

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

UNSTARRED QUESTION NO:1524

ANSWERED ON:13.12.2013

EVALUATION OF NRHM

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

- (a) whether the 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 shortcoming 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 and if so, the details thereof along with the reasons therefor; and
- (e) whether the Government has identified certain high focus districts in various States /UTs in the country which require more attention and if so, the names of such districts along with the corrective steps taken by the Government in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(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 Populations Sciences (IIPS), Mumbai and evaluation study by the Programme Evaluation Organization of the Planning Commission. The target set and achievements made state / UT wise are given at Annexure-I. The broad positive findings and shortcomings observed in the 6th CRM and the corrective measures are at Annexure-II.

The last evaluation of NRHM was through 7th Common Review Mission conducted in the month of November 2013.

(d): 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 Resource particularly doctors and specialists, and weak planning and implementation capacities etc. These states are also generally lagging in various social determinants of health.

(e): The Government has identified 184 High Priority Districts (HPDs) across the country. The list of HPDs is placed at Annexure-III.

Public Health is a state subject. However, the steps taken by the government to provide focussed attention to improve healthcare in these HPDs are as follows:

i) Monitoring of Reproductive Maternal New-born and Child Health + Adolescent Strategy (RMNCH+ A) indicators with special focus to these High Priority Districts.

ii) States have been requested to allocate more funds per capita as compared to average per capita allocation for other districts of the state.

iii) 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:

(A) 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

(B) Incentives 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.

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

