

**ORAL ANSWERS TO QUESTIONS****Crib deaths in West Bengal**

\*81 SHRI BAISHNAB PARIDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that horrific crib deaths are continuing to haunt West Bengal with 19 infant deaths in Malda district and at the State-run Behrampore Sadar Hospital in Murshidabad;

(b) if so, the details thereof and the reasons therefor; and

(c) the steps the Ministry is taking to augment the strength of doctors and paramedics to cope with the situation?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) A Statement is laid on the Table of the House.

(a) and (b) In India, the infant mortality rate (IMR) is 47 per thousand live births which translates into 12.5 lakh infant deaths per year. The IMR in West Bengal is 32 per thousand live births which translates into 47,000 infant deaths per year. There were reports of 12 infant deaths in district hospital Murshidabad on 8-9 July, 2011 and 15 infant deaths in Malda Medical College during 17-18 January, 2012. The investigation carried out by State Government has found that most of these children were referred to these institutions in a serious condition and were mainly newborn babies. Important reasons for death were prematurity, low birth weight, sepsis and birth asphyxia.

(c) Various Interventions implemented under National Rural Health Mission (NRHM) include augmentation of doctors and paramedical staff.

A total of 8722 Doctors, 2914 Specialists, 14529 Paramedics, 33413 staff nurses, 69662 Auxiliary Nurse Midwives, 10995 AYUSH Doctors, 3894 AYUSH Paramedics have been recruited all over the country under NRHM.

In West Bengal, 415 General Doctors, 49 specialist, 83 staff nurses, 7275 ANM, 19 AYUSH Doctors, and 16 AYUSH Paramedics have been engaged under NRHM.

SHRI BAISHNAB PARIDA: Mr. Chairman, Sir, it is unfortunate that the infant mortality rate in India is 47 per thousand live births. On the other hand, Bangladesh stands at 30, Nepal and China at 26 and 11 respectively. The root cause lies in poor maternal care at the time of pregnancy. Not only this, the mother and entire family are unaware of this negligence. The social set-up in our country is such that the majority of women are not fed and treated properly during pregnancy, which is the major cause. May I know from the hon. Minister what steps the Government is taking to improve maternal care at the time of pregnancy under NRHM? Is there any such scheme and which are the States that are practicing it? This is my first supplementary, Sir.

SHRI GHULAM NABI AZAD: Sir, the though the Question is on infant mortality, related to child, but the hon. Member has chosen straightway to go to maternal mortality rate. It is true that unfortunately our IMR, infant mortality rate and maternal mortality rate is very bad and it is as bad that it cannot be compared with even our neighbouring countries like Sri Lanka, Nepal or Bangladesh. As a matter of fact, Pakistan is the only country and Sub-Saharan countries, where India can be compared so far as IMR and MMR are concerned. So to improve the maternal mortality and infant mortality, the Government of India has taken a number of steps during the last few years under the National Rural Health Mission and as a result of which the MMR has come down to 212 from 254, almost a fall of 17 per cent. In some southern parts of the country, the IMR and MMR can be compared with most of the European countries. So we are suffering in the Central part, Eastern and Northern part of our country.

SHRI BAISHNAB PARIDA: My second supplementary is this. We don't have any laws on hospital infection in India. While practices are changing, hospital authorities are still reserved about sharing data. Will the Minister enact a law on hospital infection in India? May I also know whether stringent infection control measures were in place at the Malda Medical College and the Murshidabad district hospital?

MR. CHAIRMAN: One question please. One question.

SHRI BAISHNAB PARIDA: Has the Minister deputed a Medical Council of India team to West Bengal to find out the root cause of infant mortality rate? If so, what are their findings?

MR. CHAIRMAN: Please answer one question.

SHRI GHULAM NABI AZAD: Sir, the Child Mortality Rate and the Infant Mortality Rate in West Bengal in 2011 and 2012 have been rising with most of these infants of neonates during the one week and 28 days old were not from Malda or for that matter Kolkata itself. They were from neighbouring areas, from rural areas and these being the district and State referral hospitals. These new born were brought in a very serious condition and the findings are that almost 80 per cent of these children, nearly 51 children, died last year and infants have died last year and this year. Out of these, almost 35 infants suffered of asphyxia. That means, they could not take oxygen immediately, then, septicemia because of infection, pneumonia and also low birth rate. As a matter of fact, birth asphyxia, septicemia, and pneumonia, low birth weight prematurely contributes almost 70 per cent to the immortality. So, any child, any infant who is brought to a hospital, they have these ailments. It is very difficult to save that infant.

श्री वी. हनुमंत राव: सर, हमारे देश में हर दिन हजारों बच्चे पैदा होते हैं। Urban areas में तो उनकी देखभाल हो जाती है मगर rural areas में, specially villages में उनकी परवरिश के लिए, उनकी हेल्थ के लिए सरकार क्या कदम उठा रही है, यह मैं मंत्री जी से जानना चाहता हूँ।

श्री सभापति: आप इस सवाल पर पूछिए, **general** बात मत कहिए।...**(व्यवधान)**...

श्री वी. हनुमंत राव: सर, देश भर में बच्चे पैदा हो रहे हैं, केवल वेस्ट बंगाल में नहीं।

श्री गुलाम नबी आजाद: मेरे ख्याल से वेस्ट बंगाल में **infants** के संबंध में ही क्वेश्चन था, लेकिन माननीय सदस्य ने **maternal mortality** के बारे में पूछा। जैसा मैंने पहले ही अर्ज किया कि दुर्भाग्य से हमारे मुल्क में पांच साल से नीचे, एक साल से नीचे, एक महीने से कम या सात दिन के अंदर पैदा हुए बच्चों के मरने की संख्या दुनिया में सबसे ज्यादा है और यही कारण है कि पिछले तीन सालों में शायद दुनिया में इतने नए प्रोग्राम नहीं लिए गए होंगे, जितने हमारी हेल्थ मिनिस्ट्री ने लिए हैं। हमने जो भी नया प्रोग्राम बनाया है, उसके लिए केंद्रीय सरकार द्वारा राज्य सरकारों को अलग-अलग स्कीमों के लिए पैसे दिए गए हैं। कुछ का मैं उल्लेख करना चाहता हूँ, जैसे नए बच्चे के लिए हर हॉस्पिटल में **Special New Born Care Units** बनाए जा रहे हैं। हर डिस्ट्रिक्ट हॉस्पिटल और मेडिकल कॉलेज में एक नया 12 से 20 बैड का यूनिट बनाया जाएगा, जिसमें 4 **trained** डॉक्टर्स होंगे और 10 नर्स होंगी। इसके लिए जितना भी पैसा होगा, सब केंद्रीय सरकार द्वारा दिया जाएगा। **Stabilization Units** के लिए भी हर **CHC** में पैसा दिया जा रहा है। हर हॉस्पिटल, चाहे वह प्राइमरी हेल्थ सेंटर हो या सब-सेंटर हो, वहां के लिए एक बैड **facility** के लिए भी पैसा गवर्नमेंट ऑफ इंडिया की तरफ से दिया जाएगा। उसमें **JSY scheme** थी कि जो भी गर्भवती महिला सरकारी अस्पताल में जागी, उसको सरकार की तरफ से, केन्द्रीय सरकार की तरफ से देहात में 1400 रुपये मिलेंगे और शहर में 1000 रुपये मिलेंगे। जब हमने यह स्कीम 6 साल पहले शुरू की थी, तो इसका फायदा यह हुआ कि पांच-छह लाख गर्भवती महिलाएं आईं। पिछले साल इस फैसिलिटी का फायदा लेने के लिए करीब सवा करोड़ महिलाएं आईं। हमने सबसे बड़ी स्कीम लास्ट ईयर शुरू की है और जिसके लिए पूरे साल के लिए सभी राज्यों को पैसा दिया है कि अब जो भी गर्भवती महिला देश के किसी भी सरकारी अस्पताल में आएगी, चाहे वह ए.पी.एल. की हो, चाहे बी.पी.एल. की हो, चाहे किसी की भी हो, जो सरकारी अस्पताल में आएगी, उसका डिलीवरी से पहले आने का और डिलीवर के बाद का सब खर्चा स्वास्थ्य मंत्रालय, गवर्नमेंट ऑफ इंडिया देगी, तमाम डॉयग्नोजिज गवर्नमेंट ऑफ इंडिया देगी, दवाईयां गवर्नमेंट ऑफ इंडिया देगी और खाना-पीना सब मुफ्त में गवर्नमेंट ऑफ इंडिया देगी।

SHRIMATI SMRITI ZUBIN IRANI: Thank you, sir. In a letter addressed to the hon. Minister last year, after my visit to the B.C. Roy Hospital in Kolkata, I had highlighted the challenges *vis-a-vis* the infrastructure in the Hospital which is the largest paediatric hospital in West Bengal. There is no facility for x-ray and there is no facility for ECG. It is ironical that the Minister of State for Health and Family Welfare had given the Hospital a clean chit.

MR. CHAIRMAN: What is the question?

SHRIMATI SMRITI ZUBIN IRANI: I am coming to the question. One hour after his declaration, when I visited the Hospital, I found garbage lying in the children's ward. In fact, there was garbage lying in the ICU also. I would like the hon. Minister to tell me, since that letter had highlighted these challenges, the steps that have been taken by the Government of India to ensure that the infrastructure in the B.C. Roy Hospital has been upgraded. .

SHRI GHULAM NABI AZAD: I must say, Sir, that health is a State subject. So, looking after the overall working and functioning of the health system is the

duty of each State Government. It is not a Central subject. We do only specific intervention from the Government of India and we provide money also. Under the National Rural Health Mission we provide money only to the rural hospitals, that is, district and below. So far, we don't have any Urban Health Mission whereby we could provide facilities. After these incidents at the B.C. Roy Hospital and the Malda hospital, as I have said, we have provided some facilities like Special New Born Care Units. The money is being paid by the Government of India for a 20-bed hospital and for trained doctors and nurses. The cost of setting up this Special New Born Care Unit is being paid by the Government of India and the operation cost is being paid by the Ministry. Post these incidents, we have given money for setting up a 30-bed Special New Born Care Unit at the B.C. Roy Hospital in the 3rd week of November, 2011 and we have also given money for setting up a Special New Born Care Unit at Malda and Murshidabad.

SHRI D. BANDYOPADHYAY: Thank you, Sir. Is it a fact that out of the total number of new born babies with low birth-weight throughout the world, 42 per cent belongs to India? Is it a problem more of generic than specific?

SHRI GHULAM NABI AZAD: Could you please repeat it?

SHRI D. BANDYOPADHYAY: Is the problem of new-born deaths generic or specific?

SHRI GHULAM NABI AZAD: I would not say generic. There are a number of causes why it is taking place in our country. As I have said, it is due to birth asphyxia. Immediately they can't take the oxygen and they can't breathe. If a referral hospital is not close-by or if it is far away, it would be very difficult. So, I would just like to mention what are the basic causes which contribute to this. It is happening because the doctor is not available, referral hospital is not available, transport is not available, terrain of our country, the size of our country and the population in some areas are also the reasons to rail this. The terrain may be not that hostile, but non availability of the human resource is a concern. We must also admit that in our country, we have an acute shortage of human resources at all levels, national, State, district and lower levels. We are trying to augment the infrastructure. We are trying to increase it. We have made a number of policy changes in the last two years to increase the capacity at the super specialty level. As you might have seen in the hon. President's Address, in two years' time, there has been 62 per cent increase at the post graduate level and almost 40 per cent increase at the MBBS level. Similarly, at all levels, augmentation and increase of human resources is being done.

#### **Increase in NPAs of public and private sector banks**

\*82. SHRI PRASANTA CHATTERJEE: Will the Minister of FINANCE be pleased to state:

(a) whether in the latest December quarter, Gross Non Performing Assets,