

- Putting up attractive displays with messages on HIV/AIDS in the retail outlets of Indian Oil Corporation across the State.
- Printing and making available IJEC materials with messages on HIV/AIDS at all such retail outlets.
- Making condoms available at IOC retail outlets.
- Training of retail outlet staff as per counselors and as guides to those seeking additional information.
- Orientation of Indian Oil Supervisory staff to support the implementation and also monitor the implementation of the project appropriately.

Maternal deaths

633. SHRI A. ELAVARASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the number of deaths due to complication related to pregnancy and childbirth have increased as per UNICEF State of World's Children 2009 report;
- (b) if so, what are the reasons analysed by Government; and
- (c) the details of steps taken by Government to control pregnancy related mortality rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) UNICEF's report titled "The State of the World's Children" on maternal and New Born Health, published in the year 2009 indicates international estimates of India's Maternal Mortality Ratio (MMR) to be 450 per 1,00,000 live births in the year 2005 and also states that this figure represent reduction of rates in previous years.

The Ministry relies on the latest report released by the Registrar General of India - Sample Registration System (RGI, SRS), on maternal mortality, published in the year 2006 the Maternal Mortality Ratio (MMR) for India has shown a decline from 398 per 1,00,000 live births in 1997-98 to 301 per 100,000 live births in 2001-03.

The National Rural Health Mission (NRHM) (2005-2012), and under its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access to equitable, affordable, accountable and effective primary health care, in the rural areas of the country, especially for poor women and children, With a special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in maternal mortality, namely Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationizing Community Health Centers as First Referral Units (FRUs) and 50% of Primary Health Centers for 24x7 services; Augmenting the availability of skilled manpower by means of different skill - based trainings such as Skilled Birth Attendance, training of MBBS Doctors in Life

Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health & Nutrition Day at Anganwadi Centers; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care Services by the community including pregnant women; Strengthening of health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery; Systems strengthening through Village Health and Sanitation Committees at the village level.

Shortage of medical professional

634. SHRIMATI SHOBHANA BHARTIA:

DR. JANARDHAN WAGHMARE:

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

(a) whether according to a WHO report India is facing acute shortage of medical personnel and health workers;

(b) if so, the facts and details thereof;

(c) whether shortage of health workers has affected the functioning of the National Rural Health Mission in the country; and

(d) if so, what immediate steps Government proposes to take to ensure that the National Rural Health Mission is not adversely affected due to shortage of health workers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. However, the WHO report showcases the availability of medical personnel and health workers in Year 2006 and is based on Government of India Bulletin on Rural Health Statistics is in India 2006.

(c) and (d) The situation of the human resource have improved after the launch of the National Rural Health Mission (NRHM). Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States. The various initiatives include contractual engagement of health staff based on local residence criteria, multi-skilling of doctors and para-medics, provision of incentives to serve in rural areas like blended payments, difficult area allowances, PG allowance, case based payments, improved accommodation arrangements, provision of Ayush doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non-government sector for underserved areas through contracting in or contracting put of human resources, empowering the community to exercise greater control over health care facilities, provision of untied and flexible funds are a few of the many measures being undertaken to ensure proper health care facilities for the rural poor in the country.

Guidelines on good clinical laboratory practices

635. SHRIMATI SHOBHANA BHARTIA:

SHRIMATI MOHSINA KIDWAI:

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