

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

UNSTARRED QUESTION NO:3183

ANSWERED ON:15.03.2013

EVALUATION OF NRHM

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

- (a) whether Government has conducted any evaluation of various programmes running under National Rural Health Mission (NRHM);
- (b) if so, the details thereof along with the targets set and achievements made therein, State/UT-wise;
- (c) the shortcomings noticed in implementation of NRHM along with the corrective measures taken by the Government in this regard;
- (d) whether a few States are lagging behind in term of performance under NRHM;
- (e) if so, the details thereof and the reasons therefor; and
- (f) the remedial steps taken/being taken by the Union Government in this regard particularly in high focus districts in various States/UTs in the country?

Answer

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

(a) Yes.

(b) & (c) The working of National Rural Health Mission (NRHM) has been reviewed amongst others through Annual Common Review Missions (CRM), Joint Review Missions, Concurrent Evaluation of NRHM conducted by International Institute of Population Sciences (IIPS), Mumbai, evaluation study by the Programme Evaluation Organization of the Planning Commission. The targets set and achievements made state /UT wise are given at Annexure I.

The last evaluation of NRHM was through 6th Common Review Mission conducted in the month of November 12. The broad positive findings and shortcomings observed and corrective measures are at Annexure II.

(d) & (e) As may be seen from details given at Annexure –I, the progress has been uneven across the regions with inter-State variations. Some States started with very poor health indicators. Other significant reasons include shortage of Human resources particularly doctors and specialists, and weak planning and implementation capacities etc. These states are also generally lagging in various social determinants of health.

The States are required to provide more funds per capita in High Focus districts.

Incentives are provided to states for rational deployment of Human resources.

Various monetary and non – monetary incentives are provided to health personnel serving in remote, underserved and tribal areas. Generalist doctors are given the following incentives towards post graduate degrees:

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas; and

(ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

JSY payments are made universally in the EAG States, while in non-EAG States, only SC/ ST/BPL women are eligible.

Relaxed norms have been prescribed for deployment of MMU's in high focus, vulnerable, tribal and LWE affected areas

The states have been advised to first operationalize facilities in high focus districts and in facilities with high patient load and also ensure rational and equitable deployment of HR with the highest priority accorded to high focus districts.

Nutrition Rehabilitation Centres (NRCs) are to be established in District Hospitals (and/or FRUs), with priority for tribal and high focus districts with high prevalence of child malnutrition.