

AIIMS like institute for Gujarat

221. SHRI DILIPBHAI PANDYA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is considering to set up an AIIMS like institution in Gujarat; and

(b) the response of Government thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Yes.

(b) The Ministry of Health and Family Welfare has requested the Chief Minister of Gujarat to identify appropriate location for setting up of an AIIMS. No response has been received from the Government of Gujarat so far.

Vaccine for Preventing JE

222. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has launched vaccine to prevent Japanese Encephalitis (JE);

(b) if so, the details thereof; and

(c) if not, the research so far been made in this field?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) to (c) As informed by Indian Council of Medical Research (ICMR), an indigenous vaccine for Japanese Encephalitis developed under public-partnership mode between ICMR's National Institute of Virology (NIV) Pune and Bharat Biotech International Ltd., (BBIL) was launched in October 2013. The virus strain for this vaccine was isolated in Kolar, Karnataka, during early 1990's and characterized by the NIV, Pune. The strains were transferred to BBIL for further vaccine development.

Review of National Rural Health Mission (NRHM)

223. SHRI VIVEK GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of common review missions and joint review missions conducted in West Bengal for the monitoring of National Rural Health Mission (NRHM) during the last three years;

(b) the details of observations made by each of these missions, regarding the working of NRHM in the State, district-wise; and

(c) the action taken by the Ministry so far, to implement the recommendations and improve on the observations made by the missions, in West Bengal?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) One Common Review Mission (CRM) in 2012, *i.e.* the 6th CRM and one Joint Review Mission (JRM) the 8th JRM in 2011 were conducted in West Bengal State for the monitoring of National Rural Health Mission (NRHM) in the last three years.

(b) The key observations made in the 6th CRM Report and 8th JRM Report in respect of West Bengal State are given Statement (*See below*). The 6th CRM Report is available at [url-http://nhm.gov.in/images/pdf/monitoring/crm/6thcrm/report/WB_6th%20CRM_report.pdf](http://nhm.gov.in/images/pdf/monitoring/crm/6thcrm/report/WB_6th%20CRM_report.pdf).

(c) Ministry issued state specific suggestions to the State based on the observations of 6th CRM and 8th JRM, requesting them to prepare an action plan to improve the health status of the State. The CRM report was disseminated to all the States at the National Level Dissemination Workshop which was attended by the State Health Secretaries and Mission Directors. The State incorporated these suggestions in its districts and state Programme Implementation Plan (PIP).

In addition, frequent monitoring visits are undertaken by senior officers and consultants to review progress of Programme Implementation Plan under NRHM.

Statement

Key observations of the 6th Common Review Mission:

- Improved Infrastructure has increased the service utilization; daily average OPD in Public Health Centres is 100 and about 200-250 in Block level Public Health Centres and Rural Hospitals. Diet was being provided to all the in-patients in public health facilities.
- Fair price outlets for medicines, implants and consumables were set up in 35 medical institutions of the State (including Medical Colleges, District Hospitals and Sub-Divisional Hospitals). Mobile medical units were functional in left wing extremist affected districts.
- Special drives/ camps are being organised to improve delivery outcomes. As of 2011-12 the State had established 545 Newborn Care Corners, 125 Newborn Stabilisation Units and 22 Special Newborn Care Units.

- Nurse practitioners and additional Medical Officers were posted to address the shortage of doctors in the State. Non Government Organisations' involvement had been seen, for example, ambulances, Mobile Medical Units, Accredited Social Health Activists (ASHA) training, help-desks in various facilities.
- Acute shortfall of health infrastructure at State level as well as in both the districts as per population norms. Provision of staff quarter was inadequate for Medical Officers and General Nursing Midwives in all the health facilities visited in both the districts.
- Village Health and Sanitation and Nutrition Committees (VHSNC) has been formed at Gram Panchayat level but it is not quite functional. The funds of the VHSNCs are transferred to the Ministry of Rural Development however Panchayati Raj Institutions were completely unaware of the NRHM funds given for VHSNCs.
- Rogi Kalyan Samitis have been formed at all the facilities but are not registered as a society under the Societies Registration Act and have an account under the Block Health and Family Welfare Samiti.
- High out of pocket expenditure due to User charges at Sub-divisional Hospitals and District Hospitals and prescription of private drugs and diagnostics.
- Capacity building initiatives were limited and need to be scaled up in the state especially for Skill Birth Attendant (SBA), Basic Emergency Obstetric Care, Navjat Shishu Suraksha Karyakram, Faculty based Integrated Management of Newborn and Childhood Illness.
- The State, in addition to the existing delivery points in the public health system, introduced Ayushmati Scheme to scale up the delivery points in the State. This scheme caters to both normal and C-Section deliveries.
- Out of 135 MoUs signed in state to provide institutional deliveries under Ayushmati scheme, only 71 are functional delivery points.
- Inadequacy of referral transport, 'Nishchay Yans' and unavailability at night was an issue.
- Key observations of 8th Joint Review Mission:
- RKS needs to be strengthened and the Village Health and Sanitation and Nutrition Committees were still in a nascent stage in the State and districts.
- The quality of Skill Birth Attendant training was found to be very good

and trained SBAs were practicing the newer methods including plotting partograph.

- The process of Janani Suraksha Yojana (JSY) payments was being streamlined by the State. There was an increase in JSY beneficiaries for institutional deliveries. The State needs to migrate to cheques/bank transfers for JSY as well as Accredited Social Health Activists (ASHA) payments to streamline and address delays.
- Caseloads at facilities including District Hospital and Sub-Divisional Hospitals were very high while the lower facilities like Block Public Health Centres and Public Health Centres are underutilized. The State needs to address this disparity and rationalize caseloads and human resources at facilities accordingly.
- Data on outcomes of pregnancy highlighted that a significant percentage of maternal mortality is attributed to eclampsia. This was a cause for concern and needs to be investigated.
- Higher order facilities were operational in old and rundown buildings. The State needs to consider infrastructure Up-gradation in terms of facilities and equipment's at all levels given the huge demand for services on an urgent basis.
- The State had a good cost effective referral transport mechanism for pregnant women. However, delays were reported due to shortage of number of vehicles contracted. The State needs to review the scheme and plan for vehicles at facilities as per case loads. A need for increasing the number of vehicles at tertiary hospitals was identified as a priority issue.
- The State and districts Behaviour Change Communication (BCC) /Information Education Communication (IEC) cell need to be strengthened and plans for comprehensive BCC/IEC activities for all programmes highlighting government key initiatives (*i.e.* Janani Shishu Suraksha Karyakram, Janani Suraksha Yojana, Compensation Scheme of sterilisation, Family Planning Insurance scheme, Matri Yan etc.) and service availability at all levels needs to be undertaken.
- The State needs to ensure timely payment of incentives to the ASHA and completion of training especially in Home Based Newborn Care.
- The State needs to review the fund release and utilization system. Huge unspent balances were noted due to non-completion of activities.