

are provided assistance of not more than ₹ 1 lakh for hospitalisation/treatment.

To provide relief against catastrophic health expenditure, the Government has announced the launch of a new health protection scheme which will provide cover upto ₹ 1 lakh per family, from poor and economically weaker sections, with additional top up of ₹ 30,000 for senior citizens in those families.

In addition, under the Rashtriya Swasthya Bima Yojana (RSBY), cashless benefit upto ₹ 30,000 per annum per family for specified hospitalisation procedures is available to all BPL population and eleven other categories of vulnerable population groups.

#### **Quality of stents supplied to CGHS**

2198. SHRI DEREK O' BRIEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Ministry has any mechanism to regulate the quality of stents that are being supplied under the Central Government Health Scheme (CGHS), if so, the details thereof, if not, the reasons therefor; and

(b) whether the Ministry is taking steps to provide for higher quality stents for patients under the scheme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) CGHS does not procure and provide any stents to its beneficiaries directly and reimburses the cost of procedures at rates prescribed by CGHS to empanelled hospitals. The stents and other products, if any, are supplied by hospital concerned to the patient.

Only Drug Controller General of India (DCGI) approved stents are permitted under CGHS. The outer pouch of stents alongwith sticker are required to be submitted for claiming reimbursement under CGHS to ensure that only good quality stents are used.

#### **Universalization of Maternity Benefit Programme**

2199. SHRI DEREK O' BRIEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of Maternal Mortality Rate and the reasons therefor, State-wise;

(b) the status of implementation of the National Health Mission and the timeline for the implementation of the National Urban Health Mission, State-wise; and

(c) whether the Ministry has set targets for universalization of the Maternity

Benefit Programme, improved quality of services for safe childbirth and neonatal care and protected early child development as per the funds allocated in the Union-Budget 2017-18, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) As per the latest report of the Registrar General of India, Sample Registration System (RGI-SRS), Maternal Mortality Ratio (MMR) of India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 178 per 100,000 live births in 2010-12 to 167 per 100,000 live births in the period 2011-13. State-wise MMR is given in Statement (*See* below).

The major causes of maternal deaths as per RGI-SRS (2001-03) are:—

- Haemorrhage : 38% occur mainly because of post-partum haemorrhage.
- Sepsis: 11%, because of any infection during pregnancy, labor and in post-partum period.
- Abortion: 8%, because of unsafe abortions.
- Hypertensive disorders: 5%, because of High Blood pressure during pregnancy.
- Obstructed labor: 5%
- Other causes : 34%— includes anaemia and various other causes.

Besides the above medical causes, social factors also contributes to high maternal mortality such as illiteracy, low socio-economic status, early age of marriage, poor knowledge on nutritional care during pregnancy and preference for home deliveries through family members or village dais.

(b) The National Health Mission is being implemented in all States and UTs in the country. National Urban Health Mission (NUHM) was approved by the Union Cabinet on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality primary healthcare services to the urban population with special focus on slums and vulnerable sections. NUHM has been implemented in all the States/UTs except UT of Lakshadweep whose districts headquarter population is less than 30,000.

(c) The Government of India has announced pan-India implementation of the

Maternity Benefit Programme to cover all the districts of the country with effect from 01.01.2017.

As per Ministry of Women and Child Development (MoWCD), the programme envisages payment of ₹6,000/- to eligible Pregnant Women and Lactating Mothers (PW&LM) to improve their health seeking behavior and nutrition status.

This benefit would be available to all PW&LM except those who are in a regular employment with the Central Government or State Government or Public Sector Undertaking or those who are in receipt of similar benefits under any law for the time being in force.

***Statement***

*Maternal Mortality Ratio: India and State-wise for the period of 2007-09,  
2010-12 and 2011-13*

Major State	MMR(SRS) (2007-09)	MMR(SRS) (2010-12)	MMR(SRS) (2011-13)
1	2	3	4
<b>India Total</b>	212	178	167
Assam	390	328	300
Bihar	261	219	208
Jharkhand	261	219	208
Madhya Pradesh	269	230	221
Chhattisgarh	269	230	221
Odisha	258	235	222
Rajasthan	318	255	244
Uttar Pradesh	359	292	285
Uttarakhand	359	292	285
Andhra Pradesh*	134	110	92
Karnataka	178	144	133

1	2	3	4
Kerala	81	66	61
Tamil Nadu	97	90	79
Gujarat	148	122	112
Haryana	153	146	127
Maharashtra	104	87	68
Punjab	172	155	141
West Bengal	145	117	113
Others	160	136	126

\* Separate data for Telangana is not given in the report.

Source: RGI-SRS.

### Filaria Control Programmes

2200. SHRI R. VAITHILINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether National Filaria Control Programme has been implemented, if so, the details thereof;

(b) the fund allocated and released for implementation of the said programme; and

(c) the other steps taken by Government to curb filarial menace in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) National Filaria Control Programme (NFCP), Launched in 1955 has operational, training and research components. The strategies include:

(i) Vector Control.

(ii) Detection and treatment of filarial cases.

(iii) Delimitation of endemic areas.

The programme has been integrated as 'Elimination of Lymphatic Filariasis (ELF) Programme' under the National Vector Borne Diseases Control Programme (NVBDCP).