

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

UNSTARRED QUESTION NO:115

ANSWERED ON:22.02.2013

FUNDS UNDER NRHM

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

- (a) whether there is shortage of doctors, particularly lady doctors and para-medical staff in Primary Health Centres/ Community Health Centres/Sub-Centres/ District Hospitals of the country under National Rural Health Mission (NRHM);
- (b) if so, the details thereof, State/UTwise along with the reasons therefor and the steps taken by the Government to fill up the vacant posts at the earliest, especially in the remote and tribal areas;
- (c) the details of funds allocated, released and utilized under NRHM during the last three years and the current year, State/UT-wise;
- (d) whether all the States have properly utilized the funds allocated for the purpose; and
- (e) if not, the reasons therefor and the names of such States which have not properly utilised the funds alongwith the steps taken/being taken by the Government to ensure transparency in utilisation of funds under NRHM?

Answer

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

(a) & (b) The State/UT wise detail of shortfall of doctors, paramedical staff as per Rural Health Statistics in India, 2011 is placed at Annexure I-V. No separate data is maintained for lady doctors.

Various reasons attributed for shortage include non-availability of requisite number of doctors and paramedics, shortage of medical colleges and training institutes in certain states and unwillingness on the part of doctors to work in rural areas and in Government health facilities.

Public Health is a state subject. Financial support is provided to States under National Rural Health Mission (NRHM) to strengthen the health system including engagement of doctors and paramedics on contractual basis based on the requirements proposed by the States in their annual Programme Implementation Plans. Support under NRHM is also provided by way of additional incentives to serve in rural areas and improved accommodation arrangements in rural areas, so that health professionals find it attractive to join public health facilities in rural areas. State governments are also regularly requested to fill up the vacancies on priority. Further, to increase the availability of doctors, several initiatives have been taken to rationalize the norms in medical education, such as, relaxation in land requirements, bed strength, increase in ceiling for maximum intake for undergraduates, enhancement of teacher-student ratio in PG etc which has resulted in substantial increase in number of undergraduate and post graduate seats. Government has also approved setting up of ANM/GNM Schools in different States besides setting up of Institutes of Paramedical Sciences at National and regional levels.

(c) A Statement showing funds allocated, released and utilized under NRHM during the last three years and the current year State/UT -wise is placed at Annexure VI.

(d) & (e) Some cases of improper utilization of funds have come to the notice of the Govt. of India under NRHM in the states of Uttar Pradesh, Odisha, Assam, Bihar, Haryana, Jammu & Kashmir and Rajasthan. The improper utilisation may be because of acts of commission or omission on part of concerned officials, or because of limited capacities of financial management or non-availability of competent human resources in finance in the field etc.

Whenever any observation of improper utilization has been received from the State either from the Statutory Audit's report or any review, the States were communicated for necessary action. In respect of Uttar Pradesh, the matter is being investigated by the CBI. The following mechanisms have also been put in place for adherence to financial procedures and proper financial utilisation :

Submission of quarterly Financial Monitoring Reports by the States;

Annual Statutory Audits;

Concurrent Audits;

Visits by the teams of the Financial Management Group of the Ministry to States for periodical reviews,

In addition to above the Ministry had requested the Comptroller & Auditor General (CAG) for conducting annual transaction audits of the National Rural Health Mission (NRHM) in all the States from the Financial Year 2011-12 in order to identify the existing gaps, facilitate independent monitoring and timely corrective measures so that a quality and timely audit assessment becomes available to assist the State Governments in undertaking remedial measures and achieving the targets of NRHM. In addition, in order to build financial management capacities in States, the following initiatives have been taken by the Ministry:

Model Accounting Handbooks for sub-district level has been prepared and circulated,

Detailed operational guidelines on Financial Management under the NRHM;

E-training modules on finance and accounts to help train finance personnel in all States have been disseminated;

The Central Plan Scheme Monitoring Scheme (CPSMS) is under implementation for on line monitoring of funds under NRHM,

The implementation of NRHM in States is reviewed through Common Review Missions (CRMs) and periodical reviews by the Ministry. The deficiencies/ shortcomings noticed during the reviews are immediately brought to the notice of the States for remedial action.