

126 million and according to the latest report by United Nation's "Inter agency Group for Child Mortality Estimation" 2010, India contributes 1.7 million to global under five deaths in 2009.

(c) and (d) Under the National Rural Health Mission (NRHM) (2005-12), 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 as follows:

- (i) Integrated Management of Neonatal and Childhood Illness (IMNCI) and Pre-service Integrated Management of Neonatal and Childhood Illness.
- (ii) Facility Based Integrate Management of Neonatal and Childhood Illnesses (F-IMNCI).
- (iii) Early detection and appropriate management of Diarrhoea disease.
- (iv) Early detection and appropriate management of Acute Respiratory Infections and other infections.
- (v) Navjaat Shishu Suraksha Karyakram (NSSK), a programme for training health care providers on Basic newborn care and resuscitation.
- (vi) Infant and young child feeding.
- (vii) Immunization against six vaccine preventable diseases.
- (viii) Vitamin A supplementation and Iron and Folic Acid supplementation.
- (ix) Establishment of Special New Born Care Units at District Hospitals, stabilization Units at Community Health Centres (CHCs) and New Born Care corners at 24x7 Primary Health Centres (PHCs) to provide new born and child care services.
- (x) Establishment of Nutritional Rehabilitation Centres to address severe and acute malnutrition.

**Policy to cut antibiotics overuse**

2232. SHRI Y.S. CHOWDARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has laid down any policy to cut antibiotics overuse drastically or reduce to a certain extent of late;

(b) if so, the details thereof;

(c) if not, the reasons therefor;

(d) the standard guidelines prescribed for use of antibiotics;

(e) whether Government is also planning to set up a Task Force in each State to develop and implement strategies in both the public and private sector;

(f) whether NGOs will also be involved in the task force; and

(g) the time-frame fixed for implementation of the policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (d) The Drugs Controller General (India) has proposed to amend the Drugs and Cosmetics Rules, 1945 to introduce a separate Schedule HX to include certain antibiotics, anti-T.B. and habit forming drugs to ensure that these drugs are sold on the prescription of a Registered Medical Practitioner only and the prescription is retained by the chemist for a period of one year.

(e) to (g) No. However, Government has constituted a Task Force to assess, review and suggest measures on anti microbial resistance with the following terms of reference:

1. To review the current situation regarding manufacture, use and misuse of antibiotics in the country.
2. To recommend the design for creation of a National Surveillance System for antibiotic resistance.
3. To initiate studies documenting prescription patterns and establish a monitoring system for the same.
4. To enforce and enhance regulatory provisions for use of antibiotics in Human, veterinary and industrial use.
5. To recommend specific interventions/ measures such as rational use of anti-biotics and anti-biotics policies in hospitals which can be implemented as early as possible.