

[डा. महेश शर्मा]

करते हुए किसी भी धार्मिक स्थल या सभी धार्मिक स्थलों का, अगर वे आर्कियोलोजिकल सर्वे ऑफ इंडिया के सेक्शन (2) या (4) की कैटेगरी में आते हैं, तो बिना इसके कि वहां मस्जिद है, मंदिर है, गुरुद्वारा है या गिरिजाघर है, उनका संरक्षण नियमानुसार करते हैं। अगर आगे भी ऐसा कोई विषय उनके संज्ञान में लाया जाएगा तो Archaeological Survey of India उस विषय पर कार्रवाई करेगा।

श्री अजय प्रताप सिंह: माननीय सभापति जी, माननीय राणे जी ने बहुत महत्वपूर्ण प्रश्न उठाया है। मैं आपके माध्यम से माननीय मंत्री जी से इसी संदर्भ में यह पूछना चाहता हूं कि देश में अनेक ऐसे मठ-मंदिर हैं जिनके साथ उनकी संपत्तियां जुड़ी हुई हैं, लेकिन इन संपत्तियों की लूट हो रही है, जमीनों पर अतिक्रमण हो रहा है। क्या केंद्रीय स्तर पर ऐसे मठ-मंदिरों की देख-रेख के लिए कोई अधिकरण है? अगर नहीं, तो क्या सरकार की अधिकरण बनाने की कोई मंशा है? क्या इन मठ मंदिरों के संचालन के लिए कुछ बनाया जा सकता है?

श्री सभापति: अजय प्रताप सिंह जी, यह question से related नहीं है। आपने महत्वपूर्ण सवाल पूछा है, मगर वह question, इस question से related नहीं है। आप इस संबंध में मंत्री जी को लिखिए। आगे देखते हैं, उसका क्या करना है?

Activities taken under Janani Suraksha Yojana

*62. SHRIMATI JHARNA DAS BAIDYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the activities and initiatives taken under Janani Suraksha Yojana (JSY) for reduction of infant and maternal mortality in the country;

(b) the financial and technical support extended to the States/UTs under JSY during each of the last three years, State/ UT-wise; and

(c) the number of women benefited under the scheme during the said period, State/UT-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) Janani Suraksha Yojana (JSY) was launched in 2005 with the objective of reducing maternal and neonatal mortality by promoting institutional delivery. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS).

Cash Assistance to Pregnant women: Under JSY, following cash assistance is provided to pregnant women who opt for institutional delivery in Government hospitals.

	States	Rural Areas (in ₹)	Urban Areas (in ₹)
1	Low Performing States * (All Pregnant women)	1400	1000
2	High Performing States (Pregnant women of BPL, SC and ST)	700	600

* Low Performing States are Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Odisha and Jammu and Kashmir. The remaining States are named as High Performing States.

Cash Assistance is also provided to BPL/SC/ST women of Low and High Performing states delivering in accredited private institutions

BPL pregnant women, who prefer to deliver at home, are entitled to a cash assistance of ₹ 500 per delivery.

Cash assistance is available to the pregnant women regardless of age and number of children.

Incentive to ASHA under JSY: ASHA gets the following incentive for facilitating institutional delivery of pregnant women as well as ensuring complete ANC.

ASHA Incentives Under JSY

	Rural Areas	Urban Area
For Ensuring Completion of ANC services	300	200
For Facilitating Institutional Delivery	300	200

(b) States/UTs are guided for preparation of proposal under NHM PIP and budgets are approved according to proposals received from the States/UTs.

Details of fund allocation State/UT-wise for last three years are given in the Annexure-I (See below).

(c) Details of beneficiaries State/UT-wise for last three years are given in the Annexure-II (See below).

Annexure-I*Details of fund allocation State/UT-wise for last three years*

	Name of States and UTs	2015-16 (₹ in Crores)	2016-17 (₹ in Crores)	2017-18 (₹ in Crores)
1	2	3	4	5
(A) Low Performing States				
1.	Bihar	312.98	343.40	344.15
2.	Chhattisgarh	60.94	69.14	70.26
3.	Himachal Pradesh	3.10	2.66	2.65
4.	Jammu and Kashmir	30.88	24.32	32.36
5.	Jharkhand	94.72	71.43	76.83
6.	Madhya Pradesh	185.66	192.40	202.02
7.	Orissa	1.02.19	95.46	92.98
8.	Rajasthan	201.00	203.59	207.72
9.	Uttar Pradesh	511.85	511.29	529.20
10.	Uttarakhand	21.13	17.41	16.80
	SUB TOTAL	1,524.44	1,531.10	1574.95
(B) NE States				
11.	Arunachal Pradesh	2.31	2.02	2.25
12.	Assam	104.91	71.56	71.19
13.	Manipur	2.34	2.34	2.34
14.	Meghalaya	4.16	4.62	4.25
15.	Mizoram	1.29	1.29	2.56
16.	Nagaland	1.84	1.82	1.75
17.	Sikkim	0.23	0.32	0.32
18.	Tripura	3.19	3.19	3.19
	SUB TOTAL	120.27	87.17	87.85

1	2	3	4	5
(C) High Performing States				
19.	Andhra Pradesh	24.95	27.66	27.66
20.	Goa	0.12	0.12	0.10
21.	Gujarat	36.16	28.23	33.81
22.	Haryana	5.35	5.47	5.55
23.	Karnataka	66.23	78.81	50.27
24.	Kerala	13.70	14.99	15.39
25.	Maharashtra	49.82	50.87	53.35
26.	Punjab	11.09	10.82	11.00
27.	Tamil Nadu	39.92	41.34	32.94
28.	Telangana	18.28	21.33	21.18
29.	West Bengal	69.76	56.40	77.59
SUB TOTAL		335.38	336.04	328.83
(D) Small States/UTs				
30.	Andaman and Nicobar Islands	0.07	0.07	0.07
31.	Chandigarh	0.14	0.10	0.11
32.	Dadra and Nagar Haveli	0.22	0.53	0.48
33.	Daman and Diu	0.03	0.03	0.03
34.	Delhi	2.01	1.61	1.61
35.	Lakshdweep	0.12	0.12	0.12
36.	Puducherry	0.27	0.27	0.31
SUB TOTAL		2.86	2.73	2.73
GRAND TOTAL		1982.95	1957.04	1994.36

Annexure-II*Number of JSY Beneficiaries*

Sl. No.	States/UTs	2015-16	2016-17	2017-18
(A) Low Performing States				
1.	Assam	427557	434005	314541
2.	Bihar	1526529	1424363	1396203
3.	Chhattisgarh	331753	324593	346003
4.	Jharkhand	245639	300314	422677
5.	Jammu and Kashmir	106260	123181	123518
6.	Madhya Pradesh	954407	1031824	1043310
7.	Odisha	478788	449699	486081
8.	Rajasthan	1031247	1067378	1020259
9.	Uttar Pradesh	2353049	2482562	3119591
10.	Uttarakhand	104307	91970	79893
SUB TOTAL		7559536	7729889	8352076
(B) High Performing States (Big States)				
11.	Andhra Pradesh	264078	295957	272432
12.	Goa	1036	724	516
13.	Gujarat	263023	229896	227613
14.	Haryana	30048	35089	32477
15.	Himachal Pradesh	17497	17017	15130
16.	Karnataka	421777	396708	282087
17.	Kerala	143084	117326	45100
18.	Maharashtra	339251	281027	103958
19.	Punjab	75040	76922	91574
20.	Tamil Nadu	473524	413747	384852
21.	Telangana	149767	170730	203207
22.	West Bengal	540721	578256	619981
SUB TOTAL		2718846	2613399	2278927

Sl. No.	States/UTs	2015-16	2016-17	2017-18
(C) High Performing States (UTs)				
23.	Andaman and Nicobar Islands	396	350	351
24.	Chandigarh	1123	987	877
25.	Dadra and Nagar Haveli	1043	1703	1206
26.	Daman and Diu	88	58	43
27.	Delhi	15968	13938	12409
28.	Lakshadweep	939	496	783
29.	Pondicherry	3361	4242	3137
SUB TOTAL		22918	21774	18806
(D) High Performing States (NE)				
30.	Arunachal Pradesh	14199	13363	15003
31.	Manipur	27599	16921	11383
32.	Meghalaya	29707	24185	19106
33.	Mizoram	6096	16430	5075
34.	Nagaland	15368	14157	11345
35.	Sikkim	2824	2425	1601
36.	Tripura	19071	7004	26113
SUB TOTAL		114864	94485	89626
GRAND TOTAL		10416164	10459547	10739435*

*Data of quarter 4, 2017-18 is currently available only for 29 States/UTs.

SHRIMATI JHARNA DAS BAIDYA: My first supplementary is this. I want to know from the Health and Family Welfare Minister whether it is true that 707 women have not received the amount in the year 2016-17 from the Janani Suraksha Yojana in Roorkee and Dehradun's in Civil Hospital.

SHRI JAGAT PRAKASH NADDA: Sir, I don't have a specific answer to this. She can write to me and I will inquire into accordingly. It is the States who disburse the money. We give it only to the States. So, if a specific case is brought to me, I will certainly look into it.

SHRIMATI JHARNA DAS BAIDYA: My second supplementary is whether it is true that many ASHA workers have not been receiving the funds.

SHRI JAGAT PRAKASH NADDA: Sir, the procedure is that the Government of India, Ministry of Health and Family Welfare under the National Health Mission and otherwise also gives the technical and financial support to the States. There is a procedure that the States come out with their PIP, Programme Implementation Plan. According to the Programme Implementation Plan, which is forwarded by the State to the Central Government, the Central Government approves and accordingly gives the money. As far as the ASHA workers are concerned, it is within that structure itself where the financial part is also taken care of and we disburse the money accordingly.

SHRI ANUBHAV MOHANTY: After promulgation of the scheme, has the infant mortality rate and the mother mortality rate come down in the country, and which are the States where it has gone up and which are the States where it has come down? Through you, Sir, I want to request the Minister to kindly specify the names of these States.

MR. CHAIRMAN: Mr. Minister, if you have the information, you can give, otherwise, you send it to him.

SHRI JAGAT PRAKASH NADDA: Sir, through this scheme of the Government of India, Ministry of Health and Family Welfare and by JSY, JSSK, MAA, PMSMA and LaQshya programmes, I am happy to share with the House that our MMR, IMR and our under-five mortality has declined faster than the world pace.

MR. CHAIRMAN: Good.

SHRI JAGAT PRAKASH NADDA: This is number one. Number two, if we talk about the MDGs, according to the 2014-15 records, the decline has been 77 per cent while the global decline is 43 per cent. If we see we have declined by 37 points, that is, per lakh live births. Sir, 167 was the mortality, which is now 130. ...*(Interruptions)*...

SHRI DEREK O'BRIEN: Are you giving points or percentage?

SHRI JAGAT PRAKASH NADDA: I am talking about points. Now it is 130 and this the decline. We have attained the position where we have gone far away than the MDGs. Accordingly if we go, by 2025, we will be able to surpass the the SDG goals also where the target is 2030. As far as the infant mortality rate is concerned, the decline has been from 43,000 lives to 39,000 lives. ...*(Interruptions)*... There is also a decline in it.

SHRI ANUBHAV MOHANTY: You have not given the names of the States where it has gone up or come down. ...*(Interruptions)*...

SHRI JAGAT PRAKASH NADDA: Practically, in every State. ...*(Interruptions)*... This is the national average we have. ...*(Interruptions)*...

SHRI ANUBHAV MOHANTY: Maharashtra, Rajasthan, Gujarat, ...*(Interruptions)*...

MR. CHAIRMAN: Please. ...*(Interruptions)*... He has asked you for some specific information, you can send it to him. ...*(Interruptions)*...

SHRI JAGAT PRAKASH NADDA: Sure.

श्रीमती विप्लव ठाकुर: सर, मैं माननीय मंत्री जी से यह जानना चाहती हूँ कि ये बजट की जो allocation करते हैं, वह किस आधार पर करते हैं? क्योंकि इन्होंने जो figures दी हैं, उनके अनुसार हिमाचल प्रदेश में वर्ष 2015-16 में वह 3.10 था और वर्ष 2017-18 में वह 2.65 पर आ गया है। इसी तरह अन्य स्टेट्स में भी कम हुआ है। ये किस तरह से बजट कम कर रहे हैं और इनका क्या आधार व पैमाना है, किस नज़रिये को लेकर चल रहे हैं? क्योंकि बजट बहुत कम है। बजट बढ़ाने की बहुत जरूरत है।

श्री सभापति: आपका प्रश्न हो गया।

SHRI JAGAT PRAKASH NADDA: Sir, there is always an increase in the Budget, not decrease. As far as Himachal Pradesh is concerned, it was ₹ 200 and odd crores for something in 2014 which is now ₹ 500 crore plus. किसी प्रोग्राम में कम हुआ होगा, लेकिन टोटल बजट का जो एन्वेलप, that is always on the increase. This is number one.

The second point is, it is the States which ask how much fund they needed and under which head. इसमें उन्होंने फण्ड इसलिए कम मांगा होगा, क्योंकि वहां पर इंस्टीट्यूशनल डिलीवरी on its own बढ़ गई होगी, इसलिए वहां पर फण्ड की जरूरत नहीं होगी, उन्होंने ही कम मांगा है। हमारी तरफ से जो बजट two hundred plus now it is ₹ 500 plus crores.

DR. NARENDRA JADHAV: Sir, Janani Suraksha Yojana is a very good scheme. But, we really have a long way to go in terms of lowering the MMR in our country. Under the SDG Goal 3, India's target is to reduce the MMR to less than 70 per one lakh live births by 2030. However, according to the latest available data under Sample Registration Survey on maternal deaths released by the Registrar General of India, MMR in India is as high as 167.

MR. CHAIRMAN: Jadhavji, please ask your supplementary.

DR. NARENDRA JADHAV: In the light of such a high MMR, I would like to ask, through you, Sir, to the Hon. Minister: What is the basis for fixing cash amount disbursed under the JSY to women in rural and urban areas? Is the amount determined after taking due consideration of expenditure incurred by pregnant women on 'C' Sections, medicines and other medical aid required by women? And, is the amount being reviewed annually and adjusted/revised based on the current rates of availing medical healthcare?

MR. CHAIRMAN: Supplementaries have to be short and replies should also be short and sharp.

SHRI JAGAT PRAKASH NADDA: Sir, the hon. Member has come out with an outdated data. I shared with the House that 2014-16 data shows that per lakh live births of MMR reached from 167 to 130 and 137 was the Millennium Development Goal. So, we have surpassed the MDG.

As far as Sustainable Development Goal is concerned, it is 70 per lakh live births. According to the speed with which we are declining, by 2025, we will achieve SDG also is what I am saying. This is number one.

The second point is, States like Kerala, Maharashtra, Tamil Nadu have already reached the Sustainable Development Goal and other States are also following.

Status of health care schemes in the country

*63. SHRI P. BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a proposal under the active consideration of Government for health care schemes in the country;

(b) if so, whether these schemes have already been introduced;

(c) if so, the details thereof and if not, by when it is expected to be introduced; and

(d) the details of weaker sections, particularly the minority communities, which would be benefited under these schemes, State-wise?