

7. Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries.
8. Scheme for ASHAs to Ensure spacing in births.
9. Scheme for provision of Pregnancy Testing Kits in the drug kits of ASHAs for use in communities.
10. Family Planning Logistic Management and Information System (FP-LMIS): A dedicated software to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.
11. National Family Planning Indemnity Scheme (NFPIS) under which clients are insured in the eventualities of death, complication and failure following sterilization.
12. Ensuring quality of care in Family Planning services by establishing Quality Assurance Committees in all states and districts.
13. Appointment of dedicated RMNCH+A counselors at high case load facilities.
14. Improved Demand generation activities through a 360 degree media campaign.

Iodised salt causing thyroid problems

1694. DR. K.V.P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the attention of Government is drawn to newspaper reports that unnecessary use of iodised salt is causing hypothyroid problem in people, if so, the details thereof;

(b) whether it is also in the notice of Government that anti-caking agents used in the table salt are cancerous, if so, the details thereof; and

(c) whether it is also a fact that Government is permitting marketing of iodised salt without monitoring sodium and iodine level, against WHO recommendation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) It has been established by scientific studies that consumption of Iodized Salt prevents Iodine Deficiency Disorders (IDD). Iodine deficiency leads to Thyroid enlargement (Goitre) as well as IDDs such as hypothyroidism, abortions, stillbirth, physical and mental retardation, cretinism, deaf, mutism, squint etc.

There were reports in the media regarding presence of potassium ferrocyanide in edible common salt and its cancer causing properties. However, as per Food Safety and Standards (Food Product Standards and Food Additives) Regulations, 2011 FERROCYANIDES as a group additive are allowed for use in salt (except for double fortified salt) at levels not exceeding 10 mg/kg. It is also allowed in Codex -General standard for food additives (Codex GSFA) at 14 mg/kg in salt. Calcium ferrocyanide (INS 538), Potassium ferrocyanide (INS 536) and Sodium ferrocyanide (INS 535) are the three substances allowed to be used as FERROCYANIDES.

As per the opinion expressed by several experts and regulatory bodies including the European Food Safety Authority (EFSA), "there is no concern with respect to genotoxicity and carcinogenicity. Reproductive studies were not available, but a no observed adverse effect level (NOAEL) of 1,000 mg sodium Ferrocyanide /kg body weight per day (highest dose tested) was identified from a prenatal developmental toxicity study". Further, it is also to be noted that the potassium or sodium ferrocyanides are toxicologically different than potassium or sodium cyanide (which is lethal).

(c) No. The standards of iodised salts have been specified under Food Safety and Standards (Fortification of Foods) Regulations, 2018 and Food Safety and Standards (Food Products Standards and Food Additives) Regulations, 2011 which, *inter-alia*, specifies minimum and maximum limits of iodine to be added to edible common salt and minimum content of sodium chloride in iodised salt respectively. The levels of micronutrients in fortified foods including iodised salt have been fixed in the range of 30% -50% of Recommended Daily Allowance (RDA, ICMR 2010), so as to reduce the gap between current intake and requirement in the segments with low

intake and at the same time not exceed the RDA in other segments of the population who are consuming their required amount of these nutrients through diet/other sources.

Further, monitoring of quality of iodised salt is being done at production level as well as distribution /retailer/consumption level through Salt Commissioner's Office and State/UT IDD Monitoring labs under National Iodine Deficiency Disorders Control Programme (NIDDCP).

Implementation of Ayushman Bharat Yojana

†1695. SHRI OM PRAKASH MATHUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Ayushman Bharat Yojana is being implemented successfully and whether millions of poor people from various States of the country have benefited from this scheme;

(b) if so, the details thereof;

(c) whether Ayushman Bharat Yojana has not been implemented by various States/Union Territories, in which National Capital Region Delhi is also included; and

(d) whether special efforts are being made by Government to implement this scheme in the States/Union Territories which have not implemented Ayushman Bharat Yojana, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Yes. Based on the proposals received from the States/UTs, Ayushman Bharat - Health & Wellness Centres is being implemented in all States/ UTs except UT of Delhi and as per the information provided by the States/ UTs on the portal, 24069 AB-HWCs are functional in the country as on 25.11.2019.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is being implemented in 33 States/UTs. Around 10.74 crores beneficiary families are entitled for benefits under the scheme as per the deprivation and occupational criteria under Socio-

†Original notice of the question was received in Hindi.