

(d) Details of the funds provided to the State under RCH-II programme is given in Statement.

Statement

*Statement Showing the Allocation, Release and Expenditure RCH for the
F.Ys. 2009-10 to 2011-12*

(Rs. in crore)

States	2009-10			2010-11			2011-12		
	Alloc.	Rel.	Exp.	Alloc.	Rel.	Exp.	Alloc.	Rel.	Exp.
India	3295.00	3329.08	3124.69	3650.00	3444.01	3705.56	4012.75	4002.79	4572.87
Rajasthan	181.50	181.50	279.94	206.06	231.06	284.73	227.07	299.07	369.45

Study on women death due to child birth

2536. SHRI UPENDRA KUSHWAHA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether over 55,000 women die due to child birth every year and 13 lakh children die before they reach their first birthday;
- (b) whether Government has conducted any study to ascertain the reasons for these deaths and, if so, the details thereof;
- (c) the measures taken to bring down maternal and infant mortality rates;
- (d) whether Government has also conducted any study to ascertain the availability of medical facilities and doctors in the country particularly in rural, tribal and hilly areas; and
- (e) if so, the details thereof and the action taken to improve medical facilities and doctors in these areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY) : (a) As per the latest data on Maternal Mortality Ratio (MMR) from the Sample Registration System of Registrar General of India (RGI-SRS), MMR in the country is 212 per 100,000 live births for the

period 2007-09 which translates into an approximate number of 56,000 maternal deaths in one year. As per SRS 2010, the Infant Mortality Rate (IMR) is 47 per 1000 live births which translates into approximately 12.5 lakh children dying before they reach their first birthday.

(b) As per the report titled “Maternal Mortality in India: 1997-2003 trends, causes and risk factors” published from the same source, major causes of maternal deaths in the country are Haemorrhage (38%), Sepsis (11%), Hypertensive Disorders (5%), Obstructed Labour (5%), Abortion (8%) and “Others” (34%) which includes Anaemia.

The main reasons for Infant Mortality in India as per the Registrar General of India (2001-03) are perinatal conditions (46%), Respiratory infections (22%), Diarrhoeal diseases (10%), other infectious and parasitic diseases (8%) and Congenital anomalies (3.1%).

(c) Under the National Rural Health Mission (NRHM) & Reproductive and Child Health programme within its umbrella, the key measures taken by the Government of India to reduce maternal and infant mortality in the country include:

- Promotion of institutional deliveries through Janani Suraksha Yojana.
- Capacity building of health care providers in basic and comprehensive obstetric care and infant and newborn care.
- Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24×7 basic and comprehensive obstetric, newborn and infant care.
- Emphasis on Facility Based newborn care by setting up Special New Born Care Units (SNCUs), New- Born Stabilization Units (NBSUs) and New Born Care Corners (NBCCs) at different levels of health facilities.
- Web enabled Name Based Tracking of all pregnant women and children to ensure antenatal, intra-natal and post-natal care and immunization services.
- Iron and Folic Acid supplementation to pregnant & lactating women, adolescent girls and children for prevention and treatment of anemia in these groups.

- Promotion of limiting and spacing methods under Family planning.
- Engagement of 8.66 lakh Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Village Health and Nutrition Days (VHNDs) in rural areas as an outreach activity, for provision of maternal and child health services.
- Home based new born care (HBNC) through ASHA to improve new born care practices at the community level and early detection of sickness and referral of sick new born babies.
- Early detection and appropriate management of Diarrheal and Acute Respiratory diseases.
- Infant and Young Child Feeding.
- Immunization against seven vaccine preventable diseases.
- Vitamin A prophylaxis.
- Establishing Referral systems including emergency referral transport, for which the states have been given flexibility to use different models.
- Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011 which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Free entitlements have also been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.

(d) and (e) The Rural Health Statistics published by the Government of India every year provides information on the numbers of different types of health facilities, availability of human resources and infrastructure etc. at these facilities including those in the rural, tribal and hilly areas of the country.

To improve medical facilities & doctors in these areas, the key steps taken by the Government of India are:

- Augmentation of human resources: about 1.5 lakhs health human resources including nurses, paramedics and management professionals have been

added to strengthen the health care delivery system in the country since the launch of NRHM.

- Financial assistance has been provided to the States to strengthen the healthcare facilities through new construction/up-gradation/renovation work in these health facilities. This also includes flexible funds through Rogi Kalyan Samitis (RKS), Annual Maintenance Grants (AMG) and Untied Funds.

High salt and sugar content in fast food items

2537. DR. NAJMA A. HEPTULLA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that fast food—high on salt and sugar content—is fuelling the country's hypertension and obesity epidemic;
- (b) if so, the corrective steps Government has taken thereon;
- (c) whether the World Health Organisation (WHO) has also asked Government to regulate the use of salt and sugar in the fast foods sector;
- (d) if so, whether Government has negotiated with the fast food companies on cutting down salt and sugar use;
- (e) if so, the results thereof; and
- (f) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) As per available medical literature, fast food high on salt and sugar content are not good for health and hence may indirectly contribute to hypertension and obesity.

(b) To discourage the consumption of junk and fast foods including carbonated drinks, the Chief Ministers/Health Ministers of all States/Union Territories (UTs) and Union Minister of Human Resources Development have been requested to issue instructions to concerned authorities for withdrawal of junk and fast foods including carbonated drinks from the canteens of educational institutes.