

(b) No.

(c) and (d) AIIMS for the State of Tamil Nadu was announced in the budget speech for the year 2015-16. No fund has been allocated in this regard.

(e) No.

Assessment of workload at AIIMS, Delhi

1788. SHRI B. K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has done any assessment of AIIMS, Delhi in view of number of patients and patients referred from other States which is higher than the capability of AIIMS and affecting mentally the staff; and

(b) if so, the details thereof and Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) Adequate medical care is provided to all patients who come to AIIMS for treatment within the constraints of available infrastructure. The highest number of patients come from the States of Delhi, Uttar Pradesh, Bihar and Haryana. To address the increasing patient load, Government has approved an additional 85 HDU beds and 106 ICU beds over the last 3 years to cater to the needs of the critically ill patients. In addition, the Government has taken a number of steps to augment tertiary care facilities including setting up of new AIIMS like institutions; strengthening Super Specialities in Government Medical Colleges and setting up of State Cancer Institutes and Tertiary Cancer Care Centres in Government Medical Colleges.

Increase in IMR

†1789. SHRI NARENDRA BUDANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that infant mortality rate has increased in the country;

(b) if so, infant mortality rate in the country during the last three years, the details thereof, State-wise; and

†Original notice of the question was received in Hindi.

(c) whether Government has taken any concrete step to control infant mortality rate and maternal mortality rate in the country, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) No, the country has shown decline in Infant Mortality Rate (IMR) from 40 per 1000 live births in the year 2013 to 39 per 1000 live births in 2014, as per the recent reports of Sample Registration System (SRS) published by the Registrar General of India (RGI). The State-wise details of IMR are given in Statement (*See* below).

(c) The Government of India has taken concrete steps and is implementing the following interventions under National Health Mission to control infant mortality rate and maternal mortality rate in the country:-

- (i) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
- (ii) Strengthening of delivery points for providing comprehensive and quality Reproductive, maternal, newborn, Child and Adolescent Health (RMNCH+A) Services, establishment of Maternal and Child Health (MCH) Wings at high caseload facilities, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.
- (iii) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.
- (iv) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Diphtheria, Pertussis, Tetanus, Poliomyelitis, Tuberculosis, Measles, Hepatitis B, Meningitis and Pneumonia due to Haemophilus Influenza

type B. The Government of India has also launched Mission Indradhanush in April, 2015 to reach unreached children. A total of 195.4 lakh children and 51.6 lakh pregnant women have been immunized till June 2016. In addition, vaccination against Japanese Encephalitis is carried out in endemic districts and vaccination against Rotavirus diarrhoea is provided in four States (Odisha, Himachal Pradesh, Haryana and Andhra Pradesh).

- (v) Name based tracking of mothers and children till two years of age is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (vi) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- (vii) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, annual deworming on National Deworming Day (NDD), home visits by ASHAs under Home Based Newborn Care to promote community care practices and early referral of sick newborns and promotion the use of ORS and Zinc for management of diarrhoea in children.
- (viii) Various trainings are being conducted under NHM to train doctors, nurses and ANMs for antenatal, intranatal and post-natal care, essential newborn care, early diagnosis and case management of common ailments of children.
- (ix) Maternal Death Review (MDR) is being implemented across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.
- (x) 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*Infant Mortality Rate per 1000 live births, SRS 2012-14*

Sl. No.	States	State-wise IMR		
		2012	2013	2014
1	2	3	4	5
	ALL INDIA	42	40	39
1.	Andhra Pradesh	41	39	39
2.	Assam	55	54	49
3.	Bihar	43	42	42
4.	Chhattisgarh	47	46	43
5.	Gujarat	38	36	35
6.	Haryana	42	41	36
7.	Jharkhand	38	37	34
8.	Karnataka	32	31	29
9.	Kerala	12	12	12
10.	Madhya Pradesh	56	54	52
11.	Maharashtra	25	24	22
12.	Odisha	53	51	49
13.	Punjab	28	26	24
14.	Rajasthan	49	47	46
15.	Tamil Nadu	21	21	20
16.	Telangana			35
17.	Uttar Pradesh	53	50	48
18.	West Bengal	32	31	28
19.	Arunachal Pradesh	33	32	30
20.	Delhi	25	24	20
21.	Goa	10	9	10
22.	Himachal Pradesh	36	35	32
23.	Jammu and Kashmir	39	37	34
24.	Manipur	10	10	11

1	2	3	4	5
25.	Meghalaya	49	47	46
26.	Mizoram	35	35	32
27.	Nagaland	18	18	14
28.	Sikkim	24	22	19
29.	Tripura	28	26	21
30.	Uttarakhand	34	32	33
31.	Andaman and Nicobar Islands	24	24	22
32.	Chandigarh	20	21	23
33.	Dadra and Nagar Haveli	33	31	26
34.	Daman and Diu	22	20	18
35.	Lakshadweep	24	24	20
36.	Puducherry	17	17	14

Shortage of doctors and health staff in rural areas

†1790. SHRI PRABHAT JHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the shortage in number of doctors and health staff has increased many folds in Government health centres in the rural areas of the country during last many years;

(b) if so, the details thereof;

(c) whether any special policy efforts have been made by Government with a view to encourage doctors and health staff to work in the rural Government health centres in last two years and any positive result has come out; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) According to Rural Health Statistics, published annually by Ministry of Health and Family Welfare based on the information provided by the States/UTs there were shortage of doctors and health staff in Government health centres. Details of shortage during 2005, 2010 and 2015 are given below:

†Original notice of the question was received in Hindi.