

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Section 2.4.2. (7) of food Safety and Standards Rural, 2011 describes the mechanism and methods for testing the harmful bacteria like. Coli in milk.

(b) Microbiological standards of eatables including milk have been introduced in the Appendix B of Food Safety and Standards (Food Product Standards and Food Additives) Regulation, 2011.

(c) Implementation of Food Safety and Standards Act and Rules and Regulations made thereunder, rests with the State/UT Governments. To ensure availability go food free of adulteration and contamination random samples of various food articles are drawn regularly by the Food Safety Officers of all State/UT Government. These samples are tasted as per standards prescribed under the Food Safety and Standards Act. 2006 and Rural/Regulation. 2011 framed there under and penal action is taken against the offenders in cases where samples are found to be not conforming to the prescribed standards.

#### **Medical store facilities at AIIMS, Delhi**

†5029. DR. PRABHA THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether medical store facility is available in the complex of AIIMS hospital in Delhi;

(b) if so, the number of medical stores in AIIMS complex;

(c) whether these are Government-run stores or private stores:

(d) whether essential medicines for BPL patients are available at Government controlled rates; and

(e) if so, the details thereof and, if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) One medical store is functioning at AIIMS which provides medicines and surgical consumable items to the patients at 50% discount on Maximum Retail Price (MRP).

(c) It is a private store which has been awarded contracts after open tender process.

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† Original notice of the question was received in Hindi

(d) and (e) All Below poverty Line (BPL) patients admitted in AIIMS Hospital are provided all medicines and surgical consumables items from the hospital and no poor BPL patient is asked to buy anything from the medical stores outside.

**Shortage of medical personnel under NRHM**

5030. SHRI PANKAJ BORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the progress of the crucial programme of National Rural Health Mission (NRHM) is very unsatisfactory;

(b) whether as per the data released by the Ministry, there are shocking shortfalls of doctors, nurses, health assistants, radiographer, pharmacists and other personnel in the rural health delivery structures;

(c) whether ' 10,000 crores allocated for rural medical care is lying unspent;

(d) if so, whether Government is taking any steps to overcome the situation by providing necessary infrastructures since there is no dearth of required money and number of medical personnel in various sectors in the country; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Government had launched the National Rural Health Mission (NRHM) in 2005 in the entire country to provide accessible, affordable and quality healthcare service to rural population particularly the vulnerable and the marginalized sections. Under NRHM, substantial progress has been made in terms of health systems strengthening.

There has been impressive augmentation of physical infrastructure, human resources for public health and supplies and logistics. Functionality of public health facilities ha registered improvement and there are improved outcomes.

Achievement on key indicators under NRHM is as under:-

- (1) Infant Mortality Rate (IMR) has reduced from 58 per 1000 live births in 2005 to 47 per 1000 live birth in 2010.
- (2) Maternal Mortality Rate (MMR) has reduced from 254 per 100,000 live births in 2004-06 to 212 per 100,000 live births in 2007-09.
- (3) Total Fertility Rate (TRF) has reduced from 2.9 in 2005 to 2.5 in 2010.
- (4) Malaria Mortality has reduced by 72%.