

(d) if so, the reaction of Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) No. However, malaria, a vector-borne disease, continues to be public health problem in India and is being addressed through established prevention and control strategies under National Vector Borne Disease Control Programme (NVBDCP). Under the NVBDCP, special attention is being given to high malaria endemic areas, particularly in the North-Eastern and Eastern parts of the country. Government of India provides commodity support in the form of Long Lasting Insecticide Treated Bed Nets (LLINs), DDT, Anti malaria drugs, rapid malaria diagnostic kits etc. besides supporting States and UTs with additional technical manpower in high endemic districts. The programme is, however, implemented by State/UT Governments under overall umbrella of National Rural Health Mission.

(c) and (d) The estimated number of deaths due to malaria reported in the study published in the British Medical Journal "The Lancet" is not acceptable according to experts of World Health Organization, Indian Council of Medical Research and Directorate of National Vector-Borne Disease Control Programme. The study suffers from several methodological deficiencies.

**Non-availability of leprosy medicines in Government Hospitals**

2223. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware that the leprosy cases are highest in the country;
- (b) if so, the details of such cases reported in the last two years, State-wise;
- (c) whether Government has received complaints about non-availability of medicines meant for the patients of leprosy in Government hospitals; and
- (d) if so, the details thereof and the action taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Yes.

(b) The State-wise number of cases detected during the last two years is given in the Statement (See below).

- (c) No.
- (d) Does not arise.

**Statement**

*State-wise new cases detected during 2008-09 to 2009-10*

Sl. No.	Name of State/UT	No. of New Cases Detected	
		2008-09	2009-10
1	2	3	4
1	Andhra Pradesh	9546	9012
2	Arunachal Pradesh	38	24
3	Assam	1192	1176
4	Bihar	20086	21431
5	Chhattisgarh	7994	7641
6	Goa	117	86
7	Gujarat	7581	7373
8	Haryana	451	365
9	Himachal Pradesh	207	164
10	Jharkhand	5181	5345
11	Jammu and Kashmir	205	159
12	Karnataka	4411	4408
13	Kerala	827	884
14	Madhya Pradesh	6309	5592
15	Maharashtra	14274	15071
16	Manipur	38	31
17	Meghalaya	17	20
18	Mizoram	21	10
19	Nagaland	65	79

1	2	3	4
20	Orissa	6381	6481
21	Punjab	933	824
22	Rajasthan	1177	1200
23	Sikkim	29	20
24	Tamil Nadu	5022	5046
25	Tripura	66	56
26	Uttar Pradesh	27577	27473
27	Uttarakhand	667	587
28	West Bengal	11891	11453
29	A & N Islands	25	15
30	Chandigarh	37	25
31	D & N Haveli	121	156
32	Daman & Diu	10	2
33	Delhi	1631	1448
34	Lakshadweep	0	2
35	Puducherry	57	58
TOTAL		134184	133717

#### **Involvement of Panchayati Raj Institutions in NRHM**

2224. SHRI ISHWAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has provided adequate scope for the involvement of Panchayati Raj institutions in the implementation of its National Rural Health Mission Scheme (NRHM);

(b) whether the Cabinet Secretariat had earlier envisaged full-fledged involvement of panchayats on the selection of new Public Health Centres and Sub-centres in rural areas and also the selection of workers for schemes like ASHA etc.; and