

Thirteenth Finance Commission (FC-XIII) has recommended the following measures, subject to enactment/amendment of Fiscal Responsibility and Budget Management Acts (FRBMAs), containing specified targets, by the States:—

- (i) Writing off of loans to States for Centrally Sponsored Schemes/Central Plan Schemes given through ministries other than Ministry of Finance, outstanding at the end of 2009-10.
- (ii) Interest rates on small savings loans contracted upto 2006-07 and outstanding at the end of 2009-10 be reset at a common rate of 9% per annum.
- (iii) Consolidation of Central loans from Ministry of Finance to the States that had not availed the benefit of debt consolidation during the award period of the Twelfth Finance Commission. This benefit, available to the States upon enactment of their FRBMAs, is relevant for loans contracted upto the end of 31.3.2004 and outstanding at the end of the year preceding the year in which the legislation is enacted.

These recommendations have been accepted. Seventeen States, including Punjab, have so far reported enactment/amendment of their FRBMAs as recommended by FC-XIII.

#### **Review of NRHM**

\*288. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

- (a) whether Government has reviewed the working of the National Rural Health Mission (NRHM);
- (b) if so, the details thereof alongwith the irregularities noticed by Government;
- (c) whether several State Governments/Union Territories are lagging far behind in the implementation of the Mission; and
- (d) if so, the steps taken or proposed to be taken for effective implementation of NRHM in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The implementation of National Rural Health Mission (NRHM) are reviewed on regular basis through Common Review Missions (CRM), Joint Review Missions (JRM), monitoring of progress through Health Management Information System (HMIS) and National level reviews with State Governments and Union Territories. The Concurrent evaluation of NRHM was also undertaken.

Some of the deficiencies pointed out through the reviews are as under:—

- (i) The Common Review Missions are undertaken by Government officials, development partners, public health experts and civil society representatives. So far, five CRMs

have been undertaken, last being held between 8-15th November, 2011 covering 15 States. The 4th Common Review Mission highlighted certain gaps in infrastructure, human resources especially the shortage of specialists, ANMs and MPWs (male health workers). They have also highlighted need for a proper procurement system and establishment of laboratory services at peripheral levels, need to expand civil society involvement in training of ASHAs, capacity building of Village Health Sanitation and Nutrition Committee and Community based monitoring and planning etc.

- (ii) The Joint Review Missions (JRMs) are undertaken to review the Reproductive and Child Health (RCH) component and teams include professionals from civil society, development partners and public health experts etc. so far eight JRMs have been undertaken, the last being between 12-16th September, 2011 covering five States. Some of the deficiencies pointed out by 7th JRM include lack of availability of blood storage facilities alongwith specialists and/or general duty doctors trained in EMOC and LSAS, gaps in training that include lack of comprehensive planning in trainee selection, post training placement, management of severe malnutrition, lack of capacity in the area of procurement etc.
- (iii) Concurrent Evaluation of NRHM was done during 2009-10 by International Institute of Population Sciences (IIPS), Mumbai. The shortcomings mentioned in the report include preparation of Village Health plan by only 53% of VHSNCs, 67% of Gram Panchayats reported receiving untied funds, 25% ANMs expressing difficulty in operating bank accounts due to non-availability of Sarpanch, only 23% ANMs staying in official residences, inadequate neo-natal ICU/specialized sick new born care units in district hospitals.
- (iv) Though progress of implementation under NRHM has been variable. Most of the States have shown improvement in the vital health indicators *i.e.* Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Total Fertility Rate (TFR). The details are given in Statement (See below). Government of India has identified 264 backward districts with poor health indicators for focused attention and differential financing. In addition, several initiatives have been undertaken under NRHM to improve the implementation process as under:—
  - (a) Allowing contractual appointments to bridge the gap in human resources. Over 1.4 lakhs health personnel including doctors, specialists, nurses and paramedics have been engaged under NRHM.
  - (b) To overcome shortage of Specialists, Multi skilling of the available doctors through trainings such as Life Saving Anesthetic Skills (LSAS), Basic

Emergency Obstetrics and Neonatal Care (BeMONC), Comprehensive Emergency Obstetric and Neonatal Care (CeMONC) are taken up.

- (c) Over 8 lakhs ASHAs have been engaged to provide a link between community and health facilities.
- (d) Improvement of infrastructure of Government health care facilities and providing Mobile Medical Units for out-reach services and Referral Transport facilities.
- (e) Allowing flexible financing to enable the States to take up activities based on their own priorities
- (f) To improve availability of personnel in difficult and remote areas, allowing monetary and non-monetary incentives to staff posted in such hard and inaccessible areas.
- (g) New initiative under Janani Shishu Suraksha Karyakaram (JSSK) was launched under NRHM to make available completely free and cashless deliveries by providing free medicines and consumables, free diet, referral transport to institution and drop back home for pregnant mother and similar cashless treatment for sick newborn upto 30 days.

#### ***Statement***

*Status of drop (in Points) in MMR from 2004-06 to 2007-09*

Sl. No.	State	MMR SRS 2004-06	MMR SRS 2007-09	Drop in MMR
1	2	3	4	5
<b>Stages above National Average of decline</b>				
1.	Assam	480	390	90
2.	Uttar Pradesh	440	359	81
3.	Uttarakhand	440	359	81
4.	Rajasthan	388	318	70
5.	Chhattisgarh	335	269	66
6.	Madhya Pradesh	335	269	66
7.	Bihar	312	261	51
8.	Jharkhand	312	261	51
9.	Orissa	303	258	45

1	2	3	4	5
<b>States below National Average of decline</b>				
10.	Karnataka.	213	178	35
11.	Haryana	186	153	33
12.	Maharashtra	130	104	26
13.	Andhra Pradesh	154	134	20
14.	Punjab	192	172	20
15.	Kerala	95	81	14
16.	Tamil Nadu	111	97	14
17.	Gujarat	160	148	12
18.	West Bengal	141	145	-4
19.	Himachal Pradesh	NA	NA	NA
20.	Jammu and Kashmir	NA	NA	NA
21.	Arunachal Pradesh	NA	NA	NA
22.	Manipur	NA	NA	NA
23.	Meghalaya	NA	NA	NA
24.	Mizoram	NA	NA	NA
25.	Nagaland	NA	NA	NA
26.	Sikkim	NA	NA	NA
27.	Tripura	NA	NA	NA
28.	Goa	NA	NA	NA
29.	Andaman and Nicobar Island	NA	NA	NA
30.	Chandigarh	NA	NA	NA
31.	Dadra and Nagar Haveli	NA	NA	NA
32.	Daman and Diu	NA	NA	NA
33.	Delhi	NA	NA	NA
34.	Lakshadweep	NA	NA	NA
35.	Puducherry	NA	NA	NA
INDIA :		254	212	42

*Status of drop (in Points) in TFR from 2005 to 2009*

Sl. No.	State	TFR SRS 2005	TFR SRS 2009	Drop in TFR
1	2	3	4	5
<b>States above National Average of decline</b>				
1.	Uttar Pradesh	4.2	3.7	0.5
2.	Rajasthan	3.7	3.3	0.4
3.	Bihar	4.3	3.9	0.4
4.	Chhattisgarh	3.4	3	0.4
<b>States at or below National Average of decline</b>				
5.	Himachal Pradesh	2.2	1.9	0.3
6.	Madhya Pradesh	3.6	3.3	0.3
7.	Maharashtra	2.2	1.9	0.3
8.	Jharkhand	3.5	3.2	0.3
9.	Assam	2.9	2.6	0.3
10.	Gujarat	2.8	2.5	0.3
11.	Haryana	2.8	2.5	0.3
12.	Orissa	2.6	2.4	0.2
13.	Karnataka	2.2	2	0.2
14.	Punjab	2.1	1.9	0.2
15.	West Bengal	2.1	1.9	0.2
16.	Delhi	2.1	1.9	0.2
17.	Jammu and Kashmir	2.4	2.2	0.2
18.	Andhra Pradesh	2	1.9	0.1
19.	Kerala	1.7	1.7	0
20.	Tamil Nadu	1.7	1.7	0
21.	Uttarakhand	NA	NA	NA
22.	Arunachal Pradesh	NA	NA	NA
23.	Manipur	NA	NA	NA

1	2	3	4	5
24.	Meghalaya	NA	NA	NA
25.	Mizoram	NA	NA	NA
26.	Nagaland	NA	NA	NA
27.	Sikkim	NA	NA	NA
28.	Tripura	NA	NA	NA
29.	Goa	NA	NA	NA
30.	Andaman and Nicobar Island	NA	NA	NA
31.	Chandigarh	NA	NA	NA
32.	Dadra and Nagar Haveli	NA	NA	NA
33.	Daman and Diu	NA	NA	NA
34.	Lakshadweep	NA	NA	NA
35.	Puducherry	NA	NA	NA
INDIA:		2.9	2.6	0.3

*Status of drop (in Points) in IMR from 2005 to 2009*

Sl. No.	State	IMR SRS 2005	IMR SRS 2009	Drop in IMR
1	2	3	4	5
1.	Orissa	75	65	10
2.	Uttar Pradesh	73	63	10
3.	Bihar	61	52	9
4.	Chhattisgarh	63	54	9
5.	Madhya Pradesh	76	67	9
6.	Rajasthan	68	59	9
7.	Haryana	60	51	9
8.	Karnataka	50	41	9
9.	Tamil Nadu	37	28	9

1	2	3	4	5
<b>States below National Average of decline</b>				
10.	Andhra Pradesh	57	49	8
11.	Assam	68	61	7
12.	Jharkhand	50	44	6
13.	Gujarat	54	48	6
14.	Punjab	44	38	6
15.	Puducherry	28	22	6
16.	Jammu and Kashmir	50	45	5
17.	Arunachal Pradesh	37	32	5
18.	Goa	16	11	5
19.	Maharashtra	36	31	5
20.	West Bengal	38	33	5
21.	Dadra and Nagar Haveli	42	37	5
22.	Himachal Pradesh	49	45	4
23.	Daman and Diu	2.8	24	4
24.	Kerala	14	12	2
25.	Delhi	35	33	2
26.	Uttarakhand	42	41	1
27.	Tripura	31	31	0
28.	Andaman and Nicobar Island	27	27	0
29.	Manipur	13	16	-3
30.	Lakshadweep	22	25	-3
31.	Sikkim	30	34	-4
32.	Chandigarh	19	25	-6
33.	Nagaland	18	26	-8
34.	Meghalaya	49	59	-10
35.	Mizoram	20	36	-16
INDIA :		58	50	8