

to reach out to tobacco users of all cigarettes who are willing to quit tobacco use and to support them towards successful quitting through text-messaging *via* mobile phones

The stakeholders are made aware on a regular basis about the adverse effects of tobacco usage on health through different mode of communication including TV, Radio, Print media, social media, film etc. and by displaying awareness material in trade fair, mela etc.

### **Reviewing of different treatment methods**

989. SHRI C.P. NARAYANAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has a policy of bringing treatments under various systems of medicine under the same roof so that patients will be more benefited;

(b) whether Government will continuously review different methods of treatment to weed out unscientific and ineffective ones; and

(c) whether this year's allocation in the budget will be sufficient to meet expenses of treatment and investments?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) The National Policy on Indian Systems of Medicine & Homoeopathy-2002, envisages integration of AYUSH with the Healthcare Delivery System. Further, the National Health Mission (NHM) Implementation Framework envisages 'Mainstreaming of AYUSH' so as to enhance choice of services for beneficiaries of public health facilities including Primary Health Centres and to learn from and revitalize local health care traditions. Thus, the principle of co-location of AYUSH services in health facilities was adopted by NHM.

Public Health being a State subject, the primary responsibility to provide health care services lies with the respective State/UT Governments. However, under the NHM, technical and financial support is provided to States/UTs for strengthening their healthcare systems, including support for mainstreaming of AYUSH through co-located facilities, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). This includes support for engagement of AYUSH doctors and paramedics on contractual basis at co-located public health facilities, in service training of AYUSH service providers, procurement of AYUSH equipments, drugs, consumables, and strengthening infrastructure at the collocated facilities, etc.

(b) Indian Council of Medical Research continuously reviews the treatment modulation for certain diseases and does recommend changes in treatment if necessary on the advise of experts and any new evidence.

(c) On acceptance of the recommendations of the 14th Finance Commission w.e.f. F.Y. 2015-16, the Centre-State funds sharing pattern has been revised from 75:25 to 60:40 for all States (except for NE States and 3 Himalayan States where the Centre-State funding pattern is 90:10), in view of the higher devolution of tax revenues from 32 per cent to 42 per cent. As a result of such change in the funding pattern the contribution of States under NHM has increased.

Further, the budgetary provisions under National Health Mission (Plan) have been increased from ₹ 18,295.00 crore in F.Y. 2015-16 to ₹ 19,000.00 crore in F.Y. 2016-17. Apart from above, the States increasing their State Health Budget by more than 10% have been incentivized under NHM.

This additional inflow of funds under NHM would further help to meet additional medical expenses of treatment and investments.

#### **Performance of mission Indradhanush**

990. SHRI AJAY SANCHETI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the objective behind the launch of Mission Indradhanush;
- (b) the details of performance of this Mission in the first and second phase of its operation; and
- (c) the names of districts of Maharashtra covered by this Mission?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) Mission Indradhanush aims to increase full immunization coverage to at least 90% children by 2020.

(b) During the first and second phase of operation of Mission Indradhanush about 148.4 lakh children were vaccinated of which 38.7 lakh children were fully immunized. In addition, 38.1 lakh pregnant women were vaccinated with tetanus toxoid vaccine. Details of performance are given in Statement-I (*See below*).

(c) Mission Indradhanush covered a total of 28 districts of Maharashtra in three phases. The names of these districts covered under Mission Indradhanush are given in Statement-II.