

(a) whether it is a fact that Government have enjoined on the Delhi Public not to allow dirty water to stagnate in and around their residential houses;

(b) whether Government are aware that the residents of Nankapura, Shastri Niketan (N.W. Moti Bagh), Moti Bagh-I and other Government colonies have been approaching the Health Officers, N.D.M.C., the Health Officer Delhi Municipal Corporation and the Director Health Services, Delhi Administration and even the authorities of the Central Public Works Department to clear and clean the sewage running along these colonies on the Ring Road;

(c) whether it is a fact that none of these authorities are in a position to take the responsibility of cleaning this nallah and no body is able to decide his jurisdiction; and

(d) whether Government propose to direct the concerned officers to convene a meeting of the above mentioned authorities without delay and decide about the responsibility for cleaning or re-lying the sewerage in that area so that the living condition in the above mentioned Government colonies are made hygienic and worth living ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND):
(a) Yes.

(b) to (d) The matter has received the attention of the concerned local authorities who are taking necessary action in this regard to replace the existing disposal pipe line by a bigger one in order to remedy the problem.

Infant Mortality rate in India

2012. SHRI SHANTI TYAGI:
Will the Minister of HEALTH

AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India's infant mortality rate is highest in the world;

(b) if so, what are the reasons therefor; and

(c) what steps are being taken by Government to control it ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND):
(a) to (c) No. The level of infant mortality in some of the African and Asian Countries are much higher than that of India. Various Studies/Sample surveys undertaken indicate the following important causes of infant mortality:

- (1) Prematurity;
- (2) Intra-Uterine Asphyxia;
- (3) Birth injuries;
- (4) Congenital malformation ;
- (5) Tetanus;
- (6) Respiratory diseases;
- (7) Gastrointestinal infections;
- (8) Diseases peculiar to early infancy;
- (9) Severe degree of malnutrition.

A statement indicating the various steps taken by the Government to control infant mortality is *annexed*.

Various steps taken by the Government to control infant mortality are as below:

- (1) The infrastructure for the delivery of maternal and child health services has been and is being expanded both in the rural and urban areas by the setting up of

primary health centres, Rural Family Welfare Centres and Sub-Centres, Urban Family Welfare Centres and Postpartum centres.

(2) The training of Traditional Birth Attendants (dais) who assist at the time of child birth in villages has been intensified with a view to have a trained dai for a village of about 1000 population to provide for safe hygienic and aseptic deliveries.

(3) The village health guide scheme has been introduced, with the aim of providing one worker (females are selected as far as possible) for every one thousand population to extend further primary health care in promotive, preventive and curative aspects in a large measure.

(4) Auxiliary Nurse Midwives stationed at Sub-Centres cater to the health needs of mothers and children, particularly pre-natal, natal and post-natal care for pregnant women and children. It is proposed that such-centres at the rate of one for 5000 population (one per 3000 in hilly and tribal areas) will be established all over the country by the end of 7th Plan. The target for Sixth Plan is 74% coverage. So far nearly 60,000 sub-centres have been established.

(5) Preventive immunisation against tetanus is given to pregnant mothers in order that puerperal tetanus and new-natal tetanus which is a major cause of infant deaths in many parts of the country, is prevented. Facilities are provided for protection of infants against tuberculosis, diphtheria, whooping cough and tetanus.

Programme for immunising children against measles, typhoid and polio have also been taken up. The programme of immunisation for all these categories is being intensified from year to year.

(6) A scheme is in operation to prevent nutritional anaemia among mothers and children by supply of Iron and Folic Acid Tablets, Vitamin A solution to prevent blindness and oral dehydration salts to prevent dehydration due to diarrhoea are also provided.

(7) Special clinics to attend to pregnant mothers and small children are organised in all types of medical and health institutions. Besides, keeping pregnant mothers and small children under regular health supervision, these clinics provide the preventive services as well as undertake health and nutrition education.

(8) New-natology workshops are being organised in a number of institutions to train paediatricians and Obstetricians working in the district head quarter hospitals to improve their knowledge and skills in the management of special problems of new-borns, specially high risk infants and to help them to set up special care units in their hospitals, the ultimate goal of reduction of perinatal mortality and newnatal mortality.

(9) Paediatric units at the level of Districts, sub-division/taluk level, urban family welfare centres, primary health centres and sub-centres are being equipped to provide better care for the children.

(10) District Public Health Nurses are being posted in all districts with Central assistance to assist district family welfare officers in supervising M.C.H. work in the districts.

(11) Doctors in primary health centres are being given in service training in maternal and child health in selected districts headquarters/hospitals.

(12) A special integrated child development service project has been introduced in over 300 blocks by the Ministry of Social Welfare. This is being extended to 1000 blocks during Sixth Plan. These projects implemented in the tribal and backward rural areas and urban slums aim at providing intensive health care for pregnant mothers and children below 6 years to age.

(13) Education of the people for proper maternal and child care is provided both through multimedia activities, such as Radio, TV posters, etc. and also through intrapersonal efforts. The village health guides, being positioned in each village at the rate of 1000 people, the dais being trained in proper care of pregnant women and children, the vast army of health workers such as male and children, the vast army of health workers such as male and female multi-purpose workers and institutions providing health care services, impart education to the people in this regard. Special manuals and handbooks prepared for their personnels give emphasis on child care. The opinion leaders camps being conducted as part of family welfare work pays special attention to maternal and child health care education. The special programme of Integrated Child Development Services being undertaken by the Ministry of Social Welfare specially attends to education of mothers.

Pharmacists/Store Keepers in C.G.H.S. Dispensaries

2013. SHRI M. BASAVARAJU : Will the Minister of HEALTH and FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Third Pay Commission has abolished

the posts of Store Keepers by merging them with Pharmacists in C.G.H.S. Dispensaries.

(b) whether it is a fact that prior to the Third Pay Commission Store Keepers' scales were higher than Pharmacists ;

(c) whether it is a fact that the job of store keeper is very responsible one and that the work load is increasing day by day and handling the medicines is worth rupees 4 or 5 lakhs ;

(d) whether it is a fact that neither they are given higher scales nor overtime, special pay for dealing with all these responsibilities ;

(e) whether it is, also a fact that certain C.G.H.S. dispensaries are without storekeepers where the pharmacists are forced to perform these duties without any compensation ; and

(f) if replies to the above parts be in affirmative, whether Government propose to compensate these pharmacists/Store Keepers ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b). Prior to the revision, the pay scales were as follows :—

(1) Pharmacist (qualified)—
Rs. 130—240.

(2) Pharmacist-Cum-Clerk—
Rs. 130—300.

(3) Store Keeper—Rs.130—300.

After the recommendations of the Third Pay Commission all these categories have been given the pay scale of Rs. 330—560.