(a) what is the monitoring process to see the implementation of National Rural Health Mission in the country;

(b) whether the process of implementation has been very slow in some of the States particularly in Uttar Pradesh, Jharkhand and Chhattisgarh;

(c) whether this is due to shortage of trained nurses and manpower in these States; and

(d) if so, the reasons and progress of NRHM in these States?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Under NRHM, a detailed framework for monitoring of the programme has been operatinalised. This includes integrated web based Health Management Information System (HMIS), which compiles the progress of NRHM on key parameters. The results of periodic surveys like the District level Household surveys(DLHS), National Family Health Survey (NFHS) etc. also provide information about impact of various programme interventions. Periodic review missions are also undertaken to the field to monitor progress of the programme. Further, independent external evaluations are also commissioned by the Government and undertaken through Non-governmental agencies on thematic and geographical basis to document progress of the NRHM. Community level validation of key programme components is also carried out under NRHM through the process of triangulation against the regular MIS, survey reports and user responses.

(b) to (d) NRHM has been operationalised in all the states in decentralized manner on basis of Annual State Programme Implementation Plans (PIPs) which are appraised/approved by the National Programme Coordination Committee (NPCC) at GOI level. The strategies of NRHM are progressing satisfactorily in the state including the states of Uttar Pradesh, Jharkhand and Chhattisgarh. The shortage of skilled human resources is indeed one of the critical bottlenecks in full operationalisation of the strategies of NRHM in some of the states. These states have undertaken remedial steps including strategies like local recruitment of human resources on contract, recruitment for specific health facilities by the Rogi Kalyan Samitis, incentives and hard area allowances, blended payments to health functionaries for difficult areas, rational transfer/posting policies etc. The capacity for pre-service and in-service training for critical skills has also been expanded under NRHM to address the availability and retention of key skills at health facilities. The successful implementation of NRHM has reduced absenteeism and improved availability of critical skills. The Government ensures continuous handholding of various initiatives under taken by states so as to ensure that the progress of NRHM in the states is as per the approved time line.

Infant mortality rate in Delhi

†1571. SHRI SHREEGOPAL VYAS:
SHRI RUDRA NARAYAN PANY:

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

† Original notice of the question was received in Hindi.

(a) whether it is a fact that the infant mortality rate has been increasing in Delhi;

(b) whether an investigation has been carried out into its causes;

(c) the plan being made to stop/to check the infant mortality rate;

(d) whether there is a provision under the plan to provide health related facilities to the women of other States coming here for employment; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the information received from the Government of Delhi, the Infant Mortality Rate (IMR) in Delhi as per the Sample Registration Survey (SRS) is as follows:

Year	IMR
2000	32
2001	29
2003	28
2004	32
2005	35
2006	37
2007	36

(b) As per SRS of Govt. of India, investigation has revealed the top 10 causes of infant mortality as under:-

1. Perinatal conditions (46%)
2. Respiratory infections (22%)
3. Diarrhoeal diseases (10%)
4. Other infectious and parasitic diseases (8%)
5. Congenital anomalies (3.1%)
6. Symptoms/signs and ill defined conditions (3%)
7. Nutritional deficiencies (2%)
8. Un-intentional injuries: others (1.4%)
9. Malaria (1.1%)
10. Fever of unknown origin (0.9%)

(c) Under the RCH Program funded by Govt. of India, the following interventions and schemes are being vigorously implemented for bringing down the infant mortality in the State:

1. Strengthening of neonatal and perinatal services in hospitals

2. Strengthening and improving Institutional delivery

3. Creation of Infant and Young Child Feeding Counseling Facilities in hospitals

4. Implementation of Integrated Management of Neonatal and Childhood Illnesses

5. Strengthening of treatment facilities for malnourished infants and children in hospitals.

6. Improving the coverage of Routine Immunization to the previously un-reached populations.

7. Building the capacities of service providers through an extensive year round training schedule.

8. Strengthening the monitoring mechanisms for overseeing the implementation.

9. Under the State scheme (state resources) immunization against measles, mumps, rubella and typhoid disease in infants and children is also implemented to reduce infant mortality.

(d) and (e) Adequate provisions for antenatal, natal and post natal care to the women in pregnancy are available at all the primary, secondary and tertiary level of health care to all women irrespective of their residential status.

1) MAMTA Scheme for facilitating institutional delivery to all BPL, SC/ST women through the private sector hospitals.

2) Janani Suraksha Yojna benefits to all pregnant women up to 2 live births in all public sector hospitals and peripheral health facilities.

3) Emergency transport (to nearest Government hospitals) to any woman in case of any pregnancy complication(s) (CATS Ambulance Services).

4) Contraceptive services (Laparoscopic Tubal ligation at 44 hospitals in Delhi and IUCD insertion at all the primary and secondary health facilities).

5) RCH camps in slums, JJ clusters and rural outskirts are organized for service delivery to the beneficiaries.

6) Village Health and Nutrition Days are being organized regularly at all the Anganwadies targeting the most vulnerable women and children with the support services for improving their health.

All these services are totally free of any charge to the beneficiaries.

Malpractice of blood banks

1572. SHRI SANTOSH BAGRODIA:
SHRI MAHMOOD A. MADANI:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that many blood banks are collecting blood by force or by malpractices;