

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

UNSTARRED QUESTION NO:2596

ANSWERED ON:09.12.2011

REVIEW OF NRHM

Nahata Smt. P. Jaya Prada;Shekhar Shri Neeraj;Singh Shri Yashvir

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

- (a) whether the Government proposes to Conduct common Review Mission (CRM) for National Rural Health Mission (NRHM) annually;
- (b) if so, the details thereof;
- (c) the details of States selected for CRM of NRHM;
- (d) the details of districts selected from Uttar Pradesh and Uttarakhand for CRM;
- (e) whether CRM will review NRHM projects in districts where irregularities have been reported in NRHM during last five years; and
- (f) if so, the details thereof?

Answer

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

(a) & (b) Government has set up a monitoring mechanism under NRHM viz annual Common Review Mission (CRM), which comprises of representatives of Government of India, development partners, Public Health Experts and Civil Society representatives. So far five CRMs have been undertaken.

(c) The details of States selected for different CRMs so far are placed at Annexure.

(d) The details of the districts selected for CRM from U.P and Uttarakhand are as follows:

First CRM Second CRM Third CRM Fourth CRM Fifth CRM

Uttar Pradesh Raebareli Unnao Kanpur Lakhimpur Budaun

Jhansi Bahraich Allahabad Sonbhadra Jalaun

Uttarakhand Tehri Garhwal Chamoli Rudraprayag

Almora Uttarkashi Pauri Garhwal

(e) & (f) The CRM has a mandate to review the overall working of NRHM and suggest measures for necessary mid-course corrections in the implementation of the Mission. The review Missions comprise of National level briefing, State briefings, field visits and National and State level debriefings. The reports of the CRM are shared with the State Governments for taking necessary corrective steps. Some of the areas of improvement identified by the Fourth CRM include, certain gaps in Infrastructure, human resources especially the shortage of specialists, 2nd ANM's and MPW's. The report also inter-alia highlighted the need for a proper procurement system and establishment of laboratory services at peripheral levels in many states. It also emphasize the need to expand civil society involvement in ASHA training, capacity building of Village Health Sanitation & Nutrition Committee, Community based monitoring and planning etc.