GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1738
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REVIEW OF NRHM
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has considered the recently released reports of the 5th Common Review and 8th Joint Review of the National Rural Health Mission (NRHM);

(b) if so, the details thereof alongwith the details of observations/recommendations made in these review alongwith the details of irregularities found during the said review;

(c) whether some States/Union territories are lagging behind in the implementation of NRHM;

(d) if so, the names of such States/Union Territories which have not achieved its objectives and the reasons for not implementing the said Mission properly;

(e) the steps taken/proposed to be taken by the Government for the effective implementation of the NRHM in the country;

(f) whether the Government is considering involving private partners in revamping the rural health infrastructure of the country including Sub-Centres (SC); Primary Healthcare Centres (PHC); Community Healthcare Centres (CHC); District Hospitals; (DH); and

(g) if so, the details thereof?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a) & (b): The reports of the 5th Common review Mission (CRM) and 8th Joint Review Mission (JRM) of NRHM were shared and discussed with the States & UTs in the National Dissemination Workshop held on 12th January, 2012. The key observations/recommendations by these review missions are as under: 5th CRM

Substantial increase in human resources through introduction of incentives, compulsory rural service for medical graduates, rotational posting, amendment of recruitment rules and increase in retirement age.

Increase in OPD and IPD attendance in most of the States,

Emergence of an assured referral transport systems in many States,

Improvement in the availability of outreach services in all States, increased access to the health system through ASHAs

Increased utilization of funds.

The report also inter-alia mentions certain shortcomings and recommends to fill- up the gaps in infrastructure, human resources, reduce out of pocket expenses etc.

8th JRM

Management of RCH at the central level has become much more `hands-on` resulting in a continuous search for innovative solutions and improvement.

Satisfactory progress in rolling out of JSSK observed.

There has been focus on plugging of gaps for assured delivery of wide ranging RCH services in all identified delivery points.

The quality of data in the web based HMIS has shown steady improvement.

Quality Assuarance committees constituted and notified at the state level in all States.

The JRM report also draws attention towards the following:

Expansion of "results based financing` approach in the next five year plan is required.

Need to integrate Health Management Information System (HMIS) and Mother and Child Tracking System (MCTS).

Need to ensure tenure of three years for key positions.

Need to strengthen reporting and coordination across cross cutting functions and plan for institutional restructuring in line with the contours of the XIIth plan.

Strengthening of State Institutes of Health & Family Welfare (SIHFW)

The existing dual system of quality certification - internal (through SQAC) and external (through NABH/ISO) needs to be reviewed.

Need to focus on developing evidence based BCC (Behavioral Change Communication) strategy and establishing a Monitoring and Evaluation framework for BCC.

Bio-medical waste management wherever it has been outsourced to private agency needs to be managed better.

Integrated Management of Neo Natal & Childhood Illness (IMNCI) implementation needs to be fast tracked.

(c) & (d): A statement showing the states which have not achieved the national targets set under NRHM for Infant Mortality Rate (IMR)/ Maternal Mortality Ratio (MMR)/Total Fertility Rate (TFR) as per latest available data is annexed. The reasons include high base level of these indicators, low absorptive capacity of the States, lack of optimal utilization of facilities, shortage of skilled manpower and slow progress on the socio-economic determinants of health.

(e): The steps taken by the Government for effective implementation of NRHM are as under:

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

ii. Allowing contractual appointment under NRHM to immediately fill gaps so as to meet the requirement of manpower. 1.44 lakhs health personnel including doctors, specialists, nurses and paramedics have been engaged under NRHM.

iii. 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.

iv. 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.

v. States are provided with assistance to operate Mobile Medical Units and Emergency Referral Transport System.

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

vii. A new initiative, Janani Shishu Suraksha Karyakram (JSSK) has been launched, which entitles all pregnant women and children up to 30 days accessing public health institutions completely free and cashless deliveries including free medicine with zero out of pocket expenses.

viii. Annual Health Survey (AHS) has been introduced in 284 districts (as per 2001 Census) in 9 States including 8 Empowered Action Group States (Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan) and Assam, to find out weak areas and take remedial action.

ix. Introduction of MCTS to ensure registration of all pregnant mothers and children and to monitor delivery of full spectrum of services to pregnant woman and immunization services to children.

x. Introduction of integrated monitoring visits to the high focus districts by teams consisting of officials from Ministry.

(f) & (g): Presently there is no such proposal.