commission a feasibility studty to facilitate setting up of a Mega Chemical Industrial estate.

(c) and (d) .There are reports of such Mega Chemical Industrial Estate functioning in various countries, including Jurong in Singapore, TPI in Thailand at Shanghai in China.

Release of imported catties from quarantine station at Chennai

*371. SHRI K. RAMA MOHANA RAO: SHRI RAMA MUNI REDDY SIRIGIREDDY:

Will the Minister of AGRICULTURE be pleased to state:

(a) whether it is a fact that 201 breeding cattle imported by Andhra Pradesh and West Bengal from Australia for breed improvement under the National Project for Cattle and Buffalo Breeding are languishing in the quarantine station at Chennai due to the Central Government delay in approval for their release;

- (b) if so, the details thereof;
- (C) the main reasons for delaying the approval; and
- (d) the steps taken, so far, for releasing the animals immediately?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) Mo, Sir.

(b) to (d) 201 breeding cattle were imported by Andhra Pradesh and West Bengal from Australia for breed improvement under the National Project on Cattle & Buffalo Breeding (NPCBB). During the post-import quarantine some animals were tested positive for exotic diseases, which required elimination. The elimination process was stayed by the Hon'ble High Court of Chennai. The case is subjudice.

Maternal Deaths

*372. SHRI K. CHANDRAN PILLAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to World Health Organisation the country with highest number of maternal deaths is India;

(b) whether any policy has been formulated/targeted for safe motherhood;

[20 August, 2004]

(C) if so, the details thereof;

(d) the details of maternal deaths for the last three years, State-wise, year-wise; and

(e) the number of Primary Health Centres in rural and Urban areas which are equipped to deal with emergencies in cases of child birth State-wise, as on today?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) According to the estimates of Maternal mortality published by WHO in their publication, "Maternal Mortality-2000" it has been estimated that 529,000 women die every year globally as a result of complications arising from pregnancy and childbirth. According to the same report, 136,000 of these are estimated to be in India. However, based on the maternal mortality ratios of countries, published in the same report, 42 countries have maternal mortality ratio higher than that of India.

Maternal health care is an integral part of the Family Welfare Programme. Certain vertical interventions like the National Nuritional Anaemia Control Programme and Tetanus Immunization Programme for pregnant mothers have been going on under the Family Welfare Programme since 1977-78. In 1992, the nationwide Child Survival and Safe Motherhood (CSSM) (1992—97) was launched with World Bank support, for integrating various vertical interventions in the area of Maternal and Child Health.

The ongoing Reproductive and Child Health Programme is being implemented in all States/Union Territories since 1997 and aims at bringing down the maternal mortality and morbidity. Under this programme, various interventions focused on reducing maternal deaths are being implemented. These are essential obstetric care; Emergency Obsetric Care; provision for referral transport for pregnant women with complication of pregnancy through panchayats; provision of drugs and equipment at first referral units; provision of contractual staff like Additional Health Workers, Staff Nurses, Laboratory Technicians and hiring of Anesthetists from private sector for provision of emergency obstetric care. Funds are also being provided for schemes like 24 hours delivery services at selected primary health centres and community health centres; training of dais in all districts of EAG States and selected districts in other States where safe delivery rate is less then

[20 August, 2004]

30 per cent. Funds are also provided for organizing Reproductive and Child Health camps in remote and underutilised Primary Health Centres in all districts of EAG States.

Under the existing National Maternity Benefit Scheme, pregnant women belonging to Below Poverty Line (BPL) families are being assisted for better nutrition by providing cash assistance of Rs 500 for the first 2 live births. The scheme is being integrated with other ongoing maternal health schemes into a new and a more comprehensive scheme called Janani Suraksha Yojna with the objective of promoting institutional deliveries and nutrition of lactating mothers belonging to BPL families so as to reduce maternal, neo-natal and infant mortality.

The need for bringing down MMR considerably and improving maternal health in general has also been strongly stressed in the National Population Policy - 2000. This policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grassroots level and also for involving the NGOs, civil society, Panchayati Raj Institutions and women's groups in bringing down Maternal Mortality Ratios and Infant Mortality Rates.

State-wise data on the number of maternal deaths are not available. However, the maternal mortality rates as estimated for the country and the major States, by the Registrar General of India for the year 1997 and 1998 is given at Statement-I (*See* below).

There are 22926 Primary Health Centres functioning in the country which cater to normal deliveries and limited emergency conditions. State-wise list is at Statement-Il (*See* below). Serious emergency cases are referred to Community Health Centres/First Referral Units/District Hospitals. Under the RCH Programme, States are being assisted in upgrading the exising Community Health Centres (CHCs)/Sub-Divisional Hospitals as First Referral Units (FRUs) for providing emergency care to pregnant women with complications of pregnancies and to sick children. 1724 such units were identified by the States under the CSSM programme. AState-wise list of the identified FRUs is at Statement Ill(See below).These FRUs, however, did not become fully operational due to, among other reasons, on account of lack of facilities for blood banking and shortage of essential manpower like Anesthetists etc. The Drugs and Cosmetics

[20 August, 2004]

RAJYA SABHA

Rules have since been amended to facilitate the setting up of blood storage centres at the FRUs and guidelines for this have been issued to the States. For meeting shortages of anesthetists, provision has been made for hiring them from the private sector. A programme for training of MBBS doctors in 'Life Saving Skills for Emergency Obstetric Care has been developed with the help of experts.

Statement-I

Maternal Mortality Rate India and Bigger Sates

(Source: RGI, SRS, 1997,1998)

Major States	MMR	MMR
	(1997)	(1998)
India	408	407
Andhra Pradesh	154	150
Assam	401	409
Bihar	451	452
Gujarat	29	28
Haryana	105	103
Karnataka	195	195
Kerala	195	198
Madhya Pradesh	498	498
Maharashtra	135	135
Orissa	361	367
Punjab	196	199
Rajasthan	677	670
Tamil Nadu	76	79
Uttar Pradesh	707	707
West Bengal	264	266

Statement-ll

SI. No.	Name of the State	No. of Primary Health Centres
110.		
1	2	3
1.	Andhra Pradesh	1386
2.	Arunachal Pradesh	78
3.	Assam	610
4.	Bihar	1648
5.	Chhattisgarh	512
6.	Goa	19
7.	Gujarat	1048
8.	Haryana	402
9.	Himachal Pradesh	302
10.	Jammu & Kashmir	336
11.	Jharkhand	561
12.	Karnataka	1677
13.	Kerala	941
14.	Madhya Pradesh	1193
15.	Maharashtra	1768
16.	Manipur	72
17.	Meghalaya	85
18.	Mizoram	57
19.	Nagaland	68
20.	Orissa	1352
21.	Punjab	484

State-wise Number of Primary Health Centres

1	2	3
22.	Rajasthan	1674
23.	Slkkim	24
24.	Tamil Nadu	1436
25.	Tripura	73
26.	Uttar Pradesh I	3551
27.	Uttaranchal	228
28.	West Bengal	1262
29.	A&N Islands	19
30.	Chandigarh	0
31.	D&N Haveli	6
32.	Daman & Diu	3
33.	NCT Delhi	8
34.	Lakshdweep	4
35.	Pondicherry	39
	TOTAL:	22926

[20 August, 2004]

RAJYA SABHA

Statement-III Number of FRUs identified by the States

SI. No.	Name of the State	FRU identified during CSSM Programme
1	2	3
1.	Andhra Pradesh	92
2.	Arunachal Pradesh	21
3.	Assam	76
4.	Bihar & Jharkhand	143
5.	Goa	4

	RAJYA SABHA	[20 August, 2004]
1	2	3
6.	Gujarat	77
7.	Haryana	62
8.	Himachal Pradesh	28
9.	Jammu & Kashmir	26
10.	Jharkhand	
11.	Karnataka	83
12.	Kerala	70
13.	Madhya Pradesh & Chhattisgarh	163
14.	Maharashtra	123
15.	Manipur	15
16.	Meghalaya	9
17.	Mizoram	8
18.	Nagaland	13
19.	Orissa	65
20.	Punjab	56
21,	Rajasthan	130
22.	Sikkim	6
23.	Tamil Nadu	105
24.	Tripura	5
25.	Uttar Pradesh & Uttaranchal	242
26.	West Bengal	77
27.	A&N Islands	4
28.	Chandigarh	2
29.	D&N Haveli	2
30.	Daman & Diu	2
31.	NCT Delhi	5
32.	Lakshdweep	2
33.	Pondicherry	8
	TOTAL:	1724