

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

STARRED QUESTION NO:9

ANSWERED ON:01.12.2004

RURAL HEALTH MISSION

Hasan Chaudhary Munawwar;Singh Shri Chandra Bhushan

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

- (a) whether the Government has formulated any plan under Rural Health Mission to improve the health care in the country;
- (b) if so, the details thereof;
- (c) the details of the funds earmarked/released for the purpose during the Tenth Five Year Plan so far, State-wise;
- (d) whether a Conference of Health Ministers of the States was held in the month of October in this regard;
- (e) if so, the main points discussed and the results thereof;
- (f) whether all the States have agreed to adopt this programme and have also created the requisite health infrastructure; and
- (g) if so, the details thereof?

Answer

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

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 9 FOR 1ST DECEMBER, 2004

(a) & (b): Yes, Sir. Such a proposal is under the consideration of the Government. Under this, it is proposed to launch a National Rural Healthcare Mission (NRHM) throughout the country to provide comprehensive integrated healthcare services to the people, especially to the rural poor. The Mission proposes to initially focus on the 17 States, including 8 EAG States (U.P., M.P., Bihar, Rajasthan, Orissa, Jharkhand, Uttaranchal, Chhattisgarh), 8 North Eastern States (Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim, Tripura), and Jammu & Kashmir. The Mission aims at systemic and structural reform for ensuring intra and intersectoral convergence; greater role of Panchayati Raj Institutions (PRIs) for planning and supervising discharge of public health duties; strengthening public health infrastructure; Public-Private Partnership for health; and increasing community ownership of the Health and Family Welfare Programmes through a cadre of voluntary female Accredited Social Health Activists (ASHAs).

(c): The Scheme is under formulation. No funds have been released so far under the Scheme.

(d) & (e): A Consultation was organized by the Union Health Minister, on 2nd November 2004, with 22 States, of which 12 were represented at the level of Minister. The main issues discussed related to the interventions proposed under the Mission, especially relating to a new cadre of voluntary female Accredited Social Health Activists (ASHAs) at village levels; strengthening of the Sub-centre, PHC and CHC; provision of flexible funds at Sub-centre level to address the unmet needs; supplies of additional generic drugs (both AYUSH and allopathic) for common ailments; steps for improving the availability of doctors in rural areas and operationalization of First Referral Units; merger of vertical Funds & Societies of the Departments of Health and Family Welfare at district and State levels; improved programme management capacities; establishment of State Rural Healthcare Mission (SRHM) under the Chairpersonship of the Chief Minister; and creation of the District Health Development Agency (DHDA) at district levels. There was agreement on the broad strategies of the Mission. However, the States requested for greater flexibility to work out the details of specific interventions, within the overall policy guidelines.

(f) & (g): All the 17 States have agreed, in principle, to adopt this programme. Creation of health infrastructure is not a pre-condition to the launch of the programme. Augmentation of infrastructure will be undertaken once the programme is launched.