

However, recently Hon'ble High Court of Delhi has directed AIIMS to frame a policy to open a charitable pharmacy giving free subsidized medicine to the poor patients who visit AIIMS vide its order dated 17th May 2010.

Implementation of primary healthcare scheme in remote regions of Orissa

2265. SHRI MANGALA KISAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has been implementing schemes for primary healthcare and for treatment of critical ailments in remote and tribal regions of Orissa;
- (b) the details of schemes/programmes implemented during the last three years;
- (c) whether any review of their implementation has been carried out;
- (d) if so, the findings thereof and if not, the reasons therefor; and
- (e) whether Government has any survey report of the situation of nutritional deficiency being suffered by children and lactating mothers, particularly in tribal inhabitations in the State and of the infant mortality rates?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) to (d) Government is implementing the National Rural Health Mission [NRHM] since 2005 with the objective to provide accessible, accountable and affordable health care services in the rural areas across the country including remote and tribal regions of Orissa. Under NRHM funds are provided to States for improving infrastructure, augmenting human resources, training, capacity building etc. During the last three years, following amount has been sanctioned to Orissa under NRHM:

(Rs. in crores)		
Fin Year	Release	Expenditure
2007-08	387.16	295.07
2008-09	388.05	334.05
2009-10	470.19	589.10

Note: Expenditure figures for 2009-10 are provisional

NRHM has an inbuilt annual review/evaluation system to find out the progress made and impediments in key areas of public care services delivery system. The same is assessed annually through Joint Review Mission [JRM] and Common Review Mission [CRM]. NRHM has also been assessed in the recent past through Concurrent Evaluation by International Institute of Population, [IIPS], Mumbai. Some of the major observations include:

- HR planning for manning the peripheral facilities needs to be improved, especially for nursing cadre and Lab. Technicians.
- Infrastructure improvement can be speeded up through effective coordination among multiple agencies.
- Drug expenditure by State Government needs to be substantially increased.
- Planning for underserved difficult areas/communities needs to be prioritized and adequate resource flow ensured.
- Scaling up of integrated Mother & Child Health services, FRU operationalisation and IMNCI needs to be given high priority.
- Linking of TBAs with ANMs to improve services in underserved areas/marginalized population groups is necessary.
- Nursing Training Institutes need to be strengthened.

(e) The National Nutrition Monitoring Bureau (NNMB) of Indian Council of Medical Research (ICMR) had carried out first repeat survey in Integrated Tribal Development Project (ITDP) areas during 1998-99 in the same villages, which were surveyed during 1985-87 to assess the current diet and nutritional status and changes, if any, in the nutritional status and food consumption pattern of tribal population. Tribal population of Orissa State was covered for the aforesaid survey.

Highest under-five child mortality in the country

2266. DR. K.P. RAMALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that most of the deaths of under-five children, occur in India according to the latest United Nations Under Five mortality estimates and India recorded 17.26 lakh under-five deaths;