

also telecast through satellite channels and through ETV Urdu for one month to update the information on facilities available to the minority dominated areas.

A half an hour dedicated health magazine programme, “Swasth Bharat/Arogya Bharatam” is telecast through 30 regional Doordarshan Kendras and broadcast through 29 regional radio stations across the country. These programmes are telecast/Broadcast for 05 days a week in regional languages covering all the issues relating to health care and national disease control programmes.

New strains of HIV

1140. SHRI H.K. DUA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the reports that a study by Bangalore-based scientists has brought out that strains of Human Immunodeficiency Virus Type-I (HIV-I) has been undergoing evolutionary changes in the country;

(b) if so, whether these strains are more infectious;

(c) the steps Government is taking to pursue the study further or take other necessary actions; and

(d) the impact these studies will have on Government's programme to fight HIV AIDS in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) Yes, however, the Indian Council of Medical Research has reported that there is no definite evidence available that HIV virus has been evolving in the country.

(c) and (d) There is no proposal with Department of Health Research for further research, on this issue.

Shortage of funds and infrastructure under healthcare sector

1141. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether various components such as health delivery system, primary healthcare facilities, family planning programme, immunization, ante-natal care etc. under NRHM have not achieved the desired results in the country especially in the remote and inaccessible areas of Jharkhand and Odisha;

- (b) if so, the reasons therefor along with status thereof, State-wise;
- (c) whether some of the States are facing shortage of funds and infrastructure to meet the increasing healthcare needs under NRHM;
- (d) if so, the details thereof, State-wise; and
- (e) the steps taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) The National Rural Health Mission (NRHM) which was launched in 2005, essentially seeks to provide accessible, affordable and quality healthcare services to the rural populations. The key features of the Mission include making the public health delivery system fully functional and accountable to the public, human resource management, community involvement, decentralization, rigorous monitoring and evaluation against standards, convergence of health and related programmes from village level upwards, innovations and increased flexible financing. Key indicators have shown desired results under NRHM. A total of 8,146 Primary Health Centres have been made into 24×7 facilities while 2,536 District Hospital/Sub-District Hospital/Community Health Centres have been upgraded as First Referral Units after the inception of NRHM. The proportion of pregnant women undergoing three antenatal check-up increased from 49.8% in 2007-08 to 68.4 % in 2009 while institutional delivery increased from 47% to 72.9% and children getting fully immunized increased from 54% to 61% in the same period. The impact of NRHM is visible in the decline of Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Total Fertility Rate (TFR) during the period of implementation of the mission so far. The IMR declined from 58 in 2005 to 44 in 2011 while MMR declined from 254 in 2004-06 to 212 in 2007-09 and TFR from 2.9 in 2005 to 2.5 in 2010. The annual rate of decline of IMR improved by about 37% in the period after inception of NRHM *i.e.* 2005-11 as compared to 2000-05. Similarly, the annual rate of decline of MMR accelerated by 22% between 2005 and 2008 as compared to 2000-05. The annual rate of decline of TFR increased by 47% between 2005-10 as compared to 2000-05. While there is significant improvement in rate of decline of IMR, MMR and TFR, there is a need to accelerate the rate of improvement further. Details of decline in IMR, MMR and TFR in the States of Jharkhand and Odisha after the inception of the NRHM are given in Statement-I (*See below*). I which also show significant improvement in IMR, MMR and TFR during the Mission period.

(c) to (e) Under National Rural Health Mission (NRHM), the States submit their proposals to Government of India as per their felt needs and priorities in their annual Programme Implementation Plan (PIPS). Based on the appraisal by the National Programme Coordination Committee (NPCC), the Government of India approves the PIP for each State. There has been no shortage of funds as against the approved annual PIPs.

As per the Rural Health Statistics 2011, there is a shortfall of 2,766 Community Health Centres (CHC), 7,048 Primary Health Centres (PHC) and 35,762 Sub-Centres in the country. State/UT-wise information on shortfall in health infrastructure is given in Statement-II (*See below*).

Further, through State PIPs, States are provided funds under NRHM for construction and renovation of CHCs, PHCs, Sub-Centres and District hospitals and increased funding has been available over the years to the States. However, 'Public Health' being a State subject, the States have to propose and implement appropriate health infrastructure works.

Statement-I

Details of decline of IMR, MMR and TFR in States of Jharkhand and Odisha

Infant Mortality Rate (IMR):

State	IMR in 2005 (Beginning of NRHM)	IMR in 2011	Decline (Points)
Jharkhand	50	39	11
Odisha	75	57	18
All India	58	44	14

Maternal Mortality Ratio (MMR):

State	MMR in the beginning of NRHM (SRS 2004-06)	Latest MMR (SRS 2007-09)	Decline (Points)
Jharkhand	312	261	51
Odisha	303	258	45
All India	254	212	42

Total Fertility Rate (TFR):

State	TFR in 2005 (Beginning of NRHM)	TFR in 2010	Decline (Points)
Jharkhand	3.6	3.0	0.6
Odisha	2.6	2.3	0.3
All India	2.9	2.5	0.4

Statement-II*Shortfall in health infrastructure as per RHS 2011*

Sl. No.	State/UT	Sub-Centre	Primary Health Centre (PHC)	Community Health Centres (CHC)
1	2	3	4	5
1.	Andhra Pradesh	*	331	207
2.	Arunachal Pradesh	27	*	*
3.	Assam	1237	15	130
4.	Bihar	8837	1220	700
5.	Chhattisgarh	*	35	46
6.	Goa	*	*	*
7.	Gujarat	660	157	15
8.	Haryana	798	107	30
9.	Himachal Pradesh	*	*	*
10.	Jammu and Kashmir	88	*	*
11.	Jharkhand	2085	634	53
12.	Karnataka	*	*	146
13.	Kerala	*	*	*

1	2	3	4	5
14.	Madhya Pradesh	3445	821	161
15.	Maharashtra	2830	380	182
16.	Manipur	72	*	3
17.	Meghalaya	353	5	*
18.	Mizoram		*	*
19.	Nagaland	61	*	*
20.	Odisha	1448	80	*
21.	Punjab	513	131	15
22.	Rajasthan	*	334	86
23.	Sikkim	*	*	2
24.	Tamil Nadu	*	45	*
25.	Tripura	41	27	15
26.	Uttarakhand	*	*	4
27.	Uttar Pradesh	10516	1480	778
28.	West Bengal	2680	1239	189
29.	Andaman and Nicobar Islands	*	*	*
30.	Chandigarh	*	0	*
31.	Dadra and Nagar Haveli	4	2	1
32.	Daman and Diu	*	*	*
33.	Delhi	42	5	3
34.	Lakshadweep	*	*	*
35.	Puducherry	25	*	0
INDIA:		35762	7048	2766

*Surplus