

(b) Antibiotic resistance is happening, *inter alia*, due to

- Inappropriate use (overuse, underuse and misuse) of antimicrobials in
 - Clinical medicine
 - Veterinary medicine
 - Agronomic and Industrial practices
- Poor infection prevention and control in hospitals.
- Inadequate monitoring of antimicrobial usage.
- Use /Availability of poor quality drugs.
- Lack of awareness among practitioners, patients, pharmacists and public in general about antimicrobial resistance (AMR).
- Lack of standardized treatment guidelines for most of the diseases.

Organisms causing infectious diseases like Urinary Tract Infection, Hospital Acquired Infection, Pneumonia, Typhoid, TB etc. are becoming resistant to antibiotics.

(c) to (e) WHO is supporting all countries in addressing the issues related to antimicrobial resistance.

In 2014, WHO published its global report on surveillance of antimicrobial resistance, with data provided by 114 countries. This report reveals that antibiotic resistance is happening across the world, and is putting at risk the ability to treat common infections in the community and hospitals.

WHO is guiding the response to AMR by

- Bringing all stakeholders together to agree on and work towards a coordinated response;
- Strengthening national stewardship and plans to tackle AMR;
- Generating policy guidance and providing technical support for Members.

In India we have adopted WHO Regional Strategy for implementing our programme.

Universal access to free ambulance services

1849. SHRI TIRUCHI SIVA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that between 78,000-1,00,000 women die annually in India as a result of child birth and pregnancy;

(b) whether Government recognizes the fact that universal accessibility to free ambulance services can reduce maternal deaths;

(c) whether Government proposes to make access to reproductive health services universal and free;

(d) whether Government recognizes the fact that in many Government hospitals the gynaecology ward is not located near the children's ward, making it difficult to give proper care to the new born;

(e) whether Government proposes to take appropriate action to address these concerns; and

(f) if so, the details thereof and, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) As per the latest report of the Registrar General of India, Sample Registration System (RGI-SRS), Maternal Mortality Ratio (MMR) of India is 178 per 100,000 live births for the period 2010-12. This translates into an approximate number of 47,100 deaths per year for India.

(b) Establishing assured referral transport between the community and health facilities is important for addressing delay in reaching the health facility and timely care during any obstetric complications.

(c) Reproductive health services under the overall umbrella of the National Health Mission are provided free at all Government Health Services through a continuum of care approach of Reproductive, Maternal, New Born, Child Health and Adolescent (RMNCH+A) Health.

(d) It is a fact that some of the Government hospitals constructed much earlier have maternity and children ward located at different places.

(e) and (f) Under National Health Mission (NHM), the key steps taken by Government of India to address the above concerns and also to accelerate the pace of reduction for Maternal Mortality Ratio (MMR) are:

- Promotion of institutional deliveries through Janani Suraksha Yojana.
- 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.

- 184 High Priority Districts (HPDs) have been identified and prioritized for Reproductive, Maternal, New Born, Child Health and Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.
- 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.
- To tackle the high bed occupancy in the maternity wards, Mother & Child Health Wings have been sanctioned at high case load facilities where the maternity and children ward are together for provision of continuum of care approach to pregnant women, newborns and children.
- Name Based Web enabled Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.
- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Antenatal, Intranatal and Postnatal 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.
- Referral systems have been established including emergency referral transport for pregnant women, for which the States have been given flexibility to use different models.

- 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.

Non-posting of doctors to CGHS Dispensary, Janakpuri, Delhi

1850. SHRI NARENDRA KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the number of doctors in CGHS Dispensary of Janakpuri-1, New Delhi is very less as compared to the number of patients enrolled with the Dispensary;

(b) whether it is also a fact that despite being a medical centre and Government's cleanliness drive all over the country, the toilets of the Dispensary are choked and the lift is also not in working order; and

(c) if so, what action Government proposes to take immediately to post more doctors and improve the public hygiene standards in this Dispensary?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) In view of the daily attendance of patients at CGHS Dispensary, Janakpuri-I, number of doctors posted at that dispensary is adequate. However, in case of any temporary shortage created due to leave of doctors or deployment of doctors for National Emergency Relief programmes, necessary replacement is done from other dispensaries as a temporary measure.

(b) and (c) The lift in the dispensary was out of order temporarily which has since been made functional.

For repair of the choked toilets, action has been initiated for repairing the blocked sewer.

Opening of super-speciality hospitals

1851. SHRI MD. NADIMUL HAQUE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government is opening super-speciality hospitals across the country;