

(a) the total number of weavers and their families who have been issued health cards across Uttar Pradesh, including Varanasi and Chandauli districts;

(b) whether Government is aware of the fact that Rs. 180 is charged as for the renewal of these health cards and the poor weavers are unable to pay even this amount; and

(c) if so, whether Government would direct the concerned authorities to renew the health cards without charging money from the poor weavers so that proper arrangements could be made for their treatment?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) During 2009-10, 191714 handloom weavers have been enrolled (new plus renewal) from Uttar Pradesh including Varanasi and Chandauli districts under Health Insurance Scheme.

(b) As per approved guidelines, contribution by Handloom Weaver/State Government has been fixed as Rs.179.20 per weaver family per annum. The minimum contribution by weaver is Rs.50/- per family in cases where the State Governments are making contribution on his behalf.

(c) The Health Insurance Policy cover is only for one year. However, the Health Cards are renewed on payment of premium for the subsequent year, for eligible beneficiaries.

Prevention of maternal mortality in the country

2502. DR. K.P. RAMALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the maternity mortality rate in the country is high due to non-availability or in-accessibility of maternal health facilities, especially in rural areas;

(b) if so, the initiatives taken by Government to bring down and even prevent increasing maternity mortality rate in the country; and

(c) the details of fiscal allocation made by Government in connection with maternal health during the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c)

As per the Sample Registration System of the Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) 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.

As per the Bulletin on Rural Health Statistics (RHS) 2009, there are 145894 Sub- Centers, 23391 PHCs and 4510 CHCs functioning in the country. These centres are provided untied funds and Annual Maintenance Grants to upgrade their facilities which includes facilities to provide services for maternal care. However, some shortage of manpower, including specialists in Obstetrics & Gynecology and Anesthetists to provide emergency obstetric care services in these centres continues to exist.

Under the National Rural Health Mission (NRHM), the steps taken to provide maternal care services and accelerate the pace of reduction of maternal mortality in the country are:

1. Upgrading and operationalizing the Primary Health Centres (PHCs) as 24x7 facilities for providing basic medical facilities including basic obstetric and new-born care; and Community Health Centers (CHCs) as First Referral Units (FRUs) for providing comprehensive obstetric and new-born 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 Anesthetic 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. Provision of 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 day in rural area every month at Anganwadi centers for provision of 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.

Under the National Rural Health Mission (NRHM) flexible pool funds, the allocation approved by the Government of India for activities in connection with Maternal Health in the last 3 years are :

Year	Allocation (in crores)
2007-08	Rs.283.72
2008-09	Rs.1528.79
2009-10	Rs.1622.83

Progress of centrally sponsored schemes in Bihar

2503. SHRI RAM KRIPAL YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the amount allotted under Centrally sponsored schemes under the Ministry especially the National Rural Health Mission (NRHM) to Bihar during the last three financial years, scheme-wise, year-wise;

(b) the amount released against the allotment made during this period scheme-wise, year-wise; and

(c) the amount which has already been spent by the State Government of Bihar against the funds allotted and released?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Details showing the Allocation, Release and Expenditure under National Rural Health Mission in respect of Bihar for F. Ys. 2007-08 to 2009-10 is given in the Statement.