GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:70
ANSWERED ON:25.11.2011
REVIEW OF NRHM
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has reviewed the working of the National Rural Health Mission (NRHM);

(b) if so, the details thereof alongwith the irregularities noticed by the Government during the review;

(c) whether several States/UTs are lagging far behind in the implementation of the said Mission;

(d) if so, the names of the States/UTs alongwith the reasons for non-implementation of the said Mission properly;

(e) the reaction of the Government in this regard; and

(f) the steps taken or proposed to be taken by the Government for effective implementation of NRHM in the country ?

Answer

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

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 70 FOR 25TH NOVEMBER, 2011

(a) & (b) The working of National Rural Health Mission (NRHM) has been reviewed through Annual Common Review Missions (CRM), Joint Review Missions, Concurrent Evaluation of NRHM conducted by International Institute of Population Sciences (IIPS), Mumbai, Regular assessment of NRHM through online Health Management Information System (HMIS). and National level reviews with State Officials etc. The details of the reviews and some of the deficiencies pointed out are under:

a. Annual Common Review Mission: The Fourth Common Review Mission was held in December, 2010, in 15 States/UTs. The report of fourth CRM, inter-alia, highlights certain gaps in infrastructure, human resources especially the shortage of specialists, 2nti ANMs and MPWs. The report also highlighted the 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.

b. Joint Review Missions are held annually to review the RCH component of NRHM. The 7lh JRM was held in July-August, 2010 in three States. The findings of the 7th JRM inter-alia includes lack of availability of blood storage facilities along with specialists and/or general duty doctors trained in EmOC and Life Saving Anaesthesia Skills (LSAS), lack of comprehensive planning, including trainee selection, post training placement, weakness in addressing the management of severe malnutrition and Implementation of Village Health Nutrition Day (VHND) guidelines, lack of capacity in the area of procurement etc. The report also says that the potential of HMIS data for evidence based decision making has not been fully exploited.

c. Concurrent Evaluation of NRHM was done by International Institute of Population Sciences (IIPS), Mumbai. Shortcomings mentioned in the report, inter-alia, include that only 53% of VHSNCs had prepared village health plan and only 67% of Gram Panchayats reported receiving untied funds, about one-fourths of ANMs indicated difficulty in operating bank accounts due to non-availability of Sarpanch, only 23% of ANMs were staying in official residences, only 46% of the district hospitals had neo-natal ICU/ specialized sick new born care unit etc.

d. Regular assessment of NRHM : Regular assessment of NRHM is also done through internal monitoring mechanism like quarterly progress reports, web based Health Management Information System (HMIS), regular review meetings with States/UTs, field visits by officials and annual audit of accounts of Distrtict and Block Health Societies. Moreover, special teams are sent if any irregularity is brought to the notice of the Ministry. In case of Uttar Pradesh, special teams were sent in December, 2010, and May, 2011, which 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) to (f) NRHM is implemented in all States/UTs and reviewed as per the above mentioned protocol regularly. Though the progress has been variable, most of the States have shown improvement in the vital health indicators i.e., Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Total Fertility Rate (TFR). The State wise progress on these indicators is annexed. The deficiencies observed in the reviews, periodic reports, field visits and evaluations are brought to the notice of State Governments for corrective action. Findings of Common Review Mission and Joint Review Mission are also disseminated to the States. The corrective measures and strategy formulated by Government for effective implementation of NRHM include:

i A 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 & NeonatalCare (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. 1.46 lakhs health personnel including doctors, specialists, nurses and paramedics have been engaged under NRHM.

vi. Over 8 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.

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

ix. Flexible financing giving the states freedom to make their annual programme implementation plan within broad guidelines. Provision of Untied funds to CHC, PHC and Sub-Centres, which may be used for local felt health requirements includingpurchase of medicines.