

Level-II and Level-III are considered and central assistance is provided for civil construction, equipments, manpower, communication and legal services.

The distance norms and scale of funding for setting up different levels of trauma centres is as follows:

LEVEL	Distance	Scale of Funding
Level-III (60)	At the distance of 100 to 150 kms.	Rs. 4.80 crore
Level-II (57)	At the distance of 300 to 400 kms.	Rs. 9.65 crore
Level-I (23)	At the distance of 600 to 700 kms.	Rs. 16 crore

In addition, ambulances, which are termed as Level-IV, are provided for every 50 km by National Highways Authority of India.

Under the scheme, Rs. 352.65 crores have been released to States during the 11th Plan for 116 number of trauma centres.

JE Epidemic in Assam

*226 SHRIMATI NAZNIN FARUQUE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Japanese Encephalitis (JE) has taken an epidemic form in the flood affected areas in Assam, especially in Nalbari District;

(b) if so, the details thereof;

(c) whether any assistance has been sought from the Union Government by the State Government to control this disease;

(d) if so, the details thereof; and

(e) if not, whether any steps have been taken by the Union Government on its own?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No, Sir. 391 JE cases and 80 JE deaths have been reported from Assam from 1st January to 21st August, 2012 as compared to 490 cases and 108 deaths due to JE during the corresponding period in 2011. So far as Nalbari district is concerned, only 6 JE cases with no deaths have been reported upto 21st August, 2012 as compared to 6 cases and 4 deaths due to JE during the corresponding period in 2011.

(c) to (e) The Government of India has already put in place a comprehensive strategy for prevention and control of JE/AES. The strategy includes JE vaccination of children in campaign mode as well as routine immunization, disease surveillance through sentinel sites, early case detection and proper case management, integrated vector control and Behavior Change Communication. The strategy is primarily implemented by the State Governments and the Government of India supplements their efforts by providing funds and commodities as per the requirements of the States as reflected in Programme Implementation Plans (PIPs) under National Rural Health Mission (NRHM).

So far as Assam is concerned, the Government of India has provided financial, material and technical support to the Government of Assam to carry out JE vaccination in campaign mode in 11 JE endemic districts, to set-up 9 sentinel sites for surveillance and diagnosis of JE cases, to implement integrated vector control measures, to improve clinical management of JE/AES cases at district hospitals/ medical college hospitals and to carry out Behavior Change Communication activities for improving community awareness about prevention and control of JE/AES.

Utilization of funds allocated to Mizoram

*227. SHRI LALHMING LIANA: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state:

(a) the details of funds allocated and spent in the State of Mizoram by the Ministry and its various organizations since 2008-09 till date; and

(b) the details of reasons for which these funds were allocated and the status of utilization along with the achievements of physical and financial targets?

THE MINISTER OF STATE OF THE MINISTRY OF ENVIRONMENT AND FORESTS (SHRIMATI JAYANTHI NATARAJAN): (a) and (b) The scheme-wise details of funds allocated and utilized, along with reasons for which these funds were allocated, in the State of Mizoram by the Ministry of Environment and Forests and its organizations since 2008-09 to till date, are given in statement.