

(c) if so, the details thereof;

(d) whether the demand for qualified optometrist in our country is expected to rise steeply and the estimated requirement is 2 lakh whereas only meagre 5,000 qualified optometrists are currently available; and

(e) if so, the details thereof and steps being taken by Government to increase their number?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per World Health Organization estimates, out of the total 37 million blind persons (VA  $\leq 3/60$ ) in the world, 7 million are in India. In China and India, the estimated numbers of blind people in 1990 were 6.7 and 8.9 million, respectively. Every 5th person blind in the world may be Indian.

(b) and (c) There are approximately 6000 Optometrists in Government Sector and 18000 in NGO and Private Sector in India and about 1200 pass out every year, making a ratio of one for every population 77000.

(d) and (e) More Optometrists are needed to fulfill patients requirements for eye care in the country as the Ophthalmologists-Optometrists ratio should be 1:4. There is a shortfall of 32000 Optometrists. There is a provision in the 11th Five Year Plan, under the National Programme for Control of Blindness for training of Ophthalmic Assistants.

#### High MMR in rural areas

2697. SHRIMATI SHOBHANA BHARTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the current Maternal Mortality Rate (MMR) in rural areas continues to be 254 deaths per one lakh live births, despite the goal of the National Rural Health Mission (NRHM) to bring it to 100;

(b) whether one of the reasons for a continuing high MMR is the lack of adequate healthcare facilities in rural health centres;

(c) if so, the reasons therefor; and

(d) whether there is a detailed plan of how Government plans to address women's Health issues in rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) to (d) As per the latest estimates of Maternal Mortality Ratio (MMR) from the (RGI) - Sample Registration System (SRS), the MMR of India has declined from 301 per 100,000 live births (2001-2003) to 254

per 100,000 live births (2004-06). Registrar General, of India (RGI) does not give estimates of MMR separately for rural areas. Under the National Rural Health Mission, goal for reduction of MMR is 100 per lakh live births by 2012.

As per the Rural Health Statistics, published in 2009 by the Statistics Division of Ministry of Health and Family Welfare, 146036 Sub Centres, 23458 Primary Health Centres and 4276 Community Health Centres are functional in rural areas of the country as on March 2008.

The National Rural Health Mission (NRHM) and under its umbrella, the Reproductive and Child Health Programme Phase II, seeks to improve the availability of and access to quality health care including Maternal and Child Health services particularly to rural population throughout the country, with a special focus on 18 States with weak public health indicators and weak infrastructure. Under this programme the steps taken by the Government to reduce maternal mortality are:

1. 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, which has brought about significant increases in institutional delivery.
2. Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres (24X7) for round the clock maternal care services and provision of quality Ante- natal, Intra-natal, Post-natal care.
3. 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 Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section.
4. Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation. Pregnant women who are found to be clinically anaemic are given an additional 100 tablets. IFA tablets are distributed to pregnant and lactating, woman through the Sub-Centre ANMs and through outreach activities at Village Health and Nutrition Day (VHNDs).
5. Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women.