(d) if so, the reasons therefor;

(e) the details of action taken so far and whether responsibility for this tardiness has been fixed; and

(f) by when the aforesaid vacant posts are likely to be filled up?

THE MINISTER OF STATE IN THE MINISTRTY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) and (b) There are several categories of posts of Medical Officers (Homoeo). For functional purposes, they are designated as under:

Post	Designation Dispensaries/ Hospitals	Deptt. of AYUSH
Medical Officer	Medical Officer	Research Officer
Senior Medical Officer	Senior Medical Officer	Assistant Adviser
Chief Medical Officer	Chief Medical Officer	Deputy Adviser
Chief Medical Officer (Non Functional Grade)	Chief Medical Officer (Non Functional Selection Grade)	Joint Adviser
Adviser	--	Adviser

There were 11 vacancies in 2008. However, it has now risen to 39 vacant posts of Medical Officers (Homoeo) including Adviser (Homoeo) and Non Functional Selection Grade (NFSG) as on date out of which 15 vacant posts are outside Delhi.

(c) to (e) Initially, a proposal was sent to UPSC on 2.12.2008 to fill up the 11 vacancies. Thereafter, the matter was continuously pursued and finally after obtaining the requisite information from other Departments, the proposal to fill up 27 vacancies was re-submitted to UPSC in August, 2012.

(f) The vacant posts will be filled up on receipt of the panel of recommended candidates from the UPSC.

Strategy for checking child mortality

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

†Original notice of the question was received in Hindi.

(a) whether efforts are being made to check child mortality rate in India;

(b) if so, the details thereof;

(c) whether Government has set any action plan for future in this regard; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) Under the National Rural Health Mission, the following key interventions are being implemented to bring down the mortality rate of children across all the States of the countiy:

(1) Promotion of Institutional Delivery through Janani Suraksha Yojana JSY: Promoting Institutional delivery by skilled birth attendant is key to reducing both maternal and neo-natal mortality.

(2) Emphasis on facility based newborn care at different levels to reduce Child Mortality: Setting up of facilities for care of Sick Newborn such as Special New Born Care Units SNCUs, New Born Stabilization Units NBSUs and New Born Baby Corners NBCCs at different levels is a thrust area under NRHM.

(3) Capacity building of health care providers: Various trainings are being conducted under NRHM to train doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of mother during pregnancy and delivery. These trainings are on IMNCI, NSSK, SBA, LSAS, EMOC, BMOC etc.

(4) Management of Malnutrition: Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition.

(5) Appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development. Village Health and Nutrition Days VHNDs are organized for imparting nutritional counselling to mothers and to improve child care practices.

(6) Universal Immunization Programme: Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus

immunized against seven vaccine preventable diseases every year. The Government of India supports the vaccine programme by supply of vaccines and syringes, Cold chain equipments and provision of operational costs.

(7) Janani Shishu Suraksha Karyakaram JSSK: A new initiative namely 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. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till one year of age.

(8) Home based new born care HBNC: Home based newborn care through ASHAs has been initiated by providing incentive of Rs. 250. The purpose of Home Based New Born Care is to improve new born practices at the community level and early detection and referral of sick new born babies.

(9) Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured.

(c) and (d) In the 12th five year plan, the Government of India has set a target to reduce Infant Mortality rate of 25 per thousand live births by 2017. The states have been assigned state specific targets based on their existing Child Mortality indicators. The screening of all children up to 18 years of age is also being strengthened for early detection of birth defects, disabilities, deficiencies and diseases and their management under "Rashtriya Bal Swasthya Karyakaram" in order to improve child survival and development.

Use of banned chemicals for ripening fruits

†890. SHRI RAGHUNANDAN SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

†Original notice of the question was received in Hindi.