

in five high burden States including Bihar. Muzaffarpur is one of the districts among 15 districts identified in Bihar. The programme is being implemented by Ministry of Health and Family Welfare, Ministry of Drinking Water Supply and Sanitation, Ministry of Women and Child Development, Ministry of Social Justice and Empowerment and Ministry of Housing and Urban Poverty Alleviation under the Central Government.

A special campaign for JE vaccination was carried out on 22nd and 23rd June, 2014 to cover missed out children in Muzaffarpur, Vaishali, Nalanda, Samastipur, East Champaran, Bhojpur, Nawada and Patna.

During 2012-13 an amount of ₹ 6.84 crore has been released for strengthening District Hospitals and Medical College in Gaya and Muzaffarpur. During 2013-14 a total of ₹ 16.88 crore was released to Government of Bihar for implementation of prevention and control strategy for JE/AES.

(d) Under the national programme, no monetary assistance is being provided to the affected families by the Central Government.

Deaths from encephalitis in Bihar

†229. SHRI PRABHAT JHA:

SHRI VIJAY GOEL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of children dies in the country every year due to encephalitis disease;

(b) if so, the details thereof and the reasons for inability to control this fatal disease;

(c) whether several children died of encephalitis in a district of Bihar recently;

(d) if so, the details thereof along with the immediate measures taken to check this disease;

(e) whether assistance has been sought by the State Government of Bihar in this regard; and

(f) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) The number of deaths including adults reported due to encephalitis since 2012 are given below:

Year	2012	2013	2014 (up to 2.7.2014)
Deaths	1256	1276	279

†Original notice of the question was received in Hindi.

Prevention and control of encephalitis becomes difficult due to multi etiological nature of Acute Encephalitis Syndrome (AES). Effective prevention tool like vaccination is available only for Japanese Encephalitis (JE) but there is poor coverage of JE vaccination under routine immunization. Encephalitis cases due to entero-viruses are occurring due to poor quality of drinking water.

(c) and (d) 150 deaths due to encephalitis have been reported from affected districts of Bihar in 2014 as per details given below:

District	Deaths due to encephalitis in 2014 (up to 2.7.2014)
Muzaffarpur	86
East Champaran	31
Sitamarhi	18
Vaishali	06
Sheohar	02
Samastipur	06
West Champaran	01
TOTAL	150

The Government of Bihar has strengthened surveillance, early detection and referral of cases in addition to improving the health infrastructure at SKMC Hospital and District Hospital, Muzaffarpur. Extra ambulances and doctors from other districts were deployed at block PHCs and mobile medical units were also set up to pick up patients from interiors of villages for transfer to hospitals. Paediatric departments of SKMC Hospital and District Hospital, Muzaffarpur were strengthened by setting up separate ICU and encephalitis ward. In addition to IEC activities, ASHAs and Anganwadi workers have also been involved to increase awareness and for identifying fever cases and early referral to nearest health institutions.

The Central Government have launched a multi-pronged strategy to tackle JE/AES in five high burden States including Bihar. Fifteen districts of Bihar have been identified for the purpose which include Aurangabad, Darbhanga, East Champaran, Gaya, Gopalganj, Jahanabad, Muzaffarpur, Nalanda, Nawada, Patna, Samastipur, Saran, Siwan, Vaishali and West Champaran. The programme is being implemented by Ministry of Health and Family Welfare, Ministry of Drinking Water Supply and Sanitation, Ministry of Women and Child Development, Ministry of Social Justice and Empowerment and Ministry of Housing and Urban Poverty Alleviation under the Central Government.

Out of 24 identified JE endemic districts in Bihar, JE mass vaccination activity has been completed in 22 districts and JE vaccination has already been integrated as a part of routine immunization services. JE mass vaccination activity is currently ongoing in Saran and Darbhanga districts of Bihar.

A Special Campaign for JE vaccination was carried out in Muzaffarpur, Vaishali, Nalanda, Samastipur, East Champaran, Bhojpur, Nawada and Patna on 22nd and 23rd June, 2014 to cover missed out cases.

(e) and (f) During 2013-14, an amount of ₹ 16.88 crore was released to Government of Bihar for implementation of prevention and control strategy for JE/AES. For the current year, the State PIP has various activities including Strengthening of Sentinel sites, Information Education Communication/Behaviour Change Communication (IEC/BCC), capacity building, monitoring and supervision, procurement of insecticides, fogging machine, operational research and ICU establishment.

Under five mortality rate

230. SHRI M.P. ACHUTHAN:

SHRI D. RAJA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the country is not likely to achieve the Millennium Development Goals 4 (MDG4) target *i.e.* bringing down the under-five child mortality rate to 42 per 1000 live births by 2015 from the rate at 125, the level prevailed in 1990;

(b) if so, the latest official estimate of the country's under-five mortality rate; and

(c) the efforts being made to achieve the target by the end of the deadline 2015?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) No, India is likely to achieve MDG4 target of under-five mortality Rate of 42 per 1000 live births by 2015. Current rate of decline for under-five mortality is 6.7% annually in the country and at this sustained rate of decline, India will achieve MDGs target by 2015.

(b) As per Office of Registrar General of India SRS 2012 report, the under-five mortality rate is 52 per 1000 live births in the country.

(c) Under National Health Mission, the following interventions are being implemented to reduce under five mortality.

1. Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres (24X7) for round the clock maternal and newborn care services.