

Hike in wages of ASHA workers

4260. SHRIMATI JHARNA DAS BAIDYA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Ministry is aware of the fact that the wages being paid to ASHA workers working throughout the country is not sufficient;
- (b) if so, whether any hike in wages is under consideration; and
- (c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY) : (a) ASHA being a Community Health Volunteer are not paid regular wages. However, ASHAs are being given performance based incentives for carrying out various activities under National Rural Health Mission (NRHM) for the services rendered by her under programme.

- (b) and (c) in view of (a), question does not arise.

Special package for combating encephalitis

4261. SHRI BAISHNAB PARIDA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that encephalitis is fast catching up with children in the country;
- (b) if so, the status of this disease, UT/ State-wise;
- (c) whether it is proposed to give special package to such regions that are fast catching up this disease to help them out;
- (d) if so, the details thereof; and
- (e) the details of the action plan to overcome this menace especially in Odisha?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY) : (a) and (b) State/UTs -wise details of reported cases of Japanese Encephalitis/ Acute Encephalitis Syndrome (JE/AES) are given in Statement. (*See below*)

(c) and (d) Government of India (GOI) constituted a Group of Ministers (GoM) in November, 2011 to evolve a multi-pronged strategy to address multiple issues relating to Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AES). GoM held 4 meetings and finalized its recommendations pertaining to public health interventions, expansion of JE vaccination, improved case management, medical and social rehabilitation, improved provisions of drinking water and sanitation in rural and urban areas and

improved nutrition. The GoM recommendations have been submitted to the Cabinet Secretariat.

(e) Government of India is implementing an integrated National Vector-Borne Disease Control Programme (NVBDCP) for prevention and control of vector-borne diseases including JE under the overarching umbrella of National Rural Health Mission (NRHM) in the country including Odisha. The various measures undertaken for prevention and control of Japanese Encephalitis are integrated vector control, vaccination, early case detection, appropriate treatment, disease & vector surveillance, Behavior Change Communication (BCC) activities and capacity building.

Statement

State/UTs-wise reported JE/AES cases during the last 3 years

Sl. No.	Affected States/ UTs %	2009 Cases	2010 Cases	2011 (Provisional) Cases
1	Andhra Pradesh	49	139	73
2	Assam	462	469	1319
3	Bihar	325	50	821
4	Delhi	0	0	9
5	Goa	66	80	91
6	Haryana	13	1	90
7	Jharkhand	0	18	303
8	Karnataka	245	143	397
9	Kerala	3	19	88
10	Maharashtra	5	34	35
11	Manipur	6	118	11
12	Punjab	0	2	0
13	Tamil Nadu	265	466	762
14	Uttarakhand	0	7	0
15	Uttar Pradesh	3073	3540	3492
16	West Bengal	0	70	714
17	Nagaland	9	11	44
TOTAL		4521	5167	8249