

cost for the upgradation project has been revised to Rs.173 Crore subject to the condition that Central contribution / would remain at Rs.100 Crore and the additional cost of Rs.53 Crore would be borne by the State Government in addition to their share of Rs.20 Crore. Government of Andhra Pradesh had agreed that they would sanction the additional amount to cover the increased costs of Rs.53 Crore. A proposal for revised cost estimates for all the upgradation projects including NIMS, Hyderabad under Phase-I of PMSSY was also placed before the Expenditure Finance Committee (EFC) on 23.9.2009 which *inter-alia* suggested that any additionality beyond the sanctioned budget for upgradation projects would be borne by the respective State Governments. State Government of Andhra Pradesh was informed accordingly.

(b) to (d) Does not arise.

Infant Mortality Rate

3647. SHRIMATI VASANTHI STANLEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the most recent estimate of the Infant Mortality Rate (IMR) in Tamil Nadu;
- (b) the latest estimate of the Infant Mortality Rate (IMR) in other States;
- (c) whether there has been any improvement from the previous year and whether Government is on target to achieve the Millennium Development Goal in this aspect; and
- (d) what other early Childhood Development Programmes are being implemented by Government other than ICDS and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) As per Registrar General of India -Sample Registration System (2009) report, Tamil Nadu has Infant Mortality Rate (IMR) of 28 per 1000 live births.

(b) State-wise details are given in Statement-I (See below).

(c) There has been three point decline in IMR in the country in 2009 as compared to 2008. Details are given in Statement-II (See below).

Ten states/UTs have achieved Millennium Development Goal on IMR i.e. below 30 per 1000 live births. They are Tamil Nadu, Kerala, Puducherry, Andaman & Nicobar Islands, Chandigarh, Daman & Diu, Goa, Lakshadweep, Manipur and Nagaland. States which are in close proximity to

the MDG target of IMR are Arunachal Pradesh, Delhi, Maharashtra, Sikkim, Tripura and West Bengal.

(d) Under the National Rural Health Mission (NRHM) (2005-2012) and under its umbrella, the Reproductive and Child Health Programme Phase II, the following interventions are implemented to reduce infant mortality and child mortality and improve Children's Health.

- i) Integrated Management of Neonatal and Childhood Illness (IMNCI) and Facility Based Integrate Management of Neonatal and Childhood Illnesses (F-IMNCI).
- ii) Early detection and appropriate management of Diarrhoeal diseases and Acute Respiratory Infections.
- iii) Navjaat Shishu Suraksha Karyakram (NSSK), a programme for training health care providers in Essential newborn care and resuscitation.
- iv) Improving Infant and young child feeding practices including early initiation of breastfeeding, exclusive breast feeding for first six months of life and promotion of breast feeding.
- v) Immunisation against seven vaccine preventable diseases.
- vi) Vitamin A supplementation and Iron and Folic Acid supplementation.
- vii) Establishment of Special New Born Care Units (SNCU) at District Hospitals, New-Born Stabilization Units at Community Health Centres (NBSU) at CHCs and New Born Care Corners (NBCC) at 24x7 Primary Health Centres (PHCs) to provide new born and child care services.
- viii) Home based newborn care by ASHAs.
- ix) Establishment of Nutritional Rehabilitation Centres to address severe and acute malnutrition.
- x) Janani-Shishu Suraksha Karyakram (JSSK): A new initiative to ensure cashless (free) delivery at Government institutions for pregnant women (normal and caesarean). These including free drugs and consumables, free diagnostics, free blood, free diet. Free referral transport from home to facility, from facility to higher facility and drop back home to pregnant women and sick neonates up to 30 days after birth.

Statement-I

Latest estimate of the Infant Mortality Rate in the States

| States/UTs | Infant Mortality Rate (per 1000 live births) SRS (2009) |
|----------------------|---|
| 1 | 2 |
| India | 50 |
| Andaman & Nicobar | 27 |
| Andhra Pradesh | 49 |
| Arunachal Pradesh | 32 |
| Assam | 61 |
| Bihar | 52 |
| Chandigarh | 25 |
| Chhattisgarh | 54 |
| Dadra & Nagar Haveli | 37 |
| Daman & Diu | 24 |
| Delhi | 33 |
| Goa | 11 |
| Gujarat | 48 |
| Haryana | 51 |
| Himachal Pradesh | 45 |
| Jammu & Kashmir | 45 |
| Jharkhand | 44 |
| Karnataka | 41 |
| Kerala | 12 |
| Lakshadweep | 25 |

| 1 | 2 |
|----------------|----|
| Madhya Pradesh | 67 |
| Maharashtra | 31 |
| Manipur | 16 |
| Meghalaya | 59 |
| Mizoram | 36 |
| Nagaland | 26 |
| Orissa | 65 |
| Puducherry | 22 |
| Punjab | 38 |
| Rajasthan | 59 |
| Sikkim | 34 |
| Tamil Nadu | 28 |
| Tripura | 31 |
| Uttar Pradesh | 63 |
| Uttarakhand | 41 |
| West Bengal | 33 |

Statement-II

Improvement (decline) in IMR from 2008 to 2009

| States/UTs | IMR (SRS 2008) | IMR (SRS 2009) | Decline in 2009 |
|-------------|-------------------|-------------------|--------------------|
| 1 | 2 | 3 | 4 |
| India | 53 | 50 | 3 |
| Daman & Diu | 31 | 24 | 7 |
| Lakshadweep | 31 | 25 | 6 |

| 1 | 2 | 3 | 4 |
|---------------------------|----|----|---|
| Andaman & Nicobar Islands | 31 | 27 | 4 |
| Bihar | 56 | 52 | 4 |
| Jammu & Kashmir | 49 | 45 | 4 |
| Karnataka | 45 | 41 | 4 |
| Orissa | 69 | 65 | 4 |
| Rajasthan | 63 | 59 | 4 |
| Uttar Pradesh | 67 | 63 | 4 |
| Andhra Pradesh | 52 | 49 | 3 |
| Assam | 64 | 61 | 3 |
| Chandigarh | 28 | 26 | 3 |
| Chhattisgarh | 57 | 54 | 3 |
| Haryana | 54 | 51 | 3 |
| Madhya Pradesh | 70 | 67 | 3 |
| Pondicherry | 25 | 22 | 3 |
| Punjab | 41 | 38 | 3 |
| Tamil Nadu | 31 | 28 | 3 |
| Tripura | 34 | 31 | 3 |
| Uttaranchal | 44 | 41 | 3 |
| Delhi | 35 | 33 | 2 |
| Gujarat | 50 | 48 | 2 |
| Jharkhand | 46 | 44 | 2 |
| Maharashtra | 33 | 31 | 2 |
| West Bengal | 35 | 33 | 2 |

| 1 | 2 | 3 | 4 |
|----------------------|----|----|----|
| Mizoram | 37 | 36 | 1 |
| Arunachal Pradesh | 32 | 32 | 0 |
| Kerala | 12 | 12 | 0 |
| Nagaland | 26 | 26 | 0 |
| Goa | 10 | 11 | -1 |
| Himachal Pradesh | 44 | 45 | -1 |
| Meghalaya | 58 | 59 | -1 |
| Sikkim | 33 | 34 | -1 |
| Manipur | 14 | 16 | -2 |
| Dadra & Nagar Haveli | 34 | 37 | -3 |

Use of Non-permissible colourants in food items

3648. DR. VIJAY MALLYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that non permissible and banned colour substances are being mixed with edible items such as grains, pulses, vegetables, fruits and milk products on a mass scale by vendors causing serious health hazards to consumers;

(b) if so, the details thereof; and

(c) the measures Government contemplates to bring in force to curb these life threatening practices?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) The implementation of Food Safety and Standards Act, 2006 rests with the State/UT Governments. As per the information received from States/U.Ts, the average adulteration of food items on the basis of samples examined during year 2010 was 12.43% (excluding the State of Haryana, H.P., and M.P.). Penal action is taken as provided in the law for samples found not conforming to the Standards.