

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

STARRED QUESTION NO:424

ANSWERED ON:02.09.2011

HEALTHCARE FACILITIES UNDER NRHM

Angadi Shri Suresh Chanabasappa;Rathwa Shri Ramsinhbhai Patalbhai

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

- (a) whether the Government has taken effective measures for providing adequate healthcare/medical facilities in the country particularly in the backward/inaccessible/tribal and rural areas under the National Rural Health Mission (NRHM);
- (b) if so, the details thereof;
- (c) the budgetary allocation made by the Government for the purpose during each of the last three years and the current year, State-wise;
- (d) whether various schemes/programmes under NRHM are being implemented successfully in the country including Jharkhand and the North-Eastern Region (NER);
- (e) if so, the State-wise details thereof and if not, the reasons therefor; and
- (f) the corrective measures taken/proposed to be taken by the Government in this regard?

Answer

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

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 424 FOR 2ND SEPTEMBER, 2011

(a) to (c): Yes, Madam. Government of India launched the National Rural Health Mission in the year 2005 to support the States in providing accessible, affordable and quality health care to the rural population, especially the vulnerable sections. Further, the following measures have been taken under the National Rural Health Mission (NRHM) for providing adequate healthcare / medical facilities in the backward/tribal/inaccessible areas:

1. 264 backward districts have been identified for focused attention. States have been advised to consider higher allocation to these districts.
2. Under Janani Suraksha Yojana (JSY), a scheme to promote institutional deliveries, higher cash incentive is provided to women for accessing Government institutions for delivery in low performing (backward) States.
3. Some States like Odisha and Andhra Pradesh have provided the facility of birth waiting homes in tribal areas for stay of pregnant women prior to delivery.
4. 461 districts have been equipped with 1,787 Mobile Medical Units (MMUs) to provide health care services to unserved/underserved areas.
5. Monetary and Non-Monetary incentives are provided to the staff posted in backward, inaccessible and hard to reach areas as approved in the State Programme Implementation Plan.
6. Healthcare infrastructure has been strengthened under NRHM by taking up new construction/up-gradation of public health facilities.
7. Human Resources in health in the States have been augmented.
8. 8.05 lakhs Accredited Social Health Activists (ASHA) have been engaged to bridge the gap between community and health facilities and create awareness on health issues.
9. Community ownership of health facilities has been promoted by constituting 4.83 lakhs Village Health, Sanitation and Nutrition Committee (VHSNC) and 33,149 Rogi Kalyan Samities (RKS).
10. Joint Monitoring Teams have been constituted comprising of officers of the Ministry, National Institute of Health & Family Welfare

(NIHFW) and National Health Systems Resource Centre (NHSRC) for regular monitoring of implementation of NRHM in these districts and providing help and support to the district officials.

The State-wise allocation of funds including allocation to Jharkhand and North-Eastern Region under NRHM for last three years and the current financial year is enclosed as Annexure-I.

(d) & (e): Yes, Madam. Under NRHM, schemes/programmes have been implemented successfully in the country including Jharkhand and North Eastern Region. There has been improvement in vital health indicators like Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Total Fertility Rate (TFR) and institutional deliveries. Concurrent evaluation of NRHM conducted by the Indian Institute of Population Sciences, Mumbai, in 187 districts of 33 States/UTs indicates considerable progress in the patients' satisfaction level and increase in IPD and OPD cases. The State-wise data of important indicators including progress of Jharkhand and North Eastern States is enclosed as Annexure-II.

(f): The following new initiatives have been taken recently by the Government to further improve the outcomes under NRHM:

Janani Shishu Suraksha Karyakram (JSSK) has been launched to provide free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government institutions.

Home Based Newborn Care (HBNC) through ASHAs and payment of performance linked incentives to them.

Name based Mother and Child Tracking System (MCTS) to ensure registration of all pregnant women and children and to monitor ante-natal and post natal check up of women and immunization of children.

Delivery of contraceptives (condoms and oral pills) at the doorsteps by ASHA.