

of Pharmaceuticals and that Department has informed that presently ceiling prices of two devices have been fixed under the provisions of the Drugs Price Control Order (DPCO), 2013. The remaining medical devices are categorized as non scheduled formulations under the DPCO, 2013 and their price has not been fixed. However, the DPCO, 2013 also provides for monitoring the price of non scheduled formulations by ensuring that the increase in Maximum Retail Price (MRP) of non scheduled medical devices is not more than 10% of the MRP prevalent during preceding 12 months.

(c) The NPPA monitors/ regulates the prices of drugs and medical devices and also reviews the same in consultation with the manufacturers/ importers.

Death of underage children

3418. SHRI TIRUCHI SIVA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that according to the 2014 estimates developed by UN Interagency Group for Child Mortality Estimation, India at 21 per cent accounts for most number of deaths among children below 5 years of age;

(b) whether Government is aware of the fact that inadequate care of women, especially during pregnancy, results in low birth weight babies who are more vulnerable to childhood deaths;

(c) whether Government proposes to scale up its intervention to address these concerns; and

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

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Yes.

(c) and (d) Yes. Under the National Health Mission, the following key interventions are being implemented to bring down the mortality rate of children across all the States of the country:

- Universal screening of pregnant women for anaemia during ante-natal care and provision of iron and folic acid (IFA) tablets to all pregnant women, at all levels of public health facilities as well as outreach.
- To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

- Promotion of Institutional Delivery through Janani SurakshaYojana (JSY) by skilled birth attendant is key to reducing both maternal and child mortality.
- 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 till one year of age.
- Emphasis on facility based newborn care at different levels to reduce Child Mortality by setting up of facilities for care of sick newborns such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Care Corners (NBCCs) at different levels is a thrust area under NUM.
- Capacity building of health care providers through various trainings is being conducted under NHM to train doctors, nurses and ANMs for early diagnosis and case management of common ailments of children and care of mother during pregnancy and delivery. These trainings are on Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Navjaat Shishu Suraksha Karyakram (NSSK), Skilled Birth Attendance (SBA), Life Saving Anaesthesia Skills (LSAS), Comprehensive Emergency Obstetric Care (CEmOC), Basic Emergency Obstetric Care (BEmOC), etc.
- Nutritional Rehabilitation Centres (NRCs) have been established for management of severe acute malnutrition.
- Intensified Diarrhoea Control Fortnight was observed in August 2014 focusing on ORS and Zinc distribution for management of diarrhoea and feeding practices.
- Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) has been launched in four states with highest child mortality (UP, MP, Bihar and Rajasthan).
- Under National Iron Plus Initiative (NIPI), through life cycle approach, age and dose specific IFA supplementation programme is being implemented for the prevention of anaemia among the vulnerable age groups like under-5 children, children of 6 - 10 years of age group, adolescents, pregnant & lactating women and women in reproductive age alongwith treatment of anaemic children and

pregnant mothers at health facilities.

- Appropriate Infant and Young Child Feeding (IYCF) practices are being promoted in convergence with Ministry of Woman and Child Development. Village Health and Nutrition Days (VHNDs) are organized for imparting nutritional counselling to mothers and to improve child care practices.
- Universal Immunization Programme (UIP): Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus immunized against seven vaccine preventable diseases every year. Government of India supports the vaccine programme by supply of vaccines and syringes, Cold chain equipment and provision of operational costs.
- 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.
- Home based newborn care through ASHAs has been initiated to improve new born care practices at the community level and early detection and referral of sick new born babies.
- India Newborn Action Plan (INAP) has been launched to accelerate reduction of neonatal mortality and stillbirths.
- New 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.
- A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured.

Study on health hazards posed by fertilizer units

†3419. SHRI HUSAIN DALWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether any study has been made to ascertain if adverse health effects are seen in the people living close to fertilizer producing units;

†Original notice of the question was received in Hindi.