

(a) whether attention of Government has been drawn towards media reports regarding ten lakh Indians with TB are currently going undetected;

(b) if so, the details thereof; and

(c) the details of remedial measures Government proposes to take in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) As per World Health Organisation's World TB Report 2013, globally there are 2.9 million missed cases (either not diagnosed, or diagnosed but not reported to the national TB programs). Of these, 31% cases are estimated to be in India. Missed cases are distinct from cases not found, or cases found and lost. It is likely that with a large private sector of healthcare in India, a large proportion of this subgroup were diagnosed and treated in private sector, but were not notified to the Programme.

Government of India has already issued an Order in 2012 for mandatory notification of all TB cases diagnosed or treated by all health facilities (public and private) in India. Online case based web based software (Nikshay) has also been developed by the Government to facilitate TB notification to capture all missing cases.

Government is also proactively engaging with private practitioners, number of private organizations, NGOs, Professional bodies like Indian Medical Association to enhance the notification of TB cases.

Neo-natal deaths in the country

1325. SHRI BAISHNAB PARIDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that, as per media reports, around 3 lakh new born die within 24 hours of their birth;

(b) whether India tops this list in the world, as per the report of the State of World's Mothers;

(c) whether MP, UP and Odisha show the worst results in the matter;

(d) the action plan of Government to speed up the required medical facilities in these regions to control this national loss; and

(e) how far the medical facilities have been upgraded or are proposed to be developed in these regions and other such regions to control this menace?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes, As per "State of the World's Mothers 2013 report, India has the highest number of deaths of newborns on the first day of life. As per report, an estimated 309,000 newborns die on the first day of life in India.

(c) As per Registrar General of India, SRS 2011 report Neo-natal Mortality rate (NMR) per 1000 live births of MP, UP and Odisha is 32 ,30 and 30 respectively.

(d) and (e) The Health of the mother has an important bearing on the health of the child. Thus interventions for improvement of maternal health are critical for improving survival of newborn and are deemed to be intervention for both maternal and child health. Under National Rural Health Mission (NRHM), the following interventions are being implemented.

- (1) Strengthening of Facility based New-born Care through establishment of Sick Newborn Care Units (SNCU) at district level and Newborn Stabilization Units (NBSUs) at FRU and Newborn Care Corners at all delivery points. A total of 470 SNCU, 1640 NBSU and 13460 NBCC are operational in the country.
- (2) 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. 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 and infants.
- (3) Home Based New-born Care (HBNC): Home based new-born care through ASHA is carried out to improve new born care practices at the community level and for early detection and referral of sick new born babies.
- (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 new-born at time of birth. These trainings include Integrated Management of Neo-natal and Childhood Illness (IMNCI) and Navjaat Shishu Surakshta Karyakaram (NSSK).

- (5) Management of Malnutrition: 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 counselling to mothers, improving child care practices and provision of immunization services.

Overlapping in objectives of healthcare programmes

1326. SHRIMATI SMRITI ZUBIN IRANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the percentage of the population that has medical insurance;
- (b) the number of doctors and paramedical staff in India, specialisation-wise details thereof;
- (c) the number of hospital beds in the country, the details thereof, State-wise;
- (d) whether Janani Suraksha Yojana, Janani Shishu Suraksha Yojana and Indira Gandhi Matritiva Sahayog Yojana all focus on pregnant and lactating women; and
- (e) if so, the reasons for duplication amongst healthcare programmes?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per Annual Report of Insurance Regulatory and Development Authority (IRDA), the total number of lives covered under medical insurance for FY 2012-13 is 20, 66, 38,000 (17.07 % of 2011 Census population).

(b) The total number of doctors possessing recognised medical qualifications under Indian Medical Council Act as on 30th November, 2013 is 901171. The specialisation- wise details of allied health professionals are given in the Statement-I (*See below*).

(c) The State-wise number of hospital beds in government hospitals is given in the Statement-II (*See below*).

(d) and (e) Janani Suraksha Yojana (JSY) is a safe motherhood intervention that encourages women especially from the vulnerable sections of the society to opt for institutional delivery and thereby effect reductions in maternal and neonatal mortality. Janani Shishu Suraksha Karyakaram (JSSK) aims at eliminating out of pocket expense for pregnant women delivering in public health institutions and sick newborns and infants accessing public health institutions for treatment.