

Assam located on the North-East corridor of national highway have been identified and granted financial assistance for establishment of trauma care facilities after signing the Memorandum of Understanding (MOU) with the State Government.

Non-accessibility of essential medicines

4230. SHRIMATI T. RATNA BAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that nearly 639 million people in the country do not have access to essential medicines;
- (b) if so, the details thereof;
- (c) the actual reasons therefor; and
- (d) the steps being taken to avoid such situation in future?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The Central Government only supplements the efforts of States in provision of medicines. However, the Common Review Mission of NRHM in December 2009 had observed the practice of prescribing branded drugs even when generic alternatives were available, in a few places.

(c) Unsatisfactory system of procurement and logistics, low per capita drug budget and practice of prescribing branded drugs, are some factors responsible for lack of access.

(d) NRHM provides for reforms in procurement and logistics to ensure access to essential drugs. NRHM promotes development of essential Drug list of generic drugs and rational drug use.

NRHM in Orissa

4231. SHRI KISHORE KUMAR MOHANTY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has decided to serve the most deprived sections of the society through National Rural Health Mission (NRHM).
- (b) if so, the details thereof, State-wise; and
- (c) the facilities provided through NRHM in Orissa especially for people belonging to Scheduled Caste/Scheduled Tribe categories in agency areas like remote areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Yes. The National Rural Health Mission (NRHM) is making efforts to provide adequate health care / medical facilities in the country including deprived section of the society by strengthening health

institutions through improvement of physical infrastructure, provision of human resources, Equipments, Drugs, Emergency transport etc. Orissa has also been making efforts to improve their health delivery system especially in remote and inaccessible areas under the NRHM. The State wise amount approved by the National Programme Coordination Committee (NPCC) for NRHM during the year 2009-10 and physical progress of the Programme as reported by States/UTs including Orissa is enclosed as Statement – I and II.

Statement – I

Proposals received from State Govt. and Amount Approved (2009-10)

Rs. in crores			
S. No.	State	Amount Proposed	Approved Amount
1	2	3	4
1	A & N Islands	31.05	30.94
2	Andhra Pradesh	687.04	860.63
3	Arunachal Pradesh	60.12	66.33
4	Assam	1075.76	874.17
5	Bihar	1345.27	1281.12
6	Chandigarh	11.27	11.14
7	Chhattisgarh	301.29	401.78
8	Dadra & Nagar Haveli	13.03	6.27
9	Daman & Diu	10.25	6.40
10	Delhi	173.99	179.01
11	Goa	34.27	19.61
12	Gujarat	539.48	619.30
13	Haryana	265.68	284.58
14	Himachal Pradesh	103.61	143.30
15	Jammu & Kashmir	181.86	215.30
16	Jharkhand	429.78	443.83
17	Karnataka	665.92	776.58
18	Kerala	371.83	371.86

1	2	3	4
19	Lakshadweep	8.69	4.57
20	Madhya Pradesh	858.9	962.36
21	Maharashtra	1071.83	1255.59
22	Manipur	108.37	90.33
23	Meghalaya	134.17	103.72
24	Mizoram	58.05	67.62
25	Nagaland	333.68	86.52
26	Orissa	640.99	695.56
27	Pondicherry	32.02	17.46
28	Punjab	209.37	252.45
29	Rajasthan	846.07	1010.03
30	Sikkim	29.51	33.37
31	Tamil Nadu	520.55	650.45
32	Tripura	196.49	162.35
33	Uttar Pradesh	2592.92	2900.48
34	Uttarakhand	124.05	158.83
35	West Bengal	578.02	883.75
		14645.18	15927.59

Note: The amount approved includes the treasury transfer through infrastructure maintenance and the unspent balance of the previous years. Hence amounts approved is more than the amount proposed by the States/UTs.

Statement – II

(A) Specific gains to the health system

Activity/Intervention	The Specific gain from NRHM
1	2
1. Human Resources	7.49 lakh ASHAs (Community Health Workers) selected, 7.05 lakhs ASHAs trained upto 1st Module and 5.65 lakhs upto 4th Module; 5.20 Lakh ASHAs with drug kits in villages.

1	2
2. Physical Infrastructure	<p>8,624 MBBS Doctors 2460 Specialists, 46,660 ANMS, 26,793 Staff Nurses, 7692 AYUSH Doctors, 3143 AYUSH Paramedics added to the system under NRHM.</p> <p>9144 new Health Sub Centre buildings, 8997 up-gradation of Sub Centre buildings, 1009 new PHC buildings, 2081 up-gradation of PHC buildings, 435 new CHC buildings and 1255 upgradation of CHC buildings, 57 new District Hospitals and 387 up-gradations of District Hospitals have been taken up under NRHM.</p>
3. Untied grants for maintenance and local action.	<p>All Health Sub Centres, PHCs, CHCs, Sub District and District Hospitals are provided untied grants to improve the facilities under the supervision of Panchayati Raj Institutions and Rogi Kalyan Samitis at the facility levels. This has considerably improved the maintenance of facilities all over the country.</p>
4. Janani Suraksha Yojana	<p>Considerable progress has been made in JSY. From 7.04 lakh women covered under JSY in 2005-06, the coverage in 2008-09 was 86.22 lakhs, and 78.41 in 2009-10 so far, which is nearly one third of all deliveries in India every year.</p>
5. Mobile Medical Units	<p>1031 MMUs under NRHM are working to provide diagnostic and outpatient care closer to hamlets and villages in remote areas.</p>
6. Emergency Medical transport and ambulance systems	<p>States have used NRHM funds to provide a variety of emergency transport systems and ambulances to improve timely attention hospital referral for households.</p>

1	2
7. Doctors drugs and diagnostics	NRHM has added doctors and paramedics on a large scale leading to more care for patients. Availability of resources for drugs and diagnostics has improved with NRHM support to States.

(b) Service Guarantee under NRHM

Sl. No.	State / UTs	No. of Sub Centres	No. of Primary Health Centres	No. of Community Health Centres	24x7 PHCs	24x7 health inst at all levels	First Referral Units (FRUs)
1	2	3	4	5	6	7	8
High Focus Non – NE States							
1	Bihar	8858	1641	70	533	625	76
2	Chhattisgarh	4741	721	136	418	578	56
3	Himachal Pradesh	2071	449	73	95	204	51
4	Jammu & Kashmir	1907	375	85	105	149	58
5	Jharkhand	3958	330	194	194	388	19
6	Madhya Pradesh	8834	1149	270	212	533	87
7	Orissa	6688	1279	231	64	282	48
8	Rajasthan	10742	1503	349	500	1267	100
9	Uttar Pradesh	20521	3690	515	648	1037	136
10	Uttarakhand	1765	239	55	94	198	72
High Focus NE States							
11	Arunachal Pradesh	592	116	44	55	86	10
12	Assam	4592	844	103	343	464	60
13	Manipur	420	72	16	20	36	1
14	Meghalaya	401	103	26	14	40	9
15	Mizoram	366	57	9	56	67	8
16	Nagaland	397	86	21	33	54	11

1	2	3	4	5	6	7	8
17	Sikkim	147	24	4	24	48	3
18	Tripura	579	76	11	58	80	5
Non High Focus States – Large							
19	Andhra Pradesh	12522	1570	167	800	1026	194
20	Goa	172	19	5	13	19	2
21	Gujarat	7274	1073	273	331	627	148
22	Haryana	2433	420	86	318	429	104
23	Karnataka	8143	2195	323	940	1413	149
24	Kerala	5094	909	107	178	337	65
25	Maharashtra	10579	1816	407	663	1106	466
26	Punjab	2858	484	126	182	332	126
27	Tamil Nadu	8706	1215	206	1215	3060	291
28	West Bengal	10356	924	349	168	592	61
Non High Focus Smalls & UTs							
29	A & N Islands	114	19	4	17	21	1
30	Chandigarh	14	0	2	0	2	3
31	D & N Haveli	38	6	1	6	7	2
32	Daman & Diu	22	3	1	2	3	3
33	Delhi	41	8	0	1	35	25
34	Lakshadweep	14	4	3	4	7	9
35	Puducherry	77	39	4	20	44	4

Primary health centres

4232. SHRIMATI T. RATNA BAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of primary health centres built during the Eleventh Five Year Plan, State-wise, for Scheduled Castes/Scheduled Tribes and scheduled areas exclusively;

(b) the funds allocated and spent, year-wise, for the last three years;