

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:5849

ANSWERED ON:11.05.2012

UNUTILISED FUNDS UNDER NRHM

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

- (a) the details of funds allocated/utilized/ unutilized during the last three years and the current year, State/UT-wise under National Rural Health Mission;
- (b) whether certain States are not able to fully utilise the funds allocated to them under NRHM;
- (c) if so, the details thereof alongwith the reasons therefor;
- (d) whether the country is still far behind from achieving goals set for various health indicators;
- (e) if so, the reasons therefor and the measures taken by the Union Government to achieve the goals and to ensure proper utilisation of the allocated funds;
- (f) whether the per capita available funds is low in comparison to certain other country; and
- (g) if so, the details thereof and the scheme to provide per capita funds available as per international standard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a): A statement showing the Opening Balance, Allocation, Release, Expenditure and Unutilized funds for the last three Financial Years i.e. 2009-10 to 2011-12 and the current Financial Year 2012-13, State-wise and year-wise under National Rural Health Mission (NRHM) is annexed.

(b) and (c) It would be seen from the annexed statement that the States have been able to utilize most of the funds allocated to them during this period.

(d) and (e) Under NRHM, targets were set on the key indicators such as IMR, MMR, TFR, malaria mortality and TB Cure Rate etc. As against the target of achieving 30/1000 by 2012 live births, the IMR has reduced from 58 per 1000 live births in 2005 to 47 per 1000 live births in 2010. The Maternal Mortality Ratio has reduced from 254 per 100,000 live births in 2004-06 to 212 per 100,000 live births in 2007-09 as against the target of 100/100,000 live births to be achieved by 2012. The Total Fertility Rate has also reduced from 2.9 in 2005 to 2.5 in 2010 as against the target of 2.1.

Malaria Mortality was reduced by 72% against the target of 60% by 2012. Tuberculosis cure rate achieved was 88% in 2012 against a target of 85% cure rate.

Health is essentially a State subject and therefore achievement of health outcomes is largely a function of capacities of the State's health systems. The reasons for not achieving the goals of IMR, MMR and TFR can broadly be attributed to historical underfunding of public health, relatively weak health systems and capacities and poor social health determinants in EAG States and Assam.

The measures taken to achieve the Goals under NRHM include:

1. Enhanced allocation of funds to the States.
2. For focused attention to districts having weak health indicators, 264 High Focus Districts have been identified across the country for supportive supervision and higher allocation of funds to bridge critical gaps especially in infrastructure and human resources.
3. Encouraging the States for engaging health personnel including doctors, nurses, and paramedics on contractual basis.
4. Strengthening the health infrastructure by providing support to the States for new construction/ up- gradation/renovation of healthcare facilities.
5. Providing financial assistance to the States for selection and training of Accredited Social Health Activists (ASHA) who act as a link between community and healthcare facilities.

6. States are supported with Mobile Medical Units for improved service delivery especially in hard to reach areas.
 7. Financial support is provided to States for the purchase of ambulances for Emergency Response Services so as to provide emergency healthcare to the needy.
 8. A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) was launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put up in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.
 9. Emphasis on facility based newborn care at different levels to reduce Child Mortality: Setting up of facilities for care of Sick Newborn such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels is a thrust area under NRHM.
 10. 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.
 11. Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation has been provided to pregnant & lactating women for prevention and treatment of anaemia.
 12. Rapid Diagnostic Tests (RDT) and Artemisinin based Combination Therapy (ACT) have been scaled up for the diagnosis and treatment of all Pf malaria cases
 13. 28 accredited labs have been set up across the country to diagnose Multi- Drug Resistant TB (MDR-TB).
 14. The Routine Immunization Programme is monitored and assessed from all levels starting from Central level to PHC level.
 15. More emphasis on spacing methods like IUCD.
 16. A new scheme has been launched to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries in 233 pilot districts of 17 States.
 17. Capacity building of health care providers: Various trainings are being conducted under NRHM to train doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of mother during pregnancy and delivery. These trainings are on IMNCI, NSSK, SBA, LSAS, EMOG, BMOG etc.
 18. Management of Malnutrition: 657 Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition.
 19. Universal Immunization Programme: Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus immunized against seven vaccine preventable diseases every year. The Government of India supports the vaccine programme by supply of vaccines and syringes, Cold chain equipments and provision of operational costs.
 20. Home Based New Born Care (HBNC): Home based newborn care through ASHAs has been initiated by providing incentive of Rs. 250/-. The purpose of Home Based New Born Care is to improve new born practices at the community level and early detection and referral of sick new born babies.
 21. Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured.
 22. Janani Suraksha Yojana is a safe motherhood intervention which aims reduction in maternal and neonatal mortality by improving the coverage of institutional delivery among pregnant women by providing cash assistance.
- (f) & (g): As per World Health Statistics 2011 brought out by World Health Organization, per capita Government expenditure on Health at average exchange rate (US\$) in India was 15\$ in 2008 in comparison to certain other select Asian countries like Bangladesh \$5, China \$69, Indonesia \$28, Malaysia \$156, Pakistan \$7 and Sri Lanka \$36.