

Strike by Nurses in government hospitals in Delhi

2202. SHRI D. RAJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the nurses in Government hospitals in Delhi have decided to go on a strike protesting against the recruitment process of Staff Nurses; and

(b) if so, the details thereof and the steps taken by Government to avert the strike?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Delhi Nurses Union had given a notice to go on strike protesting against the recruitment process of Staff Nurses.

Director General of Health Services heard the grievances of Nurses Union and the issue has been sorted out. Delhi Nurses Union has now withdrawn the notice of strike.

Measures to check maternal deaths

2203. SHRI RAM KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India accounts for more than 20 per cent of global maternal and child deaths and if so, the reasons therefor;

(b) whether nearly 67 per cent of population do not have access to essential medicines;

(c) if so, whether there is any proposal to provide essential medicines, free of cost, to the patients in all Government hospitals, dispensaries and primary health centres;

(d) the current Maternal Mortality Rate (MMR) per 1000 births in India; and

(e) whether India accounts for the largest number of maternal deaths in the world and if so, the reasons therefor and steps taken to bring down maternal deaths?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per the UN Inter-Agency estimates in the publication "Trends in Maternal Mortality: 1990 to 2013", India accounts for 17 per cent of global maternal deaths.

As per the UNICEF report entitled “The Situation of Children in India-A Profile” published in May 2011, India contributes to more than 20 per cent of child deaths in the World. As per WHO 2012 estimates, the causes of Child Mortality in the age group 0-5 years in India are: Neonatal causes (53%), Pneumonia (15%), Diarrhoeal disease (12%), Measles (3%), Injuries (3%) and Others (14%). Besides this, Illiteracy, low socio-economic status, early age of marriage, high parity, women’s empowerment, poor sanitation, hygiene and nutrition, poor access to health facilities are also contributing factors of Child mortality.

(b) and (c) Under the National Health Mission (NHM), financial support is provided to the States/UTs for strengthening their healthcare delivery system including support for provision of free drugs to those who access public health facilities based on requirements reflected in their Programme Implementation Plans. Under the NHM-Free drug service Initiative and substantial funding is also provided to States/UTs with the conditionality.

An incentive of up to 5% additional funding over and above the normal allocation of the state under NRHM-RCH Flexipool is provided to State/UTs to introduce free medicine scheme.

In addition, Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section, which includes free drugs, etc. and similar entitlements for all sick infants accessing public health institutions for their treatment.

(d) As per the latest report of the Registrar General of India, Sample Registration System (RGI-SRS), Maternal Mortality Ratio (MMR) of India is 167 per 100,000 live births for the period 2011-13.

(e) As per the UN Inter-Agency estimates in the publication “Trends in Maternal Mortality: 1990 to 2013”, the Maternal Mortality Ratio (MMR) in India has come down from 560 in 1990 to 190 in 2013.

As per the information provided in the same report, 52 countries have MMR higher than that of India, as given in Statement.

The key steps taken to accelerate the pace of reduction for Maternal Mortality Ratio (MMR) under the National Health Mission (NHM) are:

- Promotion of institutional deliveries through Janani Suraksha Yojana.

- 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.
- 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 & 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.
- 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.
- 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.
- To sharpen the focus on the low performing districts, 184 High Priority Districts (HPDs) have been prioritized for Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.

Statement

Sl.No.	Country	MMR
1.	Sierra Leone	1100
2.	Chad	980
3.	Central African Republic	880
4.	Somalia	850
5.	Burundi	740
6.	Democratic Republic of the Congo	730
7.	South Sudan	730
8.	Côte d'Ivoire	720
9.	Guinea	650
10.	Liberia	640
11.	Niger	630
12.	Cameroon	590
13.	Guinea-Bissau	560
14.	Nigeria	560
15.	Mali	550
16.	Malawi	510
17.	Lesotho	490
18.	Mozambique	480
19.	Zimbabwe	470
20.	Angola	460
21.	Togo	450
22.	Madagascar	440
23.	Gambia	430
24.	Ethiopia	420
25.	Congo	410
26.	United Republic of Tanzania	410

Sl.No.	Country	MMR
27.	Afghanistan	400
28.	Burkina Faso	400
29.	Kenya	400
30.	Eritrea	380
31.	Ghana	380
32.	Haiti	380
33.	Sudan	360
34.	Uganda	360
35.	Comoros	350
36.	Benin	340
37.	Mauritania	320
38.	Rwanda	320
39.	Senegal	320
40.	Swaziland	310
41.	Equatorial Guinea	290
42.	Zambia	280
43.	Timor-Leste	270
44.	Yemen	270
45.	Guyana	250
46.	Gabon	240
47.	Djibouti	230
48.	Lao People's Democratic Republic	220
49.	Papua New making Guinea	220
50.	Sao Tome and Principe	210

Sl.No.	Country	MMR
51.	Bolivia (Plurinational)	200
52.	Myanmar	200
53.	India	190
54.	Indonesia	190
55.	Nepal	190
56.	Bangladesh	170
57.	Botswana	170
58.	Cambodia	170
59.	Pakistan	170
60.	Guatemala	140
61.	South Africa	140
62.	Kiribati	130
63.	Namibia	130
64.	Solomon Islands	130
65.	Suriname	130
66.	Bhutan	120
67.	Honduras	120
68.	Morocco	120
69.	Philippines	120
70.	Tonga	120
71.	Paraguay	110
72.	Venezuela (Bolivarian Republic of)	110
73.	Dominican Republic	100
74.	Nicaragua	100

Sl.No.	Country	MMR
75.	Micronesia (Federated States of)	96
76.	Algeria	89
77.	Peru	89
78.	Democratic People's Republic of Korea	87
79.	Ecuador	87
80.	Vanuatu	86
81.	Panama	85
82.	Trinidad and Tobago	84
83.	Colombia	83
84.	Cuba	80
85.	Jamaica	80
86.	Kyrgyzstan	75
87.	Mauritius	73
88.	Argentina	69
89.	Brazil	69
90.	El Salvador	69
91.	Mongolia	68
92.	Iraq	67
93.	Turkmenistan	61
94.	Fiji	59
95.	Samoa	58
96.	Cabo Verde	53
97.	Barbados	52
98.	Jordan	50

Sl.No.	Country	MMR
99.	Mexico	49
100.	Syrian Arab Republic	49
101.	Vietnam	49
102.	Occupied Palestinian Territory	47
103.	Tunisia	46
104.	Belize	45
105.	Egypt	45
106.	Saint Vincent and the Grenadines	45
107.	Tajikistan	44
108.	Georgia	41
109.	Costa Rica	38
110.	Bahamas	37
111.	Uzbekistan	36
112.	Saint Lucia	34
113.	Romania	33
114.	China	32
115.	Maldives	31
116.	Armenia	29
117.	Malaysia	29
118.	Sri Lanka	29
119.	United States of America	28
120.	Brunei Darussalam	27
121.	Republic of Korea	27
122.	Azerbaijan	26

Sl.No.	Country	MMR
123.	Kazakhstan	26
124.	Thailand	26
125.	Russian Federation	24
126.	Grenada	23
127.	Iran (Islamic Republic of)	23
128.	Ukraine	23
129.	Bahrain	22
130.	Chile	22
131.	Albania	21
132.	Republic of Moldova	21
133.	Puerto Rico	20
134.	Turkey	20
135.	Lebanon	16
136.	Saudi Arabia	16
137.	Serbia	16
138.	Libya	15
139.	Hungary	14
140.	Kuwait	14
141.	Uruguay	14
142.	Croatia	13
143.	Latvia	13
144.	Canadad	11
145.	Estonia	11
146.	Lithuania	11

Sl.No.	Country	MMR
147.	Luxembourg	11
148.	Oman	11
149.	Cyprus	10
150.	France	9
151.	Ireland	9
152.	Malta	9
153.	Bosnia and Herzegovina	8
154.	New Zealand	8
155.	Portugal	8
156.	United Arab Emirates	8
157.	United Kingdom	8
158.	Germany	7
159.	Montenegro	7
160.	Slovakia	7
161.	Slovenia	7
162.	The former Yugoslav Republic of Macedonia	7
163.	Australia	6
164.	Belgium	6
165.	Japan	6
166.	Netherlands	6
167.	Qatar	6
168.	Singapore	6
169.	Switzerland	6
170.	Bulgaria	5

Sl.No.	Country	MMR
171.	Czech Republic	5
172.	Denmark	5
173.	Greece	5
174.	Austria	4
175.	Finland	4
176.	Iceland	4
177.	Italy	4
178.	Norway	4
179.	Spain	4
180.	Sweden	4
181.	Poland	3
182.	Israel	2
183.	Belarus	1

**Source : UN publication "Trends in Maternal Mortality: 1990 to 2013"*

Revision of services rendered by NACO

2204. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Commission for Protection of Child Rights has urged the National AIDS Control Organisation (NACO) to relook and revise its services offered to injecting drug users and lower the age for availing of the facilities offered by them; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) Yes, a letter from Member National Commission for Protection of Child Rights (NCPCR) has been received by National AIDS Control Organisation regarding to relook and revise its services being offered to drug users and lower the age.