Establishment of AIIMS like institute in U.P. under PMSSY

†3632. SHRI GANGA CHARAN:

SHRI JAI PRAKASH:

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

(a) whether Government has taken a decision to build a hospital in Uttar Pradesh (UP) on the line of AIIMS under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY);

(b) whether Government has aonsidered the State Government's suggestion in this regard; and

(c) if so, the reasons for delay in taking a decision thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) Yes.

(b) and (c) Government of Uttar Pradesh suggested that the AIIMS-like institution could be located in Bundelkhand Region of UP. Since the Government Medical College, Jhansi in the Bundelkhand region is proposed to be taken up for upgradation in the Phase III of PMSSY, Government of Uttar Pradesh has been requested to reconsider the proposal for setting up of the institution at Lalganj, Raebareli and also to provide land free of cost and other infrastructure facilities for the proposed institution. State Government informed that District Collector, Raebarelli has been requested to provide information in regard to providing land for the proposed institution.

Removal of shortcomings in NRHM

3633. SHRI N.K. SINGH:

SHRIMATI SHOBHANA BHARTIA:

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

(a) whether Government has observed certain shortcomings in the working of the National Rural Health Mission (NRHM) in the country;

(b) if so, the details thereof;

(c) whether Government has since taken any corrective measures to remove the shortcomings;

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†Original notice of the question was received in Hindi.

(d) if so, the details thereof; and

(e) the strategy formulated by Government for effective implementation of NRHM schemes throughout the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) Government has recently assessed the working of NRHM through the concurrent evaluation of NRHM done by International Institute of Population Sciences (HPS), Mumbai and also by Fourth Common Review Mission held from 15th - 22nd Decemberm 2010. The assessment highlighted certain shortcomings like shortages of Specialists, Doctors, Multipurpose Health Workers (MPHW) and Auxiliary Nurse Mid-Wife (ANM). The evaluation observed gaps in infrastructure and low utilisation of untied funds.

The CRM highlighted need €or a proper procurement system and establishment of Laboratory services at peripheral levels in many States. The CRM also mentioned the need to expand civil society involvement in ASHA training, VHSC capacity building, community based monitoring and planning.

(c) to (e) The corrective measures and strategy formulated by Government for effective implementation of NRHM include:

i. A new initiative, Janani Shishu Suraksha Karyakram (JSSK) recently launched under the National Rural Health Mission (NRHM) which, entitles all pregnant women accessing public health institutions completely free and cashless deliveries including free medicine with zero out of pocket expenses.

ii. 264 backward districts identified across the country for differential financing and focused attention.

iii. To overcome shortage of Specialists, Multi skilling of the available ' doctors through trainings such as Life Saving Anesthetic Skills (LSAS), 'Basic Emergency Obstetrics & Neonatal Care (BeMONC), Comprehensive Emergency Obstetric & Neonatal Care (CeMONC) taken up.

iv. To improve availability of personnel in difficult and remote areas, monetary and non-monetary incentives are provided to staff posted in such hard to reach and inaccessible areas.

v. Allowing contractual appointment under NRHM to immediately fill gaps so as to meet the requirement of manpower. Nearly 1.48 lakhs health personnel including doctors, specialists, nurses and paramedics have been engaged under NRHM.

vi. States are supported to take up IEC activities to change the health seeking behavior of people.

vii. 8.05 lakhs Accredited Social Health Activists (ASHAs) have been engaged to bridge the gap between community and health facilities.

viii. Assistance has also been provided to state for setting up Procurement Cell and for public health laboratories.

ix. Financial monitoring of NRHM is done through regular concurrent and statutory audits. Findings of the audit are communicated to the State Governments for taking corrective action.

Establishment of branches of NICD in states

3634. SHRIMATI SHOBHANA BHARTIA:

SHRI N.K. SINGH:

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

(a) whether Government proposes to set up branches of the National Institute of Communicable Diseases (NICD) in various States in view of rise of mysterious diseases;

(b) if so, the details thereof;

(c) whether the State Governments and Union Territories (UTs) have agreed to provide land and other infrastructure facilities for setting up of NICD; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) The Government of India has approved a proposal for strengthening and up-gradation of National Center for Diseases Control (NCDC) (erstwhile National Institute of Communicable Diseases) for effective response to emerging and re-emerging communicable diseases. Integrated Disease Surveillance Project (IDSP), an integral part of NCDC, supports epidemiological and lab-based surveillance of outbreak-prone diseases and rapid response thereto.

(c) and (d) Do not arise.