

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) Measures of prevention and control of vector-borne diseases including Dengue are integral part of the National Vector-Borne Disease Control Programme (NVBDCP), which is implemented by the States as per the approved Project Implementation Plan (PIP) under National Rural Health Mission (NRHM).

Funds released to the State/UT Governments towards implementation of the programme activities for prevention and control of dengue and other vector borne diseases during the last three years are given below:—

Year	Rs. (in crore)
2008-09	272.90
2009-10	311.16
2010-11	380.50

(b) Dengue virus has four serotypes — DEN V 1, 2, 3 and 4 which are circulating in the country.

(c) Total number of reported cases and deaths due to Dengue during the last three years are as under:—

Year	2008	2009	2010
No. of cases	12561	15535	28292
No. of deaths	80	96	110

Child deliveries through institutional delivery mechanism

851. SHRI AVINASH PANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the percentage of children deliveries attended by skilled personnel through institutional delivery mechanism in rural and urban areas of the country;

(b) the role played by the Accredited Social Health Activists and Self Help Groups in increasing the number of institutional deliveries;

(c) by when Government intends to cover the totality of institutional deliveries through institutional delivery mechanism; and

(d) the details of the steps taken to achieve the goal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) The institutional deliveries in the country have increased

from 40.9% as per the District Level Household and Facility Survey (DLHS-II) — 2002-04 to 47% in DLHS-III — 2007-08. As per the Coverage Evaluation Survey (CES 2009) by UNICEF, the Institutional delivery is 72.9%.

Institutional delivery rates in rural and urban areas was 29.8% and 69.4% respectively in DLHS-II which rose to 37.9% and 70.5% in DLHS-III. Under CES 2009, the rural and urban Institutional delivery was 68% and 85.6% respectively.

(b) The key role of the Accredited Social Health Activists (ASHA) is to generate demand and facilitate accessing of healthcare services including services for institutional delivery by the community. The activities undertaken by the ASHA include the following:—

- To visit the pregnant women regularly, prepare micro-birth plans and explain to them the benefits of institutional delivery.
- At the time of delivery, to escort the pregnant woman to the nearest public health facility.
- To facilitate arrangement for referral transport and stay with the mother in the institution till her delivery.
- To assist the ANM in providing care to the mother during the postnatal period through home visits.
- To facilitate the pregnant women in getting the benefits under the JSY scheme.

Self Help Groups (SHGs) also help generate demand for institutional delivery in the community.

(c) and (d) Under the National Rural Health Mission (NRHM) and within its umbrella, the Reproductive and Child Health Programme Phase-II, steps taken to increase the institutional delivery rates across the country include the following:—

- Promotion of institutional deliveries through Janani Suraksha Yojana.
- Capacity building of healthcare providers in basic and comprehensive obstetric care.
- Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
- Name Based Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.

- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Engagement of more than 800,000 Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Village Health and Nutrition Days in rural areas as an outreach activity which also serves as a platform to promote institutional delivery.
- A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home.

Outbreak of encephalitis in UP and Bihar

†852. SHRI RAM VILAS PASWAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether thousands of children have died due to encephalitis disease in Bihar and Uttar Pradesh (Uttar Pradesh);
- (b) if so, the number of children died in different hospitals of Gorakhpur in Uttar Pradesh and Muzaffarpur in Bihar during the last three years, year-wise;
- (c) the causes of this disease and the steps taken by Government to prevent it; and
- (d) whether it is a fact that the main cause of this disease is malnutrition and most of the children are from poor family?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) During current year (upto 15th November, 2011) 54 and 501 deaths due to encephalitis have been reported from Bihar and Uttar Pradesh respectively.

(b) Number of children who died in different hospitals of Gorakhpur in Uttar Pradesh and Muzaffarpur in Bihar during 2009, 2010 and 2011 are given in Statement (See below).

(c) Japanese Encephalitis (JE) is caused by a virus which is transmitted through mosquitoes. The main reservoirs of the JE virus are pigs and water birds, and in its natural cycle, virus is maintained in these animals.

†Original notice of the question was received in Hindi.