GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 4904
TO BE ANSWERED ON 16TH DECEMBER,

BENEFITS OF DECENTRALIZED PLANNING

4904. SHRI R. PARTHIPAN:

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

(a) whether the Union Government has decentralised district based planning, monitoring and mid course correction utilizing the locally generated service data and civil registration in the country;

(b) if so, the details thereof along with the benefits of the proposal;

(c) whether the State Governments are involved in the programme;

(d) if so, the details thereof;

(e) whether the immunisation is not universal even in the best performing States and if so, the reasons therefor; and

(f) whether the coverage rates are very low in some States and if so, the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a) & (b) Public health is a State subject. Under the National Health Mission, support is provided to States/UTs for strengthening their healthcare system based on proposal incorporated in their State Programme Implementation Plan (PIP). District Health Action Plans developed through district based planning utilizing locally generated service data, civil registration etc is a key pillar under NHM. Decentralized planning using data has following benefits:

- It ensures active community participation to identify local Health needs and ways to address them.
- It also enables mobilization of resources from sectors other than health.
- It brings community closer to the health system and provides a platform for interaction of community members with health service providers.
- It enables health system to get feedback from the community to improve quality of services and utilization of services offered.
- Programmes based on evidence are likely to be more effective and successful.

(c) & (d): Public health being a State subject, the States are fully involved in implementation of NHM. States have the flexibility to plan and implement state specific action plans. The State PIPs are envisaged to be an aggregate of the district/city health action plans, and include activities to be carried out at the state level.

(e) & (f): The coverage under immunization is not universal even in the best performing states and is low in some states. The state wise details of immunization coverage as per Rapid survey on children (RSOC) 2013-14 and Health Management Information System (HMIS) is given below at **Annexure**.

Annexure

State Wise Details of Immunization Coverage

S. No.	State/UTs/India	RSOC 2013-14	HMIS 2015-16 (as on 02.09.2016)	HMIS 2016-17* (as on 04.11.2016)
1	A & N Islands	N/A	86.57	78.03
2	Andhra Pradesh	74.1	89.04	86.53
3	Arunachal Pradesh	50.5	63.99	63.51
4	Assam	55.3	87.13	87.68
5	Bihar	60.4	85.55	100.95
6	Chandigarh	N/A	85.23	89.36
7	Chhattisgarh	67.2	86.42	86.22
8	Dadra & Nagar Haveli	N/A	78.63	74.01
9	Daman & Diu	N/A	78.02	79.30
10	Delhi	69.8	99.81	107.74
11	Goa	91.9	92.03	90.91
12	Gujarat	56.2	84.47	85.91
13	Haryana	70.9	83.40	80.35
14	Himachal Pradesh	80.2	94.55	92.34
15	Jammu & Kashmir	54.0	97.49	92.76
16	Jharkhand	64.9	85.19	97.84
17	Karnataka	79.3	92.87	89.14
18	Kerala	83.0	93.72	84.30
19	Lakshadweep	N/A	104.62	112.25
20	Madhya Pradesh	53.5	73.88	77.16
21	Maharashtra	77.4	96.31	95.72
22	Manipur	55.2	91.82	96.87
23	Meghalaya	44.6	93.25	87.30
24	Mizoram	68.6	104.83	99.40
25	Nagaland	33.6	62.63	68.52
26	Orissa	62.0	84.03	81.17
27	Pondicherry	N/A	68.48	69.37
28	Punjab	78.6	96.69	100.23
29	Rajasthan	61.0	75.94	77.89
30	Sikkim	77.8	72.38	74.92
31	Tamil Nadu	76.3	91.09	85.83
32	Telangana	N/A	80.66	80.16
33	Tripura	59.2	90.50	80.37
34	Uttar Pradesh	47.0	83.61	80.10
35	Uttarakhand	68.3	96.94	94.02
36	West Bengal	75.2	93.31	98.36
INDIA		**65.2**	**85.84**	**87.13**

**HMIS data upto September 2016*

Note: More than 100% coverage is an issue of data quality and the reasons are: (i) under-estimate of target population, or (ii) duplicate reporting of beneficiaries