

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

UNSTARRED QUESTION NO:1389
ANSWERED ON:18.07.2014
NATIONAL RURAL HEALTH MISSION
Shanavas Shri M. I.

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

- (a) whether the Government has conducted evaluation of various programmes running under the National Rural Health Mission (NRHM);
- (b) if so, the details thereof, State/UTwise;
- (c) the shortcomings noticed in implementation of NRHM along with the corrective measures taken by the Government in this regard;
- (d) the reasons for lagging behind in terms of performance of States therefor; and
- (e) whether the Government has identified certain High Priority Districts (HPDs) in various States AJs in the country which require more attention and if so, the names of such districts along with the steps taken by the Government to provide attention to improve healthcare in these HPDs?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a)to(c): The working of National Rural Health Mission (NRHM) is reviewed inter-alia through external surveys such as, National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS) and Sample Registration System (SRS). NFHS-4 Survey is presently ongoing. International Institute for Population Sciences (IIPS) conducted concurrent evaluation of NRHM. Institute of Economic Growth (IEG) conducted an evaluation of NRHM on behalf of the Planning Commission. Further, Common Review Missions (CRMs) also undertake a review of NRHM/NHM every year.

The information on different evaluations is available in public domain as under:

DLHS 4:
<https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx>

DLHS 3:
https://nrhm-mis.nic.in/SitePages/Pub_SurveyReportStateWise.aspx

AHS:
http://www.censusindia.gov.in/vital_statistics/AHS

SRS:
http://www.censusindia.gov.in/vital_statistics/SRS_Report_2012/1_Content_2012.pdf Evaluation of NRHM: IEG
http://planningcommission.nic.in/report/peoreport/peoevalu/peo_2807.pdf

IIPS
<https://nrhm-mis.nic.in/SitePages/HMIS-ConcurrentEvaluation.aspx>

CRM reports:
<http://nhm.gov.in/monitoring/common-review-mission.html>

A summary of observations of the Common Review Missions and the external evaluation by the Institute of Economic growth is at Annexure-I.

(d): The progress has been uneven across the regions with inter-state variations as some states started with very poor health indicators. Other significant reasons include shortage of Human Resource particularly doctors and specialists, and lack of effective 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-II

Public Health is a state subject. However, the steps taken by the government to provide focused attention to improve healthcare in

these HPDs are as follows:

(i) States have been requested to allocate more funds per capita as compared to average per capita allocation for other districts of the State, provide enhanced supportive supervision and propose innovative strategies for these districts to address their difficult health challenges.

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

(iii) The States have been requested to undertake facility-wise gap analysis with technical support from development partners to identify the gaps in implementation of high impact interventions and seek support for addressing the gaps through Program Implementation Plans (PIPs) under NHM.

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

(v) A 5x5 Matrix, which includes 5 high impact interventions under each of the 5 thematic areas of RMNCH+A, has been prepared and circulated to all the states.

(vi) 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.