

(d) The stakeholders are being made aware on a regular basis about the adverse effects of tobacco usage on health through various anti-tobacco campaigns *vide* different mode of communication including TV, Radio, Print media, social media, films, train wrap etc. and by displaying awareness material in trade fair, mela etc.

Apart from this, States/UTs undertake various IEC activities under National Tobacco Control Programme (NTCP) in their respective States/Union Territories.

Besides, Union Government has taken several steps to help the people quit tobacco use which *inter alia* includes setting up of Tobacco Quitline services, m-cessation facilities, regulating depiction of tobacco products in films and television programmes and mandating specified health warnings on tobacco products packages covering 85% of their principal display area; mass-awareness campaigns.

Schemes for reducing CBR/IMR

2175. DR. VIKAS MAHATME: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the comparative details of rates of child birth deaths and infant mortality rates for the last three years; and

(b) the details of the schemes for reducing the death rates and State-wise annual expenditure thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The Comparative data of Crude Birth Rate (CBR), Crude Death Rate (CDR), and Infant Mortality Rate (IMR) for last three years (2014-16) as per Sample Registration System (SRS) Report of Registrar General of India is placed below:—

Crude Birth Rate (CBR), Crude Death Rate (CDR) and Infant Mortality Rate (IMR) 2014 to 2016 — India

Year	Crude Birth Rate (CBR) (per 1000 population)	Crude Death Rate (CDR) (per 1000 population)	Infant Mortality Rate (IMR) (per 1000 live births)
2014	21.0	6.7	39
2015	20.8	6.5	37
2016	20.4	6.4	34

Source: SRS, Registrar General and Census Commissioner, India

(b) To reduce Infant and Child Mortality, various programmes and schemes under National Health Mission (NHM) are being implemented by States/UTs and the Central

Government provides financial assistance to States/UTs based on proposals received in their Annual Program Implementation Plan (APIP). The various initiatives are:–

- (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) and Home Based Care of Young Children (HBYC) are being provided by ASHAs to improve child rearing practices.
- (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. Mothers' Absolute Affection (MAA) programme for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary feeding up to two years) through mass media campaigns and capacity building of healthcare providers in health facilities as well as in communities.
- (4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. "Mission Indradhanush and Intensified Mission Indradhanush" was 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.
- (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 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.
- (7) Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- (8) Iron and folic acid (IFA) supplementation for the prevention 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.
- (9) 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.
- (10) Capacity building of health care providers: Various trainings are being conducted to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential new-born care.

A State-wise detail of release and expenditure under National Health Mission for the year of 2015-16 to 2017-18 is given in Statement.

Statement

State-wise Release and Expenditure under NHM for the F.Y. 2015-16 to 2017-18

(₹ in crore)

Sl. No.	States	2015-16		2016-17		2017-18	
		Release	Exp.	Release	Exp.	Release	Exp.
1	2	3	4	5	6	7	8
1.	Andaman and Nicobar Islands	37.55	25.91	44.90	28.92	33.94	32.84
2.	Andhra Pradesh	659.04	1105.70	629.55	1287.04	875.06	1555.50
3.	Arunachal Pradesh	163.80	147.41	160.60	165.42	261.70	165.75
4.	Assam	997.59	1212.25	1046.09	1337.40	1392.66	1476.86
5.	Bihar	1269.67	1731.85	1040.59	1619.20	1557.40	1820.14

1	2	3	4	5	6	7	8
6.	Chandigarh	24.66	21.75	21.47	24.57	20.35	31.64
7.	Chhattisgarh	423.31	769.33	586.97	999.33	825.76	1180.27
8.	Dadra and Nagar Haveli	14.63	15.79	17.12	17.36	19.14	19.76
9.	Daman and Diu	10.66	10.14	11.53	10.24	10.67	10.63
10.	Delhi	176.56	150.05	241.98	155.15	268.39	251.37
11.	Goa	17.30	25.44	26.13	37.38	26.07	43.28
12.	Gujarat	714.39	1293.03	863.66	1395.67	1221.83	1593.16
13.	Haryana	318.21	519.47	335.55	535.09	384.25	637.75
14.	Himachal Pradesh	249.14	283.90	212.49	346.58	370.89	377.08
15.	Jammu and Kashmir	375.34	428.38	362.42	419.55	550.42	521.86
16.	Jharkhand	423.93	602.61	454.64	633.54	735.99	753.03
17.	Karnataka	772.15	1173.31	714.09	1291.49	1345.50	2016.65
18.	Kerala	315.35	644.09	452.36	744.98	586.52	936.35
19.	Lakshadweep	5.72	2.75	3.83	4.33	5.54	6.20
20.	Madhya Pradesh	1156.95	2071.36	1490.75	2066.38	1696.56	2313.93
21.	Maharashtra	1142.64	1791.17	1252.55	1804.67	1707.60	2192.88
22.	Manipur	115.19	108.55	79.07	81.40	163.05	110.51
23.	Meghalaya	107.50	138.83	161.13	152.85	189.02	169.14
24.	Mizoram	95.26	96.15	80.88	99.55	126.95	112.35
25.	Nagaland	106.37	82.56	95.92	95.17	134.86	95.55
26.	Odisha	669.77	1222.92	728.58	1299.27	1216.22	1514.45
27.	Puducherry	19.21	22.37	41.35	38.41	35.55	38.83
28.	Punjab	305.97	660.24	292.55	695.31	483.74	639.53
29.	Rajasthan	1329.48	1840.75	1234.18	1734.34	1615.29	1885.55
30.	Sikkim	41.54	51.23	41.72	50.62	55.40	43.48
31.	Tamil Nadu	1110.31	1650.45	788.68	1852.90	1293.97	2285.56
32.	Tripura	138.71	121.20	125.76	143.14	158.99	202.79
33.	Uttar Pradesh	2964.93	4553.88	3314.75	5120.68	3967.46	6569.43
34.	Uttarakhand	282.56	342.10	265.53	350.67	354.85	448.22

1	2	3	4	5	6	7	8
35.	West Bengal	1061.64	1589.75	806.98	1914.71	1305.37	2341.05
36.	Telangana	448.48	517.40	398.08	700.76	468.34	977.76
	SUB TOTAL	18065.50	27024.09	18424.43	29254.07	25465.28	35371.16
	Others	92.82	0.00	-	-		
	TOTAL	18158.32	27024.09	18424.43	29254.07	25465.28	35371.16

Note: 1. The above releases relate to Central Government Grants and do not include State share contribution.
 2. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year.

Polycystic ovary syndrome disease among women

†2176. SHRI LAL SINH VADODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that most of the women of the country are suffering from polycystic ovary syndrome disease;

(b) if so, whether Government is considering to take any step to control it;

(c) if so, the details of the steps taken with regard thereto and by when it is expected to be controlled; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes. As per studies carried out in India, prevalence of Polycystic Syndrome (PCOS) ranges from 3.7% to 28%, varying in the age group of 12-40 years.

(b) to (d) Indian Council of Medical Research's National Institute for Research in Reproductive Health (NIRRH), Mumbai runs a holistic PCOS management station, to address various dimensions of the disease. This Multi-disciplinary Clinic was inaugurated on 30th April, 2016, for generating evidence of the magnitude of the problem, identify the key patho- physiological causes including genetic predisposition and developing models of holistic management, for further upscaling.

Abhiyan PCOS is a consortium of academic institutes in Mumbai, working for the cause of PCOS, to jointly identify and address the knowledge gaps.

Obesity and Diabetes are two known associates of Polycystic Ovary Syndrome. Government of India has launched National Programme for Prevention and Control of

† Original notice of the question was received in Hindi.