

Metro projects in Madhya Pradesh

1907. SHRI VIVEK K. TANKHA: Will the Minister of URBAN DEVELOPMENT be pleased to state:

(a) whether Government has plans to support funds and develop Metro Rail in Madhya Pradesh;

(b) if so, the details thereof and the stages at which the plans are today and for which cities in the State;

(c) whether Government has finalized the funding of the Metro Rail Projects, if so, when these funds would be received and what are the broad terms of its repayments, whether these funds would be repaid by the Centre or the State; and

(d) whether there is an outright proposed for grant from Union to State to develop these Metro projects?

THE MINISTER OF URBAN DEVELOPMENT (SHRI M. VENKAIAH NAIDU):

(a) and (b) No, Sir. Since, Urban Transport is intertwined with Urban Development, which is a State subject, planning for development of urban transport facilities is done by the concerned State/Union Territory (UT)/Urban Local Body (ULB).

(c) and (d) No, Sir.

Infant deaths under five years

1908. SHRI T. G. VENKATESH:

DR. PRADEEP KUMAR BALMUCHU:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is a fact that as per the study conducted infant deaths under five years of age is high and rampant in India only;

(b) if so, the details thereof and the reasons therefor; and

(c) the details of the remedial measures being taken by Government to curb these deaths?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA RAJ): (a) As per Registrar General of India, Sample Registration Report (SRS) 2014, the under-five mortality rate is 45. However, as per the UNICEF Report entitled "The State of World's Children 2016: A Fair Chance for Every Child," India ranks 48 out of 197 countries of the world in terms of under five mortality.

(b) As per the Sample Registration Report (SRS) of Registrar General of India, the major causes of deaths of children (2010-13) are - Prematurity and low birth weight (29.8%), Pneumonia (17.1%), Diarrhoeal disease (8.6%), Other Non-Communicable Diseases (8.3%), Birth asphyxia and birth trauma (8.2%), Injuries (4.6%), Congenital anomalies (4.4%), Ill-defined or cause unknown (4.4%), Acute bacterial sepsis and severe infections (3.6%), Fever of unknown origin (2.5%) and All Other Remaining Causes (8.4%).

(c) Following interventions are implemented under the National Health Mission (NHM) across the country to reduce child mortality

- 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.
- 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.
- 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. Ministry of Health and Family Welfare launched MAA-Mothers' Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities
- 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. 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).

- 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.
- 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.
- Some other important interventions are Iron and Folic Acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, 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 promote use of ORS and Zinc for management of diarrhoea in children.
- Various trainings are being conducted 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.
- 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.

Beti Khilao components in Beti Bachao Beti Padhao scheme

1909. SHRI K. C. RAMAMURTHY: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the details of progress/achievements made under Beti Bachao, Beti Padhao scheme;

(b) the districts so far covered under this scheme, State-wise and by when all the 600 and odd districts in the country are going to be covered under this scheme;

(c) whether Ministry is thinking of adding 'Beti Khilao' component to the above scheme for overall development of girls and women;

(d) if so, the details thereof and if not, the reasons therefor; and

(e) the details of money under Nirbhaya Fund sanctioned, released and spent on this scheme, district-wise?