

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

UNSTARRED QUESTION NO:815

ANSWERED ON:27.02.2015

ASSESSMENT OF HEALTH AND FAMILY WELFARE

Mahato Shri Bidyut Baran;Sanjar Shri Alok

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

- (a) whether any assessment has been made with regard to progress made in health and family welfare sector in the country during the last three years;
- (b) if so, the details and the outcome thereof, State/UT-wise including Jharkhand and Madhya Pradesh;
- (c) the budgetary allocation made for the various schemes of health and family welfare in the country, State/UT-wise including Jharkhand and Madhya Pradesh;
- (d) whether the State Governments have utilized the funds provided therefor;
- (e) if so, the details thereof and if not, the reasons therefor; and
- (f) the corrective measures taken by the Government to ensure that such schemes are implemented properly by all concerned?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a) & (b): Yes, the following major assessments have been undertaken with regard to progress in health and family welfare sector in the country during last three years:

1. Annual Health Survey 2011-12 and 2012-13 in ten high focus states
2. Sample Registration System (SRS) – every year
3. District Level Health Survey (DLHS) -4
4. Common Review Missions (CRMs)–Visits of Common Review Missions (CRMs) have been conducted annually since launch of NRHM to assess the progress made in the States and find out areas to be addressed or those that need attention.

In addition, the following evaluation studies have also been conducted:

- I. Evaluation Study of National Rural Health Mission (NRHM) by Programme Evaluation Organization, Planning Commission, Government of India; 2011.
- II. Evaluation of NRHM in the Eleventh Five Year Plan (2007-2012); Strengthening Public Health System conducted by National Health Systems Resource Centre.

The progress made in health and family welfare sector is as follows:

- i) The progress in terms of Infant Mortality Rate (IMR) and Total Fertility Rate (TFR) State/UT wise as per the Sample Registration Survey (SRS) 2010 to 2013 is provided at Annexure 1. The progress in respect of MMR from 2007-09 to 2011-13 State/UT wise is provided at Annexure 2.
- ii) In terms of service delivery, annual OPD in government institutions has increased from 54.66 Crore to 103.65 Crore (90 % increase), annual IPD has increased from 2.28 Crore to 4.74 Crore (107 % increase), number of general surgeries performed annually has increased from 46.49 lakh to 106.14 lakh (128 % increases) between 2009-10 and 2013-14. The state-wise details are provided at Annexure-3.
- iii) Tuberculosis prevalence has reduced from 249 per lakh in 2010 to 211 per lakh in 2014 and mortality has reduced from 23 per lakh in 2010 to 19 per lakh in 2014. Incidence has reduced from 185 per lakh in 2010 to 171 per lakh in 2014.
- iv) In case of Leprosy, the annual New Case Detection Rate/Lakh population was reduced from 10.93 in the year 2009-10 to 9.98/lakh

population in the year 2013-14.

v) As regards Vector Borne Diseases, considerable progress has been made in the last 3 years. The reported positive cases of Malaria reduced from 15.99 lakhs in 2010 to 8.82 lakhs in 2013. The number of Kala-Azar cases has been reduced from 29000 in 2010 to 13869 in 2013.

(c) to (e): Under the Department of Health and Family Welfare, there are two major schemes viz. Health Sector and National Health Mission (NHM) under which the funds are released to the States /UTs.

The statements showing scheme wise and State wise budgetary allocation, release and expenditure during the year 2014-15, under National Health Mission (NHM) is placed at Annexure-4 and 5 respectively.

The Statements showing scheme wise releases made to the States during the year 2014-15 under the Health Sector are placed at Annexures mentioned below:-

Annexure-6 for Up gradation / strengthening of Nursing Services (ANM/GNM)

Annexure-7 for Telemedicine, Tobacco Control, Prevention of Burn Injury, Assistance for capacity building of Trauma Centre,

Annexure-8 for National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke,

Annexure-9 for National Programme for Control of Blindness.

No State specific budgetary allocation for schemes covered under health sector is made.

The unspent amount remaining with the States/UTs under NHM is utilized for the ongoing activities and new activities approved under the NHM. Most of the States have shown satisfactory progress in utilization.

(f): Public Health being a State subject, the responsibility of implementation and monitoring primarily rests with the State Governments.

The following corrective measures have been taken by the Government to ensure proper implementation of schemes and proper utilization of funds:

(i) Flexibility in central funding for States so that States take the lead in devising plans suited to their health needs.

(ii) High priority districts receive 30% more budget per capita as compared to other districts.

(iii) Release of subsequent installments is based on the extent of utilization of earlier funds released.

(iv) The Department of Comptroller and Auditor General (CAG) requested for conducting annual transaction audits of NHM,

(v) Annual Statutory Audits;

(vi) Concurrent Audits;

(vii) Institute of Public Auditors of India (IPAI) has conducted performance review audit to review financial aspects of NHM,

(viii) Implementation of Public Financial Management System (PFMS) in NHM to track flow of Funds.

(ix) Senior officers visit to the States /UTs for supportive supervision and financial reviews.