

2. The strategies to eliminate malaria in phases are as under:—
 - (i) Interruption of transmission of malaria and zero indigenous cases and deaths due to malaria to be achieved in low endemic states/UTs by 2020,
 - (ii) In moderately endemic states/UTs by 2022 and
 - (iii) In high endemic states/UTs by 2027.
3. The malaria elimination strategies would be implemented through the States/UTs under the overarching umbrella of National Health Mission (NHM).
4. Case based surveillance, detection and complete treatment through outreach diagnostic and treatment services.
5. Integrated Vector Management by using Long Lasting Insecticidal Nets (LLINs), chemical and bio-larvicides, larvivorous fishes, and source reduction.
6. Private sector involvement and inter-sectoral collaboration.

Impact of JSY

1571. SHRI K. R. ARJUNAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that according to a study by University of Maryland, the Janani Suraksha Yojana (JSY) which was launched in 2005 has led to an enhancement in the utilization of health services among all groups especially among the poorer and underserved sections in the rural areas;

(b) whether it is also a fact that JSY had also helped to reduce the prevalent disparities in maternal care; and

(c) whether it is also a fact that the gap in access to healthcare between the marginalized group of women and those who are financially better off has narrowed with JSY?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) to (c) Yes. A study has been conducted by University of Maryland and National Council for Applied Economic Research to assess whether the JSY scheme has been successful in addressing disparities in providing maternal healthcare services to the marginalized and poorer communities, by utilizing the data from the India Human Development Survey-1 (IHDS-

1, 2004-05) *i.e.* pre-JSY period and India Human Development Survey-2 (IHDS-2, 2011-12).

The results of the study indicate that during the two IHDS rounds, institutional deliveries almost doubled, full ANC increased by 6 percentage points, proportion of deliveries being assisted by trained health personnel increased by 22.3 percentage points and post natal care check-ups (within 2 weeks) increased by 19 percentage points.

The findings of the study also establish that JSY has led to increased utilization of health services among all groups but especially among the poorer and underserved sections in the rural areas thereby reducing the prevalent disparities in maternal care.

The results of the study also indicate that the gap in access to healthcare between the marginalized group of women and those who are financially better-off has declined since the advent of the JSY program.

Budgetary allocation for family planning

1572. SHRI K. C. RAMAMURTHY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that major budget allocation for family planning is provided under the Budget Head 'Family Welfare and the National Health Mission';

(b) if so, the details of budgetary allocation, head-wise and year-wise, during the last three years and the current year;

(c) the formula being adopted by Centre and States in allocating funds to family planning;

(d) the details of money sanctioned, approved and released to various States to promote family planning during the last three years and the current year, year-wise and State-wise; and

(e) the monitoring mechanism in place to stop diversion/misuse of funds so allocated?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) Yes, there is a budgetary allocation for family planning under the budget head 'Family Welfare and the National Health Mission'. Under National Health Mission (NHM), family planning is one of the major activities like other activities. The funds are approved activity-wise, however, the