

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

UNSTARRED QUESTION NO:446

ANSWERED ON:20.11.2009

PROGRAMME UNDER NATIONAL RURAL HEALTH MISSION

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

, like Qnsa, Chhattisgarh, Jharkhand and West Bengal which lack minimum health

(c)if so, the details thereof and the steps taken in this, regard;

(d)the achievement made so far under the scheme, State/UT-wise;

(e) whether there is separate provision for people living below poverty line under, the scheme;

(f) if so, the details thereof; and

(g) the steps taken by peCgovernment to streamline implementation o^ the spje^me and to meet the shortage of doctors and nurses in the rural areas?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a): Funds are allocated to the States/UTs on the basis of a transparent formula by using population as the basis. The High. Focus. S\$atjesfare-given a weightage factor of 1.3, States`WChhattisgarh, Himachal Pradesh Jammu & Himachal, Jharkhand and Uttarakhand are given a weightage factor of 1.5, North-Eastern States are given a weightage factor of 3.2 and the remainftmg Staff s are given a weightage factor of 1.

(b) and (c); Funds are released annually to the States/UTs under the National Rural Health Mission to provide /accessible, affordable and`cpaalityf health care to the rural population especially the vulnerable sections of the country. Additional funds are also provided to the States/UTs depending upon ; their utilization status and availability of funds

(d): A statement showing the progress -u-ndenNBHM is enclosed as annexu#e.

(e) and (f): Although there is no separate provision for people living below poverty line unddr the Scheme but efforts are made to covenrqrpl population especially the vulnerable sections.

(g): Under the National, Rurall Health Mission pRHM],,, Government of India receives Annual Programme Implementation Plans [PIPs] from the States/UTs and the same are examined in the Ministry and approved by the National Programme Coordination Committee , of the Ministry. The funds are released after due appraisal and approval. Further , a detailed framework for trie monitoring of the Programme has been operationalised. Periodic review missions are also undertaken to the States to monitor progress of the Programme. The Review Mission teams comprise Government of India Officers, Public Health experts of NIHFW, NHRM, Development Partners and State Health & Family` Welfare representatives. The progress of NRHM is also reviewed and monitored by high level bodies like the Mission Steering Group [MSG], Empowered Programme Committee [EPC], Advisory Group on Community Action (AGCA) and ASHA Mentoring Group (AMG) set up under the Ministry of Health & Family Welfare. In addition, independent external evaluations are also conducted by Government and Non-Governmental agencies on thematic and geographical basis to document the progress of the NRHM. Community level validation of key programme components is also carried out under NRJHM through the process of Physical and Financial Monitoring Reports, regular MIS, survey reports and user responses.

An integrated web based Health Management Information System (HMIS), which compils progress of NRHM on key parameters at various,levels has been operationalised.

A task `group was constituted under the NRHM under the Chairmanship of DGHS and has recommended various measures to enspre the services of Doctors in rural areas. These recommendations haye already been shared with the State Government. The main recqmmeliddtions are - increase in the age of retirement of Doctors to 65 years preferably with posting near hometown, decentralization of recruitment at District .level, walk-in-interview .and contractual appointment of Doctors, enhancing tte salary for positing in rural: areas by one-third-increasimg the admission capacity in medical college for Anaesthesia, reviving the; Diploma course in Anaesthesia, to start one year certificate course in Anaesthesia , for Medical Officers working in the system at ;present to be given by national Board of Examination, recognition of five hundred bedded hospitals to provide the .facility for conducting the above course and hiring of private practitioners on case-to-case basis. Under NRHM, 6660 Ayush Doctors, 24,494 Staff Nurses and 44,561 Auxiliary Nurse Midwife have been hired by the States on contract basis.