

Statement-III*Details of NGOs found involved in various irregularities/Action Taken***National AIDS Control Programme**

State	No. of NGOs	Action taken
Goa	2	These NGOs have been terminated
Haryana	4	
Jharkhand	26	
Mumbai	1	
Tripura	1	
Uttar Pradesh,	1	
West Bengal	1	

Bill for providing healthcare to all

1146. SHRI C.P. NARAYANAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is contemplating to bring a comprehensive Bill to provide healthcare to all;
- (b) if so, the status of the proposed Bill; and
- (c) the reasons for delay in bringing the Bill before the House?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) There is no such proposal at present.

- (c) The question does not arise.

Progress of NRHM in the NER States

1147. SHRI PANKAJ BORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has assessed the progress of National Rural Health

Mission (NRHM) in the States in the North-Eastern Region (NER) of the country particularly from Assam;

(b) if so, the outcome thereof and the shortcomings which have been noticed with details thereof; and

(c) the remedial measures Government has taken or proposes to take to plug these shortcomings and make (NRHM) a success in these States and throughout the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) The Government conducts periodic assessment of the progress of the National Rural Health Mission (NRHM) in the States including North-Eastern Region (NER) through the mechanism of Annual Common Review Missions (CRM). A total of 5 CRMs have been concluded so far since the inception of NRHM. Further, an evaluation study of the NRHM in 7 States (including Assam) was undertaken by the Planning Commission in 2011.

(b) The 5th Common Review Mission, which covered 15 States including the North Eastern States of Assam and Sikkim has noted the following positive outcomes of the NRHM:—

- (i) Substantial increase in human resources through introduction of incentives, compulsory rural service for medical graduates, rotational posting, amendment of recruitment rules and increase in retirement age.
- (ii) Increase in OPD and IPD attendance in most of the States.
- (iii) Emergence of an assured referral transport systems in many States.
- (iv) Improvement in the availability of outreach services in all States, increased access to the health system through ASHAs including NER.
- (v) Increased utilization of funds.
- (vi) The State of Assam could reach out to the unreached and marginalized population in riverine areas through boat clinics for providing universal primary health care service.
- (vii) Significant improvement in the implementation of National Vector Borne Disease Control Programme (NVBDCP) strategy in the State of Assam.

The report also, *inter-alia*, mentions certain shortcomings and recommends to fill-up the gaps in infrastructure, human resources, reduce out of pocket expenses etc. Details of the findings of the 5th CRM, including State wise reports, can be accessed at:—

http://www.mohfw.nic.in/NRHM/CRM/CRM_files/Fifth_CRM.htm

Further, the Evaluation Study of NRHM in 7 States conducted by the Planning Commission in February 2011 highlights certain shortcomings but reveals that in the State of Assam all Sub-Health Centres (SHC) are having Auxiliary Nurse Mid-Wife (ANM) and nearly 55% of the SHCs are positioned with an additional 2nd ANM. The report also mentioned increase in civil works for upgradation of facilities etc., in the State of Assam. The full report of the study can be accessed at:—

http://planningcommission.nic.in/reports/peoreport/peoevalu/peo_2807.pdf

(c) To improve the implementation of NRHM, the Government is supporting the States financially and technically to strengthen their health systems and build their capacities to implement the programme. The key interventions made under the Mission as remedial measures for effective implementation of NRHM in the country include the following:

- (i) More financial resources have been provided to the States especially the low performing States. Under NRHM, additional weightage has been assigned to States with weak socio-economic and health indicators. Accordingly, North Eastern States have been assigned a weightage of 3.2 whereas non NE States and non EAG (Empowered Action Group) States have been assigned weightage of 1. Also, the Centre-State share for North Eastern and Special Category States has been kept as 90:10 under NRHM whereas for other States the Centre-State share ratio is 75:25.
- (ii) States including NER have been supported to strengthen their programme management capacity.
- (iii) Human resources under Health are being improved by allowing contractual appointment under NRHM to immediately fill gaps so as to meet the requirement of doctors, specialist and paramedics.
- (iv) Over 53,785 Accredited Social Health Activists (ASHAs) have been engaged to bridge the gap between community and health facilities in NE Region.
- (v) As part of monitoring under the Mission, Integrated Monitoring Teams

from the Ministry of Health and Family Welfare regularly conduct field visits to the high focus districts.

Rising costs on meeting healthcare needs

1148. SHRI ISHWAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware that due to high cost of medicines and healthcare services, a large percentage of the population in the country is being pushed below poverty line;
- (b) if so, the details thereof;
- (c) whether WHO has also cautioned Government about such situation; and
- (d) if so, the steps taken by Government to check the people of this country being pushed below poverty line due to out of pocket spending of their income on medicines?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) According to NSSO 60th round, in 2004 6.2% of total households fell below poverty line as a result of health care expenditure.

(c) Yes.

(d) The main approach to social protection of the population from rising costs of health care is a robust public sector provision of care. Public sector can provide free care in a number of priority areas and highly subsidized care in all other areas. For strengthening public sector, one major effort was the launch of National Rural Health Mission in 2005. The Government has been providing free services under Reproductive and Child Health Programme, Family Planning and National Disease Control Programmes. Further, under NRHM, several initiatives such as Janani Suraksha Yojana (JSY), Janani-Shishu Suraksha Karyakram (JSSK) and Emergency Response Services (108 ambulances), and patient transport services have been introduced. Also, Mobile Medical Units (MMU) are in place in many States to provide healthcare services in un-served and under-served areas.

The second major approach to social protection is in price control of drugs/essential medicines. Government has brought out a list of 348 essential medicines to control out of pocket expenses on drugs which comprises nearly 3/4th of out of pocket expenses. The States have also been supported with financial assistance