

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

UNSTARRED QUESTION NO:2714

ANSWERED ON:11.03.2011

REVIEW ASSESSMENT OF NRHM

Dutt Smt. Priya Sunil;Kumar Shri Kaushalendra;Mahto Shri Baidyanath Prasad;Patil Shri A.T. Nana;Ramkishun Shri ;Singh Baba Shri K.C.;Yadav Shri Dharmendra

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

- (a) whether the Government has recently reviewed/assessed the working of the National Rural Health Mission (NRHM) in the country;
- (b) if so, the details thereof and the outcome thereof, State-wise;
- (c) whether certain shortcomings have been observed in this regard;
- (d) if so, the details thereof alongwith the corrective measures taken/ proposed to be taken by the Government to remove the shortcomings; and
- (e) the details of the strategy formulated by the Government for effective implementation of schemes/ programmes under NRHM in remote hilly areas and backward districts in the country particularly in Bihar, Uttar Pradesh and Himachal Pradesh?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a)&(b) An assessment of NRHM was done by the Common Review Mission (CRM) from 15th to 22nd December 2010. Findings of the review mission were shared with all States and UTs in National Level Workshop organized in Delhi on 26th February 2011.

A total of 14 States and one Union Territory were reviewed by 15 teams. The States & UTs covered by the Common Review Mission includes Arunachal Pradesh, Assam, Chandigarh, Chhattisgarh, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Nagaland, Orissa, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh and Uttarakhand. The report of the 4th CRM is available on the website of the ministry www.mohfw.nic.in.

(c)&(d)The report of 4th CRM inter-alia mentions certain gaps in Infrastructure, human resources especially the shortage of specialists, 2nd ANM and MPW workers. The CRM also observed the necessity of having proper procurement system in many States and establishment of Laboratory services at peripheral levels at an affordable rate. Further, the CRM also observed the need to expand civil society involvement in ASHA training, VHSC capacity building, community based monitoring and planning.

Corrective measures taken include:

Augmentation of human resource through contractual appointment under NRHM.

Government has recently approved contractual appointment of 53544 Multipurpose Health Worker (Male) under NRHM in 235 High Focus Districts for 3 years.

Augmentation of Health care services with one Mobile Medical Unit per District.

Procurement system in the states has been strengthened through use of PROMIS software. Some states have set up Medical Services Corporations for procurement.

Laboratory services are strengthened through financial assistance to States under NRHM.

Advisory Group on Community Action (AGCA) has been set up for community monitoring of NRHM.

(e) For focused attention to districts having weak health indicators 264 High Focus Districts have been identified across the country for supportive supervision and higher allocation of funds to bridge critical gaps especially in infrastructure and human resources.

Incentives are given by states to some staff posted in remote and difficult areas.