

(b) According to the above mentioned Report, the infant mortality for India is 67/1000 live births, for countries in Sub-Saharan Africa like Somalia 133/1000 live births, Sierra Leone 165/1000 live births, Niger 156/1000 live births, Ivory Coast 102/1000 live births. Thus India is better than Sub-Saharan African countries in terms of IMR.

(c) The Government of India has taken following steps to reduce Infants Mortality rate to <30/1000 live births by the year 2010:

(a) A National Technical Committee on child health has been constituted on 11th June, 2000 to look into various issues of neonatal care programme interventions in child health and advise.

(b) Formulated the National Population Policy, 2000.

(c) National Health Policy in 2002 provides a framework for provision of reproductive and child health services.

(d) RCH outreach scheme has been initiated in the EAG states.

(e) Multi year plan of action for provision of universal immunization services has been formulated.

(f) Interventions for control of pneumonia, diarrhoea, neonatal care and improvement of infant feeding practices are being implemented.

(g) The proposal for Integrated Management of Childhood Illness (IMCI) is being considered by the Department of Family Welfare for neonate and referral cases.

#### **Deaths of Children due to Poor Hygiene**

123. SHRI EKANATH K. THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India has achieved the dubious distinction of having the highest estimated number of children i.e., 5,19,500 dying from poor hygiene;

(b) whether it is a fact that seventy-two per cent people in India do not have access to improved sanitation; and

(c) if so, the steps Government propose to take to improve sanitation in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (c)

[9 July, 2004]

RAJYA SABHA

Information in respect of number of children dying from poor hygiene is not centrally maintained. However, according to a nationwide household survey carried out by National Samples Survey Organization in 2002, 18% of urban dwellings do not have access to toilet facilities. As per latest estimates provided by Ministry of Rural Development, the rural population without access to sanitary facilities is 65%.

Sanitation is a State subject and the Government of India supplements the efforts of the State Governments. Ministry of Rural Development is running Total Sanitation Campaign (TSC) in 398 districts of the country in the field of rural sanitation with a total outlay of Rs. 3750 crores and proposes to extend the campaign to all rural districts by the end of Tenth Plan. Hygiene education is imparted to children under School Sanitation & Hygiene Education (SSHE) programme of TSC to change hygiene behaviour. The Central Government is also implementing the low cost Sanitation Scheme for flush latrines in urban areas.

#### **Shortage of essential medicines in CGHS Dispensaries**

124. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that various CGHS dispensaries functioning at present in Delhi are facing severe shortage of essential medicines;

(b) if so, the reasons therefor; and

(c) the necessary steps being taken or proposed to be taken by Government to supply sufficient essential medicines to CGHS beneficiaries?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA UKKSHMI): (a) Adequate quantity of medicines are available in CGHS dispensaries. However, any drug prescribed by the Specialists and not available in the dispensary is made available to the beneficiaries from the Authorised local chemist on the basis of individual prescriptions. In case of emergency, authority slip is issued to the beneficiaries for immediate procurement directly from the authorised local chemist without any payment, so that the beneficiaries are not inconvenienced.