

(c) whether it is also a fact that several proposals of the Madhya Pradesh Government are under the considerations of the Central Government for approval under various schemes and programmes of Government related to medical education; and

(d) if so, by when a decision is likely to be taken on those proposals and whether the said proposals are likely to be approved?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) No. However, the Central Government has plans to set up AIIMS in each State in a phased manner under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). The Ministry of Health and Family Welfare has requested the Chief Ministers of various States to identify suitable alternate locations for setting up of AIIMS.

The Central Government is setting up an AIIMS at Bhopal in Madhya Pradesh under first phase of PMSSY. However, there is no proposal to set up more AIIMS in Madhya Pradesh.

(c) and (d) The Central Government has approved upgradation of three Government Medical Colleges in Madhya Pradesh viz GR Medical College (Gwalior), Netaji Subhash Chandra Bose Medical College (Jabalpur) and Government Medical College (Rewa) under the third phase of PMSSY.

Besides, under the new Centrally Sponsored Scheme for Establishment of new medical colleges attached with District Hospitals, seven districts of Madhya Pradesh namely Chindwara, Ratlam, Shivpuri, Shahdol, Vidisha, Datia and Khandwa have been identified for establishment of new medical colleges attached with district /referral hospitals. Madhya Pradesh Government has been requested to complete requisite formalities for release of funds.

Strengthening of primary healthcare

2855. SHRI D. RAJA:

SHRI M.P. ACHUTHAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that for achieving the Millennium Development Goal (MDG) aimed at reducing child mortality by two- third by the year 2015, strengthening our primary health-care is very necessary; and

(b) if so, the details thereof and the steps being taken for this purpose?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) Yes. The strengthening of primary health care is essential for

achieving MDG aimed at reducing child mortality as most of the deaths in children are preventable. The various strategies to achieve MDG goal related to child mortality is as below:

- (i) Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24X7) for round the clock maternal and newborn care services.
- (ii) 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.
- (iii) 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.
- (iv) 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.
- (v) Capacity building of health-care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of health care providers in essential newborn care, care of sick child with pneumonia, diarrhea, malnutrition including care of mothers during pregnancy and delivery.
- (vi) Establishment of nutritional rehabilitation centres for management of severe acute malnourished children with medical complications.
- (vii) Introduction of Rashtriya Kishore Swasthya Karyakram (RKSK) to reach adolescent population in their home spaces and introducing peer led intervention at the community level supported by augmentation of facility based services.
- (viii) Introduction of Rashtriya Bal Swasthya Karyakram (RBSK) for screening of all the children upto eighteen years of age for defects, deficiencies, development delays and specific diseases. The programme also provides early interventions services and management of children needing surgical intervention at tertiary level facilities.
- (ix) Prevention and treatment of anaemia by supplementation with Iron and Folic Acid tablets to adolescent, pregnant and lactating women and children.

- (x) Strengthening of Universal Immunization Programme (UIP) for reducing vaccine preventable diseases.
- (xi) Name Based Tracking of Pregnant Women and children to ensure complete antenatal, intranatal and postnatal care and immunization services.

Regulating contents used in soft drinks

2856. SHRI GULAM RASOOL BALLYAWI:

SHRI MOHAMMED ADEEB:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether there are any rules and regulations for the Soft Drink Manufacturers/ Industry for using the contents used in making the soft drinks;
- (b) if so, the details thereof;
- (c) whether these Soft Drink Manufacturers are giving details of their formula/ contents being used for making the soft drinks to Government;
- (d) if so, the details thereof;
- (e) whether Government is aware that most of these manufacturers are not conforming to the rules and regulations in the matter of composition/contents of soft drinks; and
- (f) if so, the action taken/being taken in the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Yes.

(b) The standards of carbonated water are notified in sub-regulation 2.10.6 (1) of the Food Safety and Standards (Food Product Standards & Food Additives) Regulations, 2011.

(c) and (d) As per the clause 2.2.2 (2) of Food Safety and Standards (Packaging and labelling) Regulation, 2011, declaration of list of ingredients on label of pre-packaged food is mandatory.

(e) and (f) (i) As per the information received from the State/UT Governments, out of 749 samples of non-alcoholic beverages / soft drinks analysed, 81 samples were found adulterated and misbranded in the year 2013-14.

- (ii) To curb food adulteration, regular surveillance, monitoring and sampling of food products are undertaken by State/UT Governments under Food Safety and Standards Act, 2006, and Rules & Regulations made thereunder.