matritva Aashwasan (SUMAN), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Mothers’ Absolute Affection (MAA), Setting up of Maternal and Child Health (MCH) Wings, Birth Waiting Homes (BWH), Anaemia Mukt Bharat (AMB), Facility-Based Newborn Care, Kangaroo Mother Care (KMC), Community-based care of Newborn and Young Children, STOP Diarrhoea initiative, Nutrition Rehabilitation Centres (NRCs), and Universal Immunization Programme (UIP).

The Union Minister of State for Health and Family Welfare, Shri Prataprao Jadhav stated this in a written reply in the Lok Sabha today.

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