

Sl. No.	State/UTs	Enrolled ART Clinics in India
23.	Tamil Nadu	28
24.	Uttar Pradesh	14
25.	Uttarakhand	2
26.	West Bengal	5
TOTAL		269

Census report on IMR and MMR

260. SHRI DEVENDER GOUD T.: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: .

(a) whether it is a fact that as per the recent survey put out by the Census Office, the 8 most poorest States accounted for 71 per cent of total infant deaths, 72 per cent of deaths of children under 5 years of age and 62 per cent of maternal deaths in the country;

(b) if so, the reasons behind this alarming revelations; and

(c) how the Ministry is planning to address this problem and bring them to acceptable level?

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

(b) The medical reasons of child mortality are: Neonatal causes (53%), Pneumonia (15%), Diarrhoeal disease (12%), Measles (3%), Injuries (3%) and Others (14%). The various causes of maternal mortality are Haemorrhage (38%), Sepsis (11%), Hypertensive Disorders (5%), Obstructed Labour (5%), Abortion (8%) and Other Conditions (34%).

The underlying causes for child and maternal mortality are:

Early age of marriage and pregnancy, inadequate spacing between children and repeated pregnancies, home delivery by unskilled persons, poor child care practices and health seeking behaviour, lack of early detection of sick newborn, inadequate/delayed referral mechanisms, inadequate infrastructure at health care facilities for specialized care of sick newborn, and poor hygiene and sanitary condition with inadequate availability of safe drinking water.

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

1. To sharpen the focus on the low performing districts, 184 High Priority Districts (HPDs) have been identified for implementation of Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes. Among these, 89 HPDs are in these States.
2. Promotion of institutional deliveries through Janani Suraksha Yojana.
3. Operationalization of Sub-Centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
4. Name Based Web enabled Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.
5. Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
6. Antenatal, intranatal and postnatal care including Iron and Folic Acid supplementation to pregnant and lactating women for prevention and treatment of anaemia.
7. 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.
8. Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
9. 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.
10. Health and nutrition education to promote dietary diversification, inclusion of iron and folate rich food as well as food items that promote iron absorption.
11. 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.

12. 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.
13. 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
14. 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.
15. India Newborn Action Plan (INAP) has been launched to reduce neonatal mortality and stillbirths.
16. Newer interventions to reduce newborn mortality- Vitamin K injection at birth, Antenatal corticosteroids for preterm labour, kangaroo mother care and injection gentamicin for possible serious bacillary infection.
17. Intensified Diarrhoea Control Fortnight was observed in August 2014 focusing on ORS and Zinc distribution for management of diarrhoea and feeding practices.
18. Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) launched in four States with highest infant mortality (UP, MP, Bihar and Rajasthan).

Ban on import of animal tested cosmetics

261. DR. CHANDAN MITRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government proposes to ban the sale of imported cosmetics whose ingredients have been tested on animals;
- (b) if so, the details thereof;
- (c) if not, the reasons therefor; and
- (d) the steps taken by Government to prohibit import of cosmetics tested on animals and also ban the testing of cosmetics and their ingredients on animals in the country?