

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
RAJYA SABHA
QUESTION NO02.03.2010
ANSWERED ON
STATE OF PUBLIC HEALTH IN RURAL INDIA .

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SHRIMATI SHOBHANA BHARTIA

Will the Minister of COALHEALTH AND FAMILY WELFARE INFORMATION AND BROADCASTINGHEALTH AND FAMILY WELFARE be pleased to state :-

- (a) whether it is a fact that inspite of crores of rupees being spent on the National Rural Health Mission (NRHM), the state of public health in rural India is still deplorable;
- (b) if so, the details thereof;
- (c) whether the factors responsible for such a situation have been examined;
- (d) if so, the details thereof;
- (e) whether the comptroller and Auditor General (C&AG) in its recent report has also pointed out several reasons for deplorable conditions of public health in rural India; and
- (f) if so, the details thereof and the steps being taken by Government to improve health services in rural parts of the country?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE

(SHRI GHULAM NABI AZAD)

(a)to (f) A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA STARRED QUESTION NO. 63 FOR 2nd MARCH 2010.

(a)&(b): The National Rural Health Mission (NRHM) was launched in April, 2005, to address the deplorable condition of public health in rural India. Since then, under the NRHM, over 700,000 ASHAs (Community health workers) and over 100,000 Specialists, Doctors, ANMs, Nurses, AYUSH Doctors & Paramedics have been added to the system on contract & for specific health facilities. Construction and renovation of Sub Centers, PHCs, CHCs, Sub District & District Hospitals have been taken up and untied Funds have been provided to all government health facilities to improve their functioning. Reports obtained from field visits and evaluation teams indicate a substantial scale up of institutional deliveries, increased coverage under immunization, outpatient and inpatient cases, availability of drugs and diagnostics, and referral and emergency transport.

(c) Yes, Sir.

(d) Lack of resident skilled human resources, availability of drugs and diagnostics, referral transport, availability of well equipped health facilities near villages in rural areas, inadequate health infrastructure, low community participation, lack of flexibility in public systems and lack of capacity for decentralized management of health, are standard reasons for poor health services in rural areas. NRHM has attempted to address all these factors that are responsible for such a situation.

(e) Yes, Sir.

(f) The Report of the Comptroller and Auditor General(CAG) of India has pointed out shortcomings in provision of quality health care in rural areas. It has also highlighted some early gains made by NRHM. These issues are being addressed in the course of implementing NRHM. The CAG's review covered the early years of NRHM (2005-06, 06-07, 07-08). The detailed Framework for Implementation of NRHM was approved only in July, 2006. Any Mission takes a few years to be able to reach out to every corner of the country. A lot of concerted efforts have been made during the last few years to improve the quality of health services in rural areas.