

Central Government has requested the State Governments to rationalize their taxes on sensitive petroleum products; namely Petrol, Diesel, PDS Kerosene and Domestic LPG, and also shift from the *ad-valorem* rates to specific tax component, for providing relief to the consumers. Consequently, the Government of National Capital Territory of Delhi has reduced the VAT rate on Diesel from 20% to 12.5% *w.e.f* 20th July, 2010. The Government of Bihar has reduced VAT on PDS Kerosene from 12.5% to 4% *w.e.f.* 12.7.2010. The Government of Goa has reduced the VAT rates on Petrol, Diesel and Domestic LPG *w.e.f.* from 17th July, 2010 as follows:

Product	Changes
Petrol	Reduction in VAT rate from 22% to 20%
Diesel	Reduction in VAT rate from 20% to 18%
Domestic LPG	Reduction in VAT rate from 4% to Nil

Maternal health issues in rural areas

*238. 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 over 250 deaths per one lakh 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 health facilities in many rural health centres;

(c) if so, the reasons therefor; and

(d) the detailed plans, if any, to address maternal health issues in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (d) As per the Sample Registration System of the Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) in the country has shown a decline from 301 per 100,000 live births during the period 2001-03 to 254 per 100,000 live births during the period 2004-06.

The National Rural Health Mission (NRHM), has set the goal for reduction of Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by the year 2012.

As per the Bulletin on Rural Health Statistics (RHS) 2009, there are 145894 Sub- Centres, 23391 Primary Health Centres (PHCs) and 4510 Community Health Centres (CHCs) functioning in the country. These health centres are provided flexible funds under the National Rural Health Mission including untied funds and Annual Maintenance Grants to upgrade their facilities. However, some shortage of manpower particularly of medical officers and specialists to provide health care services in these centres continues to exist.

Under the National Rural Health Mission (NRHM), the steps taken to address the maternal health issues in the rural areas of the country including shortage of manpower and to accelerate the pace of reduction of maternal mortality are:

1. Upgrading and operationalizing the Primary Health Centers (PHCs) as 24X7 centres for providing basic medical facilities including basic obstetric and new-born care. Community Health Centers (CHCs) are also upgraded and operationalized as First Referral Units (FRUs) for providing comprehensive obstetric and newborn care services.
2. Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendance for Auxiliary Nurse Midwives/Staff Nurses/Lady Health Visitors; training of MBBS Doctors in Life Saving Anesthesia Skills and Emergency Obstetric Care including Caesarean Section.
3. 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. This has resulted in significant increases in institutional delivery.
4. Providing Ante-natal and Post Natal Care services including prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
5. Organizing Village Health and Nutrition Days in rural areas every month at Anganwadi centers for providing maternal and child health services.
6. Engagement of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community.
7. Establishing Referral Systems including emergency referral transport, for which the states have been given flexibility to use different models.