214	Written Answers to	[RAJYA SABHA]	Unstarred Questions
1	2	3	4
12	District Hospital, Rajahmundry, East Godavari (L-II)	4.4400	Operational.
13	District Hospital, Eluru, West Godavari (L-III)	2.2400	Operational.
14	Medical College, Guntur (L-II	) 6.5900	Construction, equipment, manpower, communication and legal service. Construction completed. Procurement of equipment is under process.
15	District Hospital, Ongole (L-I	II) 3.0950	Construction, equipment, manpower, communication and legal service. Construction completed. Procurement of equipment is under process.
16	District Hospital, Nellore (L-	II) 6.6000	Operational.
17	Taluk Hospital, Nayadupet (	L-III) 0.6500	Construction.Construction under progress.
	Total	55.5521	

## Infant and maternal mortality rates

1667. SHRI NARESH AGRAWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has taken note of high infant and maternal mortality rates in the country;
- (b) if so, the details of steps Government has taken to address the issue; and
- (c) the State-wise details of the amount spent, targets set and achievement made, during the past three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) As per recent SRS estimates, the infant mortality rate in the country is 44 per thousand live births and maternal mortality rate is 212 per thousand live births.

Unstarred Questions

Under National Rural Health Mission, the following interventions are being implemented to reduce infant and maternal mortality rates.

- Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24X7) for round the clock maternal care services.)
- Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is key to reducing both maternal and neo-natal mortality.
- Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place; Special New Born Care Units (SNCUs) and New Born Stabilization Units (NBSUs) are also being set up at appropriate facilities for the care of sick newborn including preterm babies.
- Home Based Newborn Care (HBNC): Home based newborn care through ASHA has been initiated to improve new born practices at the community level and early detection and referral of sick new born babies.
- Capacity building of health care providers: Various trainings are being 5) conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.
- Adolescent Reproductive Sexual Health Programme (ARSH) -Especially for adolescents to have better access to family planning, prevention of sexually transmitted Infections, Provision of counselling and peer education.
- Prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
- Name Based Tracking of Pregnant Women to ensure complete antenatal, intranatal and postnatal care.
- (c) State-wise allocation and expenditure of the fund under RCH flexi pool during last 3 years is given in Statement.

Statement

Allocation, Release and Expenditure under RCH Flexible Pool for 2009-10 to

		92 32	2009-10		2010-11			2011-12			
Sl. No.	States	Allocation	Release	Ехр	Allocation	Release	Exp	Allocation	Release	E	
1	2	3	4	5	6	7	8	9	10		
1	Andaman and Nicobar Islands	0.88	0.80	0.54	1.00	0.94	0.47	1.18	1.18	6	
2	Andhra Pradesh	187.22	186.86	138.71	212.55	209.19	77.37	235.74	183.56	17	
3	Arunachal Pradesh	n 12.92	12.92	13.57	12.14	19.73	15.67	12.93	14.41	17	
4	Assam	314.78	314.65	154.62	295.64	148.00	223.39	316.76	331.90	40	
5	Bihar	266.36	266.36	331.76	302.41	327.41	431.69	333.91	333.91	47	
6	Chandigarh	2.23	2.22	1.28	2.53	2.10	1.73	2.76	2.76	3	
7	Chhattisgarh	77.12	77.12	58.55	87.56	97.56	90.64	96.58	121.58	13	
8	Dadra and Nagar Haveli	0.55	0.59	0.80	0.62	2.42	1.55	0.79	1.21	2	

9	Daman and Diu	0.39	0.46	0.40	0.44	0.25	0.32	0.40	0.55	94
10	Delhi	34.07	34.01	18.70	38.69	29.02	22.46	42.18	31.64	4
11	Goa	3.32	1.84	0.99	3.77	2.00	1.83	4.34	3.33	12
12	Gujarat	125.09	124.85	122.81	142.02	162.02	149.35	156.90	176.59	16
13	Haryana	52.12	52.12	37.21	59.18	59.18	67.91	65.44	85.44	8
14	Himachal Pradesh	22.54	22.49	11.67	25.59	19.19	19.66	28.38	22.85	2
15	Jammu and Kashmir	37.34	37.27	25.21	42.40	42.40	39.08	46.91	61.91	8
16	Jharkhand	99.79	99.60	54.39	113.29	110.35	114.72	124.97	159.44	13
17	Karnataka	130.37	130.37	155.00	148.01	183.01	159.25	163.60	191.26	18
18	Kerala	78.71	78.56	86.13	89.36	78.62	80.25	98.56	86.39	7
19	Lakshadweep	0.15	0.53	0.91	0.17	0.87	0.48	0.40	0.40	2
20	Madhya Pradesh	194.07	244.07	340.74	220.34	271.34	396.10	242.84	329.40	36
21	Maharashtra	239.19	236.12	159.85	271.56	234.61	214.58	299.61	299.61	33
22	Manipur	28.16	28.16	8.37	26.44	0.00	15.86	25.86	12.00	1
23	Meghalaya	27.23	23.48	6.64	25.58	0.00	11.12	27.71	0.00	1
24	Mizoram	10.62	10.43	8.72	9.97	16.04	12.48	10.62	9.23	1
25	Nagaland	23.54	20.59	9.25	22.11	0.00	17.17	23.55	22.03	2

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1	2	3	4	5	6	7	8	9	10	
26	Orissa	117.97	117.97	159.73	133.94	153.94	193.08	147.83	177.83	21
27	Pondicherry	2.41	2.40	2.61	2.73	3.73	3.88	3.15	4.15	6
28	Punjab	60.05	59.81	46.14	68.18	68.18	69.28	75.30	68.72	78
29	Rajasthan	181.50	181.50	279.94	206.06	231.06	284.73	227.07	299.07	36
30	Sikkim	6.46	6.35	4.62	6.07	3.65	3.97	6.46	5.16	7
31	Tamil Nadu	153.55	153.55	133.82	174.33	163.08	149.77	193.17	156.66	18
32	Tripura	37.85	36.79	19.25	35.55	23.73	15.79	37.86	0.00	2
33	Uttar Pradesh	533.68	533.68	555.97	605.90	605.90	655.09	668.60	501.45	56
34	Uttarakhand	31.45	31.45	29.16	35.70	40.70	39.82	39.42	59.17	53
35	West Bengal	198.32	197.94	146.63	225.17	133.58	125.02	247.97	247.97	26
	Grand Total	3292.00	3327.91	3124.69	3647.00	3443.80	3705.56	4009.75	4002.76	45

## Note:

<sup>(1)</sup> Expenditure for the F.Y. 2012-13 (up to 31.12.2012) are provisional, Expenditure figures for the F.Y. 20 Chhattisgarh, Daman & Diu, Mizoram, Puducherry and Uttar Pradesh are up to 30.09.2012.

<sup>(2)</sup> Release for F.Y. 2012-13 is up to 18.01.2013

<sup>(3)</sup> The above Releases relate to Central Govt, grants & do not include state share contribution.

## Enhancement in bed capacity of hospitals

1668. SHRI AJAY SANCHETI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has decided to enhance the bed capacity of hospitals in ten States under the Reproductive and Child Health Scheme;
  - if so, the details thereof, State-wise; and
- the reasons for not augmenting the bed capacity in the other remaining (c) States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) With the increase in institutional deliveries, the requirement of maternity beds at the public health facilities have increased. During the current financial year under the National Rural Health Mission (NRHM), the Government of India has approved enhancement of bed capacity by more than 25,000 beds in maternity wards based on the proposals received in the annual Programme Implementation Plan (PIPs) in the States of Andhra Pradesh, Assam, Bihar, Chattisgarh, Orissa, Madhya Pradesh, Punjab, Rajasthan, Uttrakhand, Uttar Pradesh and West Bengal. State/UT wise details are given in Statement (See below).

(c) 'Public Health' being a State subject, the primary responsibility of strengthening bed capacity and infrastructure in health facilities is that of the concerned State Governments. Under NRHM, the States submit their proposals to Government of India as per their felt needs and priorities, including those for strengthening bed capacity and infrastructure, in their annual State PIPs. These are appraised by the National Programme Coordination Committee (NPCC).

Based on the recommendations of the NPCC, the Government of India approves the PIP for each State. The augumentation in bed capacity in maternity wards has thus been approved, based on proposals submitted by the above mentioned 11 States in their PIPs.

Statement State-wise list of Beds (Maternity beds) approved in the PIP 2012-13

Sl.No.	Name of the State/ UT allotted Increase	Total No. of facilities in the	No. of beds		
	in beds	State being allotted	increase		
1	2	3	4		
1	Chhattisgarh	35	2350		
2	Rajasthan	159	5900		