

Inspite of repeated reminders, detailed information on the utilization of funds and report on physical progress made has not been received from the State Government, to enable this Ministry to release further grants.

Expediting attainment of MDGS

527. SHRI BHUPENDER YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that India is likely to miss its Millennium Development Goals (MDGs) targets like reduction in maternal and child deaths, and increase in child immunization rates at the current rate of progress in its healthcare;

(b) if so, whether any recent changes have been made in this regard to the implementation of schemes such as the Universal Health Coverage (UHC) programme and National Rural Health Mission (NRHM) to increase their scope and expedite the attainment of MDGs; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) As per the Millennium Development Goal 4, under five mortality rate has to be reduced by two thirds between the years 1990 and 2015. Target for U5MR is less than 38 per thousand live births and as per latest data available from Sample Registration System of the Registrar General of India, it stands at 59 per thousand live births (SRS 2010). It has shown 5 points decline from 2008 to 2009 and 2009 to 2010, if this rate of decline is sustained, India is on track to achieve MDG 4 goal.

The indicator pertaining to immunization is proportion of one year old children immunized against measles. Target for MDG is to achieve more than 80% immunization coverage by 2015. As per District Level Household Survey (DLHS-3), the coverage for first dose of measles vaccine in the country was 69.5% which further improved to 74.1% in 2009 (Coverage Evaluation Survey, 2009). Also, a catch-up campaign has been initiated in 14 States to provide second opportunity for measles immunization.

As per MDG 5, Maternal Mortality Ratio has to be reduced by three quarters between the years 1990 and 2015. Target for MMR is less than 109 per 1 lakh live

births and as per latest data available it stands at 212 (SRS 2007-09). As per the Maternal Mortality Estimation Inter-Agency Group report 2010 (MMEIG), India has shown an average annual decline of 5.2% between 1990 and 2010 and is one of the 50 countries that are making progress towards improving maternal health.

(b) and (c) Under National Rural Health Mission (NRHM), flagship programme of the Ministry of Health and Family Welfare, Government of India, the following interventions are implemented to reach Millennium Development Goals (MDG) related to child and maternal health.

1. Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is a key to reducing both maternal and neo-natal mortality. JSY incentivizes pregnant women to opt for institutional delivery and provides for cash assistance. JSSK entitles all pregnant women to absolutely free and zero expense delivery including caesarean section operation in Government health facilities and provides for free to and fro transport, food, drugs and diagnostics. Similar entitlements have also been put in place for sick neonates.
2. Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place to provide essential newborn care at birth to all new born babies; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are being set up for the care of sick newborn. As on date 399 SNCUs, 1542 NBSUs and 11508 NBCCs are functional across the country.
3. Home Based Newborn Care (HBNC): Home based newborn care through ASHA has recently been initiated to improve new born care practices at the community level and for early detection and referral of sick new born babies. The schedule of home visits by ASHA consists of at least 6 visits in case of institutional deliveries, on days 3, 7, 14, 21, 28 & 42nd days and one additional visit within 24 hours of delivery in case of home deliveries. Additional visits will be made for babies who are pre-term, low birth weight or ill.
4. Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and

upgrade the skills of doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of newborn at time of birth. These trainings include Integrated Management of Neonatal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakram (NSSK). A total of 5.5 lakh health care workers have been trained in IMNCI in 471 districts and 88,428 health workers trained in NSSK so far.

5. Management of Malnutrition: Emphasis is being laid on reduction of malnutrition which is an important underlying cause of child mortality. 647 Nutritional Rehabilitation Centres have been established for management of Severe Acute Malnutrition (SAM). Iron and Folic Acid is also provided to children for prevention of anaemia. Recently, weekly Iron and Folic Acid is proposed to be initiated for adolescent population. As breastfeeding reduces infant mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development.
6. Village Health and Nutrition Days (VHNDs) are also being organized for imparting nutritional counseling to mothers and to improve child care practices.
7. Universal Immunization Program (UIP): Vaccination against seven diseases is provided to all children under UIP. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs. UIP targets to immunize 2.7 crore infants against seven vaccine preventable diseases every year. 21 States with more than 80% coverage have incorporated second dose of Measles in their immunization program. Pentavalent vaccine has been introduced in two States of Kerala and Tamil Nadu and proposed to be scaled up in six more States. Year 2012-13 has been declared as 'Year of intensification of Routine Immunization'. India has achieved a historic milestone by remaining polio free for one full year now. WHO has taken India off the list of polio endemic countries.
8. Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to enable tracking of all pregnant women and newborns so as to monitor and

ensure that complete services are provided to them. States are encouraged to send SMS alerts to beneficiaries reminding them of the dates on which services are due and generate beneficiary-wise due list of services with due dates for ANMs on a weekly basis.

Shortage of doctors and staff in NRHM

†528. SHRI NARENDER KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is acute shortage of doctors, including lady doctors, specialist doctors and para medical staff in National Rural Health Mission (NRHM) and State Government hospitals of the country including those in Uttar Pradesh, Himachal Pradesh and Punjab;

(b) if so, the State-wise/Union Territory-wise details thereof along with the reasons therefor;

(c) the steps taken or being taken to address this shortage; and

(d) by when these posts are likely to be filled?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) Yes. The State/UT-wise details of shortfall of doctors/specialists/paramedical staff in rural areas including the States of Uttar Pradesh, Himachal Pradesh and Punjab as per Rural Health Statistics in India, 2011 is given in Statement-I-XI (*See below*). Various reasons attributed for shortage include non availability of requisite number of doctors and paramedics, shortage of medical colleges and training institutes in certain States and unwillingness on the part of medical professionals to work in rural areas and in Government health facilities.

(c) Public Health is a State subject. Financial support is provided to States under NRHM to strengthen the health system including engagement of doctors and paramedics on contractual basis based on the requirement proposed by the State in annual Programme Implementation Plan.

However, Multi-skilling of doctors to overcome the shortage of specialists; provision of incentives to serve in rural areas; mainstreaming of AYUSH; improved accommodation arrangements; measure to set up more Medical Colleges, GNM

†Original notice of the question was received in Hindi.