

(c) and (d) As per information received from Government of Punjab, the State Government has taken the following steps to check the functioning of illegal ultrasound machines and for the implementation of the PC &FNDT Act, 1994:-

- One sting operation has been done by Chief Parliamentary Secretary, Health in District Patiala on 25.09.2014 and court case was registered on 22.10.2014.
- Mapping of the ultrasound centres in all districts of Punjab.
- Setting the eligibility criteria of sonologists through competency tests.
- Promoting and enhancing the participation of NGOs for improving child sex ratio.

#### **Causes of maternal deaths**

1067. SHRI TIRUCHI SIVA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government collects nationwide data to find out the estimates to disaggregate the different causes of maternal deaths;

(b) whether Government is aware that Lancet's study — 'Global causes of maternal death' and a WHO systematic analysis have found out that more than 1 in 4 maternal deaths are caused by pre-existing medical conditions such as diabetes, HIV, malaria; etc.;

(c) whether Government recognizes that integrated care for women with conditions like diabetes will reduce maternal deaths and prevent long-lasting health problems; and

(d) if so, the details of the steps Government proposes to take to address this lacunae?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) The Registrar General of India, Sample Registration System (RGI-SRS) provides a nation-wide disaggregated data on the different causes of maternal deaths at different intervals.

(b) As per the Lancet Study "WHO systematic analysis on global causes of maternal death", 2014, globally 14.8% of maternal deaths are caused by pre-existing medical conditions.

(c) and (d) Government recognizes the need for integrated care approach for women's health to reduce maternal morbidity and mortality. For this, Government has adopted the life cycle approach for Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes. Recently certain key policy decisions have been taken like screening for gestational diabetes mellitus, HIV & hypothyroidism during pregnancy; and Calcium supplementation during pregnancy.

Other key steps taken to accelerate the pace of reduction for Maternal Mortality Ratio (MMR) under the National Health Mission (NHM) are:

- Promotion of institutional deliveries through Janani Suraksha Yojana.
- Capacity building of health care providers in basic and comprehensive obstetric care.
- Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
- Name Based Web enabled Tracking of Pregnant Women to ensure ante-natal, intra-natal and post-natal care.
- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Ante-natal, Intra-natal and Post-natal care including Iron and Folic Acid supplementation to pregnant and lactating women for prevention and treatment of anaemia.
- Engagement of more than 8.9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
- Health and nutrition education to promote dietary diversification, inclusion of iron and folate rich food as well as food items that promote iron absorption.
- Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions

to absolutely free and no expense delivery including caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.

**Implementation status of two-child norm**

1068. SHRI TARUN VIJAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the present status of implementation of the two-child norm in the country, State/UT-wise;
- (b) whether Government has prepared or proposes to prepare any Bill in this regard; and
- (c) if so, the details thereof indicating its present status?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per National Population Policy (NPP), 2000, the family welfare programme in India is voluntary in nature which enables a couple to adopt the family planning methods, best suited to them according to their choice without any compulsion. The policy envisages promoting small family norm without prescribing for any number of children.

(b) and (c) The Constitution (Seventy-Ninth Amendment Bill, 1992) was introduced in the Rajya Sabha on 22nd December, 1992. The Bill seeks to amend the Directive Principles of State Policy to include promotion of population control and the small family norm. It also proposed to include in the Fundamental Duties, a duty to promote and adopt the small family norm. It has been proposed that a person shall be disqualified from being chosen as a Member of either House of Parliament or either House of Legislature of a State if the Member has more than two children. The proposed amendment will, however, have prospective effect and would not apply to any person who has more than two children on the date of commencement of these amendments or within a period of one year of such commencement.

As per the recommendation of the Parliamentary Standing Committee on Human Resource Development which considered the Bill, the Government might consider convening a meeting of the leaders of various political parties in Parliament for further