

1	2	3	4	5	6	7	8
C. Non-High Focus States							
19	Andhra Pradesh	179.89	91.60	151.74	252.60	240.29	288.77
20	Goa	0.94	0.88	2.38	1.21	3.55	3.39
21	Gujarat	142.19	106.24	101.58	239.12	182.56	303.85
22	Haryana	46.51	17.10	42.39	63.36	55.75	63.81
23	Karnataka	88.54	41.86	105.85	155.57	139.45	186.95
24	Kerala	143.11	67.82	63.96	139.88	132.96	150.35
25	Maharashtra	177.88	130.48	193.63	351.51	307.18	210.69
26	Punjab	26.08	18.77	48.65	65.94	64.23	86.32
27	Tamil Nadu	226.83	84.39	124.15	136.86	164.25	190.57
28	West Bengal	233.71	44.92	160.77	180.13	212.14	109.85
SUB TOTAL		1265.68	604.06	995.10	1586.18	1502.36	1594.55
D. Small States/UTs							
29	A & N Islands	3.97	0.68	3.37	4.21	1.45	5.96
30	Chandigarh	1.77	0.09	0.04	0.56	2.19	1.74
31	Dadra & Nagar	0.12	0.73	0.50	0.75	1.08	0.55
32	Daman	0.00	0.31	0.50	0.88	0.93	0.68
33	Delhi*	23.23	0.32	27.02	10.78	6.16	10.25
34	Lakshadweep	0.00	0.01	0.15	0.64	0.16	0.64
35	Puducherry	2.55	1.11	2.01	1.73	2.59	2.34
Others		17.23			0.00	12.72	0.00
SUB TOTAL		48.87	3.25	33.59	19.55	27.28	22.16
GRAND TOTAL		3149.97	1526.85	2597.44	3256.08	3378.37	2995.69

Money spent under NRHM

‡4233. SHRI BRIJLAL KHABRI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

†Original notice of the question was received in Hindi.

- (a) the amount spent so far by Government under National Rural Health Mission (NRHM);
- (b) whether it is a fact that most of the primary health centres and community health centres under this scheme have closed down;
- (c) if so, the reasons therefor; and
- (d) the measures being taken by Government to run this scheme smoothly?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the records of this Ministry, since F.Y. 2005-06, the Government has spent Rs. 48,6158,.74 crore up to F.Y. 2009-10 under National Rural Health Mission.

(b) No.

(c) Does not arise.

(d) The National Rural Health Mission was launched in April, 2005 to support the State/UT Governments to rejuvenate the public health system to provide quality and affordable health care to rural population. Under the Mission, funds are being provided to the States/UTs to strengthen their rural health infrastructure by establishing, upgrading and improving the availability of human resources and service delivery in the health centres.

Human resource includes multiskilling of Doctors and para-medics, provision of incentives to serve in rural areas like blended payments, difficult areas allowance, P.G. allowance, case based payments, accommodation arrangements, provision of AYUSH Doctors in rural areas, block pooling of Doctors in under-served areas, provisioning of untied and flexible funds etc. 'Health' being a State subject, National Rural Health Mission has augmented the efforts of the States/UTs in bringing about reforms and improvement in health care services.

The Government of India indicates the resource envelope to the States and it is the States that develops the detailed Programme Implementation Plan based on the District Health Action Plans in their States.

Elephantiasis cases in Tamil Nadu

4234. SHR S. ANBALAGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the number of Elephantiasis cases in Tamil Nadu is one of the highest in the world;
- (b) if so, the details thereof; and