

Fund provided to Rajasthan for reducing IMR

‡1808. SHRI ASHK ALI TAK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the national child birth and mortality rates in the country;
- (b) the children birth and mortality rates in Rajasthan, and the data for the last three years; and
- (c) the schemes of the Central Government to reduce infant mortality rate and the quantum of funds provided to the State for this purpose during the last three years and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) As per Sample Registration System, 2012 the crude birth rate of India is 21.6 per 1000 population and under-5 child mortality rate is 52 per 1000 live births.

(b) The crude birth rate and Under-5 child mortality rate in Rajasthan for last three years is as below:

Rajasthan	2010	2011	2012
Crude Birth Rate	26.7	26.2	25.9
Under 5 Mortality Rate (per 1000 live births)	69	64	59

Source: Sample Registration System Reports, RGI.

(c) Under National Health Mission, the following interventions are being implemented to reduce infant mortality rate:

- (1) Promotion of institutional deliveries through Janani Suraksha Yojana.
- (2) Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
- (3) Name Based Web enabled Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.
- (4) Mother and Child Protection Card in collaboration with the Ministry of

‡Original notice of the question was received in Hindi.

Women and Child Development to monitor service delivery for mothers and children.

- (5) Antenatal, intranatal and postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia.
- (6) 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.
- (7) Village Health and Nutrition Days (VHNDs) in rural areas as an outreach activity, for provision of maternal and child health services.
- (8) Adolescent Reproductive Sexual Health Programme (ARSH) – Especially for adolescents to have better access to family planning, prevention of sexually transmitted infections, provision of counselling and peer education.
- (9) Health and nutrition education to promote dietary diversification, inclusion of iron and folate rich food as well as food items that promote iron absorption.
- (10) Janani Shishu Suraksha Karyakaram (JSSK) 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.
- (11) 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.
- (12) 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.
- (13) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the

skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.

- (14) India Newborn Action Plan (INAP) has been launched to reduce neonatal mortality and stillbirths.
- (15) Newer interventions to reduce newborn mortality have been implemented, including- Vitamin K injection at birth, Antenatal corticosteroids in preterm labour, Kangaroo mother care and injection gentamicin for possible serious bacterial infection.
- (16) Intensified Diarrhoea Control Fortnight was observed in August 2014 focusing on ORS and Zinc distribution for management of diarrhoea and feeding practices.
- (17) Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) launched in four states with highest child mortality (UP, MP, Bihar and Rajasthan).

The quantum of funds released to the Rajasthan State under RCH Flexible Pool of NRHM during last three years is as under:

State (₹ in crores)	2011-12 Release	2012-13 Release	2013-14 Release
Rajasthan	299.07	204.48	254.07

Vacant PG seats at Dr. Ram Manohar Lohia PGIMER, Delhi

1809.SHRIMATI RENUKA CHOWDHURY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has permitted the Dr. Ram Manohar Lohia P.G. Institute of Medical Education and Research (RMLPGIMER) to induct a number of MD/MS students in various departments;
- (b) if so, the details thereof along with the actual number of students pursuing MD/MS courses against the total permitted strength;
- (c) the reasons for not filling up all the permitted seats in MD/MS courses; and
- (d) the remedial/corrective steps taken by Government in the matter?