

(d) whether Government is planning to bring legislation for curbing this practice of adulteration of food; and

(e) if so, the time-frame within which Government proposes to formulate and implement such a law?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) and (b) No such study has been conducted by the Food Safety and Standards Authority of India (FSSAI). However, food samples are drawn and analysed by the State authorities and based on latest information received from States/UTs, the results of last two years are as under:

Year	Samples analysed	Samples found adulterated/misbranded
2012-2013	69,949	10,380
2013-2014	72,200	13,571

(c) To curb the incidents of food adulteration, regular surveillance monitoring & sampling of food products is undertaken by the States/UT Governments under the Food Safety and Standards Act, 2006. In cases, where samples are found to be not conforming to the provisions of the Act and the Rules and Regulations made thereunder, penal action is initiated against the offender.

(d) and (e) The Food Safety and Standards (FSS) Act, 2006 has already been enacted. The Act provides graded punishment/penalties for sub-standards/ misbranded food, food containing extraneous matter, possessing adulterant, unsafe food, etc.

#### **Effective implementation of healthcare delivery schemes**

1818. SHRI JESUDASU SEELAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present status of the schemes like National Rural Health Mission (NRHM) in order to strengthen public health delivery system at all levels;

(b) whether Government is taking any steps for making this scheme more effective in providing healthcare through AYUSH, ASHA, free drugs, Mobile Medical Units; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) In March 2012, the Cabinet, *inter-alia*,

approved continuation of National Rural Health Mission (NRHM) for a period of five years, from 01.04.2012 to 31.03.2017 (*i.e.* co-terminus with the Twelfth Five Year Plan). Currently, NRHM is a Sub-Mission of National Health Mission (NHM) with National Urban Health Mission (NUHM) being the other Sub-Mission.

(b) and (c) Government of India had adopted a strategy of co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) & District Hospitals (DHs), thus enabling choice for different systems of medicine from a single platform.

As of now, 15726 AYUSH facilities are co-located at various healthcare facilities including PHCs, CHCs and Districts Hospitals. 21361 AYUSH doctors and 6289 AYUSH paramedics are engaged under NRHM. Necessary support for training, drugs & equipment, IEC etc. is provided under the NRHM and National Ayush Mission.

ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus on women and children. The majority of States have in place an active training and support system for the ASHA to ensure continuing training, on site field mentoring, and performance monitoring.

More than 8.96 lakh ASHAs are in place across the country and serve as facilitators, mobilizers and providers of community level care.

The Government of India is committed to reduce the high Out of Pocket (OOP) expenditure *inter-alia* by providing free drugs in public health facilities. Government of India introduced an incentive to the extent of 5 % of the state's Resource Envelope under NHM for those States that implement free essential drugs scheme for all patients accessing public health facilities. Further, substantial funding for free drugs is being provided to States that implement the National Health Mission - Free Drug Service Initiative.

Mobile Medical Units (MMUs) are used to provide primary healthcare services in hard to reach areas. To increase visibility, awareness and accountability, all MMUs supported under the NHM have been repositioned as "National Mobile Medical Unit" with universal design.

#### **Aid for diabetic school students**

1819. DR. K.P. RAMALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has sought comments from the Ministries of Human