



# Deconstructing the DMHP: Part V

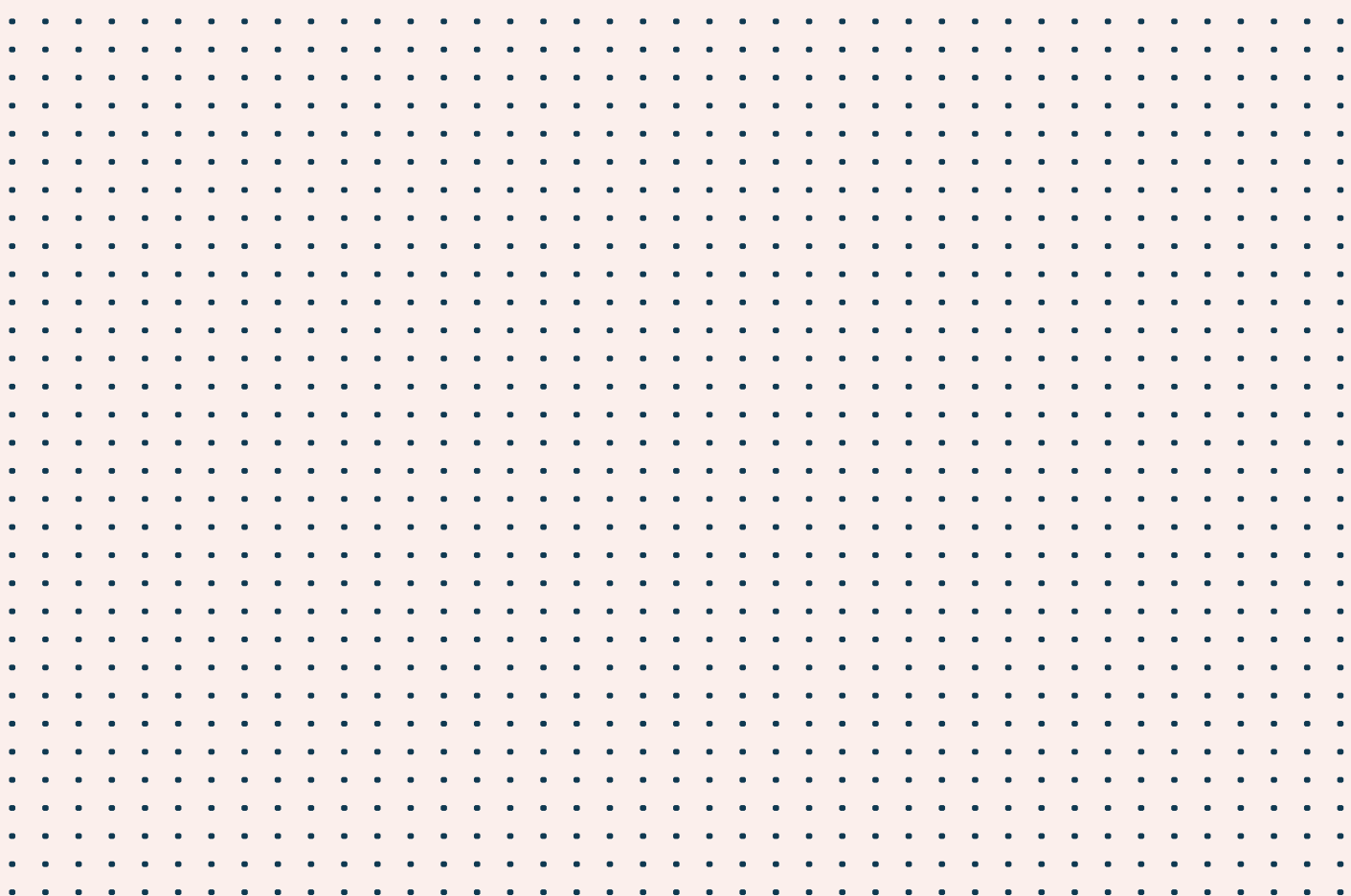
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**ACKNOWLEDGEMENTS**

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## Understanding funding and state-wise utilisation





## Background

The District Mental Health Programme (DMHP), launched in 1995, has been the key service delivery component under the National Mental Health Programme. In October 2022, the Ministry of Health and Family Welfare (MoHFW) launched the Tele-Mental Health Programme (T-MANAS), which is the digital arm and another key service delivery component under the NMHP<sup>1</sup>.

The main objective of the DMHP is to integrate mental health services into general health services and make them accessible at the community level. At present, the DMHP is implemented based on guidelines issued by the MoHFW to states/UTs in 2015<sup>2</sup>. Between 1996 and 2023, the coverage of the DMHP has grown from 4 districts to 738<sup>3</sup>. However, despite the programme being introduced three decades ago, it has yet to achieve 100% coverage in the 766 districts in the country.

This brief is the fifth in the ‘Deconstructing the DMHP’ series of issue briefs and examines the budgetary allocation by the Union government for the DMHP, the utilisation of the allocated funds by the respective states/UTs between FY 2015-21 (till 30.12.2020), and the need for transparency in utilisation of funds. This brief is based on data shared by the Government of India in response to a parliamentary question about the funds allocated and utilised for the District Mental Health Programme state-wise between 2015 and 2021. The question was answered in the budget session (session 253) of the year 2021<sup>4</sup>.

## Total Allocation vs. Utilisation

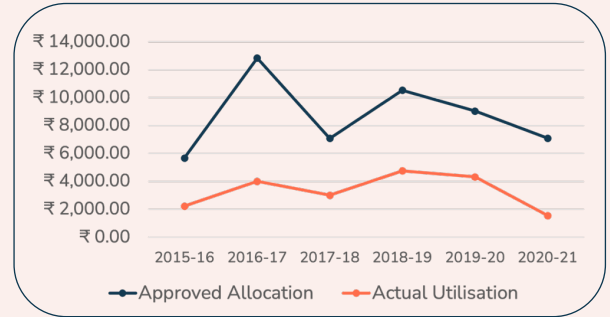
Between FY 2015-21, a total of INR 52,224 lakh was allocated by the Centre to the 37 states/UTs of India for the implementation of the DMHP. Over the years, funds have consistently been underutilised by the states. Only 38% (INR 19854.75 lakh) of the total sanctioned amount was utilised by states/UTs (Table 1), with only 10 states/UTs utilising more than 40% of the allocated funds, and 14 states using less than 25% of the funds allocated (Table 2).

Since FY 2018-19, the approved allocations have shown a declining trend with a corresponding decrease in utilisation as well. This decline can be attributed to the low rates of utilisation by the state/UTs governments.

However, funds approved by the Union government

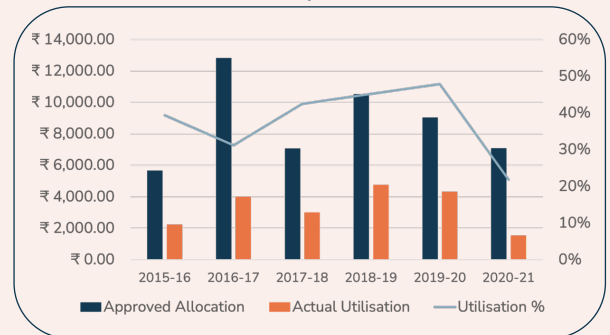
in FY 2016-17 rose by 126% compared to the funds approved for the previous FY, but utilisation as a percentage of funds allocated fell by 20%. FY 2018-19 also saw a 48% rise in allocations.

**Figure 1: Trends in Allocation & Utilisation**



Between FY 2015-21, utilisation consistently stood below 50%; the highest utilisation was 47.8% in FY 2019-20, while the lowest was in FY 2020-21 at 21.8%. However, in FY 2020-21, the data available is only till 30th December 2020. While the data is only missing for 3 months of the financial year, analysis and conclusions related to FY 2020-21 should be interpreted accordingly.

**Figure 2: Allocation by Union Govt compared to Utilisation by States/UTs**

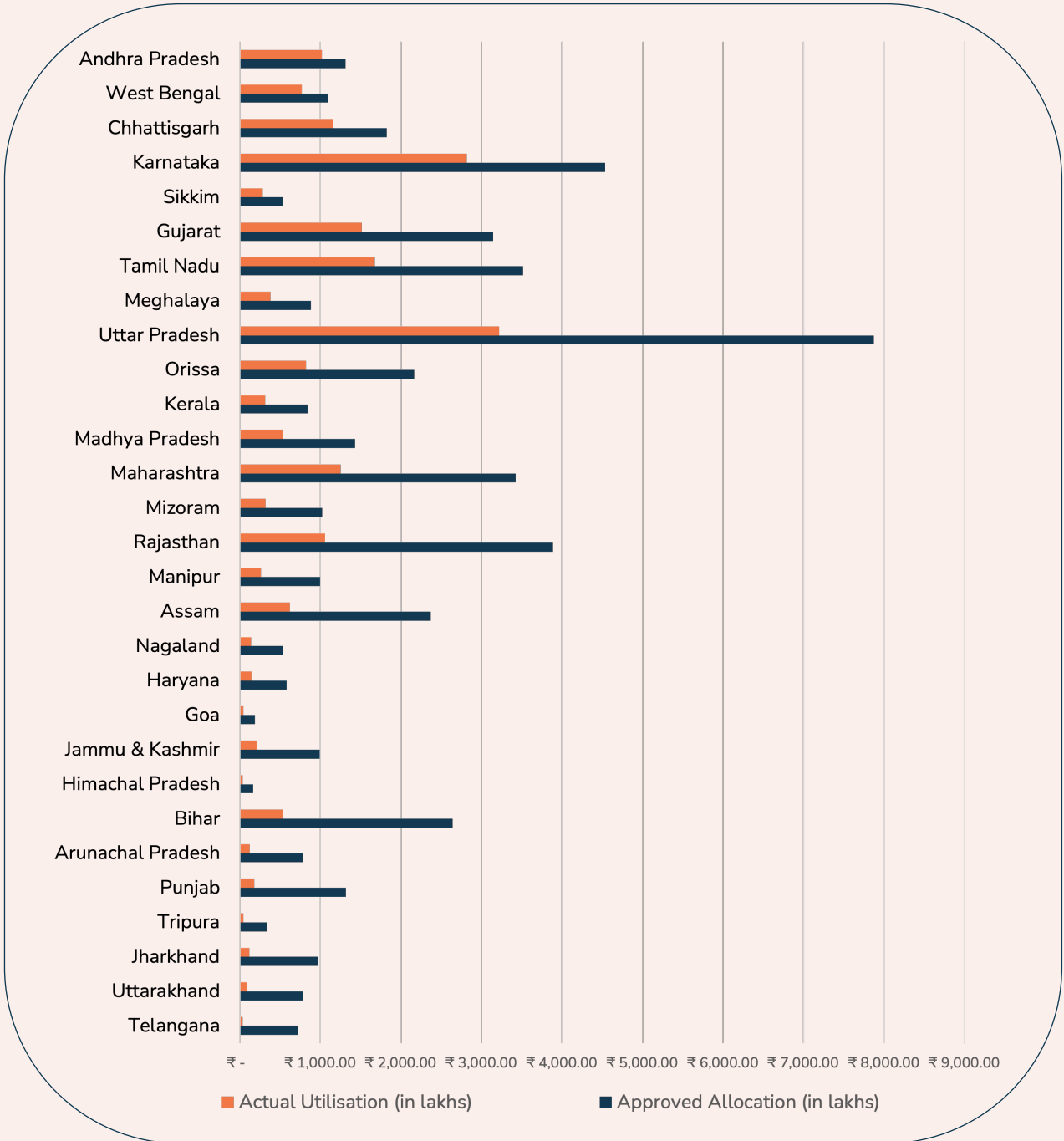


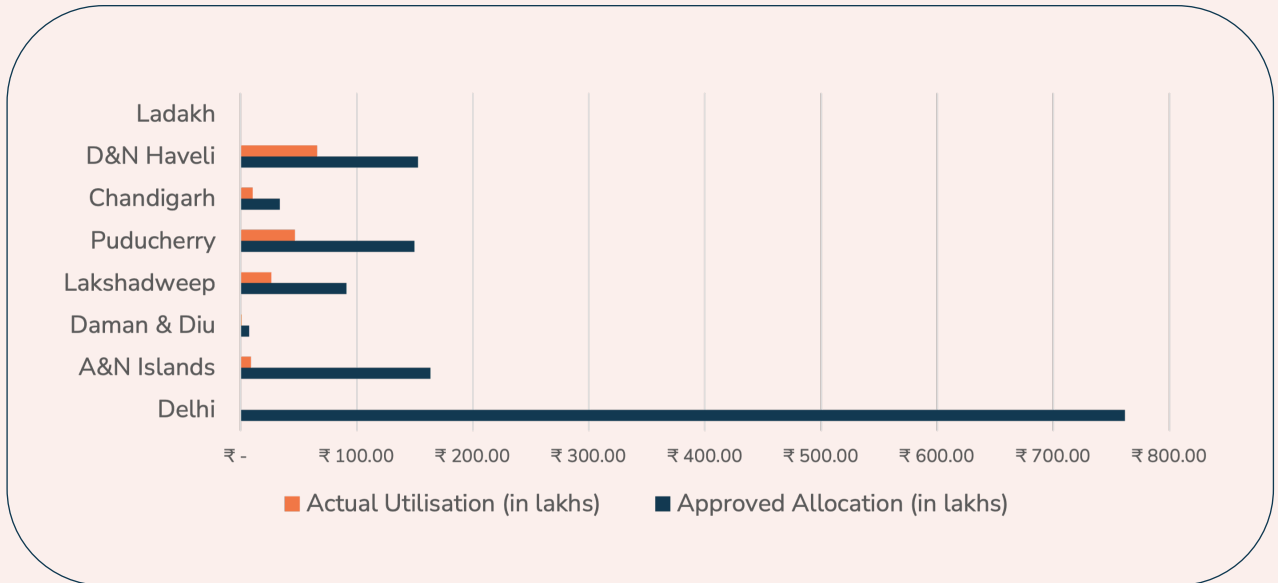
The states with the highest percentage utilisation of the funds allocated to them are Andhra Pradesh (78%), West Bengal (71%), and Chhattisgarh (64%), and the ones with the lowest are Telangana (5%), Uttarakhand (12%), and Jharkhand (12%). All these states report that 100% of districts are covered under the DMHP, but the extent of implementation on ground, in terms of availability and quality of healthcare personnel and services is unknown. Disparity also exists in allocation of funds to each of the states/UTs (figures 3 & 4). This is determined by factors such as the geographic size and population of the state as well as the amount requested by the state/UT through their yearly Program Implementation Plan (PIPs) and the consequent Record of Proceedings (ROPs).



Table 1: Total Funds Approved by Union Govt vs. Utilisation by States/UTs 2015-2020							Total
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21 (upto 30.12.2020)	
Approved Allocation	5668.14	12831.01	7075.51	10527.1	9035.77	7087.3	52224.84
Actual Utilisation	2229.6	3998.71	3002	4756.59	4322.43	1545.42	19854.75
Utilisation %	39%	31%	42%	45%	48%	22%	38%

Figure 3: Approved Allocation compared to Actual Utilisation by States in FY 2015-21




**Figure 4: Approved Allocation compared to Actual Utilisation by Union Territories in FY 2015-21**


## Utilisation of Funds among States/UTs Surveyed under the National Mental Health Survey 2016

The National Mental Health Survey was conducted in 2016 to gather data on the prevalence and outcomes for mental disorders in the country and to assess mental health resources and services available<sup>5</sup>. The evaluation was conducted across 12 states and included an evaluation of the DMHP in those states. The allocation and utilisation of the DMHP funds in the 12 states are discussed below.

### West Bengal

Till 2016, only 40% of the districts in West Bengal were covered by the DMHP<sup>5</sup>; as per most recent government data, the state has achieved 100% coverage<sup>4</sup>. Between FY 2015-21, West Bengal had the highest percentage of funds utilised among all 12 states at 71%. In FY 2015-16, the state spent 79% more than what was allocated. In FY 2016-17 and FY 2019-20, the state used 84% and 54% of the funds allocated, but in FY 2017-18, 2018-19, and 2020-21, utilisation of funds remained under 25%.

### Tamil Nadu

In 2016, 78% of the districts in Tamil Nadu were covered<sup>5</sup>; the DMHP has since expanded to cover

the entire state<sup>4</sup>. Between FY 2015-21, the state utilised 48% of the funds allocated, with this value fluctuating over the years. 100% of the funds allocated were used in FY 2020-21, compared to 18% in FY 2019-20. This is due to a drastic reduction in the funds allocated (1149 lakh in FY 2019-20 to 155 lakh in FY 2020-21) rather than higher utilisation.

### Punjab

13.6% of the districts in Punjab were covered in 2016<sup>5</sup>, compared to 100% in 2021<sup>4</sup>. However, utilisation of funds has been dismally low, with only 14% of the total funds used over 6 years and none used at all during FY 2017-18, FY 2019-20, and FY 2020-21. Only FY 2018-19 had a usage over 10%. The amount of funds allocated has also fluctuated.

### Kerala

100% of the districts in Kerala were covered in 2016<sup>5</sup> and continue to be so<sup>4</sup>. A total of 37% of the allocated funds were utilised between FY 2015-21, with utilisation ranging from 7% to 99%. Utilisation has shown a declining trend since FY 2018-19, both



in terms of the absolute amount used and the percentage of allocated funds used. The amount of funds allocated has shown an increasing trend.

### Gujarat

60% of the districts in Gujarat were covered in 2016<sup>5</sup>; 100% of the state is now covered by the DMHP<sup>4</sup>. Utilisation of the funds allocated ranged from 16% to 62% with an average of 48%. In FY 2016-17 and FY 2020-21, the funds utilised were less than 25% of those allocated, while utilisation was over 50% for the rest of the year. Funds allocated increased in FY 2017-18 and FY 2019-20 and dropped thereafter.

### Manipur

The percentage of districts covered by the DMHP increased from 55% in 2016<sup>5</sup> to 100% in 2021<sup>4</sup>. An average of 39% of the total funds allocated were utilised over the 6 years. However, this number is misleading and is skewed by a utilisation of 234% in FY 2018-19. 0% of the funds were utilised in FY 2016-17 and FY 2017-18, and 24% in FY 2020-21. Since FY 2018-19, the funds allocated have shown an increasing trend.

### Assam

Only 14% of the districts in Assam were covered in 2016<sup>5</sup>; this has since increased to 100%<sup>4</sup>. The percentage utilisation of funds has shown an increasing trend from 2016 to 2021, starting at 6% in FY 2016-17 and going up to 80% in FY 2020-21. However, the 80% in FY 2020-21 is an outlier given that allocation in FY 2020-21 dropped sharply to 60 lakh from 558 lakh in FY 2019-20. A total of 26% of the funds were utilised over 6 years.

### Uttar Pradesh

19% of the districts in Uttar Pradesh were covered by the DMHP in 2016<sup>5</sup>, and this increased to 100% by 2021<sup>4</sup>. Uttar Pradesh received the highest funding among all 12 states over the 6 years at 7,874 lakh, more than twice of what the second highest allocation for a state was. An average of 41% of the funds were used over 6 years. The highest utilisation was in FY 2017-18 at 68% and the lowest was in FY 2020-21 at 11%, with the percentage either remaining similar or decreasing over consecutive years.

### Rajasthan

The percentage of districts covered by the DMHP increased from 21% in 2016<sup>5</sup> to 100% in 2021<sup>4</sup>. Over 6 years, the state utilised an average of 27% of the funds allocated. This number is skewed by the utilisation in FY 2015-16 (748%) and FY 2018-19 (220%). 3 out of the remaining 4 years had a utilisation of 15% or lesser.

### Madhya Pradesh

Only 13% of the districts in Madhya Pradesh were covered in 2016<sup>5</sup>, a number that rose to 100% by 2021<sup>4</sup>. The average utilisation of funds across the 6 years is 37%. Utilisation in FY 2015-16 and FY 2016-17 was under 20%, and sharply rose to 72% in FY 2017-18. This rise, however, was not due to a significant increase in the amount utilised, but due to a reduction in allocation. Allocation has seen an upward trend since FY 2019-20 and utilisation has seen a downward trend.

### Jharkhand

Jharkhand has also seen an increase in the coverage of the DMHP from 17% of the districts in 2016<sup>5</sup> to 100% in 2021<sup>4</sup>. Funds allocated have been consistently low, as has utilisation. A total of 12% of the funds were utilised over 6 years, with just 2% and 1% being utilised in FY 2018-19 and FY 2019-20 respectively.

### Chhattisgarh

Chhattisgarh had the DMHP in 33% of its districts in 2016<sup>5</sup> and reached 100% coverage by 2021<sup>4</sup>. Except for FY 2020-21, where the utilisation was 20%, the utilisation of the allocated funds has been 45% or above. An average of 64% was utilised over 6 years. The allocated funds have declined sharply from FY 2018-19 to FY 2020-21.

## Funding and Implementation

Understanding the state-wise funding and implementation of the DMHP is a complex undertaking due to the lack of information on how funds are allocated, disbursed, and utilised. While it is known that the funds for the DMHP come from the Flexi-pool for Non-Communicable Diseases (NCD) and Health Systems Strengthening line-items under the MoHFW expenditure budget, the exact amount earmarked for the DMHP remains unknown, and information on state-wise allocation



is not readily available. Gathering data related to allocation and spending is a challenging task and requires scrutinising the state's Program Implementation Plan (PIPs) and the consequent Record of Proceedings (ROPs).

The parliamentary question that this brief refers to provided details on the state-wise utilisation and allocation of funds for the DMHP under the NCD flexipool from 2015 to 2021. However, what components of the DMHP the states are spending on is unclear, as are the reasons for underspending.

Information on spending is crucial to pinpoint the challenges the DMHP faces in different states/districts. The DMHP's implementation has been marred by several challenges, which include but are not limited to insufficient human resources, poor budgetary allocations, underutilisation of funds, and limited political will of those in-charge of implementing the programme. On paper, coverage of the DMHP has improved since 2016. 29 out of 37 states/UTs report coverage of all districts under the DMHP, but not much is known about the extent of services provided. While the DMHP was imagined as a means to deliver community-based mental healthcare, at present, it has been reduced to providing just psychiatric services like diagnosis and limited in-patient care with some community outreach services<sup>6</sup>. Information on how funds are being used would help shed light on why other components of the DMHP, such as psychosocial interventions, prevention and promotion activities in the community, and awareness-building are falling by the wayside.

It is also challenging to ascertain whether the states are contributing their 40%. The parliamentary question does not provide any clarity on the shared allocation between the Centre and states. Transparency with respect to the contribution of the state is the first step to evaluate whether the 60:40

split is feasible or needs revising to take into consideration limitations in state resources.

Knowing the total funds available for the implementation of the DMHP in a given state, rather than just the allocation from the Centre, would also provide a more accurate picture of utilisation. Even in the context of fund allocation by the Centre and their utilisation, information obtained through parliamentary questions is not sufficient. The information provided is not a structured method of collating and maintaining records of this information over time.

This is seen in the fact that information after 2021 is not available in the public domain. An ideal solution would be a system of sharing annual reports to ensure transparency in allocation and utilisation.

Funding and implementation are further complicated by a newer programme introduced by the government: the Ayushman Bharat Health and Wellness Centres<sup>7</sup>. Existing primary healthcare centres and subcentres in the districts are to be converted into Health and Wellness Centres that provide mental health services. Ayushman Bharat Health and Wellness Centres are allocated funds in the Union budget. How these centres tie in with the existing DMHP services and infrastructure is unclear, and the response to a parliamentary question about whether the DMHP will be subsumed under Ayushman Bharat indicated that there was no such plan in place<sup>4</sup>.

The DMHP holds potential for improving the state of mental healthcare in the country. In addition to effectively integrating programmes like Ayushman Bharat and T-MANAS with the DMHP, understanding its functioning and the utilisation of funds can help improve efficiency and address roadblocks.



**Table 2:** State/UT-wise details of funds allocated and utilised for the District Mental Health Programme under the Flexible Pool for Non-Communicable Diseases during 2015-16 to 2020-21

S.N	State/UT	2015-16		2016-17		2017-18		2018-19		2019-20		2020-21	
		(INR in lakhs)	Approved	Utilised	Approved	Utilised	Approved	Utilised	Approved	Utilised	Approved	Utilised	Approved
1	Bihar	683.8	130.19	839.09	222.5	139.8	65.32	534.3	27.48	218.64	59.69	226.75	25.63
2	Chhattisgarh	0	73.37	475.77	213.33	189	159.14	569.7	267.26	328.7	394.14	258.21	51.25
3	Himachal Pradesh	56.48	8.58	8.76	5.6	54.8	6.28	3.2	10.67	12.86	3.58	30.92	0.11
4	Jammu & Kashmir	0	0	170.08	12.73	36.2	42.04	330.9	61.8	233.64	54.22	219.5	36.53
5	Jharkhand	0	0	237.46	51.73	41.55	48.82	605.78	13.71	70.37	0.72	18.07	2.25
6	Madhya Pradesh	297	49.43	445.5	79.66	127.84	91.58	168	126.99	177.34	120.88	214.94	64.57
7	Orissa	0	152.5	601.19	235.12	492.49	100.03	576.28	125.13	301.55	179.82	191.1	29.6
8	Rajasthan	28	209.44	1898.15	124.92	818.86	101.1	160.3	353.04	406.24	185.24	577.6	85
9	Uttar Pradesh	887.6	177.12	1481.88	571.06	1020	695.03	1747.9	831.83	1686.94	833.23	1050	111.78
10	Uttarakhand	0	0	133.22	0	53.2	47	528.95	27.09	23.7	15.88	45.12	2.94
11	Arunachal Pradesh	0	0	228.42	42.26	133.44	9.79	134	68.08	111.6	0	177.4	0
12	Assam	398.4	25.46	487.44	33.01	267.6	38.44	596.67	210.39	550.84	256.38	68.25	54.68
13	Manipur	0	0	306.01	0	179.1	0	64.28	150.34	157.15	85.43	288.96	24.18
14	Meghalaya	74	10.33	102.12	13.4	275.27	28.37	227.08	56.26	102.3	66.32	102	203.86
15	Mizoram	253.09	84.9	401.62	165.52	232	4.02	44.92	40.93	51.9	11.29	38.89	11.05
16	Nagaland	0	0	102.64	59.14	70.52	23.92	86.7	33.45	135.88	20.05	143	2.22



17	Sikkim	172.67	121.46	138.03	63.25	90.82	39.33	31.29	28.41	50.02	19.33	50.4	10.8
18	Tripura	63.08	4.93	106.28	5.66	52.4	11.64	42.8	8.34	43.52	9.91	28.8	2.44
19	Andhra Pradesh	0	0	0	0	237.8	232.9	267.8	132.93	504.3	504.3	300.3	150.15
20	Goa	61.15	8.47	39.8	12.49	24.1	1.36	18.94	7.06	25.11	8.2	16.6	4.67
21	Gujarat	199.84	109.2	258.8	54.84	704	428.54	860.5	481.52	558.7	349.06	562.7	89.85
22	Haryana	213.27	46.96	121.72	36.1	33.77	13.74	101.07	22.91	54.58	17.19	55.27	7.31
23	Karnataka	317.2	158.49	1622.11	967.86	675.98	481.24	658.1	466.82	612.1	495.21	649.3	246.34
24	Kerala	0	0	102.82	70	100	99.07	119.7	71.49	200.7	52.29	318.75	22.25
25	Maharashtra	976	282.32	630.68	284.38	225.7	108.67	387.6	182.88	731.9	283.34	471.14	110.68
26	Punjab	0	0	303.38	167	354.2	0	209	12.73	142	0	305.2	0
27	Tamil Nadu	434.8	231.78	669.59	125	74.75	91.98	1031.4	865.49	1149.7	202.78	155.9	155.9
28	Telangana	0	0	141.25	0	63	0	45	0	170	17.74	304.72	16.12
29	West Bengal	174	311.44	362.57	302.86	103.98	18.27	244.2	53.1	117.63	63.88	89.9	21.36
30	A&N Islands	0	0	51.27	0	63	0	9.3	8.75	19.75	0.21	20	0
31	Chandigarh	0	0	27.45	10.59	2.2	0	3.95	0	0	0	0	0
32	D&N Haveli	63.4	13.44	56.88	40.26	20.6	7.58	5	1.32	4	3.36	3.07	0
33	Daman & Diu	0	0	4.51	0	1.5	0	0.45	0.07	1	0.83		0
34	Delhi	244	0	197.43	0	86.4	0.06	90	0	60	0	84	0
35	Lakshadweep	23.98	8.57	36.42	3.79	14.7	1.38	5.2	4.7	2.9	6.59	7.8	1.41
36	Puducherry	46.38	11.23	40.67	24.63	14.94	5.38	16.85	3.61	18.21	1.33	12.74	0.51
37	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>		<b>5668.14</b>	<b>2229.6</b>	<b>12831.01</b>	<b>3998.7</b>	<b>7075.51</b>	<b>3002</b>	<b>10527.11</b>	<b>4756.6</b>	<b>9035.77</b>	<b>4322.4</b>	<b>7087.3</b>	<b>1545.42</b>





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