

academic year is in progress. Outdoor Patient Department services are functional at the Institute. Indoor Patient Department services to cater to teaching of MBBS students are also functional at AIIMS, Jodhpur.

### **Improvement in the healthcare sector for children**

1475. SHRI KALPATARU DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether as per Lancet Medical report, every third child dies of pneumonia or diarrhoea in India;
- (b) if so, the details thereof;
- (c) whether India has effected certain improvement in the healthcare sector for children during the last three years;
- (d) if so, the details thereof;
- (e) the action plan to speed up medical care facilities in rural areas to control IMR/MMR; and
- (f) the outlay that has been provided in the current Five Year Plan to address the issue?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) As per a Millennium Death Study, published in Lancet in 2010, 16 per cent of under five child deaths are due to Pneumonia and 14 per cent are due to Diarrhoea.

(c) and (d) Over the last three years, there has been steady decline in under five mortality rates as below:

Year	Under five mortality rate per thousand live births
2010	59
2011	55
2012	52

(e) Under National Health Mission, the following interventions are being implemented to reduce maternal and child mortality.

1. Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres (24X7) for round the clock maternal and newborn care services.)

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.
3. 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.
4. 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.
5. Capacity building of healthcare providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of healthcare providers in essential newborn care, care of sick child with pneumonia, diarrhoea, malnutrition including care of mothers during pregnancy and delivery.
6. Establishment of nutritional rehabilitation centres for management of severe acute malnourished children with medical complications.
7. 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.
8. Introduction of Rashtriya Bal Swasthya Karyakram for (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.
9. Prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets to adolescent, pregnant and lactating women and children.
10. Strengthening of Universal Immunization Programme (UIP) for reducing vaccine preventable diseases.

11. Name Based Tracking of Pregnant Women and children to ensure complete antenatal, intranatal and postnatal care and immunization services.

(f) The approved outlay for the Twelfth Five Year Plan 2012-17 of RCH flexi pool under National Health Mission is ₹ 35,121.60 crore to reduce the Child and Maternal deaths in the country.

**Promotion of AYUSH system of medicines**

1476. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether private sector in India has been successful in promoting and generating interest and revenue from foreign countries through Ayurveda, Homoeopathy, Naturopathy and Holistic treatment centres;

(b) if so, the details thereof;

(c) whether many countries have shown interest in promoting AYUSH system of medicines and requested Government for help in establishing AYUSH institutions in their countries;

(d) if so, the details thereof; and

(e) the steps taken/proposed by Government to promote AYUSH system of medicines internationally?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) Private sector in some States *e.g.* Karnataka and Kerala have been successful in promoting and generating interest and revenue from the foreign countries through Ayurveda, Homoeopathy, Naturopathy and Holistic treatment centres. Further, details of growing export of AYUSH products are given in the Statement (*See below*) also indicates contribution of private sector in global acceptance of AYUSH products.

(c) and (d) Many countries have shown interest in promoting AYUSH systems of medicine, but no request has been received by the Department of AYUSH for establishing AYUSH institutions in foreign countries.

(e) The Department of AYUSH has recently revised its Central Sector Scheme of International Cooperation (IC). Under the scheme, the Department supports different activities for promotion of AYUSH systems of medicine, such as international exchange of experts; organization/ participation in international conferences, seminars, workshops; participation of Indian companies in exhibitions/fairs; offering AYUSH Fellowships/