

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

UNSTARRED QUESTION NO:814
ANSWERED ON:25.11.2011
ANOMALIES IN NRHM
Deka Shri Ramen

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

- (a) whether certain anomalies have been noticed in implementation of the National Rural Health Mission (NRHM) across the country including Assam;
- (b) if so, the details thereof; and
- (c) the steps taken/proposed by the Government to remove these anomalies?

Answer

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

(a) & (b): No. Except Uttar Pradesh, no anomalies have been noticed in implementation of National Rural Health Mission (NRHM) across the country. In case of Assam, two complaints have been received, which have been sent to the State Government for taking necessary action. Certain areas of improvement have also been pointed out during review of NRHM undertaken through Annual Common Review Missions (CRM) and Joint Review Missions which inter-alia include :

Need for improvement in Institutional deliveries and Immunization.

Expediting progress to achieve the targets set for reducing IMR, MMR and TFR.

Bridging gaps in Infrastructure, human resource especially the shortage of specialists, 2nd ANM's and MPW's.

Need for a proper procurement system and establishment of laboratory services at peripheral levels in many States.

Need to expand civil society involvement in ASHA training, capacity building of Village Health Sanitation & Nutrition Committee, Community based monitoring and planning etc.

In case of Uttar Pradesh, on receipt of complaints of irregularity, special teams were sent to the State in December, 2010 and May, 2011.

The Go's team found deficiencies in the following areas:

(a) Award of contract for procurement of Emergency Medical Transport Services and Mobile Medical Units, Management of Hospital cleaning and gardening, procurement of safe drinking water and RO systems etc.

(b) Supply of poor quality and IEC/BCC material and poor quality of drugs and consumables etc.

(c) Poor monitoring of progress of the civil construction as well as quality of construction, and no action on the defects in constructions pointed out by JEs/CMOs.

(d) Non operationalisation of emergency transport services even after procurement of 779 ambulances.

(c): The steps taken to improve the functioning of NRHM include: i.To reduce IMR & MMR and promote institutional deliveries, new initiative, Janani Shishu Suraksha Karyakram (JSSK) recently launched 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 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. Over 1.46 lakhs health personnel including doctors, specialists, nurses and paramedics have been engaged under NRHM. Selection of ASHA's is being done through Village Panchayats.

vi. Over 8 lakhs Accredited Social Health Activists (ASHAs) have been engaged to bridge the gap between community and health facilities & generate demand for services.

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

viii. Improvement in infrastructure of Government health care facilities and providing Mobile Medical Units and Referral Transport facilities.

ix. States have been supported in setting up of procurement and civil wings for construction activities.

x. Flexible financing giving the states freedom to make their annual programme implementation plan within broad guidelines. Provision of Un-tied funds to CHC, PHC and Sub-Centres, which may be used for variety of purposes including purchasing medicines

xi. Action taken on anomalies pointed out in Uttar Pradesh(UP) is as under:

The anomalies were brought to notice of State Government, the Government of UP has accepted the observations and reported that they have instituted separate independent enquiries into the following:

(a) Irregularities in award of contract for procurement of EMTS, MMS vehicles.

(b) Quality of vehicles and accessories on MMS and EMTS.

(c) Irregularities in award and execution of supply orders placed on M/s UPSIC.

(d) Supply of poor quality RO systems by M/s UPSIC.

(e) Supply of poor drugs and consumables by M/s UPSIC

(f) Supply of poor quality of IEC/BCC materials. Moreover, on the request of the Ministry of Health & Family Welfare, the Comptroller & Auditor General of India has taken up a special audit of NRHM in UP for the entire NRHM period from 2005-06.