

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

UNSTARRED QUESTION NO:5057
ANSWERED ON:02.09.2011
TARGET ACHIEVED UNDER NRHM
Adsul Shri Anandrao Vithoba

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

- (a) the health targets set under the National Rural Health Mission (NRHM) during the Eleventh Five Year Plan;
- (b) whether targets being achieved as per the Plan;
- (c) if so, the details thereof;
- (d) if not, the reasons therefor; and
- (e) the corrective steps taken in this regard?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a) National Rural Health Mission (NRHM) seeks to reduce the Maternal Mortality Ratio (MMR) in the country to 100 per 100,000 live births, Infant Mortality Rate (IMR) to 30 per 1000 live births and the Total Fertility Rate (TFR) to 2.1 by the end of the 11th Five Year Plan.

(b) to (d) As per available data, Maternal Mortality Ratio has declined from 254 in 2004-06 to 212 in 2007-09, Infant Mortality Rate also shown decline of 8 points from 58 in 2005 to 50 in 2009 and Total Fertility Rate has dropped from 2.9 in 2005 to 2.6 in 2009. Although substantial progress has been made, they fall short of the targets.

Major challenges include wide variation in absorptive capacity of the States, variation in the status of health indicators across and within the States leading to variable pace of program implementation. Further impediments are variation in socio- cultural determinants of health, accessibility and perceived level of difficulties across the districts, availability of Specialists, Doctors and paramedical staff in the States, weak capacity for planning at lower level.

(e) Some of the measures taken to expedite progress include:

i. A new initiative, Janani Shishu Suraksha Karyakram (JSSK) recently under the National Rural Health Mission (NRHM) which, entitles all pregnant women accessing public health institutions completely free and cashless deliveries including free medicine with zero out of pocket expenses.

ii. 264 backward districts identified across the country for differential financing and focused attention.

iii. To overcome shortage of Specialists, Multi skilling of the available doctors through trainings such as Life Saving Anesthetic Skills(LSAS), Basic Emergency Obstetrics & Neonatal Care (BeMONC), Comprehensive Emergency Obstetric & Neonatal Care (CeMONC) taken up.

iv. To improve availability of personnel in difficult and remote areas, monetary and non-monetary incentives are provided to staff posted in such hard to reach and inaccessible areas.

v. Allowing contractual appointment under NRHM to immediately fill gaps so as to meet the requirement of manpower. Nearly 1.48 lakhs health personnel which includes doctors, specialists, nurses and paramedics have been engaged under NRHM.

vi. 8.05 lakhs Accredited Social Health Activists (ASHAs) have been engaged to bridge the gap between community and health facilities.

vii. States are supported to take up IEC activities to change the health seeking behavior of people.