

Food and Nutrition Board (FNB) of the Ministry of Women and Child Development with its 43 field units in India is engaged in creating awareness in nutrition including adolescent nutrition in collaboration with State Government/Institutions by organizing exhibitions, lectures promoting the consumption of balanced diets, green leafy vegetables and inclusion of fruits and vegetables in the daily diets, along with live demonstrations of low cost nutritious recipes using locally available foods, training of field functionaries as well as grass root level workers including adolescent girls, training in food preservation; celebration of nutrition related important events etc. and dissemination of nutrition awareness through advertisement in audio-visual and print media.

Roadmap for affordable healthcare for poor

3428. SHRI AHMED PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has put in place roadmap for affordable healthcare for poor people of Gujarat and other parts of the country;
- (b) if so, the details thereof; and
- (c) if not, the reasons therefor and the details of action Government proposes to provide affordable healthcare for the poor in the country including Gujarat?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) Public health being a State subject, the primary responsibility to provide affordable health care for poor people is that of the concerned State Governments. However, the National Health Mission (NHM) which encompasses the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) as its two sub-missions has been launched to support the States to provide accessible, affordable, effective and quality health care services especially to the poor and vulnerable sections of the population.

Under NHM support is provided to States/UTs, including Gujarat, for strengthening their health care systems based on requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). Approvals against the PIPs received are provided to all States/UTs based on appraisal and resource availability.

Financial assistance for cancer patients

3429. SHRIMATI VANDANA CHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of persons in India currently suffering from cancer and the details thereof, State-wise;

- (b) the number of persons died due to cancer during the last three years;
- (c) the cost of treatment of cancer including drugs and chemotherapy;
- (d) the number of doctors working in Government sector are trained in oncology;
- (e) the number of Government Medical Colleges in the country which have oncology wards and the details thereof, State-wise; and
- (f) whether Government is providing any financial assistance to the persons suffering from cancer?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) As per data provided by Indian Council of Medical Research (ICMR), the estimated number of patients (prevalence) and deaths, (mortality) due to cancer in the country for the year 2011, 2012 and 2013, State-wise is given in Statements-I and II respectively.

(c) The cost incurred for treating Cancer including diagnosis, medicines radiotherapy etc., *inter-alia* depends on the type of cancer, the site/location in the body, extent of spread, and the stage at which the disease is detected.

(d) and (e) The number of doctors working in Government sector having training in Oncology and number of Government Medical Colleges in the country which have Oncology wards is not maintained centrally.

While doctors with D.M (Medical Oncology), M.Ch (Surgical Oncology) and M.D (Radiation Oncology) treat Cancer patients in higher level tertiary care hospitals, Cancer is also being treated in hospitals by other Doctors such as General Surgeons, Gynecologists, ENT Surgeons etc., depending on the type and site of Cancer. In fact, Cancer is being diagnosed and treated at various levels in the Government health care system.

Government of India (GoI) had assisted 27 Regional Cancer Centers which have Oncology wards.

GoI has recently approved a scheme for enhancing the Tertiary Care Cancer facilities in the country. Under this scheme, GoI will assist 20 State Cancer Institutes (SCI) and 50 Tertiary Care Cancer Centres (TCCC) in different parts of the country.

(f) Central Government is supplementing the efforts of the State Governments for providing healthcare facilities including for Cancer. The treatment in Government Hospitals is either free or subsidized. Financial assistance to Below Poverty Line (BPL) patients is provided under the Rashtriya Arogya Nidhi (RAN). The Health Minister's

Cancer Patient Fund within RAN has been set up in 2009 wherein 27 erstwhile Regional Cancer Centres (RCCs) are provided with revolving funds to provide immediate financial assistance upto ₹ 1,00,000/- to BPL cancer patients.

Statement-I

Estimated Prevalent Cancer cases in India by State/UT - All sites -(2011 to 2014)-Both sexes

States	2011	2012	2013
Andaman and Nicobar Islands	868	880	894
Andhra Pradesh*	195466	202229	209366
Arunachal Pradesh	2991	3061	3132
Assam	67085	67820	68556
Bihar	239121	247647	256449
Chandigarh	2411	2470	2530
Chhattisgarh	58954	60936	62980
Dadra and Nagar Haveli	791	837	886
Daman and Diu	565	627	700
Delhi	38350	39196	40055
Goa	3348	3419	3494
Gujarat	138821	142885	147064
Haryana	58154	59729	61346
Himachal Pradesh	15758	16107	16462
Jammu and Kashmir	28857	29841	30855
Jharkhand	75966	78481	81070
Karnataka	140667	144385	148192
Kerala	77173	79473	82004
Lakshadweep	149	156	164
Madhya Pradesh	167084	172299	177649
Maharashtra	257871	263719	269652

States	2011	2012	2013
Manipur	5802	5722	5649
Meghalaya	6390	6515	6639
Mizoram	2351	2390	2430
Nagaland	4264	4307	4353
Odisha	96488	98817	101190
Puducherry	2885	3007	3132
Punjab	63467	64815	66182
Rajasthan	157749	162176	166706
Sikkim	1324	1384	1456
Tamil Nadu	165418	167533	169641
Tripura	7947	8198	8480
Uttar Pradesh	459036	473592	488554
Uttaranchal	23308	24027	24767
West Bengal	210075	215771	221635
TOTAL	2776954	2854451	2934314

Prevalence (10 years of duration) is assumed to be 2.7 times of Incidence cases (2009-2011 PBCR report). This has been calculated from the estimated pooled survival (1 year, 3 year, 5 year) of the IARC scientific publication NO.162*

*The data is not segregated for Andhra Pradesh and Telangana.

Statement-II

Estimated Mortality cancer cases in India by State / UT - All sites- (2011 to 2014) - Both sexes

States	2011	2012	2013
Andaman and Nicobar Islands	141	143	145
Andhra Pradesh*	31854	32956	34119
Arunachal Pradesh	487	499	510
Assam	10932	11052	11172

States	2011	2012	2013
Bihar	38968	40357	41792
Chandigarh	393	403	413
Chhattisgarh	9607	9930	10263
Dadra and Nagar Haveli	129	136	144
Daman and Diu	92	102	114
Delhi	6250	6387	6529
Goa	546	557	569
Gujarat	22623	23285	23966
Haryana	9477	9734	9998
Himachal Pradesh	2568	2625	2683
Jammu and Kashmir	4703	4863	5028
Jharkhand	12380	12790	13211
Karnataka	22923	23529	24150
Kerala	12576	12951	13363
Lakshadweep	24	25	27
Madhya Pradesh	27229	28078	28951
Maharashtra	42023	42976	43943
Manipur	946	932	920
Meghalaya	1041	1062	1082
Mizoram	383	389	396
Nagaland	695	702	709
Odisha	15724	16103	16490
Puducherry	470	490	510
Punjab	10343	10563	10785
Rajasthan	25707	26429	27168
Sikkim	216	226	237

States	2011	2012	2013
Tamil Nadu	26957	27302	27645
Tripura	1295	1336	1382
Uttar Pradesh	74806	77178	79616
Uttaranchal	3798	3916	4037
West Bengal	34235	35163	36118
TOTAL	452541	465169	478185

Based on Cancer incidence cases and Pooled M/I ratio of Mumbai data (2009-2011) report.

* The data is not segregated for Andhra Pradesh and Telangana.

Production of shoulder-launched missiles

†3430. SHRI LAL SINH VADODIA: Will the Minister of DEFENCE be pleased to state:

(a) whether Government is seriously considering to produce shoulder-launched missiles;

(b) if so, whether Government is considering to take any concrete steps in this direction now; and

(c) if so, the details along with the time-line thereof, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (RAO INDERJIT SINGH): (a) to (c) Yes, Sir. Government has accorded Acceptance of Necessity (AoN) for indigenous manufacture of shoulder-launched missiles under Transfer of Technology (ToT) from foreign Original Equipment Manufacturer (OEM).

As the Government has not finalised the contract, no time-line for production of these missiles can be given at this stage.

Trauma centre in Odisha

3431. SHRI DILIP KUMAR TIRKEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is planning for an exclusive trauma care unit at AIIMS, Bhubaneswar keeping in view that Odisha required an exclusive trauma care hospital looking at the number of snake bites, animal induced injury, road accident, burn injury etc.; and

†Original notice of the question was received in Hindi.