

a fully functional, community owned, decentralized health delivery system. NRHM facilitates simultaneous action on collateral determinants of health like water, sanitation, education, nutrition, etc. Under NRHM major steps have been undertaken to augment the Health Human Resources, improve infrastructure and equipments at health facilities and improve planning, management and logistics/supply chain management at health facilities.

NRHM provides overarching umbrella to several National programmes of Health and Family Welfare including RCH-II, National Disease Control Programmes and Integrated disease Surveillance.

The State of Jharkhand has operationalised all the strategies under the NRHM and has undertaken some path-breaking steps for augmenting Health Human Resources and improving the health infrastructure. The state has prepared Integrated District Health Action Plans so as to operationalise long term reforms in health sector. Under NRHM, all sub centers, Primary Health Centres (PHCs), Community Health Centres (CHCs) in the state of Jharkhand have been allocated Untied Funds for local health action and local maintenance of the facility. Hospital Management Society at the facilities have been given corpus grants to compensate the gaps which are identified locally. The Community Link workers called Accredited Social Health Activist (ASHA) have been selected in the State and are facilitating the utilisation of services in public system.

The State has undertaken comprehensive upgradation of infrastructure and PHCs are being upgraded to CHCs and First Referral Units (FRUs). As of April 2009, the state has reported 226 health facilities functional on 24 × 7 basis at Sub District level. Physical upgradation work has been started in 146 CHC level facilities and 10 District Hospitals. Over 700 doctors and over 3200 ANMs and 1200 paramedics have been positioned on contract. The State has reported over eight lakh beneficiaries under the Janani Suraksha Yojana.

As per SRS 2007, the Infant Mortality Rate in Jharkhand is 48 against national Average of 55. The State envisages attainment of the goal of IMR at 30/1000 live births under NRHM. The steps being undertaken under NRHM are envisaged to accelerate the achievement of this goal.

Implementation of Expanded Programme on Immunization

2361. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has been implementing “Expanded Programme on Immunization (EPI)” under the universal immunization programme across the country;

(b) if so, salient features thereof indicating status of its implementation especially in the backward States like Jharkhand;

(c) the volume of each type of vaccine needed for implementation of EPI and the status of availability thereof during the last five years;

(d) whether a substantial gap between demand and supply of vaccines witnessed in implementing EPI during the period;

(e) if so, the reasons therefor; and

(f) the steps taken, if any, to overcome this impediment to EPI?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes. The immunization programme in India was introduced in 1978 as Expanded Programme on Immunization (EPI). Initially the program had limited reach focusing mainly in the urban areas. The programme was universalized in 1985 to cover six vaccine preventable diseases (Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio and Measles) under Universal Immunization Programme (UIP) to cover all the districts in the entire country.

(b) Since the launch of the NRHM and Reproductive Child Health Programme Phase-II, the Government of India is providing support to the states for; strengthening the service delivery component of Routine immunization through the following ways:—

- alternate vaccine delivery to ensure reach into villages;
- alternate vaccinators to ensure that sessions are held;
- social mobilization to ensure demand creation in community;
- strengthening supportive supervision;
- quarterly review meetings at state with level districts to ensure monitoring;
- support for POL to assist active supervision;
- use of auto disable syringes to ensure injection safety;
- support for waste management.

In the last three and a half years since the launch of RCH II/NRHM, there has been a considerable improvement in the immunization coverage from 45.9% as per DLHS-2 survey conducted in 2002-04 to 54.1% as per the figures of the recently concluded **DLHS 3 survey (2007-08)**. Further the underperforming states have also increased their coverage, the increase in **Jharkhand is from 26% to 54%, Assam is from 16% to 48%, Rajasthan from 24% to 49%, and Bihar from 21% to 41%**. However the improvement is marginal in the poor performing states like **Uttar Pradesh from 25.8% to 31.1%, Madhya Pradesh from 30.4% to 38.5%**.

(c) and (d) The details are given in the Statement (*See below*).

(e) The manufacturing licenses of the three Public Sector Vaccine Institutes namely, the Central Research Institute, Kasauli, Himachal Pradesh, the Pasteur Institute of India, Coonoor, Tamil Nadu and the BCG Vaccine Laboratory, Chennai, Tamil Nadu were suspended by the Drugs Controller General of India (DCG (I)) in January, 2008 since they were not found in compliance with the Good Manufacturing Practices (GMP) as provided under Schedule M of Drugs and Cosmetic Rules, 1945. This has affected supply of vaccines during 2008-09.

(f) Vaccine procurement, for National Immunisation Programme is being carried out from other PSUs and indigenous private sectors units. Government has decided to revive the above three Public Sector Vaccine Institutes.

Statement

Requirement and Supply status of UIP Vaccines for the last five years

Quantity in lakh doses

Year	DPT Vaccine			TT Vaccine			DT Vaccine		
	Req.	Supply	GAP	Req.	Supply	GAP	Req.	Supply	GAP
2004-05	1703.36	1289.45	413.91	1771.51	1672.98	98.53	431.48	465.20	-33.72
2005-06	1687.87	1374.94	312.93	1771.25	1511.98	259.27	457.40	504.68	-47.28
2006-07	1752.94	1501.49	251.45	1851.87	1432.86	419.01	460.18	471.04	-10.86
2007-08	1689.60	1312.12	377.43	1675.46	978.52	696.94	449.71	368.62	81.09
2008-09	1819.43	1410.28	409.15	1783.10	1378.37	404.73	479.90	447.98	31.92

Quantity in lakh doses

Year	t-OPV			Measles Vaccine			BCG Vaccine		
	Req.	Supply	GAP	Req.	Supply	GAP	Req.	Supply	GAP
2004-05	1769.08	1711.74	57.34	468.05	502.70	-34.65	634.60	646.08	-11.48
2005-06	1741.71	1834.68	-92.97	436.13	465.49	-29.36	642.83	697.24	-54.41
2006-07	1865.63	1688.52	177.11	477.06	523.71	-46.65	1080.34	918.42	161.92
2007-08	1822.89	1687.85	135.04	450.14	458.66	-8.52	1016.99	895.42	121.57
2008-09	1947.74	1788.20	159.54	478.77	498.77	-20.00	1025.83	889.02	136.81

Note: The requirement figure is inclusive of three (3) months buffer stock and 25% wastage. The supply figure is actual supply made during the year.

Clinical trial and research in ayurvedic medicine

2362. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that to hold clinical trial of ayurvedic medicines, the inventors are asked to disclose extract ingredients and formulation;

(b) if so, the reasons therefor;

(c) whether Government is aware that such MoUs are unfair and detrimental in further research in the field of Ayurveda;

(d) whether Government is aware that lots of people have been successfully treated for cancer by ayurvedic medicines; and