

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

STARRED QUESTION NO:328  
ANSWERED ON:16.12.2011  
MATERNAL AND CHILD HEALTH SCHEMES  
Bavalia Shri Kuvarjibhai Mohanbhai

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

- (a) the details of the schemes formulated by the Government for maternal and child healthcare in the country;
- (b) the details of the funds allocated under the above schemes during each of the last three years and the current year, State/UT-wise;
- (c) the present status of utilization of the funds, State/UT-wise;
- (d) whether some deficiencies have been reported in the implementation of these schemes;and
- (e) if so, the details thereof and the corrective measures taken in this regard?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE(SHRI GHULAM NABI AZAD)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 328 FOR 16TH DECEMBER, 2011

(a) : The Reproductive and Child Health Programme Phase-II (RCH-II), under the National Rural Health Mission is a holistic programme aimed at improving maternal and child health care in the country.

(b) &(c) : Details of funds allocated and status of utilization under the Reproductive and Child Health Programme Phase-II during each of the last three years and the current year, State/UT wise are annexed.

(d) & (e): The implementation of the Reproductive and Child Health Programme Phase-II is rigorously monitored through Joint Review Missions (JRM) and Common Review Mission (CRM). So far 7 JRMs and 4 CRMs have been completed in which Officials from the Ministry of Health and Family Welfare, Public Health Experts, Development Partners and Civil Society members carry out field visits for first hand assessment. Some of the areas of concern highlighted by the JRMs and CRMs pertain to:

1. Lack of human resources, particularly specialists.
2. Gaps in rational deployment of HR.
3. Weak supportive supervision at the State level;
4. Inadequate attention to quality of care;
5. Need to improve training capacity as well as quality of training
6. Need for focussed attention on child health interventions;

The findings of the JRMs and CRMs are disseminated at both the Central and State level for initiating appropriate remedial action.