difficult areas 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, provisioning of untied and flexible funds etc. As per the information available in State Data Sheet updated upto 31st March, 2010, the staff hired on contractual basis under NRHM is as under:

Name of Post and Centre	No of staff on contractual basis
Specialists at CHCs	502
Staff Nurses	830
Paramedics at various levels	36

## Growing cases of surrogacy in the Country

2489. DR. T.N. SEEMA:

SHRI N. BALAGANGA:

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

- (a) whether Government is aware that the surrogacy is a blooming business in India, making the country a destination for 'reproductive outsourcing' or 'surrogative forming';
- (b) if so, how many cases of surrogacy has been reported in the country in the last three years;
- (c) the existing system to regulate the functioning of clinics, hospitals and organizations which promote surrogacy; and
- (d) whether Government has any plans to bring new legislation to handle this growing practice and ensure the rights of poor surrogate mother in India as well as the clients?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Specific data in this regard is not available.

(c) "National Guidelines for Accreditation, Supervision and Regulation of Assisted Reproductive Technology (ART) Clinics in India (2005)" describe possible minimum standards at clinics, hospital and organization dealing In Vitro Fertilization (IVF) in India.

(d) A Draft Assisted Reproductive Technology (ART) (Regulation) Bill & Rules, 2010 has been prepared which addresses the issue related to surrogacy in context of ART Clinics.

## Child Mortality due to Pneumonia and Diarrhoea

2490. PROF. ANIL KUMAR SAHANI:

SHRIMATI NAZNIN FARUQUE:

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

- (a) whether as per the United Nations Children Fund (UNICEF) the State of World's Children Report, 2008, 5753 children below five years die every day in India due to Pneumonia and Diarrhoea;
  - (b) if so, the measures taken to check this high mortality rate;
  - (c) whether 46 percent children in India are malnourished; and
- (d) the details of programmes formulated for the improvement of mother and child health and the details of achievements made through these programmes, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per United Nations Children Fund (UNICEF) State of World's Children report, 2008, 2067000 under five children die annually in India. The major causes of death are Pneumonia and Diarrhoea, Measles, Malaria and Malnutrition besides Neonatal causes.

- (b) Under the National Rural Health Mission (NRHM) (2005-2012), the Reproductive and Child Health Programme Phase-II comprehensively integrates interventions that improve child health and addresses factors contributing to morbidity and mortality. The interventions under the Child health are given in the Statement-I (See below).
- (c) As per the report of National family Health Survey-3, 2005-06, the prevalence of underweight, stunting and wasting among children under 5 years was 43.5%, 48% and 19.8% respectively.