

initiated by the Department of Pharmaceuticals in collaboration with the State Governments by way of opening of Jan Aushadhi Generic Drug Stores in the Government Hospitals. As per the information made available by that Department, 154 Jan Aushadhi Stores have been opened so far (till 31st March, 2013) in twelve States/UTs, namely, Punjab, Haryana, Odisha, Andhra Pradesh, Rajasthan, Delhi, Uttarakhand, West Bengal, Jammu and Kashmir, Jharkhand, Himachal Pradesh and Chandigarh.

National Institute status for cancer treatment centres

3211. DR. V. MAITREYAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has accorded National Institute status to the Regional Cancer Centres (RCCs) and Tertiary Care Centres (TCCs) in Chennai;
- (b) if so, the details thereof, State/UTwise;
- (c) whether Government proposes to sanction more funds for a project on pediatric cancer patients undertaken at the RCC and at Adyar Cancer Institute, Chennai; and
- (d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No.

(c) and (d) No such proposal is under consideration.

Underweight children in the country

3212. DR. K.V.P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that as per World Health Statistics Report, 2012, India ranks 2nd in the prevalence of underweight children below the age of five years with a rate of 42.5 per cent;
- (b) if so, the estimated number of underweight children; and
- (c) the steps being taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) Yes.

(b) The estimated number of underweight children with 42.5 per cent would be 5,62,37,872 in under five population as per National Family Health Survey 3 (NFHS3- 2005-06).

(c) The Government has accorded high priority to the issue of malnutrition in the country and is implementing several schemes/programmes of different Ministries/Departments through State Governments/UT Administrations. The schemes/programmes include the Integrated Child Development Services (ICDS), National Rural Health Mission (NRHM), Mid-Day Meal Scheme, Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG) namely SABLA, Indira Gandhi Matritva Sahyog Yojna (IGMSY) as direct targeted interventions. Besides, indirect Multi-sectoral interventions include Targeted Public Distribution System (TPDS), National Horticulture Mission, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Nirmal Bharat Abhiyan, National Rural Drinking Water Programme etc. All these schemes have potential to address one or other aspect of Nutrition.

Under NRHM, the remedial steps taken are as follows:

- Promotion of appropriate infant and young child feeding practices that include early initiation of breastfeeding, exclusive breastfeeding and appropriate complementary feeding till 6 months of age.
- Management of malnutrition and common neonatal and childhood illnesses at community and facility level by training service providers in IMNCI (Integrated Management of Neonatal and Childhood Illnesses) training.
- Treatment of children with severe acute malnutrition at special units called the Nutrition Rehabilitation Centres (NRCs), set up at public health facilities. Presently 639 such centres are functional all over the country.
- Specific program to prevent and combat micronutrient deficiencies of Vitamin A and Iron & Folic Acid. Vitamin A supplementation for children till the age of 5 years and Iron & Folic Acid supplementation for children 6 to 60 months. 'National Iron plus Initiative' has been launched recently to undertake supervised administration of IFA syrup in under five children.

- Village Health and Nutrition Days and Mother and Child Protection Card are the joint initiative of the Ministries of Health & Family welfare and the Ministry of Woman and Child for addressing the nutrition concerns in children, pregnant women and lactating mothers.
- Nutrition Education on VHNDs (Village Health and Nutrition Days) to increase the awareness to bring about desired changes in the dietary practices including the promotion of breastfeeding.
- Growth monitoring of children up to three years by promoting use of Mother and Child Protection card.

High IMR in the country

3213. SHRIMATI JAYA BACHCHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has taken note of the high Infant Mortality Rate (IMR) in the country;
- (b) if so, the details thereof;
- (c) whether the current infant mortality rate is far more than the target set under the Millennium Development Goals; and
- (d) if so, the steps Government has taken to meet the Millennium Development Goals target on time?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) Yes. At present, Infant Mortality Rate is 44 per 1000 live births in the country as per Sample Registration System 2011 report of Registrar General of India.

- (c) The Millennium Development Goal 4 is to reduce child mortality by two third.

At present India's IMR stands at 44 per 1000 live births (SRS.2011) against MDG target of 28 per 1000 live births. However, 14 States/UTs namely Kerala, Tamil Nadu, Goa, Andaman & Nicobar Islands, Chandigarh, Daman & Diu, Delhi, Lakshadweep, Puducherry, Manipur, Maharashtra, Nagaland, Sikkim and Tripura have already achieved MDG 4 of IMR.