

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

STARRED QUESTION NO:244
ANSWERED ON:26.11.2010
PRIMARY HEALTHCARE DELIVERY SYSTEM
Ponnam Shri Prabhakar

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

- (a) Whether the Government has assessed the performance of the primary health care delivery system of the country in the recent past;
- (b) If so, the details thereof;
- (c) Whether any shortcomings have been observed in this regard; and
- (d) If so, the corrective action taken/being taken in this regard?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SHRI DINESH TRIVEDI)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO.244 FOR 26TH NOVEMBER, 2010

(a)&(b) Yes, Madam. The performance of the National Rural Health Mission (NRHM) which was launched to provide accessible, affordable and quality health care to rural population has been assessed in the recent past through Concurrent Evaluation by International Institute of Population Sciences (IIPS), Mumbai, Performance Audit of NRHM by Comptroller & Auditor General (CAG) and through a study commissioned by the Planning Commission. Performance of NRHM is also assessed annually through Joint Review Mission (JRM) & Common Review Mission (CRM).

(c) Major shortcomings observed in the above mentioned assessments are:

Need for rationalization of funds flow arrangement and streamlining the release of funds to the State Societies and consequently to district and block levels.

Strengthening of the monitoring framework so as to ensure periodic impact assessment of activities for timely interventions.

Number of facilities providing full complement of services envisaged at various levels is low and there is mismatch of resources and patient load in many cases. Post partum Family Planning counselling and services need emphasis.

Village health and nutrition days not providing the full complement of services

Village level health and sanitation committees were still to be constituted in some States.

The Rogi Kalyan Samiti (RKS) need to be constituted and registered at all the health centres. The Samiti should be made a constructive partner in functioning of the health centres and to enable this, the accountability structure under the RKS need to be clearly defined and management capacity may be augmented.

New health centres should be established in the under-served areas.

There are shortages of specialist doctors at CHCs, adequate staff nurses at CHCs/PHCs and Auxiliary Nursing Midwife (ANMs) / Multi-purpose Worker (MPWs) at Sub Centres which need to be addressed to improve quality of health care.

(d) Following corrective measures have been taken on the shortcomings observed:

Electronic transfer of funds to the State and district health societies has been introduced which has reduced the delays in transfer of funds.

Quarterly and monthly Financial Monitoring Reports (FMRs) have been introduced to enable the Ministry to keep track of monthly statement of fund position and details of advances given by States to the districts.

Web based Health Management information system has been introduced. Quarterly physical progress reports are also obtained from the States. The shortcomings observed on analysis of the reports are brought to the notice of the State/UT governments for corrective action.

FMR performance analysis, statutory audit reports, field review visits by financial Monitoring Group Teams, zonal workshops with all states' financial managers have been undertaken with a view to make financial management of NRHM more cohesive and timely.

Guidelines for constitution of District Vigilance & Monitoring Committees headed by the Member of Parliament (MP) in each district have been issued to ensure regular monitoring of NRHM activities at the district level.

Prioritization of facilities as identified Mother and Child Health/ MCH centres to provide different levels of care has been done.

Village health and sanitation committees (VHSC) have been constituted in most of the villages in all States/UTs. As per the information received from the States, 4,98,378 VHSC have been constituted as on 30.09.2010. Revised guidelines on VHSC were issued in which section on facilitation support to VHSC was added and accountability structures were elaborated.

29,904 Rogi Kalyan Samiti (RKS) have been constituted covering most of the health facilities i.e. district hospitals, sub divisional/block hospitals, CHCs and PHCs.

264 backward districts have been identified to give special focus on underserved areas, based on certain indicators. States were advised to include clear action plan for Backward districts as part of the Program Implementation Plan (PIP) of 2010-11. Special incentives have been provided to medicos and paramedicos for performing duties in difficult areas.

Augmentation of manpower is a thrust area under NRHM. 8246 doctors, 26734 Staff Nurses, 53552 ANMs and 1572 Specialists, 18272 para-medics and 9578 AYUSH doctors have been appointed by States/UTs under NRHM on contract basis as on 30.09.2010.

The findings of the CRM are shared with the States/UTs through a National Dissemination Workshop for follow up action.