

(c) whether Government plans to increase insurance cover provided under RSBY, if so, the details thereof and if not, the reasons therefor; and

(d) whether Government has received complaints regarding irregularities in certain cases under RSBY from Chhattisgarh during each of the last three years, if so, the details thereof and the action taken against the erring hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) Total 41,46,227 families are enrolled under Rashtriya Swasthya Bima Yojana (RSBY) in unorganized sector in Chhattisgarh during Financial Year 2016-17.

(b) Under RSBY, no fund is allocated to beneficiaries. However, during the year 2016-17, an amount of ₹ 114.09 crores has been released to the State Government of Chhattisgarh as central share of premium against the proposal received from the State Government.

(c) Yes. Hon'ble Finance Minister in his Budget Speech for 2016-17, announced that Government will launch a new health protection scheme which will provide health cover up to ₹ One lakh per family per year. This new scheme will replace the ongoing RSBY. Contours of the scheme are yet to be finalized.

(d) This Ministry has not received any complaints regarding irregularities under RSBY from Chhattisgarh during last two years (RSBY has been transferred from Ministry of Labour and Employment to this Ministry w.e.f. 01.04.2015).

Schemes to check child and maternal mortality rates

1895. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the incidents of infant, child and maternal mortality rates in the country are quite high;

(b) if so, the details of the infant, child and maternal mortality rates reported in tribal, rural and urban areas, separately, during each of the last three years and the current year along with the reasons for high mortality rate in the country; and

(c) the details of the programmes/ schemes and awareness campaign launched along with the funds/incentives released/ utilized to check the high rate of infant, child and maternal mortality rates during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) As per Sample Registration System (SRS) Reports of Registrar General of India (RGI), the Infant Mortality Rate (IMR) in the country is 37 per 1000 live births in 2015, Under-five Mortality Rate (U5MR) is 43 per 1000 live births in 2015 and Maternal Mortality Ratio is 167 per 1,00,000 live births in the period 2011-13.

As per the data available from the RGI, the causes of infant deaths in the period 2010-2013, in India are: Prematurity and low birth weight (35.9%), Pneumonia (16.9%), Birth asphyxia and birth trauma (9.9%), Other non-communicable diseases (7.9%), Diarrhoeal diseases (6.7%), Ill-defined or cause unknown (4.6%), Congenital anomalies (4.6%), Infections (4.2%), Injuries (2.1%), Fever of unknown origin (1.7%), and Others (5.4%).

As per the RGI, 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%).

As per RGI, major causes of maternal deaths in the period 2001-2003 are Haemorrhage (38%) Sepsis (11%), Abortion (8%), Hypertensive disorders (5%), Obstructed labour (5%) and other causes (34%) - includes anaemia and various other causes.

The Rural and Urban differential for IMR and U5MR is given in the Statement-I (See below) for the period of 2012 to 2015. Disaggregated data on tribal IMR and U5MR is not available in the SRS report released by RGI.

The SRS does not provide disaggregated data on MMR.

(c) Under National Health Mission, the following interventions are being implemented to reduce infant, child and maternal mortality all across the country:

- (1) 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 ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

- (2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, 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. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of “Single Digit Neonatal Mortality Rate” and “Single Digit Stillbirth Rate”, by 2030.
- (3) 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 through mass media and capacity building of health care providers in health facilities as well as in communities.
- (4) Universal Immunization Programme (UIP) is being implemented to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and “Mission Indradhanush” has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons. New vaccines like Rotavirus vaccine and Pneumococcal Conjugate Vaccine have been launched in select States. Measles Rubella Campaign is being undertaken in select States with the aim of eliminating Measles by 2020.

- (5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (6) 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 the children in the age group of 0-18 years.
- (7) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention and treatment of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding, and promote use of ORS and Zinc for management of diarrhoea in children and delivery of contraceptives.
- (8) Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) with medical complications.
- (9) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been implemented to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
- (10) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery essential newborn care and child care.
- (11) Capacity building of Graduate doctors in Anaesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- (12) Health and nutrition education through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) to promote healthy practices and create awareness to generate demand and improve service uptake.
- (13) To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

- (14) Safe Motherhood Booklet is being distributed to the pregnant women for educating them on self-care during pregnancy, birth preparedness and care of newborn.
- (15) Low performing districts have been identified as High Priority Districts (HPDs) which entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused supportive supervisions and encouragement to adopt innovative approaches to address their peculiar health challenges.

The budget allocation and expenditure for various Reproductive and Child Health activities from 2014-15 to 2016-17 is given in the Statement-II.

Statement-I

Rural-Urban Differential of Infant and Under-Five Mortality Rates (2012-15):

Source SRS Reports 2012-15

States/UTs	2012			2013			2014			2015		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Infant Mortality rate	42	46	28	40	44	27	39	43	26	37	41	25
Under-5 Mortality rate	52	58	32	49	55	29	45	51	28	43	48	28

Statement-II

Details showing SPIP Approval Vs Expenditure under RCH Flexible Pool for FY 2014-15 to 2016-17

₹ in Lakhs							
Sl. No.	States	2014-15		2015-16		2016-17	
		SPIP	Exp	SPIP	Exp	SPIP	Exp
1	2	3	4	5	6	7	8
A. High Focus States							
1.	Bihar	97267.32	70630.64.	97644.21	74567.00	99794.32	65679.66
2.	Chhattisgarh	26904.73	18518.77	29722.15	22655.33	31544.40	24223.06
3.	Himachal Pradesh	6844.72	6091.87	8174.38	5946.47	8643.82	7306.42

1	2	3	4	5	6	7	8
4.	Jammu and Kashmir	22142.03	14727.15	25274.05	20150.55	26238.69	21144.70
5.	Jharkhand	37073.55	23090.36	42526.41	24514.18	33804.11	26236.96
6.	Madhya Pradesh	74097.47	67560.80	92524.01	76025.88	101071.83	79612.26
7.	Odisha	37531.93	29642.01	41393.14	35027.43	42439.37	37218.95
8.	Rajasthan	66197.89	52451.72	70887.54	49154.08	70793.66	51039.65
9.	Uttar Pradesh	141859.45	101101.59	151734.33	101974.58	198297.17	125451.43
10.	Uttarakhand	11772.07	10195.36	12414.31	11616.46	11518.98	10039.95
SUB TOTAL		521691.16	394010.28	572294.33	421631.97	624146.35	447953.04

B. NE State

11.	Arunachal Pradesh	3802.30	2100.09	5063.34	3811.64	6005.03	4346.20
12.	Assam	68331.78	46106.53	61530.74	51374.93	62518.39	53541.25
13.	Manipur	4280.17	2545.04	4671.80	3024.75	5133.09	2951.19
14.	Meghalaya	5603.55	2654.79	5811.21	4479.64	6756.30	4684.62
15.	Mizoram	3894.09	1717.18	4758.27	3400.05	5248.57	3160.09
16.	Nagaland	4376.45	2412.54	4396.44	3211.68	4892.53	3424.15
17.	Sikkim	1606.76	1211.64	1680.04	1201.68	1708.03	1229.82
18.	Tripura	3994.04	2665.72	4141.76	2697.71	5160.67	3410.67
SUB TOTAL		95889.14	61413.54	92053.60	73202.08	97422.61	76747.99

C. Non-High focus States

19.	Andhra Pradesh	33125.76	25986.34	32133.43	29786.21	41652.52	35038.83
20.	Goa	1316.14	673.29	1425.25	606.63	1109.69	699.19
21.	Gujarat	33023.41	23638.43	37067.58	28808.14	41089.49	36726.67
22.	Haryana	18495.14	16213.35	20667.03	16385.03	16580.76	15866.05
23.	Karnataka	36362.52	22923.05	41345.00	27773.67	48778.10	31782.20
24.	Kerala	15819.91	13034.40	16181.48	13881.16	15575.10	15144.04
25.	Maharashtra	67968.59	47744.07	63169.16	44521.79	80740.63	45223.83

1	2	3	4	5	6	7	8
26.	Punjab	17624.20	12485.09	17876.56	15018.92	17625.79	16262.53
27.	Tamil Nadu	50324.18	46792.39	48208.17	41189.82	54337.85	47498.17
28.	Telangana	24844.62	14469.98	24750.97	17536.98	30400.63	22065.55
29.	West Bengal	66917.09	49474.76	66054.84	55012.51	64266.58	63783.57
	SUB TOTAL	365821.56	273435.16	368879.47	290520.86	412157.14	330090.62
30.	Andaman and Nicobar Islands	1136.96	814.02	1207.31	666.01	1369.61	711.61
31.	Chandigarh	1425.24	995.16	1143.97	813.58	1285.20	879.02
32.	Dadra and Nagar Haveli	966.37	495.25	1092.06	712.45	1345.70	908.34
33.	Daman and Diu	662.22	370.79	705.18	516.34	729.86	506.21
34.	Delhi	6878.40	4962.85	5995.85	3531.20	7910.10	5335.87
35.	Lakshadweep	439.36	72.00	429.98	51.54	447.10	139.71
36.	Puducherry	1194.59	850.43	951.14	627.37	1339.05	937.55
	SUB TOTAL	12703.14	8560.49	11525.49	6918.49	14426.62	941830
	GRAND TOTAL	996105.01	737419.46	1044753.09	792273.39	1148152.72	864209.94

Note:

1. SPIP stands for State Program Implementation plan.
2. Expenditure includes expenditure against Central Release, State share & unspent balances at the beginning of the year.
3. The above figures are as per FMR reported by States/UTs, hence provisional.

**Vacant posts of Physiotherapists in Safdarjung and
Dr. RML Hospitals, New Delhi**

1896. SHRI RAM NATH THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 2640 given in Rajya Sabha on 16 December, 2014 and state:

(a) whether any request(s) for retrospective consideration of vacancy in the Sr. Physiotherapist grade in Safdarjung and Dr. RML Hospitals, New Delhi has been received, if so, action taken thereon;

(b) in view of the request for retrospective consideration of vacancy created on 1 April, 1999 in the said grade, whether review DPC giving effect to the SC/ST roster of reservation in promotion would be done; and