GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:7043 ANSWERED ON:08.05.2015 VILLAGE HEALTH GUIDES SCHEME Pal Shri Jagdambika

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

(a) the salient features and current status of the Village Health Guide Scheme;

(b) the criteria for appointment of village health guides under the said scheme;

(c) whether the Government has made any assessment of the said scheme, if so, the details and the outcome thereof;

(d) whether the Government proposes to reinstate the various Village Health Guides Jann Swasthya Rakshaks under the Village Health Guide scheme; and

(e) if so, the details along with the present status thereof and if not the reasons therefor?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a): The erstwhile Community Health Worker Scheme which was a 100 % centrally sponsored scheme was brought under National Family Programme with 100% Central assistance and renamed as Village Health Guide Scheme in 1981 with the objective of providing Primary Health Care at doorstep of people.

The Village Health Guide Scheme was discontinued by the Government of India with effect from 1st April, 2002 though the State governments were informed at the time of discontinuation of the Scheme that they were free to continue with the existing/improved/amended Village Health Guide Scheme in accordance with their requirements from their own funds after March, 2002.

(b): Under the scheme, a volunteer was selected by the village community among residents who was willing to serve the community on a voluntary basis and enjoyed the confidence of the community with preference to those with basic education upto 6th class and retired defence personnel, if available.

(c): A Committee was set up under the Chairmanship of Shri P.K. Umashankar, Ex-Director, Indian Institute of Public Administration, New Delhi with three members in December, 1997 to assess the work and usefulness of Village Health Guide Scheme.

The important findings of the Committee are:

(i) The original objective of the Village Health Guide Scheme has remained mostly unfulfilled. The major objective of providing a functional link between the community and the health care systems has not been achieved.

(ii) Most of the State Governments who were responsible for operating this scheme had lost confidence in it;

(iii) It may not be possible, to activate the scheme and make it useful for promoting health and family welfare programmes;

(iv) States having failed to utilize their services for promotion of health and family welfare programmes tended to ignore the presence of the VHG; and

(v) The Panchayati Raj institutions had also not been able to make use of the services of the VHGs in any significant manner.

(d): There is no such proposal.

(e): As stated above, State governments were informed at the time of discontinuation of the Scheme that they were free to continue with the existing/improved/amended Village Health Guide Scheme in accordance with their requirements from their own funds after March, 2002.

Besides, in 2005, the Accredited Social Health Activist (ASHA) were introduced under the National Rural Health Mission, now subsumed as a Sub Mission of the National Health Mission (NHM). Currently there are 9.04 lakh ASHAs and the ASHA is a woman not only from the community but selected by the community and trained and equipped to provide a range of services - as facilitator or

link worker, a volunteer and activist and community level care provider.