15 COMMITTEE ON GOVERNMENT ASSURANCES (2014-2015)

SIXTEENTH LOK SABHA

FIFTEENTH REPORT

REVIEW OF PENDING ASSURANCES PERTAINING TO THE MINISTRY OF HEALTH AND FAMILY WELFARE

(DEPARTMENT OF HEALTH AND FAMILY WELFARE)

Presented to Lok Sabha on 23 *July,* 2014

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LOK SABHA SECRETARIAT
NEW DELHI

***June*, 2015/*Jyaistha*, 1937 (*Saka*)**

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(2014-15)

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2. Shri U.B.S. Negi — *Director*
3. Shri T. S. Rangarajan — *Additional Director*
4. Shri Kulvinder Singh — *Committee Officer*

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* The Committee was constituted *w.e.f.* 01 September, 2014 *vide* Para No. 633 of Lok Sabha Bulletin, Part-II, dated 02 September, 2014.

** Nominated to the Committee *vide* Para No. 1281 of Lok Sabha Bulletin, Part-II, dated 05 February, 2015.

INTRODUCTION

I, the Chairperson of the Committee on Government Assurances, having been authorized by the Committee to submit the Report on their behalf, present this Fifteenth Report of the Committee on Government Assurances.

2. The Committee (2014-2015) at their sitting held on 12 February, 2015 took oral evidence of the representatives of the Ministry of Health and Family Welfare regarding pending assurances of the Ministry from 9th Session to 12th Session of 15th Lok Sabha.

3. At their sitting held on 08 June, 2015, the Committee (2014-2015) considered and adopted their Fifteenth Report.

4. The Minutes of the aforesaid sittings of the Committee form part of this report.

5. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the Report.

NEW DELHI;
08 *June,* 2015
18 *Jyaistha,* 1937 (*Saka*)

DR. RAMESH POKHRIYAL 'NISHANK',
Chairperson,
Committee on Government Assurances.

REPORT

I. Introductory

The Committee on Government Assurances scrutinize the assurances, promises, undertakings etc. given by the Ministers from time to time on the floor of the House and report to the extent to which such assurances, promises, undertakings etc. have been implemented. Once an assurance has been given on the floor of the House, the same is required to be implemented within three months. The Ministries/Departments of the Government of India are under obligation to seek extension of time, if they are unable to fulfill the assurance within the prescribed periods of three months. Where a Ministry/Department is unable to implement an assurance, they are required to move the Committee to drop the same. The Committee consider such requests and agree to drop, if they are convinced with the grounds cited to be justified. The Committee also examine whether the implementation of assurances has taken place within the minimum time necessary for the purpose and the Committee also look into the extent to which the assurances have been implemented.

2. The Committee on Government Assurances (2009-10) took a policy decision to call the representatives of the various Ministries/Departments of the Government of India, in a phased manner, to review the pending assurances and also look at the reasons for pendency, the operation of the prescribed system in the Ministries/ Departments for dealing with assurances. The Committee also decided to look at the quality of assurances implemented by the Government.

3. The Committee (2014-15) for expeditious implementation of pending assurances took a step further and decided to call the representatives of the Ministry of Parliamentary Affairs also as all the assurances are implemented through them.

4. In pursuance of the decision referred to above, the Committee (2014-15) called the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and Ministry of Parliamentary Affairs and examined the following 18 pending assurances pertaining to the Ministry of Health and Family Welfare at their sitting held on 12 February, 2015.

Sl. No.	USQ No. & Date	Subject
1	2	3
1.	USQ No. 1927 dated 02.12.2011	Allocation of Funds under NRHM (Appendix-I)
2.	USQ No. 2034 dated 02.12.2011	Irregularities/Scams in Health Related Schemes (Appendix-II)
3.	USQ No. 2679 dated 09.12.2011	Corruption in MCI and DCI (Appendix-III)
4.	USQ No. 3703 dated 16.12.2011	ECG Technician (Appendix-IV)

1	2	3
5.	USQ No. 3788 dated 16.12.2011	Social Audit of Schemes (Appendix-V)
6.	USQ No. 3827 dated 27.04.2012	Evaluation of National Tobacco Control Programme (Appendix-VI)
7.	USQ No. 4626 dated 04.05.2012	Mental Healthcare Services and Policy (Appendix-VII)
8.	USQ No. 7421 dated 22.05.2012	Security to Health Scam Inmate (Appendix-VIII)
9.	USQ No. 1261 dated 17.08.2012	Shortage of Doctors (Appendix-IX)
10.	USQ No. 1323 dated 17.08.2012	Uterus Cancer (Appendix-X)
11.	USQ No. 2241 dated 24.08.2012	Recognition to Medical Colleges (Appendix-XI)
12.	USQ No. 4454 dated 07.09.2012	Irregularities in Medical Entrance Examinations (Appendix-XII)
13.	USQ No. 357 dated 23.11.2012	Generic Medicines (Appendix-XIII)
14.	SQ No. 101 dated 30.11.2012 (Smt. Maneka Gandhi, M.P.)	Sale of Drugs (Appendix-XIV)
15.	SQ No. 115 dated 30.11.2012 (Dr. Raghuvansh Prasad Singh, M.P.)	Guidelines for Private Medical Colleges (Appendix-XV)
16.	USQ No. 2443 dated 07.12.2012	Transplantation of Human Organ Rules, 2012 (Appendix-XVI)
17.	SQ No. 302 dated 14.12.2012 (Smt. Meena Singh, M.P.)	Diseases caused by Contaminated Water (Appendix-XVII)
18.	USQ No. 3534 dated 14.12.2012	Proposals on Trauma Centres Facilities (Appendix-XVIII)

Scrutiny of Pending Assurances

5. At the outset, the Committee reminded the representatives of the Ministry that all the assurances are to be implemented within a time period of three months and if any assurance cannot be implemented within three months, then the concerned Ministry has to seek extension of time from the Committee. In this regard, the Committee noted that there has been undue delay in implementation of pending assurances from 9th session to 12th session of 15 Lok Sahha. The Committee, therefore, desired a clarification for the delay in implementation of the pending assurances pertaining to the Ministry.

6. In this regard, the Secretary of the Ministry responded as under:—

"Sir we are thankful for the time given to us by the Hon'ble Committee I am also seeing that there has been some delay in implementation of assurances, but it needs to be appreciated that health sector is vast sector. We have to coordinate with the State Governments and with various other agencies. A number of assurances are pending due to police cases, CBI investigation etc. in which the Ministry does not have much control and the Ministry in such cases can only request the concerned agencies for expediting the investigation. Once the concerned agencies dispose of the case, then only we can take further action. Nevertheless, we will try to implement the pending assurances as early as possible. The assurances which are pending with the agencies or where ever they are pending, I will try to implement them by reviewing them from time to time...."

Observations/Recommendations

7. The Committee note with concern that as many as 18 assurances from 9th session to 12th session of 15th Lok Sabha pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare) are pending. While explaining the delay in the implementation of the assurances, the Secretary of the Ministry stated that Health is very vast sector involving coordination with State Governments and other agencies. According to him, some of the assurances are pending due to police/CBI investigations. However, the Committee are not convinced with the explanation of the Department as the assurances which do not involve police or CBI investigations are also pending for years together. The inordinate delay in the implementation of the assurances clearly indicate the lack of seriousness and the casual approach of the Ministry in the matter. This also indicates the mechanism in place in the Ministry to monitor the timely implementation of the assurances is grossly inadequate or ineffective. The Committee, therefore, recommend that the existing mechanism be strengthened/streamlined with a view to ensuring timely implementation of the pending assurances.

II. Review of Pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)

8. The Committee examined 18 pending assurances from 9th session to 12th session of 15th Lok Sabha pertaining to the Ministry. Some of the important assurances critically examined by the Committee are given in the succeeding paragraphs.

A. Irregularities and misappropriation of Funds allocated under NRHM

(i) USQ No. 1927 dated 02.12.2011 regarding Allocation of Funds under NRHM; (S. No. 1)

(ii) USQ No. 3788 dated 16.12.2011 regarding Social Audit of Scheme (S. No. 5); and

(iii) USQ No. 7421 dated 22.05.2012 regarding Security to Health Scam Inmate. (S. No. 8)

9. In reply to USQ No. 1927 dated 02.12.2011 regarding Allocation of Funds under NRHM, it was *inter-alia* stated that the report and the observation of the Central team were sent to the State Government of Uttar Pradesh for necessary remedial action and for further investigation and that the CBI has started a preliminary enquiry in NRHM, Uttar Pradesh. In reply to another question *i.e.* USQ No. 3788 dated 16.12.2011, it was *inter-alia* stated that special teams were also sent to the States, if any irregularity is brought to the notice of the Government. In case of Uttar Pradesh, special teams were sent in December, 2010 and May, 2011, which found deficiencies in several areas. The State Government instituted inquiries by senior officers in these irregularities. In response to yet another USQ No.7421 dated 22.05.2012, it was stated that CBI had taken over investigation of 3 FIRs relating to the murder/death of CMOs/Dy. CMO Lucknow (namely Dr. V.K. Arya, Dr. B.P. Singh and Dr. Y.S. Sachan) dealing with NRHM funds, pursuant to the orders of the Hon'ble Allahabad High Court, Lucknow Bench dated 14.07.2011 and 27.07.2011.

10. In a written note submitted to the Committee, the Ministry Stated the status of the assurance given in response to USQ No. 1927 dated 02.12.2011 as under:—

> "It is stated that the Central Team had furnished their detailed report to the State Government with the advice to rectify the shortcomings/irregularities. Consequent to that report, the State Government have taken several concrete actions to rectify the shortcomings in order to implement the programme more effectively. They have appointed an independent Mission Director to look after the work of NRHM exclusively. They have decided to release only part funds. Subsequent release will be only after achievement of the variable indicators developed for the programme. They have also constituted Programme Implementation Committee (PIC) to review and monitor programme implementation on regular basis. At the instance of the Centre, Comptroller & Auditor General of India (C&AG) had also conducted a performance audit on the implementation of the National Rural Health Mission in Uttar Pradesh over the period April 2005 to March 2011.... This Department had sought the information from Director (CBI) to inform this Ministry about the progress made and the timeframe for completing the investigation in the execution and implementation of NRHM. As per the latest information furnished by CBI *vide* their letter dated 28.11.2014, the following position emerged:—

Regular Cases (RC)	
Charge sheet filed and cases are under trial	16
Investigation completed but final prosecution sanction awaited	07
Under investigation	15
Closure report filed	01

CBI has also indicated that no timeframe can be stated for completion of investigation..."

11. While discussing about the assurances given in replies to the aforesaid questions, the Secretary of the Ministry, during the course of evidence stated as under:—

".....the above assurances are related to irregularities which were found in NRHM in U.P. All the three matters related to that. There were two points. In the reply to the above questions, we have stated that the Central teams were sent from time to time in the State so that they may send report after investigation. We had discussed the irregularities found by them. In the meantime the Allahabad High Court gave a decision that the matter be investigated by CBI. In pursuant to the court's order the matter has been investigated by the CBI. On the basis of investigation, the outcome is that so far 16 charge sheets have been filed and the case is under trial. Out of that, investigation in 07 cases have been completed and prosecution sanction is awaited, 15 cases are under investigation. CBI has filed closure report. The CBI has not given any timeframe for the investigation of the remaining cases. They have also not stated that the time by which the same will be completed but therein matters have been dispose of to a large extent. It is our request that since CBI investigation will take some more time, till then the assurances be kept pending or be dropped. The Department will review the assurances monthly or quarterly. This can be one method....."

12. When the Committee enquired as to why the prosecution sanction is awaited in respect of 7 cases, the Secretary of the Ministry responded as under:—

"Sir, because they are officers of the Government, so the respective authority grant the prosecution sanction. This is there in Section 197 of CRPC and PC Act. There is also a provision in PC Act that the sanction and the prosecution is done by the controlling authority. This is therein only. I do not know its details but those 7 cases where prosecution is awaited, the time from which awaited, where it is awaited, probably the same may be of UP Government because all these workers were of UP Government, not of Government of India. If there was anything pending then that may be under UP Government. This report is of 28 November, 2014. I could tell after its enquiry that these 7 cases if awaiting prosecution sanction, then why it is awaited, where it is awaited, this information could be given by me. At this stage, this information is not available with me."

13. In a written note submitted to the Committee, the Ministry stated the status of the assurance given in response to USQ No. 3788 dated 16.12.2011 as under:—

"The Government of Uttar Pradesh has informed that the inquiries in respect of irregularities under NRHM was being carried by the Government of Uttar Pradesh. Even before, these inquiries could be completed, Hon'ble High Court of Allahabad ordered CBI inquiry regarding irregularities under NRHM in Uttar Pradesh. CBI is now carrying out these investigations under Court's supervision. In light of these developments, the said inquiry ordered by the Government of Uttar Pradesh have been practically closed...."

14. During the course of evidence, the Secretary of the Ministry stated as under:—

> ".....this is the matter before the CBI case. We have said that we have sent our team. Team has told certain deficiencies and in the meantime it was ordered to inquire by CBI, so this also exactly the same case....."

15. When the Committee asked as to whether the irregularities will be enquired by the Government of Uttar Pradesh, the Secretary of the Ministry responded as under:—

> ".....this is not related to in the context of Uttar Pradesh only. If you see this the general question. The details of the States with highest prevalence of malpractice in Central Government Social Sector Schemes under NRHM. In this we have given status of all. It was asked specifically about Uttar Pradesh..... In case of Uttar Pradesh, special teams were sent in December, 2010 and May, 2011 which found deficiencies in several areas. The State Government instituted inquiries by senior officers in these irregularities. On request of the Government of India, CAG has started conducting special audit of NRHM in UP since its inception. This does not contain CBI inquiry. But later on CBI inquiry was ordered then it take over our inquiry....."

16. In a written note submitted to the Committee, the Ministry stated the status of the assurance given in response to USQ No.7421 dated 22.05.2012 as under:—

> "The Question was answered by Ministry of Home Affairs. However, on the directions of the Committee on Government Assurance, MHA transferred the Assurance to this Ministry and received in this Ministry on 01.04.2014. As promise made is regarding investigation being done and received in this Ministry on 01.04.2014. As promise made is regarding investigation being done by CBI, a letter dated 12.05.2014 was sent to JD(P), CBI to provide requisite information for fulfillment of assurance in time. As per the reply received from CBI, investigation is continuing in all three cases....."

Observations/Recommendations

17. The Committee note that assurances given in reply to USQ No. 1927 dated 02.12.2011 and USQ No. 3788 dated 16.12.2011 regarding irregularities under National Rural Health Mission (NRHM) are pending for the last more than three years. In reply to these assurances, it was stated that the Central Teams are sent from time to time to review and investigate the utilization of funds in the States under the Mission. A report of the Central Team was furnished to the State Government of Uttar Pradesh with the advice to rectify the shortcomings/irregularities. Consequent to that report, the State Government have taken several concrete actions to rectify the shortcomings in order to implement the programme more effectively. They have appointed an independent Mission Director to look after the work of NRHM exclusively. They have decided to release only part funds. Subsequent release will be only after achievement of the variable indicators developed for the programme. They have also constituted Programme Implementation Committee (PIC) to review and monitor programme implementation on regular basis. In the meantime the Allahabad High Court gave a decision that the matter be investigated by CBI. In pursuant to the

court's order the mattter has been investigated by the CBI. On the basis of investigation, the CBI has filed 16 charge sheets and the cases are under trial. Out of that, investigation in 07 cases have been completed but the final prosecution sanction is awaited from the concerned authorities, 15 cases are under investigation and in one case, CBI has filed closure report. The CBI has not given any timeframe for completion of the investigation of the remaining cases. In the context of assurance given in reply to USQ No.7421 dated 22.05.2012, an assurance was given by the Ministry of Home Affairs (MHA) that the CBI had taken over investigation of 3 FIRs relating to the murder/death of CMOs/Dy. CMO Lucknow dealing with NRHM funds, pursuant to the orders of Allahabad High Court, Lucknow Bench dated 14.07.2011 and 27.07.2011. However, on the directions of Committee on Government Assurances, MHA transferred the said assurance to the Ministry of Health and Family Welfare which was received by them on 01.04.2014. The Ministry of Health and Family Welfare had written a letter dated 12.05.2014 to CBI to provide requisite information for fulfillment of assurance in time and as per the reply received from them, investigation is continuing in all the three cases.

In view of the foregoing, the Committee would like the Ministry to urge the CBI to complete the investigation in rest of the cases to its logical conclusion expeditiously. The Committee also desire that the Government of Uttar Pradesh may also be impressed upon to grant sanction, without further delay, for prosecution of the officers in which the investigation has already been completed by the CBI. The Committee would like to be apprised of the progress made in the matter from time to time.

B. Irregularities/Scams in Health Related Schemes

USQ No. 2034 dated 02.12.2011 regarding Irregularities/Scams in Health Related Schemes (Sl.No.2)

18. In reply to USQ No. 2034 dated 02.12.2011, it was stated that following three referral reports in respect of irregularities in projects have been received from department of institutional integrity, World Bank during the last three years:—

(i) Reproductive & Child Health Project-II

(ii) Second Tuberculosis Control Project

(iii) Food & Drugs Capacity Building Project

In the case of Reproductive & Child Health Project-II, two Chinese manufacturers had submitted bids in respect of two tenders. In one case, bid guarantee was found to be fraudulent, whereas in the other case the bidder submitted false test report in support of the performance equipment. In one case, the supply order was cancelled, whereas in the other case supply order was not placed. As such in both the cases pre-emptive action was taken. Regarding Food & Drugs Capacity Building Project, Central Bureau of Investigation (CBI) has initiated investigations against three companies.

19. In a written note submitted to the Committee, the Ministry stated the status of the assurance as under:—

> "...The Vigilance Section (MoHFW) has been requested *vide* ID Note dated 19th January, 2015 to urge the CBI to expedite the investigation process and also vigorously pursue the legal actions."

20. During the course of evidence, the representative of the Ministry informed the Committee as under:—

> "Sir, CBI has registered a total of 7 cases. Out of which, 2 cases have been closed. Court has closed. Now 3 cases are under trial. In one case, closure report is under consideration of the court and one case is still under investigation. We have informed Lok Sabha Secretariat on 19th January and requested that these may be dropped because how much time CBI and Court would take, that is now under our control. This is the latest position. If you wish we could give one copy to you."

21. When the Committee enquired that the assurance was that investigation has started against 3 companies but the Ministry is referring 7 cases, the representative of the Ministry clarified as under:—

> "Sir, 2 cases were registered against one company *i.e.* M/s Global Spin Weave Limited, Ghaziabad. One case was registered against them which is No.2E, one case was registered, which was No.3. There is one more company-Systronics Enterprises Limited against which is also 3E case. Case registered against Chemito Technologies has also number 4E, details of all are with us. Although investigation is against two companies, 7 cases have been registered. The status of 7 cases is that, 2 cases out of that has been closed, 3 cases are still under trial, are before Court. The closure report, one case is still under consideration before court and in one case investigation is still under progress. Our request will be that because this is before CBI and court, the Health Ministry has no control that it was be disposed of at the earliest. CBI is an autonomous organization, if the Committee feel it appropriate then it may be dropped."

Observations/Recommendations

22. The Committee note that in reply to USQ No. 2034 dated 02.12.2011, it was stated Central Bureau of Investigation (CBI) has initiated investigations against three companies in respect of irregularities reported in Food & Drugs Capacity Building Project being run with the assistance of the World Bank. The Committee were informed that 7 cases have been registered by CBI against 3 companies. Out of these 7 cases, 2 cases have since been closed and 3 cases are under trial. In one case, the closure report is under consideration of the court and the remaining one is still under investigation. The Committee are of the view that an assurance can not be dropped merely on the ground that the matter is being investigated by CBI. On the contrary, the Committee strongly feel that all such cases including those cases which are under trial, should be pursued vigorously till its logical conclusion in a time bound manner and the Committee be apprised of the progress on a quarterly basis. The Committee would have like to be informed of the initiatives under taken by the Ministry in this regard.

C. Setting up of National Commission for Human Resources for Health as an overarching regulatory body for health sector.

USQ No. 2679 dated 09.12.2011 regarding Corruption in MCI and DCI (Sl.No. 3).

USQ No. 2241 dated 24.08.2012 regarding Recognition to Medical Colleges (Sl. No. 11).

23. In reply to USQ No. 2679 dated 09.12.2011, it was stated that the President of Medical council of India was arrested by CBI on 22.04.2010 on charges of alleged corruption. The Central Government has also received complaints regarding corruption, malpractices and irregularities against the former President and present incumbent of the Dental Council of India (DCI). A two member Committee was constituted to enquire into the complaints against the former President of DCI and the report of the committee has been forwarded to Central Vigilance Commission. As regards the Complaint against the present President of DCI, the same is being looked into by the Chief Vigilance Officer of the Ministry of health and Family Welfare. Separately, the Government is also considering setting up an overarching regulatory body *viz.* National Commission for Human Resources for Health (NCHRH) with a dual purpose of reforming the current regulatory framework and enhancing the supply of skilled personnel in the health sector. In response to USQ No. 2241 dated 24.08.2012, as similar assurance regarding setting up of NCHRH was given.

24. In a written note submitted to the Committee, the Ministry stated the status of the assurance given in response to USQ No. 2679 dated 09.12.2011 as under:—

> "Investigations are on and action will be taken as per finding. A review Committee of experts has also been constituted to look into restructuring of DCI and its report is awaited. The Committee on Government Assurance is accordingly requested to drop the assurance".

25. In response to USQ No. 2241 dated 24.08.2012, the Ministry stated the status in its written submission as under:—

> "The NCHRH Bill, 2011 was introduced in Rajya Sabha on 22nd December, 2011 which referred the bill to the Department related Parliamentary Standing Committee on Health & Family Welfare for examination. The Committee submitted its report in October, 2012 and had *inter-alia* recommended that the Ministry may withdraw the Bill and bring forward a fresh bill after sufficiently addressing all the views, suggestions and the concerns expressed by various stakeholders. The Matter is under examination of the Ministry....."

26. During the evidence, the Secretary of the Ministry briefed the Committee as under:—

> "...the question was—whether cases of corruption have been reported in the Medical Council of India and the Dental Council of India. Their details were asked and was told that as how these can be kept free of corruption. In this we have given details that which was the case in MCI and what happened in DCI. Last sentence we have written that—Separately the Government is also considering setting up of an overarching regulatory body *viz*. the national Commission for Human Resources for Health with a dual purpose of reforming the current regulatory framework and enhancing the supply of skilled personnel in the health sector. On this basis, we have prepared a bill to bring out this Act. This bill was placed before Standing Committee. The Standing Committee had given its recommendations and said that this may be taken back and a new bill may be brought out by including its recommendations. We have just received these recommendations and the same is being processed.

In this context, the representative of the Ministry further added as under:—

> "That new Group which was formed, has not given its recommendations. As soon as the new recommendations are received, then the Government will take a decision after considering it that the last bill may be withdrawn and new Bill be brought or what will be done. In August, 2014, the Expert Group was formed, its final report is awaited. Standing Committee has already given its recommendations that this bill may be withdrawn and new bill may be brought."

27. On being asked to clarify about above three issues involved in the assurance, the secretary of the Ministry stated as under:—

> "Its has been rightly pointed out that there are three issues but the reply furnished to the first two issues was not treated as an assurance and we were told to send implementation of the third issue only. Accordingly we have not sent any compliance report on the first two issues."

28. When the Committee pointed out that the Ministry was aware about corruption in DCI and MCI, the representative of the Ministry responded as under:—

> "As you told there were three issues—one regarding investigation of MCI, second regarding charges against the President of DCI and the third regarding the Bill. This is also true that we have given reply to first two parts that what action is being taken. So far as the case of President of MCI is concerned, if the Committee is of the opinion, then we can give a regular update of the on-going investigation. The fact is that the investigation of MCI by CBI is still continuing. Regarding Dental Council of India, as complaint against the then president was received. CBI had seen and filed a closure report in High Court and simultaneously they have given recommendation to the department that even if the case has been closed in the high court even then they have recommended some action against these people. Internally, the Vigilance department of the Ministry is examining the recommendation of CBI. The final report of CBI has been given to officer of DCI, so that they may respond to it and the Ministry could take a decision. This is the present position."

Observations/Recommendations

29. The Committee note that in reply to USQ No. 2679 dated 09.12.2011, it was stated that the President of the Medical Council of India (MCI) was arrested by CBI on 22.04.2010 on charges of corruption. Further, the complaints regarding corruption, malpractices and irregularities against the former President and present incumbent of the Dental Council of India (DCI) were also received by the Central Government. A two member committee was constituted to inquire into the complaints against the former President of DCI and the report of the committee was forwarded to Central Vigilance Commission. As regards the complaint against the present President of DCI, the same is being looked into by the Chief Vigilance Officer of the Ministry of Health and Family Welfare. Separately, the Government is also considering to set up an overarching regulatory body *viz.* National Commission for Human Resources for Health with a dual purpose of reforming the current regulatory framework and enhancing the supply of skilled personnel in the health sector. During the course of

oral evidence of the Ministry, the Secretary stated that the Ministry could furnish the regular updates to the Committee in respect of ongoing investigation of CBI against the President of MCI. So far as the case against the former President of DCI is concerned, the Committee were informed that the CBI has filed a closure report in the High Court but the CBI has also recommended departmental action against him and the matter is being examined internally by the Vigilance Department of the Ministry. The Committee are anguished to note the slow progress in the investigations against those who are involved in alleged corruption, malpractices and irregularties. The Committee, therefore, recommend that the matter should be pursued vigorously with all the concerned authorities urging them to expedite the matter and to take strong action taken against those persons who were found involved in corruption/malpractices.

In the context of setting up an overarching regulatory body *viz.* National Commission for Human Resources for Health (NCHRH), the Committee were informed that the NCHRH Bill, 2011 was introduced in Rajya Sabha on 22.12.2011 which referred the Bill to Departmently related Parliamentary Standing Committee on Health & Family Welfare for examination. The said Committee submitted its report in October, 2012 with the recommendation that the Bill may be withdrawn and instead a fresh Bill incorporating its recommendations including the views/suggestions expressed by various stakeholders, may be brought in its place. During the course of evidence, it was informed that an Expert Group has been formed in August, 2014 and its final report is still awaited and only thereafter, a decision will be taken to bring a fresh Bill by withdrawing the previous Bill. The Committee would like the Ministry to impress upon the Expert Group to submit its report with in a fixed time frame so that an appropriate law could be enacted in the matter at the earliest. The Committee would like the Ministry to furnish them regular updates/reports on the progress made in all the cases.

D. ECG Technician

USQ No. 3703 dated 16 December, 2011 regarding ECG Technician (Sl. No. 4)

30. In reply to USQ No. 3703 dated 16 December, 2011 it was assured that Recruitment Rules (RRs) for newly created posts for Technical Officer, Technical Supervisor (Cath Lab), Technical Supervisor (Paediatric Surgery) and Senior Technical Assistant (Electro Physio Lab) and Pacing Lab. Technician are under process. Further, Process of promotion to newly created posts of Sr. Technical Assistant (Cardiology) and filling up of vacant posts of newly created posts of Sr. ECG/Monitoring Technician, has been started.

31. In a written note submitted to the Committee the Ministry stated the Status of the assurance in the matter as under:—

> "Recruitment Rules for Group 'C' Posts in Cardiology Department of Dr. RML Hospital has been sent to Government of India Press for publication of the notification *vide* Letter No. A. 11018/23/2012-RR-MH-III/II Pt. dated 12.11.2014. Recruitment Rules for Technical Officer, Technical Supervisor (Cardiology/Cath Lab/Paediatric Surgery), Senior Technical Assistant (Cardiology), Sr. Technical Assistant (Electro-Physio Lab), Sr. ECG/Monitoring Technician and Pacing Lab Technician of the Cardiology Department of Dr. RML Hospital have been referred to DoPT *vide* File No. A. 11018/23/2012-MH-III dated 5.2.2015.

Six posts have been filled. The recruitment process for filling up the posts of Senior ECG Technician/Monitoring Technician has been initiated and written examination conducted on 13th December, 2014. The evaluation of the answer sheets is already over and short listing of the candidates has been done and interview is likely to be held in the last week of February, 2015."

32. On being asked about the implementation of the above assurance, the Secretary of the Ministry stated as follows:—

> "...the assurance was regarding filling up the post of Cardiologist in RML Hospital. What was mentioned in its reply that information has been given in annexure. Time limit was given for filling up these posts. On the basis of the assurance, I have reviewed this and on the basis of review, it appears that there are several categories of Cardiologist, out of which three type of Recruitment Rules were sent to the Department of Personnel and Training. Some queries were received from the department, which were replied and sent to the Department of Personnel and Training two months ago. The fifth category is Sr. Technical Assistant (Cardiology) in which promotion has been given. All the posts have been filled up on 16.03.2013 by promotion. After this, Recruitment Rules for Sr. Technical Assistant (Electro-Physio Lab) have been finalized. This is Group 'C' post. This has sent to Government Press. Thereafter, R&R have been made for the post of Sr. ECG/Monitoring Technician and people have been called for interview which is scheduled in February. Pacing Lab. Technician has also been finalized and has been sent to Government Press for printing. Except three categories, which are pending in Department of Personnel and Training, Recruitment Rules have been finalized. In one case action has been taken. We are trying to fill the posts in a time bound manner."

Observations/Recommendations

33. The Committee regret to note that several posts in the cadre of ECG Technicians in Dr. RML Hospital are lying vacant for the last several years primarily for want of recruitment rules for various categories of posts. In this regard, the Committee were informed that Recruitment Rules for Group 'C' Posts in Cardiology Department of Dr. RML Hospital have been finalized and sent to Governmnt of India Press for publication of the notification. Recruitment Rules for Technical Officer, Technical Supervisor (Cardiology/Cath Lab/Paediatric Surgery), Senior Technical Assistant (Cardiology), Sr. Technical Assistant (Electro-Physio Lab), Sr. ECG/ Monitoring Technician and Pacing Lab Technician of the Cardiology Department of Dr. RML Hospital have been referred to DoPT in February, 2015. During the course of evidence, the Committee were also informed that the vacant posts of Sr. Technical Assistant (Cardiology) have already been filled up on 16.03.2013. Recruitment process for filling up the posts of Senior ECG Technician/Monitoring Technician has been initiated and interview of the short listed candidates on the basis of written examinations is likely to be held in the last week of February, 2015. The Committee are of the firm opinion that the whole chain of medical hospitality is inter-dependant and inter-connected and therefore, a vacancy in the chain may render the whole chain of medical hospitality ineffective. It is, therefore, imperative that all the vacant posts of

technicians are filled up in a time bound manner without further delay. The Committee would like to be apprised of the progress made in this regard.

E. National quite helpline for tobacco users

USQ No. 3827 dated 27 April, 2012 regarding Evaluation of National Tobacco Central Programme (Sl.No. 6).

34. In reply to the USQ No. 3827 dated 27 April, 2012, it was assured that the Ministry is contemplating for setting up a quit helpline at the national level for tobacco users.

35. In a written note submitted to the Committee, the Ministry stated the status of the assurance in the matter as under:—

> "The proposal for setting up National Quit-Line for tobacco users under the 12th Five Year Plan has been approved by Hon'ble Minister for Health & Family Welfare and Hon'ble Finance Minister. The Ministry has identified the Vallabh Bhai Patel Chest Institute (VPCI), New Delhi, for setting up the Quit-Line. The said proposal has been approved by secretary (HFW) and concurred by IFD. However, the release of funds and operationalisation of the Quit-Line services may take some more time....."

36. During the course of evidence, the Secretary of the Ministry stated as follows:

> ".....In this we will provide quit helpline on telephone. Any person who wants to quit habit of smoking can seek advice on it. The position is that we have agreed on our scheme. In Vallabh Bhai Patel Chest Institute New Delhi, the quit helpline would be established and for this, money has been transferred to the Patel Institute after concurrence of IFD. We hope that with in one or two months the quit helpline would be operationalised because all actions in this regard have been taken."

Observations/Recommendations

37. The Committee note that in reply to USQ No. 3827 dated 27.04.2012, it was assured that the Ministry is contemplating to set up a quit helpline at the national level for tobacco users. In this context, the Committee were informed that the proposal for setting up the National Quit-Line for tobacco users was approved by the Minister of Health and Family welfare and also by Minister of Finance. Further, Vallabh Bhai Patel Chest Institute (VPCI), New Delhi has also been identified for setting up the Quit-Line. During the course of oral evidence, the Secretary of the Ministry informed the Committee that all actions for setting up the Quit-Line have been completed and the funds have also been transferred to the said Institute of the purpose. The Committee now expect the Ministry to take proactive approach in the matter with the hope that Quit-Line for tobacco users would be operationalized without further loss of time and the assurance on the subject be fulfilled and the implementation report be laid on the Table of the House without further delay.

F. Shortage of Faculty

USQ No. 1261 dated 17 August, 2012 regarding shortage of Doctors (Sl. No. 9)

38. In reply to USQ No. 1261 dated 17 August, 2012, it was assured that information regarding shortage of faculty in institutes like All India Institute of Medical Science and Central Government Hospitals, is being collected and will be laid on Table of the House. It was also assured that information regarding filling up of vacant posts is also being collected and would be laid on the Table of the House.

39. In this regard, the Secretary of the Ministry deposed before the Committee as under:—

> ".....information has been sought regarding shortage of faculty in AIIMS like institutes that how posts are sanctioned, how many persons are working, the number of vacant posts etc. When we were replying the question the information was not available with us. At that time we had said that we are collecting the same and will thereafter lay it on the Table of the House. Now we have collected the information. We have sent our implementation report."

40. When the Committee pointed out that as per the report, out of 1876 sanctioned posts in various Central Institutes, 507 posts were vacant and that at some places/ institutes the posts are vacant due to non-availability of candidates whereas at other places/institutes the vacant posts were being filled up on contract basis/through UPSC, walk-in-interview etc., the Secretary of the Ministry responded as under:—

> "I was told that in this we have sent implementation Report. I have not reviewed in detail but since you are saying that I would sent a detail position to the Committee."

Observations/Recommendations

41. The Committee note that in reply in USQ No. 1261 dated 17.08.2012, it was assured that information regarding shortage of faculty in institutes like All India Institute of Medical Science and Central Government hospitals, is being collected and will be laid on Table of the House. Now the Committee note from the Report of the Ministry in the matter that out of 1876 sanctioned posts, 507 posts are vacant in various Institutes/Hospitals. Some of these posts are being filled up on contract basis and through UPSC or walk-in interview basis. It has also been noticed that filling of some of the vacant posts is under process. However, the Committee are surprised to note that some of the vacant posts in certain Institutes could not be filled up either due to non-availability of candidates or inadequate response in spite of repeated advertisements for the purpose. This is some thing beyond comprehension particularly when a large number of candidates with degree or diploma are waiting for an opportunity to get employment in country. Nevertheless, the Committee are of the view that vigorous efforts need to be made by the Institutes/Hospitals concerned to fill up all the vacant posts with in a fixed time frame and in case these posts remain unfilled for one reason or the other, then some alternate arrangement should be made so that medical care/service extended by these Institutes/Hospitals does not suffer for want of faculty. The Committee, therefore, recommend that the entire matter may be reviewed by the Ministry in coordination and consultation with all concerned and remedial measures be taken to address the issue. Outsourcing, contract, guest faculty etc. are some of the options which the Government may like to explore in this regard. The Committee would like to be apprised of the initiatives undertaken by the Ministry and the progress made in this regard.

G. Uterus Cancer

USQ No. 1323 dated 24.08.2012 regarding Uterus Cancer (Sl. No. 10).

42. In response to USQ No. 1323 dated 24.08.2012 regarding Uterus Cancer, an assurance was given that the Government of Chhattisgarh have ordered an enquiry in to the matter on the basis of newspaper reports.

43. In a written note submitted to the Committee, the Ministry stated the status of the assurance in the matter as under:—

> "Since the incident occurred in the State of Chhattisgarh, information was called from the State Government and based on the information, reply was prepared.
>
> State Government was requested *vide* Letter No. H. 11016/89/212-H dated 11.06.2013 to provide necessary information to fulfill the assurance. State Government *vide* their Letter No. 6350/2588/2013/9/17-1 dated 28.11.2013 informed that in the case of Hysterectomy operations, the High Power Committee was constituted and the Committee submitted the report on 3.11.2012. The said report has been analysed and based on this report and previous Committee report, the registration of seven doctors have been suspended for one year from Chhattisgarh Medical Council.
>
> These doctors submitted a Writ Petition in Hon'ble High Court issued the order, *inter alia* stating the 'Thus without going whether sufficient material were available or not for passing the impunged order dated 22.6.2013, on into the merits of the cases as to account of the fact that the provision of section 15 of the Act, 1987 read with Regulation 8.2 of the Regulation, 2002 was not compiled with the impunged order dated 22.6.2013 (in all the Writ Petitions)' are set aside. However, on the request of learned counsel appearing for the Respondent/ Counsel appearing for the Respondent/Council, liberty is reserved to initiate fresh proceedings, if so advised, in accordance with the Regulation 8.2 of the Regulations, 2002.
>
> According to High Court order, the suspension of the doctors has been cancelled automatically.
>
> In this regard fresh inquiry has been initiated by Chhattisgarh Medical Council in accordance with the law, and show cause notices to all the concerned doctors have been issued and their answers are awaited."

44. During the evidence, the Secretary of the Ministry stated as under:—

> ".....there was some incident in Chhattisgarh in which in the name of uterus sterilization, there were complaints regarding uterus removal. A question was asked and it was stated that this is being investigated. In this regard, the Chhattisgarh Government also acted against some doctors but they went before the High Court against this. The Court had given stay stating that they were not given show cause notice, they were not given opportunity to place their views. The Court has also stated that there can be investigated again. Chhattisgarh Government investigated again and before coming to this meeting, we have received the latest report, it appears from that the investigation has been

completed and on that basis, the licence of 7 doctors have been suspended for various periods separately. I have report in this regard today only, therefore, I have been able to place it before the Committee. This will be sent to the Committee...."

Observations/Recommendations

45. With reference to assurance given in reply to USQ No. 1323 dated 24.08.2012, the Committee were informed that there were complaints regarding uterus removal in the name of uterus sterilization. The incident was investigated by the High Powered Committee constituted by the Government of Chhattisgarh and on the basis of the report submitted by them, the registration of seven doctors were suspended for one year from Chhattisgarh Medical Council. However, these doctors went before the High Court against the suspension. The High Court set aside the said order on the ground that these doctors were not given show cause notice to explain their position and accordingly the suspension of doctors was cancelled automatically. In this regard, fresh inquiry was initiated by Chhattisgarh Medical Council in accordance with the law and show cause notices to all the concerned doctors were issued. During the evidence, the Secretary of the Ministry informed the Committee that licence of 7 doctors have been suspended for various periods on the basis of fresh inquiry report. Notwithstanding the position explained above, the Committee are of the view that matter can not be closed simply on the basis of completion of the investigation unless and until punitive action has been taken against those responsible for such shameless incidents. The Committee, therefore, would like the Ministry to revisit the mechanism and procedure followed in sterilization and plug the deficiencies so as to a void such incidents in future. The Committee may be apprised of the action taken in this regard.

H. Equal salary and service conditions for teaching faculties in private medical colleges.

SQ No. 115 dated 30.11.2012 regarding Guidelines for Private Medical Colleges (Sl. No. 15)

46. In reply to SQ No. 115 dated 30.11.2012, an assurance was given that in order to ensure equal salary and service conditions for teaching faculties in private medical colleges, the MCI has a proposal to amend the Teacher Eligibility Qualification Regulations with regard to payment of salary to teachers working in private medical colleges at least equal to the salary paid by the State Government.

47. In a written note submitted to the Committee, the Ministry stated the status of the assurance in the matter as under:—

"This Ministry has not received any proposal from MCI on the related subject. However, the MCI has been requested to inform whether any such proposal is pending with them....."

48. During the course of evidence, the Secretary of the Ministry stated as under:—

".....this is related to MCI. A question was raised that as to whether any such regulation should be made in which those who works in medical colleges of the State Government and the salary paid to them, the same who work in private

medical colleges, should be paid to them. In reply to that it was stated that there is no such proposal of MCI which should be forwarded. Therefore, it was an assurance. The position is that MCI so far has not given any regulation made by them. We have made written letters to them."

49. When the Committee asked as to whether MCI is an autonomous institution, the representative of the Ministry responded as under:—

"Yes Sir. The provision under MCI Act, we can simply say that it is under consideration, regulation may be made and given to us, then Central Government give its recommendation and regulation is notified. In this case, when this question was raised in November, 2012, at that time MCI had stated that we are considering this type of proposal but till date no proposal has been received for amendment in teachers regulation. In 2012, MCI was nominated body by the Government, today it is elected body which is working since December, 2013."

50. In this regard, when the Committee asked as to whether MCI is bound to comply with the orders of the Government, the Secretary of the Ministry responded as under:—

"There is no such provision that we can given them orders."

Observations/Recommendations

51. In reply to SQ No. 115 dated 30.11.2012, an assurance was given that the MCI has a proposal to amend the Teacher Eligibility Qualification Regulations with regard to payment of salary to teachers working in private medical colleges at least equal to the salary paid by the State Government. However, the Committee have now been informed that the Ministry has not received any such proposal from MCI on the related subject till date. During the course of evidence, the Secretary of the Ministry informed the Committee that MCI is an autonomous institution and there is no such provision under which any instructions/orders could be given to them. However, the Committee are not convinced with the explanation of the Ministry as ultimately it is for the Government to control such institutions if they fail to work in public interest. Nevertheless, if there is no such provision in the relevant Act, the Government is free to bring out suitable amendment in the Act. The Committee would therefore like Ministry to pursue the matter with MCI to its logical conclusion. The Committee would also like the Ministry to apprise the Committee about the progress made in the matter.

I. Mandatory donation of organs or tissues in case of fatality.

USQ No. 2443 dated 07.12.2012 regarding Transplantation of Human Organ Rules, 2012 (Sl. No. 16)

52. In response to USQ No. 2443 dated 07.12.2012, it was *inter-alia* stated that the Ministry of Health and Family Welfare had requested the Ministry of Road Transport and Highways to make it mandatory for the applicant for driving license to donate his/her organs or tissues in case of a fatality. Accordingly, an assurance was given that the matter is under examination in the Ministry of Road Transport and Highways in consultation with Ministry of Law and Ministry of Health and Family Welfare for amending CMVRs, 1989.

53. In a written note submitted to the Committee, the Ministry stated the status of the assurance in the matter as under:—

> "The information for fulfillment of the assurance has been repeatedly sought from the Ministry of Road Transport and Highways. However, that Ministry in their reply dated 1st July, 2014 had mentioned that 'action to amend the form of application for license to drive a motor vehicle and the form of driving license, prescribed in the Central Motor Vehicles Rules, 1989, for incorporating suitable provisions in regard to organ donation, is still under process'. Since then various reminders have been sent seeking the latest status of the subject mentioned above. However, no reply has been received yet. In the latest DO Letter reminder dated 15.01.2015 issued at the level of JS, that Ministry has been requested to provide expenditious inputs or to accept the transfer of the Assurance... ."

54. During the evidence, the Secretary of the Ministry briefed the Committee as under:—

> "The question in this was that ..... in transplantation of human organs, organs in adequate number are not available. There was one point that when we issue driving license then at that time we should an undertaking that if some accidents happens then his organs could be taken for use for others. This has to be seen by the Department of Transport and Highways. So far I am aware that they have prepared a notification which has been put up at the highest level and the possibility is that very quickly action will be taken in this.
>
> The Secretary also informed the Committee that the Ministry of Transport and Highways has accepted the transfer of assurance."

Observations/Recommendations

55. In response to USQ No. 2443 dated 07.12.2012, the Committee note that the Ministry of Health and Family Welfare had requested the Ministry of Road Transport and Highways to make it mandatory for the applicant for driving license to donate his/her organs or tissues in case of fatality. Accordingly, an assurance was given that the matter is under examination in the Ministry of Road Transport and Highways in consultation with Ministry of Law and Ministry of Health and Family Welfare for amending Central Motor Vehicles Rules, 1989. During the evidence, the Secretary of the Ministry of Health and Family Welfare informed the Committee that the Ministry of Road Transport and Highways have prepared a notification for the purpose and the same is under consideration at the highest level. It was also informed to the Committee that the Ministry of Road Transport and Highways have also accepted the transfer of the said assurance. Notwithstanding the position explained above, the fact remains that the assurance in the matter is still pending for implementation. In case the Ministry of Road Transport and Highways have accepted the transfer of the said assurance, then it is obligatory on the part of Ministry of Health and Family Welfare to impress upon them to implement the assurance with out further delay. The Committee also feel that since the assurance was originally in the name of the Ministry of Health and Family Welfare, it is, therefore, imperative for them to monitor the implementation of the pending assurance under reference. The Committee would like to be apprised for the progress made in the matter.

III. Implementation Reports

56. As per the Statements of Ministry of Parliamentary Affairs, Implementation Reports in respect of the assurances given in replies to the following SQs/USQs have since been laid on the Table of the House on the dates as mentioned against each:—

Sl. No. 7	USQ No. 4626 dated 04.05.2012	04.03.2015
Sl. No. 12	USQ No. 4454 dated 07.09.2012*	04.03.2015
Sl. No. 13	USQ No. 357 dated 23.11.2012	29.04.2015
Sl. No. 14	SQ No. 101 dated 30.11.2012	29.04.2015
Sl. No. 17	SQ No. 302 dated 14.12.2012	04.03.2015
Sl. No. 18	USQ No. 3534 dated 14.03.2015	04.03.2015

*partly implemented.

NEW DELHI;
08 *June,* 2015
18 *Jyaistha,* 1937 (*Saka*)

DR. RAMESH POKHRIYAL "NISHANK",
Chairperson,
Committee on Government Assurances.

APPENDIX I

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA

UNSTARRED QUESTION NO. 1927

ANSWERED ON 2.12. 2011

Allocation of Funds under NRHM

1927. SHRI VIJAY BAHUGUNA:
SHRI NARANBHAI KACHHADIA :
SHRI R.K. SINGH PATEL:
SHRI JAGADANAND SINGH:
SHRI RAJENDRA AGRAWAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total amount of funds including special grants allocated/utilised by the State Governments under the National Rural Health Mission (NRHM) and other health schemes and programmes during each of the last three years and the current year, State/UT-wise;

(b) whether cases of irregularities and misappropriation of funds allocated under the NRHM have been reported from various States including Uttar Pradesh;

(c) if so, the details thereof during each of the last three years and the current year;

(d) the names of these States conducting/proposed to conduct investigation in the irregularities/misappropriation Committee under NRHM as on date;

(e) whether certain States are not able to fully utilise the funds allocated under the NRHM;

(f) if so, the details thereof and the reasons therefor; and

(g) the corrective measures taken/proposed to be taken so that funds are properly utilised and irregularities curbed *ab-initio*?

ANSWER

THE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) A statement showing the Allocation, Release and Expenditure under National Rural Health Mission and other Health Schemes and Programmes to States/UTs for the Financial Years 2008-09 to 2011-12 are annexed (A to E).

(b) & (c) Central teams are sent from time to time to review the utilization of funds in the States. A Central team reviewed fund management under the Mission in Uttar Pradesh during May, 2011 and the major findings are outlined below:

(i) Irregularity in award of contract for procurement of Emergency Medical Transport Services and Mobile Medical Units, Management of Hospital cleaning and gardening, procurement of safe drinking water and R.O. systems etc.

(ii) Supply of poor quality of IEC/BCC material and poor quality of drugs and consumables etc.

(iii) In respect of civil construction works, there was mere transfer of funds to various State Government agencies without any formal agreement and without any system.

(iv) Poor monitoring of progress of the civil construction as well as quality of construction, and no action on the defects in constructions pointed out by JEs/CMOs.

(v) Non-operationalisation of emergency transport services even after procurement of 779 ambulances.

The report and the observations of the Central team were sent to the State Government for necessary remedial action and for further investigations.

(d) The CBI has started a preliminary enquiry in NRHM, Uttar Pradesh.

(e) & (f) As evident from the annexed statement, the States have been able to utilize most of the funds during this period. The pace of utilization was show during the initial years of the implementation of the National Rural Health Mission [NRHM] but improved thereafter. The unspent balances of the funds are carried forward to the next Financial Year and utilized to implement the approved activies. As the absorptive capacities have improved in the States, utilization of funds has shown a commensurate increase.

(g) The Government through periodic visits by teams from Programme Divisions, Annual Common Review and Joint Review Missions, quarterly reporting of expenditure through Financial Management Reports and regular statutory and concurrent audits monitors the implementation of the Mission.

In order to facilitate better oversight by States implementing the Mission, the Government has also issued advisories, rolled out handbooks and training modules for better Financial Management and is implementing e-banking in 13 States with a view to strengthening the systems under the Mission.

ANNEXURE 'A'

Statement showing State-wise Allocation, Release and Expenditure under NRHM for FYs. 2008-09 to 2011-12

Sl. No.	State	2008-09			2009-10			2010-11			2011-12		
		Allocation	Release	Exp.	Allocation	Release	Exp.	Allocation	Release	Exp.	Allocation	Release	Exp. (Up to 30/09/2011)
1.	Andaman & Nicobar Islands	10.71	12.56	12.76	16.82	8.23	20.11	20.28	15.84	18.65	22.64	4.33	4.60
2.	Andhra Pradesh	663.37	638.73	700.13	717.30	708.32	764.91	816.11	810.23	673.31	931.81	392.74	172.46
3.	Arunachal Pradesh	43.95	36.51	57.69	51.14	57.32	66.16	66.67	73.76	80.79	56.02	33.93	21.14
4.	Assam	638.94	606.89	698.32	906.72	813.93	763.71	894.01	736.45	945.55	851.35	357.87	268.73
5.	Bihar	777.70	821.18	783.19	860.29	649.71	826.20	977.40	1035.18	1434.84	1122.10	522.65	296.96
6.	Chandigarh	8.04	5.31	6.47	9.86	7.59	8.25	1120	6.91	9.68	11.72	0.94	3.63
7.	Chhattisgarh	259.35	249.72	162.14	292.01	261.65	240.41	345.76	327.24	307.92	392.54	166.99	122.32
8.	Dadra & Nagar Haveli	3.45	3.28	3.86	4.27	3.27	4.62	4.77	6.30	5.76	5.92	2.67	2.37
9.	Daman & Diu	3.07	2.60	2.41	3.51	2.33	3.46	3.92	3.08	3.97	4.98	0.60	1.86
10.	Delhi	100.37	99.62	55.68	121.25	83.03	75.89	136.74	108.48	90.44	145.27	11.88	30.77
11.	Goa	13.52	14.09	8.89	12.90	12.43	18.59	16.68	17.21	19.08	20.47	11.68	11.57
12.	Gujarat	414.07	342.81	495.90	464.90	500.55	634.27	528.69	556.79	757.88	600.61	518.40	193.59
13.	Haryana	166.20	165.02	187.73	179.72	206.17	336.78	203.94	219.69	274.62	233.52	196.43	100.79
14.	Himachal Pradesh	77.74	64.2.1	94.84	97.07	115.41	167.81	110.68	113.22	164.79	123.89	73.92	51.52
15.	Jammu & Kashmir	102.24	76.48	111.94	134.94	130.34	155.59	153.87	173.80	209.69	175.54	173.48	78.75
16.	Jharkhand	294.00	247.27	299.30	349.39	179.34	195.45	308.59	356.90	348.50	458.88	220.21	121.41
17.	Karnataka	461.83	222.88	331.20	505.17	436.66	680.64	551.80	586.38	752.31	612.69	518.42	208.53
18.	Kerala	253.61	437.84	428.94	284.34	237.62	385.19	308.59	253.41	420.48	345.37	340.36	119.41
19.	Lakshadweep	2.13	1.22	2.18	2.09	1.09	2.86	2.28	254	3.53	3.99	0.55	1.50

20. Madhya Pradesh	609.02	707.88	686.97	705.88	604.79	741.28	766.66	784.40	956.56	870.83	404.53	361.12
21. Maharashtra	779.15	587.43	873.15	860.39	959.72	1044.71	981.28	903.36	1229.62	1078.51	939.93	372.63
22. Manipur	66.34	56.58	62.06	90.09	81.45	64.11	98.67	67.98	73.76	88.49	17.78	27.19
23. Meghalaya	65.48	44.76	51.27	85.75	79.78	75.13	88.95	52.50	86.34	94.25	20.38	27.51
24. Mizoram	40.24	37.44	54.26	50.72	49.87	58.66	62.15	70.49	74.07	63.46	32.29	18.57
25. Nagaland	57.96	56.23	57.65	78.30	73.87	64.26	82.47	66.40	81.84	83.31	63.08	37.64
26. Odisha	392.88	388.05	334.05	457.57	470.18	646.74	494.09	549.44	662.39	568.53	448.66	208.85
27. Puducherry	11.31	5.12	7.29	11.32	12.04	13.34	13.94	16.32	17.36	15.17	10.94	6.78
28. Punjab	185.89	183.03	190.08	209.58	359.53	241.41	246.77	252.81	335.95	276.56	252.14	114.78
29. Rajasthan	596.53	798.15	909.16	633.19	748.96	1001.74	743.41	863.97	1164.51	824.17	452.69	430.57
30. Sikkim	21.44	19.88	50.62	26.73	25.80	35.73	35.54	32.94	33.37	34.01	24.12	10.41
31. Tamil Nadu	515.70	501.60	534.42	568.68	639.10	691.93	659.92	702.09	828.36	765.42	529.15	448.46
32. Tripura	88.32	77.58	68.73	125.20	111.98	81.10	116.91	85.47	106.12	117.46	12.82	37.25
33. Uttar Pradesh	1727.59	1474.91	1546.06	1867.65	1965.82	2230.74	2079.73	2191.36	2693.30	2224.00	875.71	840.84
34. Uttarakhand	100.16	98.44	132.48	117.75	130.85	144.00	129.18	147.39	203.21	169.95	140.11	88.15
35. West Bengal	639.93	539.79	563.75	678.81	741.25	730.24	771.41	680.79	950.75	870.31	445.23	295.04
Grand Total	10192.23	9625.09	10565.10	11581.30	11470.18	13216.05	12923.25	12871.11	16018.91	14263.72	8217.60	5137.68

Note:

Expenditure for the F.Ys 2009-10, 2010-11 and 2011-12 (up to 30.09.2011) are provisional.
Release for the F.Y. 2011-12 upto 15.11.2011.
The above Release relate to Central Govt. Grants & do not include State contribution.

ANNEXURE 'B'

Statement showing Allocation and Expenditure of Funds under National AIDS Control Organisation (NACO) (2008-09 to 2011-12)

(Rs. in Lakhs)

Sl. No.	Name of the State	2008-09		2009-10		2010-11		2011-12	
		Allocation	Exp.	Allocation	Exp.	Allocation	Exp.	Allocation	Exp.
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh SACS	5472.02	5516.17	8243.18	7058.19	9049.52	6307.74	8722.93	4539.78
2.	Arunachal Pradesh SACS	706.84	712.02	816.31	685.21	929.92	862.92	794.34	364.53
3.	Assam SACS	1912.37	1409.32	1794.83	1447.57	1935.51	1562.44	1974.84	764.33
4.	Bihar SACS	2179.49	1019.93	2174.73	1126.25	2492.33	1891.99	2552.65	1018.27
5.	Chhattisgarh SACS	1106.37	425.78	1195.93	788.51	1708.15	1127.37	1823.30	487.18
6.	Goa SACS	624.72	401.85	650.23	535.81	777.46	517.51	621.91	221.05
7(a).	Gujarat SACS	3559.86	3172.17	4593.00	3722.54	4994.99	4162.33	5310.94	1707.02
7(b).	Ahmedabad MC ACS	427.72	319.35	367.33	288.90	563.55	385.02	721.67	2.80
8.	Haryana SACS	1099.08	634.08	1745.94	912.30	1742.80	1370.36	1874.65	730.11
9.	Himachal Pradesh SACS	869.35	615.40	1125.27	881.66	1136.95	1036.95	1316.66	413.59
10.	Jammu & Kashmir SACS	655.37	277.73	677.60	257.09	680.96	243.76	811.85	130.13
11.	Jharkhand SACS	1119.73	1228.83	2000.30	466.58	1754.17	1040.50	1882.54	545.69
12.	Karnataka SACS	6458.03	2641.20	3056.51	2069.46	6040.84	4492.40	6893.59	3412.25

13.	Kerala SACS	2341.68	2153.47	2500.02	2169.92	3183.55	2954.92	3243.17	1255.36
14.	Madhya Pradesh SACS	2458.36	1257.22	3341.73	2040.36	3679.63	1928.85	3819.50	1206.20
15(a) .	Maharashtra SACS	5756.84	4319.95	3452.12	4484.84	7976.57	6020.92	7399.55	3834.50
15(b).	Mumbai MC ACS	1810.06	1579.11	2163.16	1696.63	2328.38	1837.31	2290.52	923.16
16.	Manipur SACS	2740.07	2558.15	2281.98	1579.34	2491.69	1927.88	1722.06	725.37
17.	Meghalaya SACS	475.91	186.79	459.53	269.95	494.69	409.84	503.93	154.27
18.	Mizoram SACS	1353.27	1454.45	1331.25	1224.75	1719.02	1497.00	1438.95	620.13
19.	Nagaland SACS	1895.13	1664.07	1938.71	1729.50	2134.13	1782.02	2050.68	712.79
20.	Odisha SACS	2188.28	1536.00	2353.38	1473.61	2867.59	2445.71	3050.41	952.50
21.	Punjab SACS	1341.85	724.98	1815.12	1070.96	2163.50	1825.91	2546.86	974.63
22.	Rajasthan SACS	2087.19	914.44	2618.60	1869.59	3298.70	2637.94	2968.14	1283.16
23.	Sikkim SACS	347.34	320.74	415.62	363.66	523.65	500.45	501.77	199.23
24(a).	Tamil Nadu SACS	4550.40	8490.54	7193.00	3262.32	8006.02	7960.39	7781.00	4211.28
24(b).	Chennai MC ACS	652.49	337.53	594.67	169.51	183.91	218.12	226.41	67.02
25.	Tripura SACS	569.48	554.98	724.52	621.46	746.41	640.50	743.87	223.07
26.	Uttar Pradesh SACS	3791.85	2514.23	3602.89	2684.70	4067.19	3254.14	4457.42	1572.58
27.	Uttarakhand SACS	762.61	663.02	1048.55	840.22	1215.40	1038.48	1321.49	553.41
28.	West Bengal SACS	3630.54	4437.88	4427.18	3327.78	4760.34	3616.79	4678.84	1553.89
	Total	54944.29	54041.38	70703.19	51119.19	85646.92	67498.47	86046.44	35360.26

1	2	3	4	5	6	7	8	9	10
UTs									
1.	Delhi SACS	2524.80	1788.07	2669.70	1911.57	3535.44	2832.58	3461.51	1474.09
2.	Pondicherry SACS	358.84	216.43	345.82	243.58	386.98	299.09	368.48	132.92
3.	Andaman & Nicobar SACS	186.14	97.94	158.69	118.03	184.60	113.78	170.31	60.89
4.	Chandigarh SACS	386.02	306.81	205.35	280.94	626.34	596.65	502.41	256.38
5.	Dadra & Nagar Haweli	119.25	88.56	136.00	103.34	149.11	110.00	139.07	19.26
6.	Daman & Diu SACS	111.54	121.43	167.24	100.35	231.19	114.45	189.93	35.86
7.	Lakshadweep SACS	34.86	26.25	35.89	29.01	39.63	12.42	39.63	9.52
Total UTs		3721.45	2645.50	3718.70	2786.83	5153.29	4078.97	4871.34	1988.92
Grand Total		68665.74	56686.87	74421.89	53906.02	90800.21	71577.44	90917.78	37349.18

ANNEXURE 'C'

State/UT-wise Achievement made under the Centrally Sponsored Scheme for Development of AYUSH Hospital & Dispensaries
(As on 1st December 2011)

(Rs. in Lakhs)

Sl.No.	Name of the State	2008-09		2009-10		2010-11		2011-12*	
		Central Release of	UC issued	Central Release of	UC issued	Central Release of	UC issued	Central Release of	UC issued
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh	0.00	0.00	1.25	0.00	1191.04	0.00	0.00	0.00
2.	Arunachal Pradesh	0.00	0.00	0.00	0.00	117.34	0.00	0.00	0.00
3.	Assam	108.25	88.75	77.42	1.17	4.68	0.00	0.00	0.00
4.	Bihar	0.00	0.00	2617.75	0.00	1734.26	0.00	0.00	0.00
5.	Chhattisgarh	162.50	106.89	0.00	0.00	8.50	0.00	0.00	0.00
6.	Gujarat	2622.84	0.00	0.00	0.00	1220.93	0.00	0.00	0.00
7.	Haryana	645.50	143.19	1615.00	0.00	2.33	0.00	0.00	0.00
8.	Himachal Pradesh	2172.50	0.00	1118.87	0.00	2154.13	0.00	0.00	0.00
9.	Jammu & Kashmir	265.00	258.46	575.02	255.00	37.40	0.00	0.00	0.00
10.	Jharkhand	0.00	0.00	2026.00	0.00	0.00	0.00	0.00	0.00

1	2	3	4	5	6	7	8	9	10
11.	Karnataka	180.35	160.45	484.70	0.00	3559.92	0.00	0.00	0.00
12.	Kerala	200.00	200.00	1184.83	0.00	4014.19	4.54	0.00	0.00
13.	Madhya Pradesh	398.68	29.82	1276.88	0.00	798.13	0.00	0.00	0.00
14.	Meghalaya	174.82	0.00	323.00	0.00	0.00	0.00	0.00	0.00
15.	Manipur	280.00	10.00	1052.25	0.00	6.90	6.90	765.00	0.00
16.	Mizoram	375.00	375.00	99.72	99.72	6.30	0.00	0.00	0.00
17.	Maharashtra	66.00	21.98	27.00	22.00	6.38	0.00	0.00	0.00
18.	Nagaland	50.00	50.00	305.29	0.00	187.92	0.00	0.00	0.00
19.	Orissa	0.00	0.00	463.46	0.00	1383.12	0.00	0.00	0.00
20.	Punjab	96.85	96.85	1119.70	29.33	6.00	0.00	0.00	0.00
21.	Rajasthan	3571.68	3367.35	2170.68	789.21	5800.64	0.00	0.00	0.00
22.	Tripura	26.06	0.00	240.60	0.00	289.54	0.00	0.00	0.00
23.	Tamil Nadu	20.00	0.00	4834.38	0.00	0.00	0.00	0.00	0.00
24.	Uttarakhand	188.62	152.31	463.00	0.00	805.85	0.00	0.00	0.00
25.	Uttar Pradesh	997.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26.	West Bengal	323.66	174.32	186.57	0.00	11.73	0.00	0.00	0.00
27.	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28.	Delhi	34.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29.	Goa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

30.	A & N Islands	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31.	D & N Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.	Daman & Diu	0.00	0.00	0.00	0.00	3.83	0.00	3.83	0.00
33.	Lakshadweep	2.75	0.00	0.00	0.00	50.76	0.00	75.99	0.00
34.	Puducherry	44.88	2.80	45.30	0.00	0.00	0.00	0.00	0.00
35.	Chandigarh	44.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		13052.49	5238.17	22305.66	1205.43	23402.41	11.44	844.82	0.00

Note: Due to pending UCs in respect of Grant released upto financial year 2009-10, fresh grants could not be released to most of the States during 2011-12.

Annexure-I

Grant-in-aid released under National Mental Health Programme for Upgradation of Medical Colleges

Sl. No.	State	Year	Installment	Medical College	Amount (in Rs.)
1.	Arunachal Pradesh	2009-10	One Time	General Hospital, Pasighat	50,00,000/-
2.	Dadra & Nagar Haveli	2009-10	One Time	Sh. Vinoba Bhave Civil Hospital, Silvassa, Dadra & Nagar Haveli	50,00,000/-
3.	Gujarat	2008-09	One Time	Surat Municipal Institute of Medical Education & Research (SMIMER), Surat	20,33,000/-
4.		2008-09	One Time	Smt. NHL Municipal Medical College, Ellisbridge, Ahmedabad	50,00,000/-
5.	Maharashtra	2008-09	One Time	Rajiv Gandhi Medical College & Chhatrrapati Shivaji Maharaj Hospital, Thane	47,06,000/-
6.		2008-09	One Time	Topiwala Nair Medical College, Mumbai	17,05,000/-
7.	Odisha	2009-10	One Time	V.S.S. Medical College, Burla	50,00,000/-
8.		2008-09	One Time	Govt. Medical College, Kota,	50,00,000/-
9.		2008-09	One Time	S.P. Medical College, Bikaner	50,00,000/-
10.	Tamil Nadu	2008-09	One Time	Kanyakumari Government Medical College and Hospital, Nagercoil	43,50,000/-
11.		2008-09	One Time	Govt. Medical College, Theni	43,50,000/-
12.		2008-09	One Time	IRT Perundurai Medical College, Erode	43,00,000/-
13.	Uttar Pradesh	2008-09	One Time	Institute of Medical Sciences, Banaras Hindu University Varanasi	44,00,000/-

Grant-in-aid provided to Government Mental Hospitals under National Mental Health Programme for their Modernisation

Sl. No.	State	Year	Institute	Amount (in Rs.)
1.	Maharashtra	2008-09	Regional Mental Hospital, Ratnagiri	2,84,00,000/-
2.	Meghalaya	2008-09	Meghalaya Institute of Mental Health & Neurological, Shillong	3,00,00,000/-

Grant-in-aid released under Manpower Development Schemes of National Mental Health Programme

Scheme—A

Sl. No.	Mental Hospital/Institute	Ist Instalment (2009-10)	2nd Instalment (2010-11)	3rd Instalment (2010-11)
1.	Institute of Mental Health & Hospital, Agra, Uttar Pradesh	Rs. 5,28,00,000/-	Rs. 13,31,00,000/-	Rs. 2,25,00,000/-
2.	Hospital for Mental Health, Ahmedabad, Gujarat	Rs. 5,28,00,000/-		
3.	State Mental Health Institute, Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak, Haryana	Rs. 5,28,00,000/-	Rs. 15,56,00,000/-	
4.	Institute of Psychiatry, Kolkata, West Bengal	Rs. 5,28,00,000/-		
5.	Institute of Mental Health, Hyderabad, Andhra Pradesh	Rs. 5,28,00,000/-		
6.	Psychiatric Diseases Hospital, Government Medical College, Srinagar, Jammu & Kashmir	Rs. 5,28,00,000/-	Rs. 10,54,08,352/-	
7.	Department of Psychiatry, Government Medical College, Chandigarh	Rs. 5,28,00,000/-		
8.	Mental Health Institute, Cuttack	Rs. 5,28,00,000/-		
9.	Institute of Mental Health & Neuro Sciences, Kozhikode	Rs. 9,00,00,000/-	Rs. 11,84,00,000/-	
10.	IHBAS, Shahdra, Delhi		Rs. 5,28,00,000/-	
Total			Rs. 1,10,02,08,352/-	

Scheme—B

Sl. No.	Mental Hospital/Institute	Amount released to the State Health Society
1	2	3
1.	PDU Medical College, Rajkot, Gujarat	Rs. 32,78,000/- (For Psychiatric Nursing)
2.	Government Medical College, Surat, Gujarat	Rs. 47,12,000/- (For Clinical Psychology)
3.	CSM Medical University, Lucknow, Uttar Pradesh	Rs. 1,73,66,000/- (For Psychiatry, Clinical Psychology, Psychiatric Social Work, Psychiatric Nursing)
4.	Ranchi Institute of Mental Health & Neuro Sciences, Ranchi	Rs. 1,21,00,000/- (For Psychiatry, Clinical Psychology, Psychiatric Social Work, Psychiatric Nursing)
5.	Dr. RML Hospital, Delhi	Rs. 35,16,000/- (For Psychiatric Social Work)
6.	S.P. Medical College, Bikaner, Rajasthan	Rs. 58,60,000/- (For Psychiatry)
7.	R.N.T. College, Udaipur, Rajasthan	Rs. 58,60,000/- (For Psychiatry)
8.	Institute of Mental Health, Chennai	Rs. 90,38,000/- (For Psychiatry & Psychiatric Nursing)

1	2	3
9.	LGB Regional Institute of Mental Health, Tezpur, Assam	Rs. 1,73,66,000/- (For Psychiatry, Clinical Psychology, Psychiatric Social Work, Psychiatric Nursing)
10.	Government Medical College, Trivandrum	Rs. 1,76,66,000/- (For Psychiatry, Clinical Psychology, Psychiatric Social Work, Psychiatric Nursing)
	Total	Rs. 9,64,62,000/-

ANNEXURE 'D'

Grant-in-aid released for District Mental Health Programme

Sl. No.	State	District	Year of Grant	Grant Released (Rs.)
1.	Andhra Pradesh	Cuddapah	2010-11	21,80,000/-
2.	Dadra & Nagar Haveli	Silvassa	2008-09	15,04,926/-
			2010-11	17,42,400/-
3.	Delhi	North-West District	2008-09	21,28,133/-
4.	Haryana	Gurgaon	2009-10	17,27,945/-
		Hissar	2009-10	15,05,749/-
5.	Gujarat	Godhara	2011-12	20,70,000/-
6.	Jharkhand	Daltonganj	2007-08	26,20,000/-
7.	Manipur	Imphal West	2009-10	17,40,804/-
		Thoubal	2009-10	18,32,251/-
		Churachandpur	2011-12	21,57,000/-
		Chandel	2011-12	21,80,000/-
8.	Meghalaya	West Garo Hills	2011-12	21,80,000/-
		Jaintia Hills	2011-12	21,80,000/-
9.	Uttar Pradesh	Faizabad	2011-12	20,70,000/-
		Raibareli	2011-12	20,47,000/-
10.	Kerala	Kannur	2010-11	21,80,000/-
		Wayanad	2010-11	21,80,000/-
11.	Karnataka	Shimoga	2010-11	21,08,200/-
		Gulbarga	2010-11	19,59,400/-
		Karwar	2010-11	18,19,200/-
		Chamrajanagar	2010-11	13,44,800/-
12.	West Bengal	24-Parganas	2010-11	21,80,000/-
		Jalpaiguri	2010-11	15,81,648/-
		West Midnapur	2011-12	20,98,564/-

ANNEXURE 'E'

National Programme for Health Care of the Elderly
(NPHCE)

Fund released to States during 2010-11 for District Hospitals, CHCs, PHCs & SCs

(Rs. in Lakh)

Sl. No.	State	Non-Recurring	Recurring	Total	Expenditure Reported
1.	Andhra Pradesh	186.24	177.17	363.41	Nil
2.	Assam	124.96	101.33	226.29	Nil
3.	Bihar	139.52	112.05	251.57	Nil
4.	Chhattisgarh	89.68	91.54	181.22	Nil
5.	Gujarat	124.88	109.89	234.77	Nil
6.	Haryana	48.24	30.10	78.34	Nil
7.	Himachal Pradesh	64.08	56.98	121.06	Nil
8.	Jammu & Kashmir	95.04	61.33	156.37	Nil
9.	Karnataka	158.16	158.05	316.21	Nil
10.	Kerala	70.08	69.86	139.94	Nil
11.	Madhya Pradesh	58.24	45.86	104.10	Nil
12.	Maharashtra	119.60	99.01	218.61	Nil
13.	Sikkim	43.36	21.86	65.22	13.04
14.	Odisha	50.88	35.94	86.82	Nil
15.	Punjab	56.16	47.62	103.78	Nil
16.	Rajasthan	146.56	141.49	288.05	Nil
17.	Uttarakhand	54.40	39.62	94.02	Nil
18.	Tamil Nadu	58.48	47.06	105.54	Nil
19.	West Bengal	65.44	60.10	125.54	Nil
	Total	1754.00	1506.86	3260.86	13.04

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Fund released to Institutes during 2010-11 for establishment of Geriatric Unit at District Hospitals

(Rs. in lakh)

Sl. No.	Institute	Non-Recurring	Recurring	Total	Expenditure Reported
1.	Institute of Medical Sciences, Banaras Hindu University, Uttar Pradesh	140.00	73.65	213.65	Nil
2.	Govt. Medical College, Tiruvananthapuram, Kerala	140.00	73.65	213.65	Nil
3.	Guwahati Medical College, Guwahati, Assam	140.00	73.65	213.65	Nil
4.	S.N. Medical College, Jodhpur, Rajasthan	140.00	73.65	213.65	Nil
	Grand Total			854.60	Nil

Fund released to States under NPHCE during 2011-12
[for District Hospitals in the new Districts only]

(Rs. in Lakh)

Sl. No.	Name of the State	Non-Recurring	Recurring	Total	Expenditure Reported
1.	Assam*	156.60	52.80	209.40	Nil
2.	Bihar	111.36	56.32	167.68	Nil
3.	Chhattisgarh	55.68	28.16	83.84	Nil
4.	Gujarat	278.40	70.40	348.80	Nil
5.	Haryana	83.52	42.24	125.76	Nil
6.	Himachal Pradesh	55.68	28.16	83.84	Nil
7.	Jammu & Kashmir	83.52	42.24	125.76	Nil
8.	Karnataka	83.52	42.24	125.76	Nil
9.	Kerala	111.36	56.32	167.68	Nil
10.	Madhya Pradesh	111.36	56.32	167.68	Nil
11.	Maharashtra	111.36	56.32	167.68	Nil
12.	Odisha	111.36	56.32	167.68	Nil
13.	Punjab	55.68	28.16	83.84	Nil
14.	Rajasthan	139.20	70.40	209.60	Nil
15.	Sikkim	27.84	14.08	41.92	Nil
16.	Uttarakhand	27.84	14.08	41.92	Nil
17.	West Bengal	55.68	28.16	83.84	Nil
	Grand Total	1659.96	742.72	2402.68	Nil

**IFD concurrence received and sanction letter has been issued.*

Table 4

[Fund released to Institutes
for establishment of Geriatric Department during 2011-12]

(Rs. in lakh)

Sl. No.	Institute	Non-Recurring	Recurring	Total	Expenditure Reported
1.	MMC. Chennai	144.00	65.376	209.376	Nil
2.	Grants Medical College	144.00	65.376	209.376	Nil
3.	Sher-e-Kashmir Institute	144.00	65.376	209.376	Nil
4.	AIIMS, New Delhi	144.00	65.376	209.376	Nil
	Grand Total			837.504	Nil

National Programme for Prevention and Control of Diabetes, CVD & Stroke (NPDCS)

Consolidated release of Funds under NPDCS during 2010-11 and 2011-12

(Rs. in lakhs)

Sl. No.	States	Districts	Districts Cover	2010-11 (March, 2011)			2011-12			Grand Total
				NR	R	Total	R	NR	Total	
1	2	3	4	5	6	7	8	9	10	11
1.	Andhra Pradesh	1.	Srikakulam	134.08	84.37	218.45	95.10	515.12	610.22	828.67
		2.	Vijyanagaram							
		3.	Chittor							
		4.	Cuddapah							
		5.	Nellore							
		6.	Krishna							
		7.	Kurnool							
		8.	Prakasam							
2.	Assam	9.	Jorhat	132.88	66	198.88	0.00	0.00	0.00	198.88
		10.	Dibrugarh							
		11.	Lakhimpur							
		12.	Sivasagar							
		13.	Kamrup							

1	2	3	4	5	6	7	8	9	10	11
3.	Bihar	14	Vaishali	130.08	34.88	164.96	71.33	386.32	457.65	622.61
		15	Rohtas							
		16	Muzaffarpur							
		17	Pashchim Champaran							
		18	Purva Champaran							
		19	Kaimur (Bhab)							
4.	Chhattisgarh	20	Bilaspur	68.44	57.54	125.98	35.66	193.16	228.82	354.80
		21	Jashpur Nagar							
		22	Raipur							
5.	Gujarat	23	Gandhi Nagar	135.68	98.16	233.84	71.33	386.32	457.65	691.49
		24	Surendra Nagar							
		25	Rajkot							
		26	Jam Nagar							
		27	Porbandar							
		28	Junagarh							
6.	Jharkhand	29	Bokaro			MoU has not been received				0.00
		30	Ranchi							

		31	Dhanbad	MoU has been received						0.00
7.	Haryana	32	Mewat	65.24	18.33	83.57	47.55	257.56	305.11	388.68
		33	Yamunanagar							
		34	Kurukshetra							
		35	Ambala							
8.	Himachal Pradesh	36	Chamba	67.24	42.05	109.29	35.66	193.16	228.82	338.11
		37	Lahul & Spiti							
		38	Kinnaur							
9.	Jammu & Kashmir	39	Leh (Ladakh)	130.88	40.89	171.77	59.44	321.92	381.36	553.13
		40	Udampur							
		41	Kupawara							
		42	Doda (Erstwhile)							
		43	Kargil							
10.	Karnataka	44	Kolar	135.68	99.25	234.93	59.44	321.92	381.36	616.29
		45	Shimoga							
		46	Udupi							
		47	Tumkur							
		48	Chikmagalur							
11.	Kerala	49	Pathanamthit	69.64	70.16	139.80	59.44	321.96	381.40	521.20

1	2	3	4	5	6	7	8	9	10	11
		50	Kozikode (Cal							
		51	Allppuzha							
		52	Idukki							
		53	Thrissur							
12.	Madhya Pradesh	54	Ratlam	66.44	32.74	99.18	59.44	321.96	381.40	480.58
		55	Hoshangabad							
		56	Chhindwara							
		57	Jhabua							
		58	Dhar							
13.	Maharashtra	59	Washim	134.08	79.44	213.52	71.33	386.32	457.65	671.17
		60	Wardha							
		61	Gadchiroli							
		62	Bhandara							
		63	Chanderpur							
		64	Amaravati							
14.	Sikkim	65	East Sikkim	64.44	8.83	73.27	0.00	0.00	0.00	73.27
		66	South Sikkim							

15.	Odisha	67	Naupada	66.04	27.63	93.67	59.44	321.96	381.40	475.07
		68	Balangir							
		69	Nabarangpur							
		70	Koraput							
		71	Malkangiri							
16.	Punjab	72	Bhatinda	68.04	50.99	119.03	35.66	193.16	228.82	347.85
		73	Gurdaspur							
		74	Hoshiarpur							
17.	Rajasthan	75	Bhilwara	136.68	122.63	259.31	83.22	450.72	533.94	793.25
		76	Jaisalmer							
		77	Jodhpur							
		78	Ganga Nagar							
		79	Bikaner							
		80	Barmer							
		81	Nagaur							
18.	Tamil Nadu	82	Theni	66.84	37.38	104.22	MoU has not been received			104.22
		83	Coimbatore							
		84	Virudhnagar							
		85	Toothukudi							

1	2	3	4	5	6	7	8	9	10	11
		86	Tirunelveli							
19.	Uttar Pradesh	87	Rae Bareli	Bank Account Details and MoU has not been received						0.00
		88	Sultanpur							
		89	Jhansi							
		90	Lakhimpur K							
		91	Farookhabad							
		92	Firozabad							
		93	Etawah							
		94	Lalitpur							
		95	Jalaun							
20.	Uttarakhand	96	Nainital	66.04	27.96	94.00	23.78	128.76	152.54	246.54
		97	Almora							
21.	West Bengal	98	Darjeeling	68.84	60.95	129.79	35.66	193.16	228.82	358.61
		99	Jalpaiguri							
		100	Dakshin Dinaj							
	Total			1807.28	1060.18	2867.46	903.49	4893.48	5796.97	8664.43

Expenditure Report by States: NIL

APPENDIX II

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 2034
ANSWERED ON 02.12.2011

Irregularities/Scams in the Health Related Schemes

2034. SHRIMATI RAMA DEVI:
SHRI ANJAN KUMAR M. YADAV:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any irregularities have been reported in health related schemes running with the assistance of the World Bank;

(b) if so, the number of such cases detected by the Government during the last three years and the current year, State/UT-wise;

(c) the details thereof and the action taken by the Government against those found guilty; and

(d) the outcome of the action and the corrective measures taken by the Government in this regard?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Following three referral reports in respect of irregularities in projects have been received from department of institutional integrity, World Bank during the last three years:—

(i) Reproductive & Child Health Project-II.

(ii) Second Tuberculosis Control Project.

(iii) Food & Drugs Capacity Building Project.

In the case of Reproductive & Child Health Project-II, two Chinese manufacturers had submitted bids in respect of two tenders. In one case, bid guarantee was found to be fraudulent, whereas in the other case the bidder submitted false test report in support of the performance equipment. In one case the supply order was cancelled, whereas in the other case supply order was not placed. As such in both the cases pre-emptive action was taken.

Regarding Food & Drugs Capacity Building Project, Central Bureau of Investigation (CBI) has initiated investigations against three companies.

APPENDIX III

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 2679

ANSWERED ON 09.12. 2011

Corruption in MCI and DCI

2679. SHRI PRATAPRAO GANPATRAO JADHAO:
SHRI YOGI ADITYA NATH:
SHRIMATI RAMA DEVI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether cases of corruption, malpractices and irregularities have been reported in the Medical Council of India (MCI) and the Dental Council of India (DCI) in the country;

(b) if so, the details thereof during the last three years and the current year;

(c) the action taken by the Government against the erring officials; and

(d) the steps taken by the Government to keep MCI and DCI free from corruption?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) In so far as the Medical Council of India is concerned, the President of the Council was arrested by Central Bureau of Investigation on 22.04.2010 on charges of alleged corruption. Subsequently, the Central Government superseded the Council by amending the Indian Medical Council Act and constituted a Board of Governors to discharge the functions of the Council. The Central Government has also received complaints regarding corruption, malpractices and irregularities against the former President and present incumbent of the Dental Council of India (DCI). A two-member Committee was constituted to enquire into the complaints against the former President of DCI and the report of the Committee has been forwarded to Central Vigilance Commission. As regards the complaint against the present President of DCI, the same is being looked into by the Chief Vigilance Officer of the Ministry of Health and Family Welfare. Separately, the Government is also considering setting up an overarching regulatory body *viz*. National Commission for Human Resources for Health with a dual purpose of reforming the current regulatory framework and enhancing the supply of skilled personnel in the health sector.

APPENDIX IV

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 3703
ANSWERED ON 16.12. 2011

ECG Technician

3703. SHRI SHAILENDRA KUMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the number of posts of ECG Technician, staff lying vacant in Dr. Ram Manohar Lohia Hospital alongwith reasons for its vacancy;

(b) whether some ECG technicians have been appointed on contractual basis since last three years;

(c) if so, the details thereof;

(d) whether the Government proposes to grant age relaxation to candidates working as ECG Technician on contract basis who have subsequently become over-age for regular recruitment process;

(e) if so, the details thereof and if not, the reasons therefor; and

(f) the time by which these vacancies are likely to be filled on regular basis.

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The information is given as per Annexure.

(b) & (c) Two ECG technicians have been appointed on contract basis.

(d) & (e) The relaxation of age in respect of any post is governed by the extant rules of the Government.

(f) No time line can be fixed for filling of these vacancies.

ANNEXURE

Cadre of ECG Technicians

Sl. No.	Name of the Post	Sanctioned Posts	Filled Posts	Vacant Posts	Reasons for vacant
1.	Technical Officer	01	Nil	01	Newly created post for Electro Physio Lab, Recruitment Rules are not available. Framing of RR is under process.
2.	Technical Supervisor (Cardiology)	01	01	Nil	
3.	Technical Supervisor (Cath Lab)	01	Nil	01	Newly created post for Electro Physio Lab, Recruitment Rules is not available. Framing of RR is under process.
4.	Technical Supervisor (Pediatric Surgery)	01	Nil	01	Newly created post for Pediatrics Surgery, Recruitment Rules is not available. Framing of RR is under process.
5.	Sr. Technical Assistant (Cardiology)	07	02	05	04 posts are newly created, Process of promotion has started.
6.	Sr. Technical Assistant (Electro Physio Lab)	02	Nil	02	Newly created post for Electro Physio Lab, Recruitment Rules is not available. Framing of RR is under process.
7.	Sr. ECG/Monitoring Technician	20	10	10	09 (Nine) newly created posts. Process of filling up of the vacant posts has been started and filled up very soon.
8.	Pacing Lab Technician	01	Nil	01	Recruitment Rules is not notified. Framing of RR is under process.

APPENDIX V

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 3788

ANSWERED ON 16.12.2011

Social Audit of Schemes

3788. SHRI MANISH TEWARI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of States with highest prevalence of malpractices in Central Government social sector schemes under National Rural Health Mission (NRHM);

(b) whether the Ministry has proposed a social audit of welfare schemes run by the Central Government alongwith the need, advantages and details of welfare programmes to be brought under the ambit of social audit;

(c) the level at which such social audits be conducted and the methodology to be followed in this regard;

(d) whether State Governments are proposed to be given additional resources for meeting administrative expenses to carry out such audits and if so, the details thereof; and

(e) whether any pilot study has been carried out in this regard and if so, the details and outcome thereof?

ANSWER

THE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) The implementation of NRHM is entrusted with the State Governments. The irregularities noticed time to time have been referred to the respective State Governments for taking necessary action. Special teams are also sent to the States if any irregularity is brought to the notice of the Government. In case of Uttar Pradesh, special teams were sent in December, 2010 and May, 2011, which found deficiencies in several areas. The State Government instituted inquiries by senior officers in these irregularities.

On request of the Government of India, CAG has started conducting special audit of NRHM in UP since its inception.

(b) Government has constituted Advisory Group on Community Action (AGCA) to facilitate community monitoring of NRHM and to advise on ways of developing community partnership and ownership for the Mission. Community monitoring has been piloted in 9 States *i.e.* Assam, Jharkhand, Rajasthan, Tamil Nadu, Chhattisgarh, Karnataka, Madhya Pradesh, Maharashtra, Odisha.

(c) As per the Report of Pilot phase of Community Monitoring under NRHM titled "Reviving Hopes Realising Rights", the community monitoring process in the States

mentioned above was done at different levels starting from State, District, Blocks and Village levels. In each State, three to five districts were selected considering the geographical spread, in each district three blocks, in each block three PHCs and in each PHC five villages were selected. The first round of community monitoring process thus covered over 1600 villages and 300 facilities. The methodologies adopted in the Community Monitoring process are formation and strengthening of Community Monitoring and Planning Committees at the Village levels, orientation of members of the Community Monitoring and Planning Committee, orientation or service providers, preparation of village and facility level report cards.

(d) Financial assistance is provided to the States for community monitoring activities on the basis of requirement projected under the State Programme Implementation Plan, which is appraised and approved by Government of India based on the recommendations of National Programme Coordination Committee (NPCC).

(e) The Report of pilot phase of Community Monitoring under NRHM titled "Reviving Hopes Realising Rights", *inter alia* mentions the following:

- Improvement in implementation of JSY scheme.
- Frequency of visits of ANM and MPWs in villages improved leading to improved health services and immunization coverage.
- Interaction between local health providers and community has improved.
- Provided Mobile Medical Unit on demand from community.

APPENDIX VI

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 3827
ANSWERED ON 27.04.2012

Evaluation of National Tobacco Control Programme

3827. SHRI HARISH CHAUDHARY:
DR. SANJAY SINH:
SHRI BHOOPENDRA SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is implementing the National Tobacco Control Programme (NTCP) across the country;

(b) if so, the present status of implementation of NTCP in the country, State/UT-wise;

(c) whether the Government has done any monitoring and evaluation/assessment of the above programme at the national level;

(d) if so, the details along with the outcome thereof; and

(e) the details of the shortcomings noticed and measures taken/proposed to plug the loopholes in implementation of NTCP?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The National Tobacco Control Programme (NTCP) has been launched in 42 Districts of 21 States to implement various provisions under anti-tobacco law (COTPA, 2003) and to create awareness about the harmful effects of tobacco consumption. The list of districts covered under the programme is annexed. The programme broadly envisages:—

I. Mass media/Public awareness campaigns aimed at behavioural change.

II. Establishment of tobacco product testing laboratories, to build regulatory capacity, as required under anti-tobacco law (COTPA, 2003).

III. Research & Training—on alternate crops and livelihoods, in co-ordination with other nodal Ministries.

IV. Monitoring and Evaluation including surveillance *e.g.* Adult Tobacco Survey.

V. Dedicated tobacco control cells in the States and districts for effective implementation and monitoring of Anti Tobacco Initiatives.

VI. Training of health and social workers, NGOs, school teachers etc.

VII. Setting up tobacco cessation centres.

(c) to (e) A review meeting of the State/District Nodal Officers was held in January, 2012 to monitor the progress of NTCP.

The major challenges faced in the programme are as follows:

(i) There are multiple litigations challenging the provisions of the anti-tobacco law and rules notified thereunder.

(ii) In order to implement various provisions under anti-tobacco law, a State level enforcement mechanism needs to be put in place, which includes opening separate head of account, printing of challan books and constituting a raiding mechanism etc. Some of the States have been slow on this front.

(iii) In some of the States and districts, the manpower under the programme has not been recruited by the concerned States for various reasons, including low remuneration under the programme.

(iv) A major challenge in the implementation of COTPA comes from the tobacco farmers and bidi rollers. There is a need to work out effective strategies to provide alternative viable livelihood options to these farmers and bidi rollers through the programmes of Ministry of Rural Development, Ministry of Agriculture, Ministry of Labour etc.

(v) The pilot phase of the programme has been launched only in 2 districts each in 21 States, and therefore, does not receive the desired piority and support at the State level in some cases.

(vi) The State focal point officers under the programme are entrusted with other programmes also and are not able to devote enough time. There is a need to integrate components of the programme with the National Programme on NCD, since tobacco is one of the main risk factors for NCDs (Non-Communicable Diseases).

(vii) The components of the programme at district level including cessation services have not been implemented or only partly implemented in many States.

(viii) The utilization of budget and submission of utilization certificates under the programme is not satisfactory in many States.

The Ministry of Health & Family Welfare has taken and is contemplating following steps to address the challenges under the programme:

- The Ministry is in touch with Ministry of Law and its legal counsels to settle the litigations.
- Regular review workshops have been organized for the State nodal officers to sort out the impediments and bottlenecks faced in the implementation of NTCP.
- Regional level trainings are planned for capacity building in the States and districts.

- Communications have been addressed to the State Officials (Chief Secretary/ Health Secretary/Transport Commissioner/Director General of Police/Finance Secretary/Secretary, Panchayati Raj) to implement various provisions under COTPA, monitor the same through monthly crime review meetings and for raising of taxes on tobacco and tobacco products.
- Guidelines on implementation of anti-tobacco law have been developed to facilitate the States in implementing the various provisions.
- Communications have been sent to different Ministries like Ministry of Agriculture and Ministry of Rural Development to workout special programmes for tobacco growers/workers under their ongoing schemes.
- Ministry proposes to expand the coverage of NTCP to all the districts of India in a phased manner during the 12th Five Year Plan, with better manpower, legal and infrastructural support and online monitoring.
- Ministry is proposing to integrate components of the programme with the National Programme of NCD with a dedicated focal point officer at the State and district level.
- Ministry proposes to strengthen the toll free helpline for online reporting and dissemination of information relating to violations of the anti-tobacco law.
- Ministry is contemplating setting up a quit helpline at the national level for tobacco users.

ANNEXURE

List of NTCP States/Districts

Sl. No.	Name of the State/UT	Name of Districts
1.	Assam	Kamrup, Jorhat
2.	West Bengal	Cooch Behar, Murshidabad
3.	Madhya Pradesh	Khandwa, Gwalior
4.	Uttar Pradesh	Lucknow, Kanpur
5.	Delhi	New Delhi, East Delhi
6.	Rajasthan	Jaipur, Jhunjhunu
7.	Gujarat	Vadodra, Sabarkanta
8.	Tamil Nadu	Kancheepuram, Villupuram
9.	Karnataka	Banglore (U), Gulbarga
10.	Nagaland	Kohima and Dimapur
11.	Tripura	West Tripura, Dhalai District
12.	Mizoram	Aizawl and Lunglei
13.	Arunachal Pradesh	West Kameng & East Siang
14.	Sikkim	East Sikkim & South Sikkim
15.	Jharkhand	Dhanbad and Jamshedpur
16.	Bihar	Patna and Munger
17.	Uttarakhand	Dehradun and Tehri Gadhwal
18.	Maharashtra	Thane and Aurangabad
19.	Goa	North Goa and South Goa
20.	Andhra Pradesh	Guntur and Hyderabad
21.	Odisha	Cuttak and Khurda

APPENDIX VII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 4626

ANSWERED ON 04.05.2012

Mental Healthcare Services and Policy

4626. SHRI SURESH KUMAR SHETKAR:
DR. MAHENDRASINH P. CHAUHAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has made any assessment/survey to ascertain the adequacy of mental healthcare services in proportion to patients with mental disorders in the country;

(b) if so, the details thereof indicating the number of patients with mental disorders and proportionate availability of psychiatrists, psychiatric nurses and social workers, clinical psychologists and mental hospitals and beds in the country, State/UT-wise;

(c) the steps taken/proposed by the Government to bridge the gap between demand and availability of mental healthcare services and early identification, care, support and recovery of patients with mental disorders in the country;

(d) whether the Government proposes to frame a mental health policy as per the internationally accepted guidelines; and

(e) if so, the details thereof?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) As per the National Survey of Mental Health Resources carried out by the Directorate General of Health Services, Ministry of Health & Family Welfare during May and July, 2002, the ideal required number of mental health professionals has been calculated as under:

(i) Psychiatrists : 1.0 per 1,00,000 population.

(ii) Clinical Psychologist : 1.5 per 1,00,000 population.

(iii) Psychiatric Social Workers : 2.0 per 1,00,000 population.

(iv) Psychiatric Nurses : 1.0 per 10 psychiatric beds.

Based on the above, the details of present requirement and availability of mental health professionals in the country is as under:

Manpower	Requirement	Availability
Psychiatrist	11500	3800
Clinical Psychologist	17250	898
Psychiatric Social Workers	23000	850
Psychiatric Nurses	3000	1500
Total	54750	7048

The details of number of patients with mental disorders and proportionate availability of psychiatrist, psychiatric nurses and social workers, clinical psychologist and mental hospitals and beds in the country, State/UT-wise (as per the above mentioned survey) is annexed.

(c) To address the huge burden of mental disorders, Government of India is implementing the National Mental Health Programme (NMHP) since 1982. A total of 123 districts in 30 States/UTs have been covered under the District Mental Health Programme (DMHP). Under the 11th Five Year Plan, the NMHP has been restructured to include the following components:

I. Manpower Development Scheme:

(i) Establishment of Centres of Excellence (Scheme-A).

(ii) Scheme for manpower development in Mental Health (Scheme-B).

II. District Mental Health Programme with added components of Life Skills Education and Counselling in Schools and Colleges, suicide prevention services etc.

III. Upgradation of Psychiatric Wings of Government Medical Colleges.

IV. Modernization of Government Mental Hospitals.

Further, there are 3 Centrally run mental health institutes, 40 State run mental hospitals and 335 Departments of Psychiatry in various medical colleges (154 in Government and 181 in private) across the country equipped to treat patients suffering from mental illness.

(d) and (e) A Group has been constituted to work on framing a Mental Health Policy for India keeping in mind internationally accepted guidelines and also the specific context of mental illness in India.

ANNEXURE

Sl. No.	State (1)	Population (2)		Estimated case load (4)		Existing facilities Hospital beds. (5)		Manpower resources (6)											
								Psychiatrists			Clinical psychologists			Psy.-social workers			Psychiatric nurses		
			Density/ Sq. km. (3)	Major mental disorders	Minor mental disorders	Govt. sector	Pvt. sector	Available	Ideal req.	Deficit	Available	Ideal req.	Deficit	Available	Ideal req.	Deficit	Available	Ideal req.	Deficit
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1.	A & N	356265	43	3562	18810	10	—	1	4	3	—	6	6	—	8	8	—	3	3
2.	Andhra Pradesh	75727541	275	757275	3766375	1020	210	180	757	577	8	865	357	3	1154	1151	Nil	123	123
3.	Arunachal Pradesh	1091117	13	10911	54555	10	—	1	10	9	—	15	15	—	20	20	—	1	1
4.	Assam	26638407	240	266384	1331720	500	—	29	266	237	5	450	445	1	564	563	1	50	49
5.	Bihar	82878796	880	828787	4143935	—	—	28	828	800	13	1214	1201	NA	1656	**	NA	**	**
6.	Chandigarh	900914	7903	9009	45045	57	—	31	9	+22	14	14	—	10	18	8	1	6	5
7.	Chhattisgarh	20795956	154	207959	1049795	10	3	15	207	192	1	304	303	2	414	412	—	2	2
8.	Daman & Diu, Dadra & Nagar Haveli	158059 220451	1411 449	3785	18925	10	—	1	4	3	—	6	6	1	8	7	4	1	+3
9.	Delhi	13782976	9294	137829	689145	329	113	155	137	+18	43	207	164	13	274	261	172**	32	+140
10.	Goa	1343998	363	13439	77195	210	—	26	14	+12	2	21	19	3	28	25	2	21	19
11.	Gujarat	50596992	258	505969	2529845	853	326	97	505	408	12	753	741	12	1010	998	—	118	118
12.	Haryana	21082989	477	210829	1054145	89	98	39	210	171	2	315	313	—	420	420	1	19	18
13.	Himachal Pradesh	6677248	109	60772	303860	14	3	8	61	53	2	90	88	—	122	122	—	6	6
14.	Jharkhand	26909428	338	269094	1345470	1173	145	50	270	220	15	405	390	10	540	530	NA	135	**
15.	J & K	10069917	99	100699	503495	120	—	4	100	96	1	150	149	1	200	199	—	12	2
16.	Karnataka	52733958	275	527339	2636695	1341	1113	198	527	329	69	762	693	56	1052	996	175	245	70

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
17.	Kerala	31838619	819	318386	1591930	1937	1539	238	318	80	42	477	435	40	616	596	14	348	334
18.	Lakshadweep	60595	1894	605	3025	—	—	—	1	1	—	2	2	—	4	4	—	1	1
19.	Madhya Pradesh	60388118	196	603881	3019405	592	NA	12	603	591	—	905	905	—	1206	1206	1	60	59
20.	Maharashtra	96752247	314	967522	4837610	6073	652	486	967	481	33	484	491	44	1934	1890	117	672	555
21.	Manipur	2388634	107	23886	119430	10	—	6	24	18	1	36	35	2	48	46	—	1	1
22.	Meghalaya	2306069	103	23060	115300	70	—	5	23	18	—	35	35	—	46	46	2	7	5
23.	Mizoram	891058	93	8910	44550	14	—	4	9	5	1	13	12	1	18	17	2	2	–
24.	Nagaland	1988636	120	19886	99430	25	—	5	20	15	—	30	30	—	40	40	1	3	2
25.	Odisha	36706920	236	367069	1835345	118	—	19	367	348	5	550	545	1	734	733	—	11	11
26.	Puducherry	973829	2029	9738	48690	44	20	15	10	+5	1	5	14	13	20	7	20	7	(+13)
27.	Punjab	24289296	482	242882	1114460	580	267	89	242	153	18	363	345	21	484	463	10	85	75
28.	Rajasthan	56473122	165	564731	2823655	627	110	75	565	490	12	798	786	4	1130	1126	—	74	74
29.	Sikkim	540493	78	5404	27020	20	12	2	5	3	—	7	7	—	10	10	—	3	3
30.	Tamil Nadu	62110839	478	621108	3105540	1800	NA	262	621	359	7	910	903	21	1242	1221	—	180	180
31.	Tripura	3191168	804	31911	159555	16	—	9	31	22	—	45	45	—	62	62	—	2	2
32.	Uttarakhand	8479562	159	84795	423975	—	—	6	84	78	—	126	126	—	168	168	—	—	—
33.	Uttar Pradesh	166052859	689	1660528	8302640	1750	275	115	1660	1545	20	2490	2470	35	3320	3285	—	202	202
34.	West Bengal	80221171	904	802211	4011055	1471	210	83	802	719	28	1204	1176	—	1604	1604	4400*	1604	+4258
	Grand Total			10270165	51251625	20893	5096	2219	9696	7477	343	13259	12926	290	19064	17118	(6527)**	4036	**

Notes:

**figure unreliable:Nurses with some psychiatric training but without a diploma in Psychiatric Nursing (DPN) appear to have been included.*

***Figures unreliable.*

Column 2. The population figures have been taken from the Census of India-2001 as published in Provisional Population Totals (Registrar General Census Commissioner, India).

Column 3. Population density per square kilometre together with geographical terrain is a useful input in planning deployment of mental health resources.

Column 4. Case-load in respect to major mental disorders has been calculated at the rate of 1% of the population and that of minor mental disorders at the rate of 5% of population.

SOURCE: National Survey of Mental Health Resources carried out by the Directorate of Health Services, Ministry of Health & Family Welfare during May and July, 2002.

APPENDIX VIII

GOVERNMENT OF INDIA

MINISTRY OF HOME AFFAIRS

LOK SABHA UNSTARRED QUESTION NO. 7421

ANSWERED ON 22.05.2012

Security of Health Scam Inmate

7421. SHRI MANIKRAO H. GAVIT:

Will the Minister of HOME AFFAIRS be pleased to state:

(a) the number of people killed with regard to the National Rural Health Mission scam in Uttar Pradesh; and

(b) the steps being taken by the Government/CBI to provide security to the people associated with this case?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI JITENDRA SINGH): (a) Information on the total number of people, who have been killed relating to National Rural Health Mission Scam in Uttar Pradesh is not available. However, CBI had taken over investigation of 3 FIRs relating to the murder/ death of CMOs/Cy CMO Lucknow (Namely Dr. V.K. Arya, Dr. B.P. Singh and Dr. Y.S. Sachan) dealing with NRHM funds, pursuant to the orders of the Hon'ble Allahabad High Court, Lucknow Bench dated 14.7.2011 and 27.7.2011.

(b) CBI has requested Director General of Police, Uttar Pradesh to sensitize local police about safety/security of the key witness/accused in NRHM matter. Since 'Police' and 'Public Order' are State subjects under the Seventh Schedule to the Constitution of India and, therefore, the State Governments are primarily responsible for prevention, detection, registration and investigation of crime and for prosecuting the criminals through the machinery of their law enforcement agencies and also for protecting the life and property of the citizens. The Union Government, however, attaches highest importance to the matter of prevention of crime and, therefore, continue to urge the State Governments/UT Administrations to give more focused attention for improving the administration of criminal justice system and take such measures as are necessary for prevention and control of crime. An Advisory on Prevention, Registration, Investigation and Prosecution of Crime has also been issued on 16th July, 2010.

APPENDIX IX

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 1261

ANSWERED ON 17.08.2012

Shortage of Doctors

1261. SHRI S.R. JEYADURAI:
SHRI KUNWAR REWATI RAMAN SINGH:
SHRI K.D. DESHMUKH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether All India Institute of Medical Sciences (AIIMS) like institutes and Central Government hospitals have been facing huge shortage of faculty for a long time;

(b) if so, the details of the sanctioned posts in various Institutes/hospitals run by the Union Government and the number of posts vacant as on date, State/UT-wise;

(c) the steps taken/being taken by the Government to fill up these vacant posts and stop brain drain of doctors;

(d) whether Government proposes to re-appoint retired doctors to meet the shortage of doctors; and

(e) if so, the details thereof and if not, the reasons therefor?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) & (b) Information is being collected and will be laid on the Table of the House.

(c) Insofar as action regarding filling up vacant posts is concerned, the information is being collected and would be laid on the Table of the House.

However, in order to arrest the brain drain in respect of doctors working under Government Sector, the following steps have been taken by the Central Government:

1. Pay and allowances of doctors have been enhanced considerably after implementation of the 6th Central Pay Commission.
2. The age of superannuation of faculty of medical institutions has been enhanced to 65 years.

3. Assured Promotion Scheme for faculty of Central Government Institution has been revised to make it more beneficial.

4. Various allowances available to faculty like Non-Practicing Allowance, Conveyance Allowance, Learning Resource Allowance, etc. have been enhanced considerably.

(d) & (e) The Medical Council of India, with the prior approval of the Central Government, has amended "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998" thereby enhancing age limit for appointment/extention/ re-employment in-service against posts of teachers/dean/principal/director in medical colleges from 65 to 70 years.

Ministry of Health and Family Welfare		Department of Health and Family Welfare		Date of fulfilment 5.4.2013
Q.No., Date & Name of M.P.(s)	Subject	Promise made	How fulfilled	Reasons for delay
USQ No. 1261 for 17.08.2012 asked by Shri S.R. Jeyadurai, Shri Kunwar Rewati Raman Singh and Shri K.D. Deshmukh	SHORTAGE OF DOCTORS Asking for:— (a) whether All India Institute of Medical Sciences (AIIMS) like institutes and Central Government hospitals have been facing huge shortage of faculty for a long time; (b) if so, the details of the sanctioned posts in various Institutes/hospitals run by the Union Government and the number of posts vacant as on date, State/UT-wise.	(a) & (b) Information is being collected and will be laid on the Table of the House.	(a) & (b) As per information furnished by the Central Government institutions, the details of number of sanctioned, in position and vacant posts in various institutes/hospitals run by the Union Government where there is shortage of faculty are at Annexure.	Due to the time taken in collecting information from various central institutes.

Sl.No.	Name of the Central Institutes	Sanctioned Posts	In position	Vacant	Remarks
1.	Government Medical College & Hospital, Chandigarh	183	121	62	The vacant posts being filled up on contract basis as well as through the Union Public Service Commission.
2.	All India Institute of Speech and Hearing (AIISH), Mysore	49	42	7	Non-availability of candidates in spite of repeated advertisements.
3.	Central Institute of Psychiatry, Ranchi	21	13	8	The institute has initiated steps to fill up the vacant posts on contract basis.
4.	Safdarjung Hospital, New Delhi	326	258	68	Walk in interview has already been conducted to fill up the vacant posts on contract basis and approval of Ministry of Health and Family Welfare has been received for filling up of the same.
5.	Lady Hardinge Medical College, New Delhi	290	183	107	The institute has been instructed to fill up the vacant posts on contract basis.
6.	All India Institute of Physical Medicine and Rehabilitation, Mumbai	17	10	7	Most of the vacant posts are newly created.
7.	LGB Regional Institute of Mental Health, Tezpur	36	21	15	The institute has published advertisement several times in national and regional newspapers and also on institute's website for engagement of faculty from time to time but the institute has received very few responses.
8.	All India Institute of Hygiene and Public Health, Kolkata	50	27	23	The institute has initiated steps to fill up the vacant posts.
9.	Kalawati Saran Children's Hospital, New Delhi	138	117	21	Filling up of vacant posts is under process.
10.	Dr. Ram Manohar Lohia Hospital, New Delhi	282	198	84	The Ministry of Health & Family Welfare has instructed to fill up the vacant posts on contract basis.
11.	Postgraduate Institute of Medical Education and Research, Chandigarh	484	379	105	The posts have already been advertised for filling up.
	Total	1876	1369	507	

APPENDIX X

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND
FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 1323

ANSWERED ON 17.08.2012

Uterus Cancer

1323. SHRI JAGDISH SHARMA:
SHRI VILAS MUTTEMWAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether uterus of a large number of women in the age of group of 25 to 35 years in some States/parts of the country, especially in some districts of Chhattisgarh has been removed by scaring them of uterus cancer and for which Rs. 20 to 25 thousand have been charged from them by the doctors;

(b) if so, the details of nursing homes and private hospitals found to be involved in it; and

(c) the action taken by the Government against such doctors, nursing homes and private hospitals?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Government of Chhattisgarh has informed that on the basis of newspaper reports, they have ordered an enquiry into the matter.

APPENDIX XI

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 2241

ANSWERED ON 24.08.2012

Recognition to Medical Colleges

2241. SHRI HARISH CHAUDHARY:
SHRI BHISMA SHANKAR *ALIAS* KUSHAL TIWARI:
DR. THOKCHOM MEINYA:
SHRI KUNVARJIBHAI M. BAVALIYA:
SHRI S. ALAGIRI:
SHRI GORAKH PRASAD JAISWAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the criteria, standards and safeguards laid down by the Medical Council of India (MCI) for grant of recognition to Government and private medical colleges in the country;

(b) the steps taken/proposed by the Government to bring uniformity in fee structure in all the medical colleges in order to check arbitrary charging of fees;

(c) whether the Government has taken note of cases of irregularities, malpractices and non-compliance/fulfilment of required criteria by certain medical colleges in the country;

(d) if so, the details thereof indicating the number of such cases reported along with the action taken/proposed by the Government against the erring medical colleges during each of the last three years and the current year, State/UT-wise;

(e) whether the Government has reviewed the recognition granted to certain medical colleges during the tenure of previous Chairman of MCI who is facing charges of corruption; and

(f) if so, the details thereof and if not, the reasons therefor along with the action taken/proposed by the Government to improve and properly regulate medical education in the country?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The medical colleges are recognized as per the provisions of Indian Medical Council (IMC) Act, 1956 and Regulations made thereunder. Recognition of a medical

college is considered when the first batch of MBBS students appears in the final university examination. The Medical Council of India (MCI) conducts the inspection of the college to assess the standard of examination and facilities available at the college as per the standard requirement prescribed in MCI Regulations, 1999. On the recommendation of the MCI, the Central Government recognizes and notifies the medical qualification under Section 11(2) of the IMC Act, 1956.

(b) In case of Government Medical Colleges, the respective State Governments are responsible for fixation of fees. However, in case of Private Medical Colleges, the fee structure is decided by the Committee set up by the respective State Governments under the Chairmanship of a retired High Court Judge of pursuance of the directions of Hon'ble Supreme Court of India.

(c) & (d) The Central Government has received approximately 45 complaints regarding irregularities/malpractices and non-compliance/fulfilment of required criteria against some medical colleges in the country between 2009 to till date. The Central Government forwards the complaints to Vigilance Division of the Ministry or to the MCI/State Government which if required conducts inspection of the colleges to verify the existing facilities as per norms. On the recommendations/report of the Councils/ State Governments, Central Government takes necessary action as per the provisions of IMC Act, 1956. The detail of complaints received, State-wise, is at annexed.

(e) & (f) As per information provided by MCI, 20 medical colleges were considered by MCI for recognition during the tenure of the former President of MCI. Out of these, 03 medical colleges each in Andhra Pradesh, Karnataka and Maharashtra were reconsidered by the newly constituted Board of Governors, MCI and were recognized by the Central Government under section 11 (2) of IMC Act, 1956.

Further, in order to reform the current regulatory framework, the Central Government has proposed to set up a National Council for Human Resources in Health (NCHRH) as an overarching regulatory for health sector. The proposed NCHRH will co-ordinate all aspects of medical, dental, nursing, pharmacy and paramedical education.

ANNEXURE

State-wise details of complaints received between 2009 to till date against Medical Colleges in the country

Sl. No.	Name of the State	Number of complaints against medical colleges
1.	Andhra Pradesh	6
2.	Rajasthan	3
3.	Punjab	3
4.	Madhya Pradesh	5
5.	Pondicherry	3
6.	Uttar Pradesh	7
7.	Tamil Nadu	4
9.	Karnataka	3
10.	Maharashtra	2
11.	Gujarat	3
12.	Kerala	1
13.	Bihar	1
14.	Uttarakhand	1
15.	Tripura	1
16.	Orissa	1
17.	Jharkhand	1
	Total	45

APPENDIX XII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 4454

ANSWERED ON 7.9.2012

Irregularities in Medical Entrance Examinations

4454. SHRI GORAKH PRASAD JAISWAL:
SHRI YASHBANT N.S. LAGURI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether attention of the Government has been drawn to reported cases of malpractices, irregularities and discrepancies in conduct of Post Graduate Common Entrance Tests (PGCETs) in the country;

(b) if so, the details thereof indicating the number of such cases reported during the last three years and the current year so far, State/UT-wise;

(c) the status of investigation on each of these cases;

(d) the number of people found guilty along with the action taken/proposed against them; and

(e) the steps taken/proposed by the Government to control malpractices and irregularities in conduct of medical entrance examination in the country?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (e) The information is being collected and will be laid on the Table of the House.

APPENDIX XIII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 357

ANSWERED ON 23.11.2012

Generic Medicines

357. DR. SANJEEV GANESH NAIK:
SHRIMATI SUPRIYA SULE:
SHRI SANJAY BHOI:
SHRI ANAND PRAKASH PARANJPE:
SHRI EKNATH M. GAIKWAD:
SHRI B.B. PATIL:
SHRI RAJU SHETTI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the revenue received on account of export of generic medicines and the total sale of these medicines at home during each of the last three years and the current year, State/UT-wise;

(b) whether several doctors avoid prescribing generic medicines to the patients in the country;

(c) if so, the details thereof along with the reasons therefor;

(d) whether the Government has urged the State drug licence issuing authorities to issue licences only on generic names and not on branded or trade names; and

(e) if so, the details thereof along with the other steps taken/proposed by the Government to promote manufacturing, prescription and use of generic medicines and to meet any shortage of these medicines in the country?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The requisite information is being collected and will be laid on the Table of the House.

(b) & (c) Some doctors in the country prefer to prescribe branded medicines with the belief that they are more efficacious than their generic formulations.

(d) & (e) The Government has issued statutory direction to the State/UT Government on 1.10.2012 under the provision of section 33P of the Drugs and Cosmetics Act, 1940 to grant/renew licenses to manufacture for sale or for distribution of drugs in proper/

generic names only. The Government has also published a draft notification GSR 748(E) dated 5.10.2012 for amending Drugs and Cosmetics Rules, 1945 allowing issuance of licenses of single ingredient drugs in generic/proper names only. In so far as promoting prescription of generic medicines is concerned, the Government has been discussing the issue with the State Governments from time to time and impressing upon them to take time bound steps in this regard. At central level, repeated circulars/ instructions have been issued to all Government hospitals and CGHS dispensaries to prescribed generic medicines to the maximum extent possible. At the hospital level also, circulars by Medical Superintendants of Hospitals in Delhi have been issued from time to time encouraging/motivating doctors to prescribe generic drugs. AIIMS has made arrangement for operating a medicine outlet in its premises for providing generic medicines to patients. It has operationalized for its Employees Health Scheme a software that converts the name of branded drugs into their generic versions. This software will also be used for the outlet for supplying generic medicines. The Department of Pharmaceuticals has also launched a country-wide campaign in the name of 'Jan Aushadhi Campaign' in collaboration with the State Government by way of opening of Jan Aushadhi Generic Drug Stores in the Government hospitals and supply of medicines through Central Pharma PSUs. At present, 231 medicines are being supplied in the 122 Jan Aushadhi Stores opened till 30th July, 2012.

APPENDIX XIV

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA STARRED QUESTION NO.101

ANSWERED ON 30.11.2012

Sale of Drugs

*101. SHRI SUGUMAR K.:
SHRI HAMDULLAH SAYEED:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken note of irrational use of antibiotics across the country;

(b) if so, the details thereof;

(c) whether the Government proposes necessary amendments in the Drugs and Cosmetics Rules including imposition of restriction on over-the-counter sale of certain antibiotics and anti-tuberculosis drugs in the country;

(d) if so, the details thereof; and

(e) the manner in which the above amendments are likely to benefit the patients and will be enforced across the country?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (e) A statement is laid on theTable of the House.

(a) & (b) Yes, Madam. Irrational use of antibiotics in the country is a public health concern.

(c) & (d) Yes, Madam. The Government has published draft rules *vide* Gazette notification GSR 228 (E) dated 20.03.2012 for amending the Drugs and Cosmetics Rules, 1945 for insertion of a new Schedule H1 containing 91 drugs including 73 antibiotics, 13 habit forming drugs and 4 anti-TB drugs.

(e) Such amendment in the Rules would help enforcement in a more focused manner and restrict the indiscriminate use of antibiotics. Under this new provision in the Drugs and Cosmetics Rules, the drugs included in the Schedule H1 would be required to be labeled with the following warning in a box with a red border that:

"It is dangerous to take this preparation except in accordance with the medical advice.

Not to be sold by retail without the prescription of a Registered Medical Practitioner."

SHRI HAMDULLAH SAYEED (LAKSHADWEEP): Madam Speaker, I would like to know from the Hon. Minister through you whether the deaths caused by drug trials is on the rise, whether the present system of calculating financial compensation for those diseased who have died on account of drug trial has included the criteria of income, and if that is the case, whether this will not act as an impediment or a barrier to those who do not have any source of income or to children or the family members who are not earning.

SHRI GHULAM NABI AZAD: Madam Speaker, I think the Hon. Member has totally lost the track of the Question. The Question is very specific about the irrational use of antibiotics, and the Hon. Member is asking a question on clinical trials. These are two questions poles apart.

SHRI HAMDULLAH SAYEED (LAKSHADWEEP): Madam, I would like to know from the Hon. Minister what steps have been taken by the Government to formulate an antibiotic policy.

SHRI GHULAM NABI AZAD: Madam, it is true that irrational use of antibiotics is a matter of great health concern not only for our country but for the entire globe. There are different reasons for this, and I would leave it to the Hon. Members of Parliament to put their supplementaries on.

The Government of India has set up a Task Force on 25th August, 2010 on antimicrobial resistance. The report of the Task Force was formally accepted by the Government on 23rd February, 2011. The Task Force has recommended a number of steps. The Task Force was under the Chairmanship of DGHS and eminent scientists and doctors of the country were members of it. The term of reference of the Task Force was to review the current situation regarding manufacture, use and misuse of antibiotics in the country; and also to recommend a design for creation of a national surveillance system and also to enforce and enhance regulatory provisions.

As I said, the report of the Task Force was received by the Government. The recommendation of the Task Force was to create a separate Schedule under Drugs and Cosmetics Rules, to have colour coding of the third generation of antibiotics, to curtail the availability of fixed dose and combination, further to develop standardized antimicrobial testing methodology, and to study and document prescription patterns.

Madam, this was further studied by the Drugs Consultative Committee which consists of the Drug Controller of India and all the Drug Controllers of the States. They had gone into it and after that, they had suggested that in the Drugs and Cosmetics Rules of 1945, a new insertion of the Schedule, that is (HX) should be made. But this new Schedule (HX) was very harsh. We received representations from across the country-from the chemists; besides chemists, we received as many as 57 representations

from the Hon. Members of Lok Sabha and a large number of Ministers—these representations cut across party-lines; they urged that this harsh step should not be taken.

It was then further studied and instead of bringing in a new Schedule (HX), a new Schedule (H1) has been brought in. That has been put up on the Net and we are now receiving opinions of the entire country on this new Schedule (H1). I must say that within a few months, may be within the next 2-3 months, we will be able to come up with a foolproof policy.

SHRIMATI MANEKA GANDHI (AONLA): I would like to ask the Minister, whether he is aware that 70 per cent of the antibiotics in this country are given to animals, especially to the poultry industries. Those animals are grown for milk in professional dairies, as a result, the human health is in danger because when the animals have antibiotics, the humans, eating the meat or drinking the milk, then become completely imperious to antibiotics when they fall sick. Is there any policy at all regarding use of antibiotics in poultries or in dairies or in piggeries or in any other farm of meat and milk in this country? Thank you.

SHRI GHULAM NABI AZAD: Yes, Madam, we are aware of the fact; and this is called as environmental contributing factor for antibiotic resistance. Antibiotic resistant-agents are used in agriculture, including livestock and poultry. So, while formulating the policy, that will be taken into consideration and has been taken into consideration.

SHRI P. KARUNAKARAN (KASARGOD): The Hon. Minister has explained the need for a change in the Rules to meet the irrational use of antibiotics in our country; it is true that there is a need to change the Rules. But at the same time, some of the policies that have been adopted by the Government are also creating troubles to the patients and also to the public.

The prices of all the medicines—not only the antibiotics, especially the medicines for cancer, TB, HIV, etc. — are going up without any control. It is true that the Government has agreed to allow 100 per cent FDI in the medicinal field, as a result, the big companies are now deciding and determining the prices of medicines, and the poor patients become victims of these companies. May I know whether the Government has realized this fact, when it has introduced 100 per cent FDI in this field? May I know whether the Government has made any assessment with regard to the effects or the decisions that were taken? If so, what measures the Government wishes to take to give some relief, especially to this very important sector?

SHRI GHULAM NABI AZAD: These are two different questions — one is on FDI in pharmaceuticals. Here, the FDI is not 100 per cent. As per the policy, it is not for the brown-field pharmaceutical companies; that policy is only for the green-field, the new companies, and not for the brown-field companies.

So, as of now, FDI is not allowed in the already existing companies. I thought first of all must correct the Hon. Member on this.

We do realize that medicines are very cost-effective in so far as cancer and other

such diseases are concerned. As far as cancer and other diseases are concerned we have prepared a list. You might have heard that very recently the Prime Minister had appointed a GoM headed by the Agriculture Minister. We have finalized the List and the prices of those drugs which will come under that List will be far less than the market price. Similarly, we are also thinking of maintaining a universal level to provide free drugs, of course, only the generic drugs. I am afraid whether we will be able to provide cancer drugs free but the generic drugs will be provided free in the Government institutions and efforts are being made in that direction.

डॉ. ज्योति मिर्धा (नागौर): मैडम, मंत्री जी ने अभी बताया कि एक नया शेड्यूल एच-1 लागू किया गया है, जिसके अंदर एंटीबायोटिक्स के साथ-साथ और दवाइयां नोटिफिकेशन की हैं, गजट नोटिफिकेशन निकला है। मैं मंत्री जी का ध्यान इस ओर दिलाना चाहूंगी कि जो कारण उन्होंने बताया था कि हमारे यहां इनडिस्क्रिमिनेट यूज ऑफ एंटीबायोटिक्स क्यों होता है, उसका पहला कारण है कि हमारे यहां लगभग चार लाख कैमिस्ट की दुकानें हैं और इसके लिए रिक्वायरमैन्ट सिर्फ यह है कि दस बाई दस की एक दुकान, एक रेफ्रिजरेटर और एक फार्मासिस्ट का सर्टिफिकेट चाहिए, इनसे आप एक दुकान खोल सकते हैं। ऐसी मैं अकेली सांसद नहीं हूं, जिसने देखा होगा कि हॉस्पिटल के बाहर पूरी रो में दोनों तरफ की दुकानें कैमिस्ट की शॉप्स होती हैं, जो कि अनहैल्दी कम्पिटिशन को बढ़ावा देती हैं। अगर एक दुकान कोई चीज नहीं देती है तो दूसरी ग्लैडली वह दवाई देने के लिए राजी हो जाती है।

मंत्री जी ने बताया कि एच-1 में एक कंडीशन होगी कि डॉक्टर के प्रिस्क्रिप्शन के बगैर आपको दवाई नहीं मिलेगी। जिस देश के अंदर यह मैनडेटरी नहीं है कि आप रजिस्ट्रेशन नम्बर अपने लैटर हैड के ऊपर लिखें तो फिर यह कितना सार्थक होगा। मंत्री जी इसे एक फुलप्रूफ पॉलिसी बनाना चाहते हैं। यह एक इंटरनेशनल कंसर्न है कि जहां पर आप कोई भी एंटीबायोटिक्स देते हैं और अगर कोई न्यू डेरी सुपर बग टाइप की चीज आती है तो उसके इंटरनेशनल रेमिफिकेशंस होते हैं। इस शेड्यूल एच-1 को नोटिफाई करके हम शायद इंटरनेशनल कम्युनिटी को थोड़ा बहुत पेसिफाई कर पायेंगे, लेकिन इसे इम्पलीमैन्ट करने के लिए जहां हमने 91 एंट्री के अंदर मंत्री जी ने यह लिख रखा है कि सारी एंटीबायोटिक्स शेड्यूल एच-1 के अंदर दी जायेंगी। क्या यह बेहतर नहीं होता कि जो टास्क फोर्स आपने बनाई थी, उसने अपनी रिक्मैंडेशन शेड्यूल एचएक्स को ध्यान में रखकर दी थीं, जहां पर डुप्लीकेट में आपको प्रिस्क्रिप्शन जनरेट करना था, आपको उन दवाइयों का ऑडिट करना था, आप उसका पूरा ट्रैक रिकॉर्ड मेनटेन करके रखते, जिससे पता चलता कि ये दवाइयां कितनी बिक रही है और इनका यूज किस तरीके से हुआ। एच-1 को नोटिफाई करना अपने आप में बताता है कि यह शेड्यूल एच का फेल्योर है, इसीलिए एच-1 को नोटिफाई किया गया है शेड्यूल एच-1 में सिर्फ उन एंटीबायोटिक्स को रखना, जो कि फोर्थ जनरेशन एंटीबायोटिक्स होती हैं, उनको रखना, उनकी प्रोपर मानिटरिंग और ऑडिटिंग करना क्या ज्यादा सार्थक नहीं होता, बजाय कि सारी एंटीबायोटिक्स को लेकर इसमें डम्प करना क्योंकि इसका दूसरा साइड इफैक्ट होगा....

अध्यक्ष महोदया: अब आप प्रश्न पूछ लीजिए।

डॉ. ज्योति मिर्धा (नागौर): मैडम, यह सारा प्रश्न ही है। दूसरी बात यह है कि अगर इसे आपने फुलप्रूफ तरीके से इम्पलीमैन्ट कर दिया तो एंटीट्यूबरकुलर ड्रग जिसके अंदर है, देश के अंदर जो पूरा एंटीट्यूबरकुलर प्रोग्राम है, वह ठप हो जायेगा। अगर उसके ऊपर भी सेम चीज लागू हो जाती है तो उसे इससे अलग रखते हुए क्या मंत्री जी दोबारा रिवाइज करते हुए कोई गजट नोटिफिकेशन निकालेंगे, जिसके अंदर सिर्फ फोर्थ जनरेशन एंटीबायोटिक्स को इनक्लूड किया जाए और उनकी प्रोपर मानिटरिंग की जाए।

श्री गुलाम नबी आज़ाद: मैडम, यह सच है कि और यह देखना बड़ा मुश्किल है क्योंकि हमारे देश में तकरीबन छह लाख के सेल्स आउटलेट्स हैं और मुल्क में तकरीबन दस हजार दवाइयों की मैन्यूफैक्चरिंग यूनिट्स हैं। मशेलकर कमेटी ने रिक्मैंड किया था कि तकरीबन दो सौ सेल्स आउटलेट्स पर एक इंस्पैक्टर होना चाहिए और पचास मैन्युफैक्चरिंग यूनिट्स पर एक इंस्पैक्टर होना चाहिए। अगर मशेलकर कमेटी के अनुसार हम इंस्पैक्टर की गिनती करेंगे तो हमारे देश में 3,200 ड्रग इंस्पैक्टर्स की जरूरत है जबकि उसके मुकाबले में हमारी स्टेट्स और यूनियन टैरिटरीज में सिर्फ 1030 जगहें भरी हुई हैं। उसका मतलब है कि 2170 इंस्पैक्टर्स की कमी है। चाहे हम एच शेड्यूल का कोई भी कानून या दूसरा शेड्यूल बनायें, जमीन पर इसे इम्पलीमैन्ट करना कोई आसान काम नहीं है। लेकिन जैसा माननीय सदस्य ने कहा कि पहले कमेटी ने जो एचएक्स रिक्मैंड किया था, उसके अनुसार दो प्रिस्क्रिप्शंस देने थे, एक प्रिस्क्रिप्शन पेशेन्ट के पास रहेगा और दूसरा प्रिस्क्रिप्शन कैमिस्ट के पास रहेगा। लेकिन प्रैक्टिकली जब हम देखेंगे तो यह बहुत मुश्किल है। एक तरफ हम जूझ रहे हैं कि पूरे देश में जितने भी देहाती इलाके हैं, वहां कोई डाक्टर नहीं है तो प्रिस्क्राइब कौन करेगा। इसीलिए कैमिस्ट के बारे में हम कह सकते हैं कि कैमिस्ट्स ने इसलिए स्ट्राइक की थी क्योंकि शायद उनकी सेल कम हो गई थी। उन 57 मैम्बर ऑफ पार्लियामैन्ट में सभी पार्टीज के लोग हैं और मैं अपने आपको भी सहमत करता हूं कि जब मैं रूरल एरियाज में जाता हूं चाहे हमने नेशनल रूरल हैल्थ मिशन में कितने ही इंसैन्टिव्ज दिये, परंतु तब भी कोई डॉक्टर देहाती इलाकों को प्राइमरी हैल्थ सैन्टर्स में जाने के लिए तैयार नहीं होता। एक तरफ अगर हम ऐसा कानून बनायें कि देश का दो-तिहाई भाग जो रूरल एरिया है, वह वंचित ही रहे और हम सख्त कानून बनायें, तब वह कैमिस्ट के पास नहीं जा सकता, क्योंकि कानून सख्त है और न प्रिस्क्रिप्शन के बगैर उसे दवाई मिलेगी, क्योंकि डॉक्टर नहीं है। इसलिए हमें बीच में जो कमेटी है, उसकी रिपोर्ट भी देखनी है और प्रैक्टिकेबिलिटी कितनी है, क्या वास्तव में यह जमीन पर हो सकता है, वह क्या हो सकता है उसी को देखना पड़ेगा और जो मैंने नोटिफिकेशन बताया, यह नोटिफिकेशन अभी फाइनल नोटिफिकेशन नहीं है, इस नोटिफिकेशन में अभी हमें जांच-पड़ताल करनी होगी कि जमीन पर क्या प्रैक्टिकल है और उसके साथ जो एंटीबायोटिक्स का इर्रेशनल यूज है, वह भी खत्म हो जाए, इस तरह से दोनो चीजों को नजर में रखा जाए।

APPENDIX XV

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA STARRED QUESTION NO. 115

ANSWERED ON 30.11.2012

Guidelines For Private Medical Colleges

*115. DR. RAGHUVANSH PRASAD SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the guidelines formulated by the Medical Council of India (MCI) in respect of salary and other service conditions for teaching faculties in the private medical colleges in the country;

(b) whether certain instances of violation of the above guidelines by private medical colleges have come to the notice of the Government;

(c) if so, the details thereof during the last three years and the current year, State/UT-wise;

(d) the action taken by the Government against the erring private medical colleges during the said period; and

(e) the measures taken/proposed by the Government to ensure equal salary and service conditions for teaching faculties in private medical colleges at par with those in Government medical colleges?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELARE (SHRI GHULAM NABI AZAD): (a) to (e) A statement is laid on the Table of the House.

(a) As per the information provided by the Medical Council of India (MCI), no guidelines have been formulated in respect of salary and other service conditions for teaching faculties in private medical colleges.

(b) No Madam.

(c) & (d) Do not arise.

(e) In order to ensure equal salary and service conditions for teaching faculties in private medical colleges, the MCI has a proposal to amend the Teacher Eligibility Qualification Regulations with regard to payment of salary to teachers working in private medical colleges at least equal to the salary paid by the State Government.

APPENDIX XVI

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 2443

ANSWERED ON 7.12.2012

Transplantation of Human Organ Rules, 2012

2443. SHRI ANANDRAO ADSUL:
SHRI IJYARAJ SINGH:
DR. P. VENUGOPAL:
SHRI HARISH CHAUDHARY:
SHRI DHARMENDRA YADAV:
SHRI MADHU GOUD YASKHI:
SHRI GAJANAN D. BABAR:
SHRI ADHALRAO PATIL SHIVAJI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes to amend the Human Organ Transplantation Act and Rules framed thereunder and has consulted all the stakeholders on the matter;

(b) if so, the details thereof;

(c) whether his Ministry has requested the Ministry of Road Transport and Highways to introduce new application forms for driving licence to make it mandatory for the applicant to donate any of his/her organs or tissues in case of a fatality;

(d) if so, the reaction of the Ministry of Road Transport and Highways thereon; and

(e) the progress made in this regard and the time by which these rules are likely to be finalized and notified?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The Transplantation of Human Organs Act has been amended in the year 2011. The Transplantation of Human Organs Rules are under the process of revision. Most of the stakeholders have been consulted on the matter.

(b) A number of consultations have been held to amend the Transplantation of Human Organs Rules involving the programme officers of Directorate General of Health Services, Ministry of Health and Family Welfare, officials of State Governments, representatives of Non-Government Organizations, Transplant Surgeons, Clinicians, Anesthetists, Experts in immunegenetics, Tissue Experts specifically in Cornea, Skin, Bone and Heart Valves, Experts, and Experts of National Informatics Centre.

(c) & (d) Yes, Matter is under examination in the Ministry of Road Transport and Highways in consultation with Ministry of Law and Ministry of Health and Family Welfare for amending the CMVRs, 1989.

(e) The draft rules have been examined in consultation with various stakeholders. As it is a highly technical matter, consultations with domain experts have been undertaken.

The Transplantation of Human Organs (Amendment) Rules are under the process of amendment.

APPENDIX XVII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA STARRED QUESTION NO. 302

ANSWERED ON 14.12.2012

Diseases Caused by Contaminated Water

* 302. SHRI K.D. DESHMUKH:
SHRI BHAUSAHEB RAJARAM WAKCHAURE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether attention of the Government has been drawn to the rising number of cases of diseases and deaths attributable to intake of contaminated water in the country;

(b) if so, the details thereof indicating the number of such cases and deaths reported during each of the last three years and the current year, State/UT-wise;

(c) the programmes being implemented by the Government to provide healthcare facilities to such patients and the funds allocated/utilized for the purpose during the said period, State/UT-wise; and

(d) the further steps taken/proposed by the Government in this regard?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) A statement is laid on the Table of the House.

(a) Consumption of contaminated drinking water can cause diseases such as Acute Diarrhoeal Diseases, Enteric Fever (Typhoid), Cholera, Viral Hepatitis and Acute Encephalitis Syndrome (AES). However, reported cases and deaths attributable to intake of contaminated water do not show a definite increasing or decreasing trend.

(b) State/UT-wise number of cases and deaths due to Acute Diarrhoeal Diseases, Enteric Fever (Typhoid), Cholera, Viral Hepatitis and Acute Encephalitis Syndrome (AES), as reported by State/UT Governments, during last three years and the current year (as per the latest report) are given in Annexures — I to V.

(c) & (d) Health is a State subject and the responsibility for providing healthcare facilities to patients primarily lies with the respective State Governments. However, Ministry of Health and Family Welfare provides financial the technical assistance to

State/UT Governments under National Rural Health Mission (NRHM) for strengthening of primary and secondary healthcare facilities to effectively respond to healthcare needs including health problems arising from consumption of contaminated drinking water. The financial assistance for this purpose is provided under NRHM Flexipool as per the needs of States/UTs which are reflected in their annual Programme Implementation Plans (PIPs). State/UT-wise release and utilization of funds under NRHM Flexipool during the last three financial years and the current financial year (as on 30.9.2012) are enclosed at Annexure-VI.

Further, National Centre for Disease Control (NCDC), Delhi provides technical assistance to State/UT Governments on prevention and control of water-borne diseases in carrying out investigation of outbreaks of such diseases under Integrated Disease Surveillance Project (IDSP). At the national level, NCDC also coordinates laboratory support for outbreak investigations, besides conducting regular training courses for development of trained manpower.

ANNEXURE I

State/UT-wise number of cases and deaths due to Acute Diarrhoeal Diseases Reported during the years 2009-2012

Sl. No	State/U.T	2009		2010		2011		2012*	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Death
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh	2322963	111	2291375	214	2235614	107	1171870	49
2.	Arunachal Pradesh	26909	7	19104	3	32228	11	NR	NR
3.	Assam	190070	0	75681	0	96816	16	11213	0
4.	Bihar	NR	NR	NR	NR	130276	0	369399	2
5.	Chhattisgarh	125069	11	51480	2	64575	5	39533	1
6.	Goa	20103	0	16417	5	15146	2	9756	1
7.	Gujarat	337608	3	357922	3	367450	0	291471	5
8.	Haryana	240017	33	215717	43	224223	21	114300	10
9.	Himachal Pradesh	334699	24	284548	28	310227	51	224800	36
10.	Jammu & Kashmir	518678	5	494138	5	544711	0	427923	13
11.	Jharkhand	64817	5	58767	0	98258	1	28053	4
12.	Karnataka	787179	81	583103	62	591989	49	277901	23
13.	Kerala	371714	4	373945	2	260938	0	250169	6
14.	Madhya Pradesh	565568	134	305438	107	290705	92	255818	90
15.	Maharashtra	640056	39	813445	12	507046	4	222335	1
16.	Manipur	20614	9	13869	12	17605	39	18444	35
17.	Meghalaya	174769	24	181411	16	148801	20	141692	18
18	Mizoram	21841	17	16148	12	16192	11	13652	5
19	Nagaland	33970	0	36535	0	30458	1	15654	0

1	2	3	4	5	6	7	8	9	10
20.	Odisha	663651	91	681659	104	632493	143	436052	90
21.	Punjab	190473	51	204936	39	190022	15	135715	9
22.	Rajasthan	244836	27	223106	11	227571	7	303929	6
23.	Sikkim	46629	6	55223	2	44094	2	37640	0
24.	Tamil Nadu	517896	18	455668	49	210074	24	141228	20
25.	Tripura	147400	33	119945	88	109777	83	51784	15
26.	Uttarakhand	111240	70	100065	42	79643	26	65253	18
27.	Uttar Pradesh	453863	159	431893	164	554770	185	413222	128
28.	West Bengal	2443284	725	1970448	398	1854651	288	859489	123
29.	A & N Islands	30416	0	28028	8	19679	0	22553	2
30.	Chandigarh	10468	7	NR	NR	42615	0	10523	0
31.	D & N Haveli	94537	0	69265	1	81322	1	60562	0
32.	Daman & Diu	6849	0	8169	0	12638	0	10448	0
33.	Delhi	145171	107	115478	89	102983	62	66714	49
34.	Lakshadweep	4590	1	6742	0	4693	0	3997	0
35.	Puducherry	76543	16	82659	5	80766	3	56631	15
	Total	11984490	1818	10742327	1526	10231049	1269	6559723	774

(**Source:** 'National Health Profile' published by Central Bureau of Health Investigation, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India)

Notes 1**:** NR implies "Not Reproted".

2. * The figures of the year 2012 are provisional.

ANNEXURE II

State/UT-wise number of cases and deaths due to Enteric Fever (Typhoid) Reported during the years 2009-2012

Sl. No	State/U.T	2009		2010		2011		2012*	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh	136585	8	170763	5	1802976	6	101749	23
2.	Arunachal Pradesh	3739	23	5717	10	7885	9	NR	NR
3.	Assam	4422	0	4140	0	4541	5	464	0
4.	Bihar	NR	NR	NR	NR	14787	0	90919	2
5.	Chhattisgarh	53291	5	38532	0	42115	1	44350	0
6.	Goa	623	0	431	0	285	0	164	0
7.	Gujarat	7156	1	9778	0	14371	0	12248	0
8.	Haryana	21183	31	22361	2	25469	1	16743	1
9.	Himachal Pradesh	20252	4	24417	3	28074	2	23477	1
10.	Jammu & Kashmir	93953	0	90847	1	82347	0	55348	0
11.	Jharkhand	34172	10	35872	0	27009	3	9980	3
12.	Karnataka	50434	11	34296	6	38727	2	27480	1
13.	Kerala	4331	2	4621	1	3322	0	3444	1

1	2	3	4	5	6	7	8	9	10
14.	Madhya Pradesh	57883	39	33792	25	32490	20	34142	26
15.	Maharashtra	79162	12	94363	0	50095	1	24733	1
16.	Manipur	5247	3	3859	0	5498	7	8767	1
17.	Meghalaya	10066	0	8169	1	9235	2	3844	10
18.	Mizoram	1163	4	1115	0	2270	1	1776	1
19.	Nagaland	15569	0	19014	0	14962	2	7403	0
20.	Odisha	50341	33	45692	29	59903	104	41438	15
21.	Punjab	22444	1	28248	6	36263	9	28708	1
22.	Rajasthan	11469	0	10575	0	7902	0	10940	2
23.	Sikkim	218	0	689	0	551	0	208	0
24.	Tamil Nadu	143948	1	112879	51	501185	0	21004	0
25.	Tripura	2025	1	2068	5	3553	0	1973	3
26.	Uttarakhand	23009	49	16489	2	13760	1	15658	4
27.	Uttar Pradesh	65096	72	71037	158	117537	80	69525	50
28.	West Bengal	133095	78	146428	74	127180	34	53244	8
29.	A & N Islands	2608	0	1266	1	1343	1	909	1
30.	Chandigarh	498	0	NR	NR	3190	0	955	0

31.	D & N Haveli	2653	0	2221	0	2269	0	2029	0
32.	Daman & Diu	920	0	1652	0	964	0	890	0
33.	Delhi	406546	47	32542	60	42976	55	25079	34
34.	Lakshadweep	4	0	13	0	14	0	5	0
35.	Puducherry	1126	1	11001	0	11077	0	1676	0
	Total	1099331	436	1084885	440	1062446	346	741272	189

(Source: 'National Health Profile' published by Central Bureau of Health Investigation, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India)

Notes 1: NR implies "Not Reported".

2. * The figures of the year 2012 are provisional.

ANNEXURE III

State/UT-wise number of Cases and Deaths due to Cholera Reported during the years 2009-2012

Sl. No	State/U.T	2009		2010		2011		2012*	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Death
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh	308	4	178	0	227	0	82	0
2.	Arunachal Pradesh	3	0	0	0	0	0	NR	NR
3.	Assam	21	0	0	0	0	0	0	0
4.	Bihar	0	0	NR	NR	0	0	0	0
5.	Chhattisgarh	3	0	12	0	1	0	0	0
6.	Goa	0	0	0	0	0	0	0	0
7.	Gujarat	309	0	132	1	79	0	57	0
8.	Haryana	17	1	105	0	1	0	6	0
9.	Himachal Pradesh	0	0	5	0	0	0	1	0
10.	Jammu & Kashmir	0	0	2976	3	0	0	0	0
11.	Jharkhand	NR	NR	NR	NR	0	0	0	0
12.	Karnataka	143	0	301	3	166	0	84	0
13.	Kerala	62	2	2	0	19	1	0	0

14. Madhya Pradesh	7	4	3	0	0	0	3	0
15. Maharashtra	183	1	384	1	210	2	211	0
16. Manipur	NR	NR	0	0	0	0	0	0
17. Meghalaya	0	0	NR	NR	0	0	0	0
18. Mizoram	0	0	0	0	0	0	0	0
19. Nagaland	0	0	0	0	0	0	0	0
20. Odisha	0	0	2	0	0	0	0	0
21. Punjab	19	0	43	1	9	0	0	0
22. Rajasthan	1	0	37	0	0	0	0	0
23. Sikkim	0	0	0	0	0	0	0	0
24. Tamil Nadu	818	0	156	0	580	0	348	1
25. Tripura	0	0	0	0	0	0	0	0
26. Uttarakhand	1	NR	NR	NR	0	0	0	0
27. Uttar Pradesh	0	0	20	0	9	0	3	0
28. West Bengal	486	0	570	0	652	0	61	0
29. A & N Islands	0	0	0	0	0	0	0	0
30. Chandigarh	35	0	NR	NR	0	0	0	0
31. D & N Haveli	0	0	1	0	8	0	29	0
32. Daman & Diu	0	0	0	0	0	0	0	0

1	2	3	4	5	6	7	8	9	10
33.	Delhi	1066	NR	77	0	380	7	219	0
34.	Lakshadweep	0	0	0	0	0	0	0	0
35.	Puducherry	0	0	0	0	0	0	11	0
Total		3482	12	5004	9	2341	10	1115	1

(**Source:** 'National Health Profile' published by Central Bureau of Health Investigation, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India)

Notes 1**:** NR implies "Not Reported".

2.* The figures of the year 2012 are provisional.

ANNEXURE IV

State/UT-wise number of Cases and Deaths due to Viral Hepatitis reported during the years 2009-2012

Sl. No.	State/U.T	2009		2010		2011		2012*	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh	9457	53	9949	60	11050	61	3752	36
2.	Arunachal Pradesh	153	2	219	6	636	4	NR	NR
3.	Assam	7770	0	312	0	2557	25	0	0
4.	Bihar	NR	NR	NR	NR	202	0	2180	1
5.	Chhattisgarh	1835	13	287	4	139	1	1030	0
6.	Goa	96	0	71	0	118	0	53	0
7.	Gujarat	3068	99	3190	0	4328	0	1738	0
8.	Haryana	2011	4	1583	4	2557	2	2027	1
9.	Himachal Pradesh	2979	5	2566	13	1248	10	755	14
10.	Jammu & Kashmir	6190	0	3990	0	5129	2	4367	0
11.	Jharkhand	340	4	358	0	384	2	381	0
12.	Karnataka	11029	19	8872	16	6049	8	5457	8
13.	Kerala	7810	13	5353	6	5336	7	5786	16

1	2	3	4	5	6	7	8	9	10
14.	Madhya Pradesh	7381	17	5168	15	3851	12	4083	2
15.	Maharashtra	7488	30	5446	36	5994	30	4110	14
16.	Manipur	1764	0	320	0	229	0	128	0
17.	Meghalaya	205	2	438	1	87	3	152	0
18.	Mizoram	476	7	571	12	812	14	806	12
19.	Nagaland	542	0	119	0	64	0	259	0
20.	Odisha	5610	82	3328	62	3272	89	3607	51
21.	Punjab	5750	7	6546	21	5041	12	2388	0
22.	Rajasthan	981	2	1356	1	967	0	1051	1
23.	Sikkim	364	3	1180	2	484	0	380	2
24.	Tamil Nadu	3978	1	5732	3	5940	0	6165	0
25.	Tripura	987	3	717	8	404	0	154	1
26.	Uttarakhand	20132	17	6645	12	3143	19	3238	6
27.	Uttar Pradesh	1988	19	2203	9	7749	28	4237	9
28.	West Bengal	4525	121	4779	68	5480	105	1272	41
29.	A & N Islands	243	2	255	6	208	5	95	5
30.	Chandigarh	390	2	NR	NR	1309	0	433	0

31.	D & N Haveli	277	0	314	2	269	0	146	0
32.	Daman & Diu	62	0	103	0	484	0	120	0
33.	Delhi	7657	40	6510	61	8347	68	3516	42
34.	Lakshadweep	30	0	20	0	15	1	10	0
35.	Puducherry	517	33	650	2	520	12	383	11
	Total	124085	600	89150	430	94402	520	64259	273

(**Source:** 'National Health Profile' published by Central Bureau of Health Investigation, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India)

Notes 1**:** NR implies "Not Reported".

2:* The figures of the year 2012 are provisional.

ANNEXURE V

State/UT-wise number of Cases and Deaths due to Acute Encephalitis Syndrome (AES) reported during the years 2009-2012

Sl. No.	State/UT	2009		2010		2011		2012*	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Death
1.	Andhra Pradesh	49	0	139	7	73	1	64	0
2.	Assam	462	92	469	117	1319	250	1343	229
3.	Bihar	325	95	50	7	821	197	745	275
4.	Delhi	0	0	0	0	9	0	0	0
5.	Goa	66	3	80	0	91	1	66	0
6.	Haryana	12	10	1	1	90	14	5	0
7.	Jharkhand	0	0	18	2	303	19	16	0
8.	Karnataka	246	8	143	1	397	0	189	1
9.	Kerala	3	0	19	5	88	6	29	6
10.	Maharashtra	5	0	34	17	35	9	37	20
11.	Manipur	6	0	118	15	11	0	2	0
12.	Nagaland	9	2	11	6	44	6	21	2
13.	Punjab	0	0	2	0	0	0	0	0
14.	Tamil Nadu	265	8	466	7	762	29	806	53
15.	Uttarakhand	0	0	7	0	0	0	174	2
16.	Uttar Pradesh	3073	556	3540	494	3492	579	3426	538
17.	West Bengal	454	5	70	0	714	58	876	44
	Total	4975	779	5167	679	8249	1169	7799	1170

* Figure for the year 2012 are provisional and as on 11.12.2012.

Note: All reported cases and deaths due to AES are not attributable to intake of contaminated water.

ANNEXURE VI

State/UT-wise details of funds released and utilized under NRHM Flexipool during the Financial Years 2009-2010, 2010-2011, 2011-2012 and 2012-2013

(Rs. in crore)

Sl. No.	State/UT	2009-2010		2010-2011		2011-2012		2012-2013*	
		Released	Utilized#	Released	Utilized#	Released	Utilized#	Released	Utilized#
1	2	3	4	5	6	7	8	9	10
1.	Andhra Pradesh	240.29	319.23	235.73	253.87	310.25	216.90	75.88	183.33
2.	Arunachal Pradesh	14.94	25.62	30.24	37.41	22.26	36.91	10.60	8.17
3.	Assam	363.92	448.96	398.23	671.80	391.32	422.22	238.96	78.18
4.	Bihar	48.15	136.10	335.39	184.44	106.43	273.72	306.30	21.49
5.	Chhattisgarh	82.42	47.49	80.00	80.17	118.90	162.35	109.10	43.25
6.	Goa	3.55	6.92	4.18	6.69	5.34	10.00	4.16	3.47
7.	Gujarat	182.56	303.75	167.50	304.01	193.17	289.65	114.65	30.03
8.	Haryana	55.75	211.96	71.17	112.53	109.57	94.83	48.14	56.41
9.	Himachal Pradesh	24.11	80.37	40.38	56.01	47.95	27.96	19.53	13.62
10.	Jammu & Kashmir	39.94	86.94	77.02	121.99	136.46	105.06	15.00	33.71
11.	Jharkhand	18.04	41.45	108.67	146.61	153.86	131.74	140.83	38.26
12.	Karnataka	139.45	315.77	179.15	312.18	216.42	324.10	174.10	86.86
13.	Kerala	132.96	155.90	99.11	126.32	144.34	123.90	24.39	43.75
14.	Madhya Pradesh	147.82	149.61	219.86	245.88	270.38	195.97	-	40.25
15.	Maharashtra	307.18	485.62	316.18	556.86	422.87	594.96	213.36	124.91
16.	Manipur	32.55	34.08	42.36	23.84	18.75	26.11	-	2.30
17.	Meghalaya	31.48	40.74	36.30	44.23	32.71	58.21	34.09	89.48

1	2	3	4	5	6	7	8	9	10
18.	Mizoram	12.27	22.90	21.07	30.21	14.54	19.24	12.55	10.61
19.	Nagaland	27.21	30.69	33.54	33.92	29.80	56.88	22.78	5.06
20.	Odisha	151.20	263.59	158.54	215.89	191.01	237.88	155.30	59.02
21.	Punjab	64.23	88.81	75.61	145.27	92.70	153.85	52.60	45.26
22.	Rajasthan	227.51	370.64	243.53	519.65	319.57	281.21	169.37	39.30
23.	Sikkim	7.47	17.38	15.63	11.11	6.52	9.76	3.78	2.33
24.	Tamil Nadu	164.25	208.54	193.34	277.53	262.83	248.85	28.01	71.81
25.	Tripura	43.76	30.89	23.79	51.29	44.70	65.58	22.49	34.00
26.	Uttarakhand	33.64	46.32	39.59	88.07	53.54	60.66	28.81	3.66
27.	Uttar Pradesh	542.30	602.67	671.97	959.57	411.59	278.98	738.92	60.65
28.	West Bengal	212.14	168.88	187.29	292.56	305.29	259.18	260.15	101.82
29.	A & N Islands	1.45	8.86	9.83	9.22	1.46	5.26	1.08	0.95
30.	Chandigarh	2.19	1.74	2.29	2.86	3.40	1.85	-	0.70
31.	D & N Haveli	1.08	1.11	1.69	1.41	0.96	1.14	0.98	0.39
32.	Daman & Diu	0.93	0.71	1.49	1.23	0.48	0.81	0.29	0.61
33.	Delhi	6.16	17.92	26.70	29.90	38.95	12.66	-	4.24
34.	Lakshadweep	0.16	0.64	1.20	1.89	0.49	0.88	0.20	0.34
35.	Puducherry	2.59	4.57	5.03	7.62	4.52	6.60	3.55	2.39
	Total	3365.65	4777.37	4153.60	5964.04	4483.32	4795.86	3029.95	1340.61

Note

1.* Utilization for the financial year 2012-13 (upto 30.09.2012) are provisional.

2.* Release for the financial year 2012-13 upto 30.10.2012. Releases relate to Central Government Grants and do not include State share contribution.

Includes carried over unspent balance and State share releases.

(प्रश्न 302)

श्री भाउसाहेब राजाराम वाकचौरे (शिरडी): महोदया, पूरे हिंदुस्तान के सभी गांवों में संदूषित पानी की समस्या है। मेरे संसदीय क्षेत्र में पीने के पानी का संदूषित होने के कारण वहां की शुगर फैक्टरी, अतिरिक्त फर्टीलाइजर का इस्तेमाल करना तथा अन्य कारण भी हैं। सरकार ने जो बीमारी के आंकड़े, मृत्यु के आंकड़े दिए हैं, वे चिंताजनक हैं।

मैं मंत्री जी से पूछना चाहता हूं कि इसके प्रिवेंशन के लिए क्या सरकार ने कोई योजना बनाई है या नहीं।

श्री गुलाब नबी आज़ाद: माननीय सदस्य ने जो सवाल पूछा है कि पीने के पानी से जो बीमारियां फैल रही हैं, जो पानी कंटैमिनेटिड है, उससे कौन-कौन सी बीमारियां फैलती हैं। हमने उसका उत्तर दिया है कि Actute Diarrhoeal Diseases, Typhoid, Cholera, Hepatitis, Acute Encephalitis Syndrome (AES) बीमारियां फैलती हैं तथा इसके अलग-अलग कारण हैं। इस तरह की 80 प्रतिशत वाटर बोर्न बीमारियां साफ पीने का पानी न उपलब्ध होने के कारण उत्पन्न होती हैं या हमारी जो सैनिटेशेन है, हाइजीन है चाहे वह पर्सनल हाइजीन हो या जनरल हाइजीन हो या आस-पास की साफ-सफाई हो, मकानों के पास सफाई हो, खेत-खलिहानों में सफाई का संबंध हो, उसकी वजह से पानी में जो तमाम गंदी चीजें मिल जाती हैं, उसकी वजह से ये बीमारियां उत्पन्न होती हैं।

माननीय सदस्य ने पूछा है कि इस बारे में सरकार की तरफ से क्या किया गया है। इसके संबंध में मैं बताना चाहता हूं कि भारत सरकार के तीन मंत्रालय इस बारे में काम कर रहे हैं। हमारे मंत्रालय का इसमें अलग काम है। हमारे देश में नेशनल रूरल हैल्थ मिशन में तकरीबन पांच लाख तीन हजार के करीब गांवों में विलेज सैनिटेशन कमेटियां बनाई गई हैं। इन पांच लाख तीन हजार सैनिटेशन कमेटियों को हमारे मंत्रालय से नेशनल रूरल हैल्थ मिशन में दस हजार रुपए हर गांव को दिए जाते हैं।

तकरीबन सभी गांवों के लिए साल में करीब पांच सौ करोड़ रुपए से ज्यादा दिए जाते हैं। ये रुपया इसलिए दिया जाता है कि सोसायटी गांवों की साफ सफाई देखे, पानी की साफ सफाई देखे, गली-गली की साफ सफाई देखे। इससे बहुत बड़ा कार्यक्रम दो अलग-अलग मिनिस्टरीज़ देखती हैं। एक मिनिस्टरी-भारत सरकार की ड्रिंकिंग वाटर एंड सैनिटेशन है और दूसरा जवाहर लाल नेहरू नेशनल अर्बन रेन्युएबल मिशन है। जहां तक नेशनल रूरल ड्रिंकिंग वाटर प्रोग्राम का सवाल है, इनका मकसद राज्यों को टेक्निकल सपोर्ट देना है और फाइनेंशियल असिस्टेंस देना भी है, हैंड पंप के लिए, वाटर पाइप के लिए दे और वर्ष 2012-13 के लिए इस मंत्रालय ने दस हजार पांच सौ करोड़ रुपए दिए हैं। यह बहुत बड़ी मात्रा है। इसके साथ-साथ इस पैसे में से 67 प्रतिशत राज्यों को सिर्फ क्वालिटी वाटर उपलब्ध कराने के लिए दिया गया है। तीन परसेंट सिर्फ मॉनीटरिंग के लिए दिया गया है और पांच परसेंट सिर्फ जागरूकता फैलाने के लिए दिया गया है। यह बहुत बड़ा प्रोग्राम इस मिनिस्टरी की तरफ से चलाया जा रहा है।

श्री भाउसाहेब राजाराम वाकचौरे (शिरडी): महोदय, संदूषित पानी है, उसके कारण मंत्री जी ने बताया है लेकिन जो पेयजल की गांवों में योजना है, जैसे गांवों, में जो पानी उपलब्ध है, जनता वह पानी नहीं पी रही है और इसके लिए मैंने प्रिवेंशन के बारे में पूछा था, लेकिन मंत्री जी ने उत्तर नहीं दिया है कि प्रिवेंशन के लिए क्या करेंगे? चाहे हैल्थ विभाग हो या पेयजल के दूसरे विभाग हैं, क्या उनके माध्यम से सरकार इस बारे में कोई ठोस उपाय करने जा रही है या नहीं?

SHRI GHULAM NABI AZAD: Madam, I have said that these are the most preventive ones. It is not just the provision of water supply through pipes and through hand

pumps. As I said, up to sixty per cent funds are allocated for drinking water under the National Rural Health Mission, which can be utilized for tackling water quality problem in rural areas. In addition, three per cent funds on hundred per cent Central assistance basis are provided to the States for water quality monitoring and surveillance. These include (i) setting up of a new or upgradation of a district, sub-district Water Quality Testing Laboratories; (ii) providing chemical and consumable to laboratories; (iii) hiring of trained manpower for laboratories; and (iv) providing field test kits to gram panchayats.

I have also said that five per cent funds are allocated to the States which can be used for awareness generation campaign. I have also said that for this current year Rs. 10,500 crore have been allocated for the States for safe drinking water, hand pumps and pipe water supply scheme.

श्री हरीश चौधरी (बाड़मेर): महोदया, रेगिस्तानी इलाकों में पेयजल का स्रोत केवल टांके हैं। भारत सरकार ने जो एनआरडीडब्ल्यूपी के पैमाने जनसंख्या के आधार पर रखे हैं। उन टांकों से हम लोगों को जो पीने का पानी मिलता है, उसका हम एक साल तक इस्तेमाल करते हैं। एक साल पानी रखने के कारण उस पानी में कई प्रकार के मच्छर आदि पैदा हो जाते हैं। हमारे इलाके में मलेरिया के कारण प्रत्येक वर्ष बहुत मौतें होती हैं।

मैं, मंत्री जी से निवेदन करना चाहता हूं कि एनआरडीडब्ल्यूपी के अंदर जो पैमाने जनसंख्या के आधार पर रखे हैं, वे रेगिस्तानी इलाके के अंदर इस पृष्ठभूमि को देखते हुए इसमें कुछ रिलेक्सेशन करेंगे या नहीं?

श्री गुलाम नबी आज़ाद: महोदया, मैं नहीं जानता कि किस तरह के नार्म्स की बात करते हैं। मैं बताना चाहता हूं कि बुनियादी वाटर सप्लाई गांवों तक, घरों तक पहुंचाने का काम राज्य सरकारों का है। यह एक गोल्डन पीरियड है कि इस दौरान एक-एक साल में साढ़े दस हजार करोड़ रुपये केन्द्रीय सरकार की तरफ से राज्य सरकारों के जो एफर्ट्स हैं, उन्हें सप्लीमेंट करने के लिए दिए जा रहे हैं। मैं नहीं समझता कि इससे ज्यादा कुछ और भारत सरकार राज्य सरकारों के लिए , चाहे वह किसी पक्ष की हो, ज्यादा सहायता कर सकती है। यह राज्य सरकारों का मैनेजमेंट सिस्टम है, उनका काम है कि वे सोर्स ढूंढें तथा उन सोर्स से पर्याप्त पानी उपलब्ध कराएं।

श्री दिलीपकुमार मनसुखलाल गांधी (अहमदनगर): अध्यक्ष महोदया, मंत्री जी ने ही अपने जवाब में सारी बातें बता दी हैं। अगर देश को सुदृढ़ करना है तो आम आदमी का स्वास्थ्य अच्छा होना चाहिए और इन तीन-चार सालों में जितने लोगों की भी मृत्यु हुई है, उसको देखते हुए जो लोग सरकारी अस्पताल में आते हैं, उनके आंकड़े आपके पास हैं लेकिन प्राइवेट सैक्टर के आंकड़े आपके पास नहीं हैं। ऐसा होते हुए यह मृत्यु का प्रमाण बहुत ज्यादा है और आपने जो ये पांच रोग बताये हैं, ये सब पानी की वजह से ही होते हैं। आप हर ग्राम पंचायत को भी पैसा बांटते हैं और दस हजार रुपया जो बांटते हैं, वह पैसा आप चंदे के रूप में बांटते हैं। उससे गांवों की जनता को कुछ सुविधा नहीं मिलती है। आपने कहा कि तीन मंत्रालय यह काम देखते हैं। परंतु क्या तीन मंत्रालयों में यह कोऑर्डिनेशन है? अगर बेसिक कोऑर्डिनेशन होगा तो अच्छा रहेगा क्योंकि आपका चालीस हजार करोड़ रुपये का साल का बजट है और चाहे बीमारी अलग-अलग हों लेकिन उनका मूल कारण दूषित पानी है। पानी के संबंध में जो राजीव गांधी पेयजल योजना है, भारत निर्माण योजना है तो क्या यह पेयजल योजना कुएं से या नदी से डाइरेक्ट जुड़ी हुई हैं? क्या इस पानी के लिए फिल्टर प्लांट लगाने के लिए स्वास्थ्य विभाग कुछ काम करेगा? मेरा कहना यह है कि आम आदमी की बीमारी यदि कम करनी है तो शुद्ध पानी देना सरकार की जिम्मेदारी है।

शुद्ध पानी देने के लिए तीनों मंत्रालय कोऑर्डिनेशन करके चंदा बांटने का काम कम करें, बेसिक योजना बनाएं।

श्री गुलाम नबी आज़ाद: मैं माननीय सदस्य को यह बताना चाहूंगा कि जहां तक मिनिस्ट्रीज़ का सवाल है, हमारा सौ प्रतिशत कोऑर्डिनेशन है लेकिन हमारा कोऑर्डिनेशन तकनीकी सपोर्ट और फाइनेंशियल सपोर्ट देना है। उसके बाद राज्य सरकारों को देखना है। हरेक विभाग को जिस कार्य के लिए पैसा दिया गया है, उसके लिए काम करना है। मैं नहीं समझता कि इस तकनीकी सपोर्ट और फाइनेंशियल सपोर्ट के अलावा केन्द्रीय सरकार उस विभाग मे जो राज्य सरकार को संविधान में दिया गया है, उसके अलावा उसमें कुछ कर सकती है।

श्री दिलीपकुमार मनसुखलाल गांधी (अहमदनगर): मंत्री जी ने जो जवाब दिया है, वह पूरा नहीं है।

.....**(व्यवधान)**

अध्यक्ष महोदया: नहीं, आप ऐसे नहीं कर सकते। यह चर्चा नहीं हो रही है। प्रश्न-उत्तर काल है। आपका प्रश्न हो गया है।

.....**(व्यवधान)**

श्री गुलाम नबी आज़ाद: अध्यक्ष महोदया, आपने अगर देखा होगा कि मैंने इन सब बातों का जवाब दिया है। ....**(व्यवधान)**।

अध्यक्ष महोदया: माननीय मंत्री जी, कृपया आप अपने स्थान पर बैठ जाइए।

....**(व्यवधान)**

श्री रेवती रमण सिंह (इलाहाबाद): अध्यक्ष महोदया, आपका बहुत-बहुत धन्यवाद। माननीय मंत्री जी ने जो जवाब दिया है, आज आज़ादी को 63 साल हो गये हैं। लेकिन आज तक भी स्वच्छ जल हमारे गांवों तक नहीं पहुंचा पाये। माननीय मंत्री जी के पास जो आंकड़े हैं कि इतने गांवों में स्वच्छ जल पीने के लिए दिया गया। इनसफलाइटिस, मस्तिष्क ज्वर गोरखपुर से लेकर पूरे ईस्टर्न यू॰ पी॰ में हजारों बच्चे हर साल मरते हैं। लेकिन उसको रोकने के लिए सरकार ने कोई उपाय ऐसा नहीं किया है जिससे इन बीमारियों को रोका जा सके।

मंत्री जी, आप कहते हैं कि हम पैसा भेज देते हैं। लेकिन फिर आप क्या उसका अनुसरण भी करते हैं कि वह पैसा खर्च भी हुआ या नहीं और कितने गांव उससे लाभान्वित हुए? हम आपको बताएं कि हमारे क्षेत्र में आदिवासी लोग नाले का पानी पी रहे हैं लेकिन हम लोगों के पास हैंड-पंप नहीं हैं कि हम उनको दे सकें। हम लोगों ने कई बार केन्द्र सरकार से यह सवाल उठाया कि एमपीज़ को अलग से हैंड-पंप दिया जाए लेकिन केन्द्र सरकार हम लोगों को हैंड-पंप नहीं देती और 63 साल की आजादी के बाद भी वे लोग नाले का पानी पीने के लिए मजबूर है। आप हमारे साथ चलिए, हम आपको दिखा सकते हैं। इसलिए बीमारी तो फैलेगी ही और ईस्टर्न यू॰ पी॰ में खासकर गोरखपुर और पूर्वान्चल में आपने बीमारी को रोकने के लिए कौन से कदम उठाए हैं? हैंड-पंप कब तक देंगे? हैंड-पंप देंगे भी या नहीं देंगे?

श्री गुलाब नबी आज़ाद: माननीय स्पीकर साहिबा, मेरे ख्याल से सदस्य साथी, चाहे मेरी पार्टी के हों या विपक्ष के हों, उन्हें सैंट्रल और स्टेट सब्जेक्ट के बीच कभी न कभी रेखा तो खींचनी चाहिए। यह फाइनेंस डिपार्टमेंट नहीं है, रेलवे डिपार्टमेंट नहीं है कि मुझे पूछेंगे कि पुल बनाया है या नहीं? यह स्टेट सब्जैक्ट है कि कितने गांवों में कितने टयूबवैल बनने हैं? मैंने पहले ही उत्तर दिया है कि नेशनल रूरल ड्रिंकिंग वाटर स्कीम में केन्द्रीय सरकार की तरफ से राज्यों को सालाना साढ़े दस हजार करोड़ रुपया दिया जाता है। इसमें

हैंडपम्प्स भी मौजूद हैं और पाइप वाटर भी मौजूद है। केन्द्र सरकार हैंडपंप्स और वाटर पंप्स के लिए पैसा दे और माननीय सदस्य मुझसे अपेक्षा करें कि मैं हैंडपंप भी खुद ही लगाऊं या इस काम को ड्रिंकिंग वाटर मिशन से संबंधित मंत्री करें, ऐसा नहीं है यह राज्य को स्वयं ही करना होगा।

जहां तक गोरखपुर का सवाल है, माननीय सदस्य बहुत ही सुलझे हुए नेता हैं, मैं उनसे एई और जेई वायरस के बारे में कहना चाहता हूं कि एइज़ सौ किस्म के वायरस हैं, इसमें जेई और एई भी हैं। 100 किस्म के एइज़ वायरस डायरिया फैलाते हैं इनमें जेई एक वायरस है, एइज़ या जेई, जिनकी वजह से डायरिया होता है, इनसे निपटने के लिए बड़े दिनों से प्रयास चल रहा था लेकिन राज्य सरकारें इनसे निपटने के लिए पूरी तरह से सक्षम नहीं थीं। इसलिए पिछले साल माननीय प्रधानमंत्री जी ने पांच-छः मिनिस्टर्स की कमेटी बनाई। इसके बाद हमने 4038 करोड़ रुपए की रिकमेंडेशन दी। तकरीबन 19 राज्यों में 60 जिले ऐसे आइडेंटिफाई किए गए हैं जहां 80 प्रतिशत जेई या एई हैं। 4038 करोड़ रुपए की 60 जिलों के लिए मल्टी प्रोन स्ट्रेटजी बनाई गई। इसमें हैल्थ मिनिस्ट्री, मिनिस्ट्री ऑफ ड्रिंकिंग वाटर एंड सैनिटेशन, मिनिस्ट्री ऑफ हाउसिंग एंड अर्बन पावर्टी एलिवेशन, मिनिस्ट्री ऑफ सोशल जस्टिस एंड एम्पावरमेंट, मिनिस्ट्री ऑफ वूमेन एंड चाइल्ड डेवलपमेंट है। 18 अक्टूबर, 2012 को कैबिनेट ने 4038 करोड़ रुपए का प्रावधान 60 जिलों के लिए रखा है। इसके अलावा राज्य सरकारों को इसे इम्पलीमेंट करना होगा।

श्रीमती मीना सिंह (आरा): माननीय अध्यक्ष महोदया: मैं आपका आभार प्रकट करती हूं कि आपने मुझे इस महत्वपूर्ण विषय पर पूरक प्रश्न पूछने की अनुमति प्रदान की है। विगत सप्ताह लोकसभा टीवी पर एक कार्यक्रम में आप बता रही थीं कि किसी ज्ञान चक्षु बच्चे ने आपसे प्रश्न पूछा–मैडम स्पीकर, संसद देखने में कैसा है? आप उस बच्चे के प्रश्न को सुनकर निरुत्तर हो गई थीं। आपने यह भी बताया कि आज भी आपके कानों में उस बच्चे का प्रश्न गूंजता है। मेरा संसदीय क्षेत्र आरा है, जो आपका मायका भी है। विगत तीन वर्षों में दर्जनों बच्चे जन्मांध पैदा हुए हैं। मुझे वहां के चिकित्सकों ने बताया कि इसका मुख्य कारण बच्चों की माताओं द्वारा गर्भावस्था में आर्सेनिक प्रभावित दूषित जल का सेवन है। मैंने इस मुद्दे को आपकी अनुमति से शून्य काल में भी उठाया था। मैं तत्कालीन पर्यावरण मंत्री श्री जयराम रमेश जी की आभारी हूं कि उन्होंने इस पर कुछ सकारात्मक कदम उठाया था। वे इस समय संसद में उपस्थित नहीं हैं और दुर्भाग्य से उनका मंत्रालय भी बदल गया है और यह मामला ठंडे बस्ते में चला गया है।

मैडम, मैं, मंत्री जी द्वारा दिये गये जवाब का उल्लेख करना चाहती हूं, जिनमें विभिन्न बीमारियों की चर्चा दूषित जल के सेवन के कारण की गई है, लेकिन उनमें जन्मांधता नहीं है। मैं आपके माध्यम से मंत्री जी से जानना चाहती हूं कि क्या गर्भावस्था में माताओं द्वारा दूषित जल के सेवन के कारण जन्मांध बच्चे भी जन्म लेते हैं, यदि हां तो सरकार ऐसा कौन सा कदम उठा रही है, जिससे जन्मांध बच्चे पैदा होने से बचें तथा वे अपनी आंखों से संसद सहित तमाम राष्ट्रीय धरोहरों को देख सकें।

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): The Hon. lady Member has raised a very important question.

रेवती रमण सिंह (इलाहाबाद): आप हिन्दी में बोलिये।

गुलाम नबी आज़ाद: कुछ चीजें ऐसी होती हैं, उनका अनुवाद करना बड़ा कठिन होता है। हिंदी में ट्रांसलेशन की व्यवस्था है।.....(व्यवधान) उर्दू में साइंस को ट्रांसलेट करना उससे भी कठिन होगा।

This chronic arsenic toxicity occurs as a result of drinking arsenic-contaminated groundwater. It is a major environmental health hazard, not only for India, but for the

entire globe. So, the entire globe is working on this, including India. We have arsenic contamination; and we have fluorosis contamination in some parts of the country. **Insofar as arsenic related contamination is concerned, the Indian Council of Medical Research, under the Ministry of Health has funded several *ad hoc* research projects on the subject and reports are awaited. Once we receive the reports from these projects, then on the basis of those reports, the Ministry will act.**

Similarly, flourosis is another cause of worry for our country. It is also because of contaminated intake or swallowing or absorbing of excessive fluoride in the body. The Ministry of Health and Family Welfare has launched a national programme for prevention and control of fluorosis during 2008-09, in six fluoride endemic districts of Nellore in Andhra Pradesh, in Madhya Pradesh, in Rajasthan, Jam Nagar in Gujarat, Odisha and Tamil Nadu. As a part of ICMR's initiative to address the problem of fluorosis, a task force has been established in 2010 with four sub-groups. In ICMR, criteria to screen dental fluorosis in the community have been developed.

I agree with the Hon. Member that it does affect the pregnant women and the result is that the pregrant women give birth to still-child. So, the ICMR is working on this; the scientists are working on this; we are sending teams to different parts of the country.

अध्यक्ष महोदया: यह बहुत गंभीर विषय है और मेरे पास बहुत लंबी सूची है, जो माननीय सदस्यगण इस पर प्रश्न पूछना चाह रहे हैं। आप इस पर मुझे नोटिस दे दीजिए, ताकि इस पर चर्चा हो जाए। मैं समझती हूं कि इस पर चर्चा होनी आवश्यक है।

APPENDIX XVIII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 3534

ANSWERED ON 14.12. 2012

Proposals on Trauma Centres Facilities

3534. SHRI SUDARSHAN BHAGAT:
SHRI MAGUNTA SREENIVASULU REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has received proposals from certain States enlisting the names of the hospitals for their inclusion for establishment of trauma care facilities during 12th Five Year Plan period;

(b) if so, the details thereof, proposal-wise and State/UT-wise; and

(c) the present status of each of these proposals?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes.

(b) & (c) Certain States *viz.* Jharkhand, Nagaland, Punjab, Gujarat, Sikkim, Chhattisgarh, Manipur, Kerala, Maharashtra, Karnataka, Goa, Himachal Pradesh, Mizoram, Bihar, Uttar Pradesh and Odisha have given list of hospitals for their inclusion for establishment of trauma care facilities during 12th Plan.

The proposals are examined in the light of the laid down criteria for finalization of list in consultation with Ministry of Road Transport and Highways, within the provision of scheme.

APPENDIX XIX

MINUTES

SEVENTH SITTING

MINUTES OF THE SITTING OF THE COMMITTEE ON GOVERNMENT ASSURANCES (2014-2015) HELD ON 12 FEBRUARY, 2015 IN COMMITTEE ROOM 'A', PARLIAMENT HOUSE ANNEXE, NEW DELHI

The Committee sat from 1100 hours to 1345 hours on Thursday, 12 February, 2015.

PRESENT

Dr. Ramesh Pokhriyal Nishank — *Chairperson*

MEMBERS

2. Shri Rajendra Agrawal
3. Prof. Sugata Bose
4. Shri Bahadur Singh Koli
5. Shri C.R. Patil
6. Shri Tariq Anwar

SECRETARIAT

1. Shri R.S. Kambo — *Joint Secretary*
2. Shri U.B.S. Negi — *Director*
3. Shri T.S. Rangarajan — *Additional Director*
4. Shri Kulvinder Singh — *Committee Officer*

Ministry of Health and Family Welfare (Department of Health and Family Welfare)

1. Shri B.P. Sharma, Secretary, H&FW
2. Shri Anshu Prakash, Joint Secretary
3. Shri Ali Raza Rizvi, Joint Secretary
4. Shri K.C. Samria, Joint Secretary

Ministry of Parliamentary Affairs

1. Shri A.B. Acharya, Under Secretary
2. Shri Kiran Kumar, Section Officer

*** *** *** *** ***

2. The Committee thereafter took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) from

09th Session to 12th Session of 15th Lok Sabha and reviewed/examined 18 assurances as given in **Annexure-III**. Some of the assurances critically examined by the Committee are as given below:—

i. **USQ No. 1927 dated 02.12.2011 regarding Allocation of Funds under NRHM (S. No. 1), USQ No. 3788 dated 16.12.2011 regarding Social Audit of Scheme (S. No. 5), USQ No. 7421 dated 22.05.2012 regarding Security to Health Scam Inmate (S. No. 8)**

The Committee were informed that all the three questions relate to irregularities in NRHM funds. There were two parts of the questions. One relate to the point where it was replied that the Central Team was sent to furnish the report after its investigation in the matter. In case of Uttar Pradesh, Special teams were sent in December, 2010 and May, 2011 which found deficiencies in several areas. The State Government instituted inquiries by senior officers in these irregularities. On the request of the Government, CAG has started conducting special audit of NRHM in UP since its inception. In the meantime, Allahabad High Court had decided that the matter may be investigated by the CBI. In pursuance of the said order of the High Court, CBI has investigated into the matter and as per the latest report furnished by CBI, 16 chargesheets were filed and the cases are under trial. Investigation has been completed in 07 cases but final prosecution sanctions are still awaited, 15 cases are under investigation and in one case CBI has filed closure report. CBI has not indicated any time-frame for completion of the investigation. The Committee, however, observed that where the investigation has been completed, final prosecution sanction should have been given by the authority concerned with a time-frame and therefore, the Committee directed that the progress of the cases may be reviewed by the Ministry from time to time and furnish a report in the matter to the Committee. Basic thrust of the question at S. No. 8 relates to provide security to the witnesses which falls in the domain of the Ministry of Home Affairs but the assurance has been accepted by the Ministry of Health and Family Welfare and therefore, the Secretary of the Ministry has assured that he will ask the State Government of U.P. to request the Ministry of Home Affairs in the matter and he will send the compliance report in the matter.

ii. **USQ No. 2034 dated 02.12.2011 regarding irregularities scams in Health related Schemes (S. No. 2)**

In respect of Food and Drugs Capacity Building Project, the Committee were informed that CBI has initiated investigations against three companies. CBI has registered 7 cases, out of which 2 cases have been closed by the court, 3 cases are under trial, in one case closure report is under consideration of the court and one case is still under investigation. While not accepting the request of the Ministry for dropping of the assurances since the matter is under the domain of the CBI/Court, the Committee directed that the matter may be reviewed from time to time and the Committee may be apprised of progress made in the matter.

iii USQ No. 2679 dated 09.12.2011 regarding Corruption in MCI and DCI (S. No. 3) and USQ No. 2241 dated 24.08.2012 regarding Recognition of Medical Colleges (S.No. 11)

The Committee were informed that the cases of corruption and irregularities were reported in MCI and DCI. So far as MCI is concerned, the matter is still under investigation of CBI since 2010. As regards the case of then President of DCI, CBI has filed a closure report in the High Court and simultaneously they have recommended Departmental against him which is internally be examined by the Central Vigilance Officer (CVO) of the Ministry. In respect of complaint against the present President of DCI, the same is being looked into by the CVO of the Ministry. As regards the proposal of the Government to set up a regulatory body *viz.* National Commission for Human Resources for Health, the Committee were informed that a bill was prepared but the same was referred to the Standing Committee which have recommended that the Bill may be withdrawn and a fresh Bill may be brought in its place incorporating its recommendations. In August, 2014, an Expert Group was constituted and its final report is still awaited and only thereafter, a fresh Bill will be prepared as recommended by the Standing Committee. **The Committee, however, directed that the matter may be reviewed from time to time and the Committee may be apprised of progress made in the matter.**

iv. USQ No. 3703 dated 16.12.2011 regarding ECG Technicians (S. No. 4)

The Committee were informed that the assurance relates to the filling of posts of cardiologist in Dr. RML Hospital. The Ministry has reviewed the matter and stated that there are several categories of cardiologists, out of which Recruitment Rules (RRs) have been referred to the Department of Personnel and Training. All the vacant posts of Senior Technical Assistant (Cardiology) have been filled up by promotion on 16.03.2013. RRs for Group 'C' post namely Senior Technical Assistant (Electro Physio Lab) have been sent to Government of India Press for Publication of the notification. RRs for Senior ECG/Monitoring Technician have been made and persons have been called for interview in February. RRs for Pacing Lab Technician have been finalized and the same have been sent to Government of India Press for printing. Efforts are being made to fill up the posts in a time bound manner. The Committee noted with concern that vacancies in the Hospitals effects the whole chain which provides medical treatment to the patient as the whole chain is inter-connected. The Committee therefore directed that all the above said vacancies be filled up in a time bound manner.

v. USQ No. 3827 dated 27.04.2012 regarding Evaluation of National Tobacco Control Programme (S. No. 6)

The Committee were informed that the Ministry propose to set up a National Quit-Line for Tobacco users and has got the necessary approval also. The Secretary of the Ministry assured that the Quit-Line services may start with in a month or two.

vi. USQ No. 4626 dated 04.05.2012 regarding Mental Healthcare Services and Policy (S. No. 7).

The Committee were informed that National Mental Health Policy has been formulated and the Implementation Report has been sent on 01.12.2014. The representative from the Ministry of Parliamentary Affairs has acknowledged that the IR has been received and the same will be laid in the Budget session of the Parliament.

vii. USQ No. 1261 dated 17.08.2012 regarding Shortage of Doctors (S. No. 9)

As regard to the above assurance, it was informed that information regarding shortage of doctors/faculty and steps taken to fill the shortage has been collected and an Implementation Report has been sent to the Ministry of Parliamentary Affairs. The representative of the Ministry of Parliamentary Affairs however informed that a Part Implementation Report of the assurance was laid in the year 2013 and now the Ministry has requested for dropping of the assurance. However, the Committee were of the firm view that the assurance can not be dropped unless the vacancies are filled up. The Committee, therefore, directed that the matter may be reviewed and a report on the present status of filling up of the vacant posts may be furnished to the Committee.

viii. USQ No. 1323 dated 17.08.2012 regarding Uterus cancer (S. No. 10)

This relates to an incident which happened in Chhattisgarh in which complaints regarding removal of uterus in the name of uterus sterilization were received. As per the information received from them, Government of Chhattisgarh has taken action against some of the doctors but some of them have gone to the High Court and the High Court has given stay on the ground that no show cause notice was given to give them an opportunity to explain their position. As per the latest report, on the basis of their investigation, licence of 07 doctors has been suspended for various period.

ix. USQ No. 4454 dated 07.09.2012 regarding Irregularities in Medical Entrance Examinations (S. No. 12)

It was stated by the Ministry that AIIMS, State Government of Karnataka and Orissa have reported cases of malpractices, irregularities and discrepancies in conduct of examinations. Investigations into such irregularities have been conducted and in some cases final conclusion has been drawn. However, the Committee wanted to know the action taken against those found guilty and steps taken by the Ministry or the States to remove the shortcomings in the system and the Committee, therefore, directed to review the matter and the report may be given to the Committee.

x. USQ No. 357 dated 23.11.2012 regarding Genetic Medicines (S. No. 13)

The assurance related to Ministry of Commerce but they could give only part information relating to revenue received on account of export of generic medicines and the total sale of these medicines at home. A reminder has been sent to them and as soon as the information is received from them, the same

will be furnished to the Committee. However, the Committee expressed its unhappiness in inordinate delay in collecting information from them which only shows lack of coordination between two Ministries.

xi. SQ No. 101 dated 30.11.2012 regarding Sale of Drugs (S. No. 14)

The Committee were informed that there is already an Anti-microbial resistance policy of 2011 which include the effect of use of anti-biotic in food animals on human health and therefore, no fresh policy is being brought in the matter and the reply of the then Minister of Health and Family Welfare may not be treated as an assurance and the same may be dropped. The Committee, however, directed that the said policy should be implemented effectively.

xii. SQ No. 115 dated 30.11.2012 regarding Guidelines for Private Medical Colleges (S. No. 15)

The Committee were informed that the Ministry of Health and Family Welfare has not received any proposal from MCI regarding regulation of payment of salary to teachers working in private medical colleges at least equal to the salary paid by the State Governments and there is no such provisions under which any directions can be given to them as MCI is an independent body. However, MCI has been requested to inform as to whether any such proposal is pending with them.

xiii. USQ No. 2443 dated 07.12.2012 regarding Transplantation of Human Organ Rules, 2012 (S. No. 16)

The Committee were informed that information for implementation of the assurance was repeatedly sought from the Ministry of Road Transport and Highways and they informed on 01.07.2014 that action for incorporating suitable provision in regard to organ donation in the Central Motor Vehicles Rules, 1989 is under process. That Ministry has accepted the transfer of assurance from the Ministry of Health and Family Welfare.

The Committee then adjourned.

ANNEXURE II

Statement of Pending Assurances of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) (From 9th Session to 12th Session of 15th Lok Sabha)

S.No.	SQ/USQ No. dated	Subject
1.	USQ No. 1927 dated 02.12.2011	Allocation of Funds under NRHM
2.	USQ No. 2034 dated 02.12.2011	Irregularities/Scams in Health Related Schemes
3.	USQ No. 2679 dated 09.12.2011	Corruption in MCI and DCI
4.	USQ No. 3703 dated 16.12.2011	ECG Technician
5.	USQ No. 3788 dated 16.12.2011	Social Audit of Schemes
6.	USQ No. 3827 dated 27.04.2012	Evaluation of National Tobacco Control Programme
7.	USQ No. 4626 dated 04.05.2012	Mental Healthcare Services and Policy
8.	USQ No. 7421 dated 22.05.2012	Security to Health Scam Inmate
9.	USQ No. 1261 dated 17.08.2012	Shortage of Doctors
10.	USQ No. 1323 dated 17.08.2012	Uterus Cancer
11.	USQ No. 2241 dated 24.08.2012	Recognition to Medical Colleges
12.	USQ No. 4454 dated 07.09.2012	Irregularities in Medical Entrance Examinations
13.	USQ No. 357 dated 23.11.2012	Generic Medicines
14.	SQ No. 101 dated 30.11.2012 (Shrimati Maneka Gandhi, M.P.)	Sale of Drugs
15.	SQ No. 115 dated 30.11.2012 (Dr. Raghuvansh Prasad Singh, M.P.)	Guidelines for Private Medical Colleges
16.	USQ No. 2443 dated 7.12.2012	Transplantation of Human Organ Rules, 2012
17.	SQ No. 302 dated 14.12.2012 (Smt. Meena Singh, M.P.)	Diseases caused by contaminated water
18.	USQ No. 3534 dated 14.12.2012	Proposals Trauma Centres Facilities

APPENDIX XX

MINUTES

ELEVENTH SITTING

MINUTES OF THE SITTING OF THE COMMITTEE ON GOVERNMENT ASSURANCES (2014-2015) HELD ON 08 JUNE, 2015 IN COMMITTEE ROOM 'C', PARLIAMENT HOUSE ANNEXE, NEW DELHI

The Committee sat from 1500 hours to 1630 hours on Monday, 08 June, 2015.

PRESENT

Dr. Ramesh Pokhriyal Nishank — *Chairperson*

MEMBERS

2. Shri Rajendra Agrawal
3. Shri Naran Bhai Kachhadia
4. Shri Bahadur Singh Koli
5. Shri Prahlad Singh Patel
6. Shri A.T. Nana Patil
7. Shri C.R. Patil
8. Shri Sunil Kumar Singh
9. Shri Tasleem Uddin
10. Shri K.C. Venugopal

SECRETARIAT

1. Shri R.S. Kambo — *Joint Secretary*
2. Shri U.B.S. Negi — *Director*
3. Shri T.S. Rangarajan — *Additional Director*
4. Shri Kulvinder Singh — *Committee Officer*
5. Shri Nagendra Suman — *Committee Officer*

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2. At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them regarding the day's agenda. Thereafter, the Committee considered and adopted the following Four (04) draft reports:—

(i) Fourteenth Report regarding "Review of pending assurances pertaining to the Ministry of Health and Family Welfare (Department of Health Research)".

(ii) Fifteenth Report regarding "Review of pending assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)".

(iii) Sixteenth Report regarding "Requests for dropping of assurances (Acceded to)".

(iv) Seventeenth Report regarding "Requests for dropping of assurances (Not acceded to)".

3. *** *** ***

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The Committee then adjourned.

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