

**COMMITTEE ON  
GOVERNMENT ASSURANCES  
(2020-2021)**

**(SEVENTEENTH LOK SABHA)**

**THIRTY-SEVENTH 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 17 / 03 / 2021**



**LOK SABHA SECRETARIAT  
NEW DELHI**

**March, 2021 / Phalguna, 1942 (Saka)**



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\* Implementation Report laid on 11/02/2021.

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\* Implementation Report laid on 11/02/2021.

**COMPOSITION OF THE  
COMMITTEE ON GOVERNMENT ASSURANCES\*  
(2020 - 2021)**

**SHRI RAJENDRA AGRAWAL**

- Chairperson

**MEMBERS**

2. Shri Sudip Bandyopadhyay
3. Shri Nihal Chand Chauhan
4. Shri Gaurav Gogoi
5. Shri Nalin Kumar Kateel
6. Shri Ramesh Chander Kaushik
7. Shri Kaushalendra Kumar
8. Shri Ashok Mahadeorao Nete
9. Shri Santosh Pandey
10. Shri Pashupati Kumar Paras
11. Shri M.K. Raghavan
12. Shri Chandra Sekhar Sahu
13. Dr. Bharatiben Dhirubhai Shyal
14. Shri Indra Hang Subba
15. Smt. Supriya Sule

**SECRETARIAT**

1. Shri Pawan Kumar - Joint Secretary
2. Shri Lovekesh Kumar Sharma - Director
3. Shri S. L. Singh - Deputy Secretary

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\* The Committee has been constituted w.e.f. 09 October, 2020 *vide* Para No. 1773 of Lok Sabha Bulletin Part-II dated 16 October, 2020



## INTRODUCTION

I, the Chairperson of the Committee on Government Assurances (2020-2021), having been authorized by the Committee to submit the Report on their behalf, present this Thirty-Seventh Report (17<sup>th</sup> Lok Sabha) of the Committee on Government Assurances.

2. The Committee on Government Assurances (2019-2020) at their sitting held on 07<sup>th</sup> October, 2020 took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) regarding pending Assurances.

3. At their sitting held on 19 January, 2021, the Committee on Government Assurances (2020-2021) considered and adopted this Report.

4. The Minutes of the aforesaid sittings of the Committee form part of the 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;  
12 March, 2021  
21 Phalguna, 1942 (Saka)

**RAJENDRA AGRAWAL,**  
**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 the extent to which such Assurances, promises and undertakings have been implemented. Once an Assurance has been given on the floor of the House, the same is required to be implemented within a period of three months. The Ministries/Departments of the Government of India are under obligation to seek extension of time required beyond the prescribed period for fulfilment of the Assurance. Where a Ministry/Department is unable to implement an Assurance, that Ministry/Department is bound to request the Committee for dropping it. The Committee consider such requests and approve dropping, in case, they are convinced that grounds cited are justified. The Committee also examine whether the implementation of Assurances has taken place within the minimum time necessary for the purpose and the extent to which the Assurances have been implemented.

2. The Committee on Government Assurances (2009-2010) took a policy decision to call the representatives of various Ministries/Departments of the Government of India, in a phased manner, to review the pending Assurances, examine the reasons for pendency and analyze operation of the system prescribed in the Ministries/Departments for dealing with Assurances. The Committee also decided to consider the quality of Assurances implemented by the Government.

3. The Committee on Government Assurances (2014-2015) decided to follow the well established and time tested procedure of calling the representatives of the Ministries/Departments of the Government of India, in a phased manner and review the pending Assurances. The Committee took a step further and decided to call the representatives of the Ministry of Parliamentary Affairs also as all the Assurances are implemented through it.

4. In pursuance of the *ibid* decision, the Committee on Government Assurances (2019-2020) called the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and the Ministry of Parliamentary Affairs to render clarifications with regard to delay in implementation of the pending Assurances pertaining

to the Ministry of Health and Family Welfare (Department of Health and Family Welfare) at their sitting held on 07<sup>th</sup> October, 2020. The Committee examined in detail the following twenty Assurances (Appendices – I to XX):

Sl.No.	SQ/USQ No./Discussion dated	Subject
1.	SQ No. 67 dated 12.11.2010	Review of CGHS Scheme (Appendix – I)
2.	USQ No. 972 dated 29.04.2016	Health Insurance for CGHS Pensioners (Appendix – II)
3. *	Special Mention by Shri Shailendra Kumar, M.P., dated 04.08.2011	Medical Education (Appendix – III)
4.	USQ No. 3214 dated 19.08.2011	World Bank Health Projects (Appendix – IV)
5.	USQ No. 2034 dated 02.12.2011	Irregularities/Scams in Health Related Schemes (Appendix – V)
6. *	USQ No. 2679 dated 09.12.2011	Corruption in MCI And DCI (Appendix – VI)
7.	USQ No. 7421 dated 22.05.2012	Security to Health Scam Inmate (Appendix – VII)
8. *	USQ No. 1265 dated 18.07.2014	Corruption in MCI (Appendix – VIII)
9.	USQ No. 2181 dated 05.12.2014	Abortion by Ayush Practitioners (Appendix – IX)
10.	Calling Attention by Shri P. V. Midhun Reddy, M.P., dated 15.12.2014	Situation Arising out of Food Adulteration in the Country (Appendix – X)
11.	USQ No. 5635 dated 28.04.2015	Consumer Rights (Appendix – XI)
12. *	SQ No. 50 dated 18.11.2016	Setting Up of New AIIMS Like Institutions/Hospitals (Appendix – XII)
13. *	USQ No. 2823 dated 02.12.2016	Balanced Diet (Appendix – XIII)

\* Implementation Report laid on 11/02/2022

14.	USQ No. 269 dated 03.02.2017	Abortion by Ayush Practitioners (Appendix – XIV)
15.	SQ No. 340 dated 24.03.2017	Medical Termination of Pregnancy Act, 1971 (Appendix – XV)
16.	USQ No. 1100 dated 21.07.2017	Amendment of MTP Act (Appendix – XVI)
17. *	SQ No. 423 dated 31.03.2017 (Supplementary by Shri N.K. Premachandran, M.P.)	Communicable and Non-communicable Diseases (Appendix – XVII)
18. *	SQ No. 104 dated 09.02.2018	Status of New AIIMS (Appendix – XVIII)
19. *	USQ No. 4665 dated 23.03.2018	Upgrading of CGHS Communication Technology (Appendix – XIX)
20.	SQ No. 571 dated 06.04.2018	Passive Euthanasia (Appendix – XX)

5. The Extracts from the Manual of Parliamentary Procedures in the Government of India, Ministry of Parliamentary Affairs laying guidelines on the definition of an Assurance, the time limit for its fulfilment, dropping/deletion and extension, the procedure for fulfilment, etc., besides maintenance of Register of Assurances and periodical reviews to minimize delays in implementation of the Assurances are reproduced at Appendix-XXI.

6. During the oral evidence, the Committee drew the attention of the representatives of the Ministry to their long pendency list of 71 Assurances till 2<sup>nd</sup> session of the 17<sup>th</sup> Lok Sabha. The Committee enquired about the system of monitoring and reviewing the implementation of pending Assurances in the Ministry. The Secretary, Department of Health and Family Welfare replied as under:

*"Our Ministry has a Parliament Branch which regularly prepares the details of Assurances every month and shares it with the Department concerned. In this information, seeking of extension of time, Implementation Report of Assurances*

\* Implementation Report laid on <sup>3</sup> 11/02/2021.

and request for dropping of Assurances are also included. When this information is circulated, the Joint Secretaries concerned discuss it with other officials at their level. Every Monday there is a meeting of the officials of the Ministry at my level. The point of agenda is the status of the Assurances and what has been done for their implementation. I want to say, for example, that at my level on three dates i.e. 14<sup>th</sup> August, 14<sup>th</sup> September and 29<sup>th</sup> September, these have been reviewed very extensively. Minutes of the meetings were issued in due course. We will give information about these to the Committee with your permission. Apart from this, the Ministry has furnished 25 Implementation Reports since January. You have indicated that 71 cases are pending. We have furnished Implementation Reports of about 25 of them. Today, 20 Assurances will be reviewed. We have furnished Implementation Reports of 5 Assurances, out of these, in the last 2 weeks and Implementation Reports of 3 Assurances are in the pipeline. We will furnish these Implementation Reports in the coming week or the next 10 days and in 3 cases, we are requesting that these be dropped."

7. Subsequently, in view of the explanations submitted by the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) during the course of oral evidence, the Committee acceded to the request of the Ministry to drop the four Assurances mentioned at Sl. Nos. 4,5, 7, and 11 :

#### **Observations/Recommendations**

8. The Committee note that out of the 11 pending Assurances pertaining to the Ministry of Health and Family Welfare, Department of Health and Family Welfare, the Assurance mentioned at Sl. No. 1 is pending for more than 10 years

while the two Assurances mentioned at Sl. Nos. 3, and 6 are pending for more than nine years. Likewise, the four Assurances mentioned at Sl. Nos. 4, 5, 7 and 11 had been pending for more than five to nine years before the Committee acceded to the request of the Ministry to drop the same whereas the remaining 13 Assurances mentioned at Sl. Nos. 2, 8-10 and 12-20 could not be implemented despite a lapse of more than two to six years. The Committee are perturbed to note the extent and period of pendency and inordinate delay in fulfillment of Assurances because of which utility and relevance of the Assurances are lost. The Committee are of the view that the Parliament as the Legislature and the Ministries/Departments as the Executive are accountable to the public and from the point of the Executive accountability to the Legislature, it is imperative that the Assurances given on the Floor of the House are timely fulfilled. Moreover, upholding the dignity of Parliamentary democracy requires that these Assurances are brought to their logical end at the earliest. The Committee are fully aware that some Assurances, especially those pertaining to contentious issues and policy matters require more time and may be difficult to be executed within the prescribed time period. However, proactive and sustained efforts need to be made to implement Assurances which are solemn Parliamentary obligations. The Ministry of Health and Family Welfare is found wanting in this regard as can be gauged from the high number of long pending Assurances. The Committee, therefore, desire that the present arrangement for fulfillment of remaining Assurances in the Ministry be overhauled and strengthened by infusing more innovative/problem solving ideas and taking prompt follow-up action in a well coordinated approach. Implementation

Reports of Assurances need to be effectively monitored and reviewed at the highest level. The Committee also desire that the Minutes of the review meetings undertaken by the Ministry/Department for monitoring of pending Assurances be furnished to them. Further, the Committee took strong exception to the incorrect information provided by the Ministry in the Status Notes of some of the pending Assurances which was also conceded by the Secretary, Department of Health and Family Welfare. The Committee deplore this form of casual attitude on the part of the Ministry/Department and direct the Ministry to ensure that in future, accurate information based on actual/real time situation rather than anticipation/expectation be provided to the Committee.

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

9. In the succeeding paragraphs, the Committee deal with some of the important pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and critically examined by them.

**A. Review of CGHS Scheme/Health Insurance for CGHS Pensioners**

(i) SQ No. 67 dated 12.11.2010 regarding 'Review of CGHS Scheme' (Sl. No.1)

(ii) USQ No. 972 dated 29.04.2016 regarding 'Health Insurance for CGHS Pensioners' (Sl. No.2)

10. In reply to the SQ No. 67 dated 12.11.2010 regarding 'Review of CGHS Scheme' (Appendix-I), it was *inter-alia* stated that Government of India had floated an Expression of Interest for studying the feasibility of introducing a Health Insurance Scheme for Central Government employees and Pensioners and their dependent family members all over India. On the basis of inputs from the Insurance companies and inter-departmental consultation, a draft scheme was prepared and accordingly a Request For Proposal (RFP) was floated inviting insurance premium quotes from the Insurance companies. The rates were received in response thereto. The Ministry did not take a final decision in the matter. Further, in reply to USQ No. 972 dated 29.04.2016 regarding 'Health Insurance for CGHS Pensioners' (Appendix-II), it was stated that the Ministry of Health and Family Welfare had informed that an insurance scheme for the Central Government Employees and Pensioners was under their consideration.

11. Apprising the Committee of the further developments in the implementation of the Assurances, the Department of Health and family Welfare in their Status Note furnished in October, 2020 stated the following:-

*"The final EFC memo of proposed health insurance scheme for Central Government Employees and Pensioners was sent for appraisal of Expenditure Finance Committee on 14.02.2017 and reminders have been issued on 29.12.2018 and 30.04.2019."*

12. In his disposition before the Committee during oral evidence, the Secretary, Ministry of Health and Family Welfare further elaborated on the status of the fulfillment of the Assurances as under:-

*"the background of the Assurances is that the 6<sup>th</sup> Pay Commission had said that there should be an insurance scheme for the Central Government employees as well as for pensioners. It also stated that the scheme should be implemented on voluntary basis. When its recommendations were received by the Ministry, an expression of interest was called for as to what kind of terms and conditions would you like to quote to run such insurance schemes with a voluntary subscription. When such financial decisions are made in the Government, then EFC or SFC note is prepared which is evaluated by the Expenditure Department of the Finance Ministry and thereafter, we go to the Cabinet for approval as per requirement. EFC Note was sent to the Ministry of Finance but till date no decision has been taken on it. We have reminded them from time to time. We informally spoke to senior Finance Ministry official on this. He said that there is such an intent within the Ministry that this EFC note need not be approved but, there is a need to make the current CGHS system more efficient and has asked for comments as to how it can better serve the serving employees and pensioners in a cost effective manner. Sir, we are waiting for their formal response."*

#### **Observations/Recommendations**

**13. The Committee are concerned to note that two crucial Assurances given in replies to SQ No. 67 dated 12.11.2010 and USQ No. 972 dated 29.04.2016 pertaining to Health Insurance Scheme for Central Government employees and pensioners are yet to be fulfilled despite a lapse of more than 10 years. The Committee's examination has revealed that the Sixth Central Pay Commission in its Report had recommended the introduction of a Health Insurance Scheme for Central Government employees and pensioners which should be implemented**



on voluntary basis. Thereafter, the Government floated an Expression of Interest for studying the feasibility of the Scheme for Central Government employees and pensioners and their dependent family members all over India. A draft scheme was prepared on the basis of inputs from Insurance Companies and inter-Departmental consultation and accordingly, a Request for Proposal (RFP) was floated. The Committee have been informed that the final EFC memo of the proposed Health Insurance Scheme was sent for appraisal of the Expenditure Finance Committee on 14.02.2017 but till date no decision has been communicated to the Ministry of Health and Family Welfare. The Committee, therefore, would like the Ministry to step up its efforts and co-ordination with all concerned and pursue the matter vigorously with the Ministry of Finance so as to bring a consensus among themselves at the earliest in a time bound manner so that there is no further delay in fulfilling the Assurances.

## B. Passive Euthanasia

14. In reply to SQ No. 571 dated 06.04.2018 regarding 'Passive Euthanasia' (Appendix – XX), it was stated that the matter regarding formulation of legislation on Passive Euthanasia is under consideration in the Ministry.

15. In their Status Note furnished in October, 2020, the Ministry of Health and Family Welfare (Department of Health and Family Welfare) apprised the position in this regard as under:

*"Matter is still under consideration."*

16. During oral evidence, the Secretary, Department of Health and Family Welfare deposed before the Committee as follows:

*"Sir, this is a case of April, 2018. This is called passive euthanasia. If a patient has been ill for a long time and is in a condition in which he is not alive despite being alive, they should be empowered to tell the doctor that their life support systems should be removed so that they die in peace. We had prepared a Draft Bill for this because there is no such law in the country till date. If a doctor does this, then legal action is taken on her/him."*

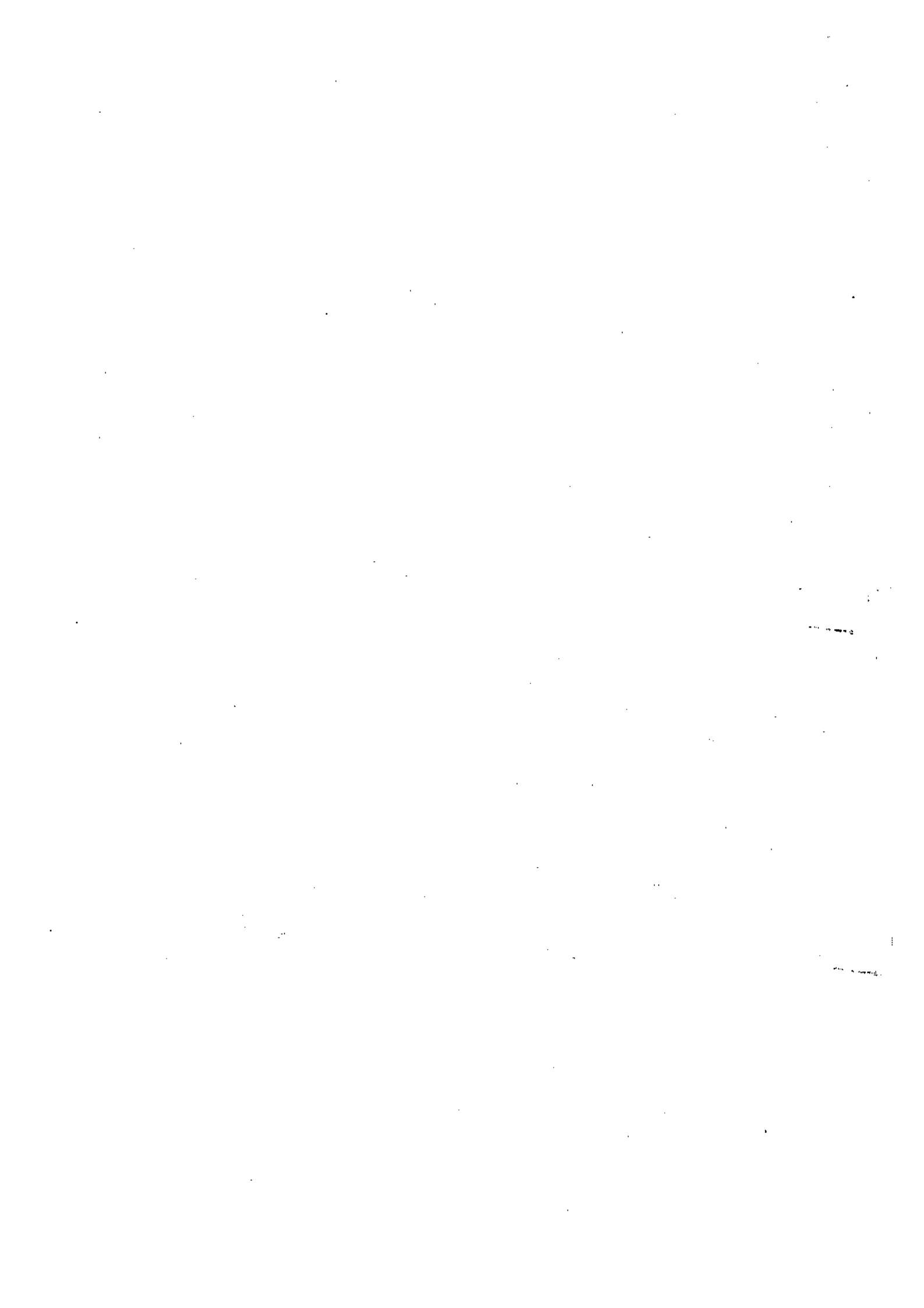
17. The Committee observed that the subject matter being very emotional topic, doctors would also think before removing all the life support systems of such patients. To this, the Secretary, Department of Health and Family Welfare submitted as under:

*"Yes sir, even the family members do not know what to do in such a situation. So, we had prepared a Draft Bill. Right now, the Draft Bill has been prepared and the presentation of that Draft Bill was made by the present Minister before the former Minister. He believed that more discussion and legal opinion should be taken on"*

*the subject because you are going to make a law by bringing a very radical Bill. Sir, we are redrafting this Bill."*

### Observations/Recommendations

18. The Committee find that the Assurance given in reply to SQ No. 571 dated 06.04.2018 regarding 'Passive Euthanasia' is yet to be fulfilled even after a lapse of more than two years. The Assurance relates to formulation of a legislation on Passive Euthanasia. The Committee find that a Constitutional Bench of the Supreme Court in its judgment on 9<sup>th</sup> March, 2018 had laid down the principles relating to the procedure for execution of Advance Directive and provided guidelines to give effect to Passive Euthanasia. The Hon'ble Supreme Court had further directed that the guidelines and directive shall remain in force till the Parliament brings a legislation in the field. During oral evidence the representative of the Department of Health and Family Welfare informed that they had prepared a Draft Bill on the subject matter. However, the Committee have been informed that more discussion and legal opinion is needed to be taken on the subject, being an emotional and controversial issue which cuts across complex and dynamic aspects such as legal, ethical, human rights, health, religious, economic, spiritual, social and cultural aspects of the civilized society. The Committee feel that to preserve harmony within the society, decisions on topics involving contentious issues such as passive euthanasia need to be taken very judiciously. The Committee, therefore, urge the Ministry to pursue this matter earnestly with all the stakeholders concerned till its



**logical conclusion so that an informed and well considered decision is taken at the right time and there is no inordinate delay in fulfilling the Assurance.**

NEW DELHI;  
12 March, 2021  
21 Phalguna, 1942 (Saka)

**RAJENDRA AGRAWAL,  
CHAIRPERSON,  
COMMITTEE ON GOVERNMENT ASSURANCES**



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

**LOK SABHA  
STARRED QUESTION NO. 67  
TO BE ANSWERED ON 12<sup>TH</sup> NOVEMBER, 2010  
REVIEW OF CGHS SCHEME**

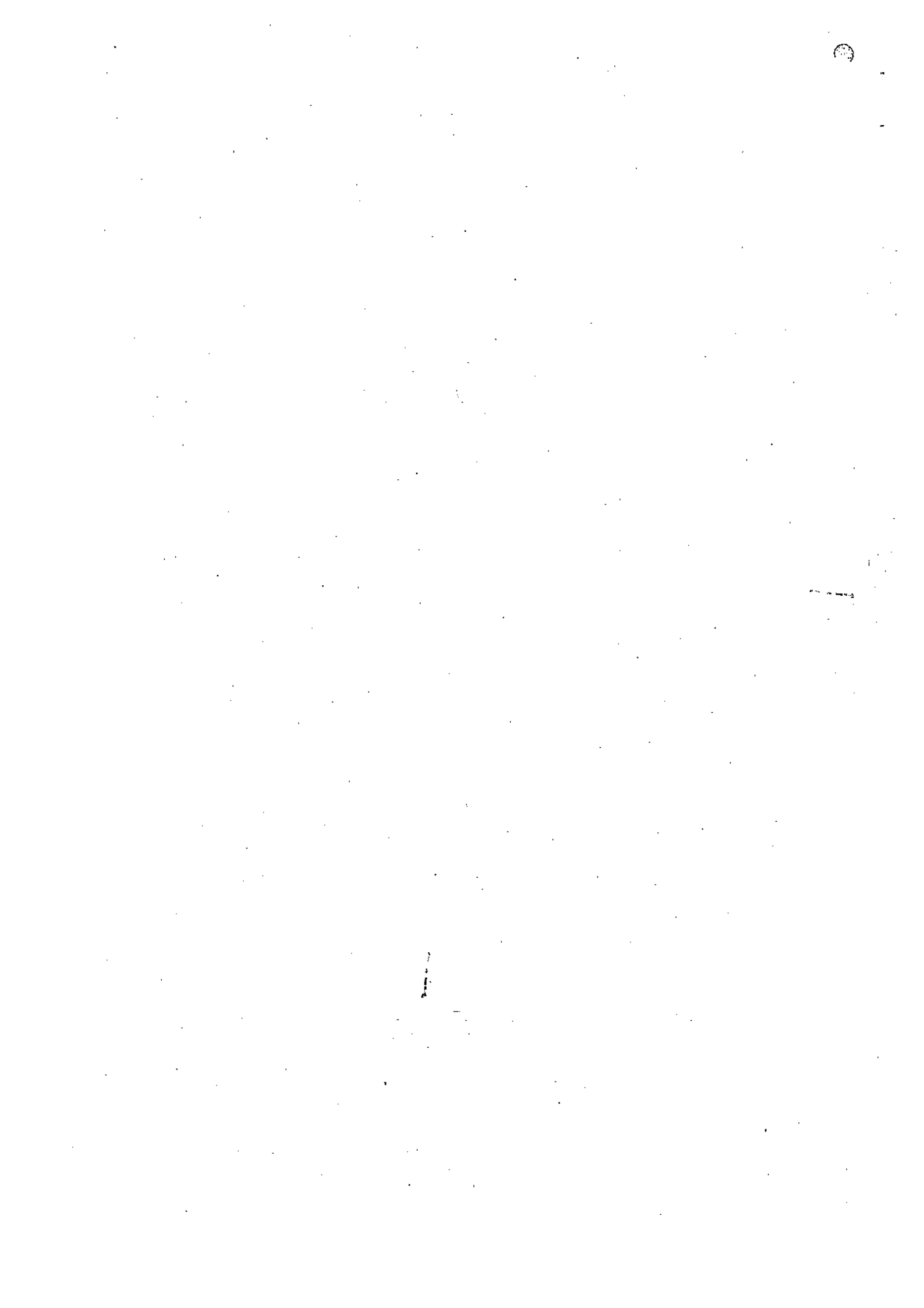
**\*67 SHRI C. RAJENDRAN:**

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

- (a) whether the Central Government Health Scheme (CGHS) has been reviewed;
- (b) if so, the details thereof;
- (c) whether the Government proposes to introduce a new Health Insurance Scheme for the beneficiaries of CGHS;
- (d) if so, the details thereof;
- (e) whether Government has invited proposals from the insurance companies in this regard;
- (f) if so, the details thereof; and
- (g) the time by which the new scheme is likely to be implemented by the Government?

**ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI GHULAM NABI AZAD)**

(a)to(g): A statement is laid on the Table of the House.





STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 67 FOR 12<sup>TH</sup> NOVEMBER, 2010

.....

(a)&(b): The performance of the CGHS is regularly reviewed by the Government. Some of the recent initiatives are listed below:

(1) **Computerisation:** To keep pace with the modern times, computerisation of CGHS has been completed in almost all dispensaries in collaboration with the National Informatics Centre. As a result of computerisation, benefits have started accruing in terms of lesser waiting period for beneficiaries at the dispensaries, on-line placement of indents on local chemists, availability of patient profiles, availability of medicines / drugs usage pattern, which will enable the CGHS to prepare a realistic list of formulary drugs, removal of jurisdictional restriction (as regards the dispensary) for the beneficiaries, etc.

(2) **Introduction of Plastic Cards:** As part of the computerisation process, it has been decided to issue plastic cards individually to each beneficiary of the CGHS. This will enable beneficiaries to avail CGHS facility in any city after all dispensaries in various cities are networked.

(3) **Accreditation of hospitals and labs:** With a view to providing better quality treatment to CGHS beneficiaries, it has been decided

that private hospitals, diagnostic centers and labs should have accreditation with Quality Council of India.

(4) **Holding of Claims Adalats:** In order to expedite processing and settlement of pending medical reimbursement claims, claims adalats are to be held in each Zonal office of CGHS, Delhi, under the chairmanship of Additional Directors of the respective zones.

(5) **Local Advisory Committees:** Local Advisory Committee meetings are held in each CGHS dispensary on second Saturday of the month, which is attended by the Area Welfare Officer appointed by the Department of Personnel & Training, representatives from the pensioners' association, local chemist to resolve problems at the dispensary level.

(6) **Decentralisation and delegation of powers:**

Ministries/Departments have been delegated powers to handle all cases of reimbursement claims if no relaxation of rules was involved. Earlier they had powers to handle requests upto Rupees two lakhs and beyond that amount, the cases were referred to CGHS, Ministry of Health & Family Welfare.

(7) **Insulin:** Orders have been issued to permit issue of Analogue (Insulin Cartridges) to CGHS beneficiaries.

(8) **Outsourcing of cleaning process of dispensaries:** As there was shortage of Class IV Staff in a large number of dispensaries in Delhi, it was decided to relocate Class IV staff from a few deficient dispensaries to other deficient dispensaries. To overcome the vacuum so created in some dispensaries, cleaning work has been outsourced to a private agency.

(9) Rate contract for purchase of drugs: Dispensaries in Delhi have been permitted to place indents of commonly prescribed medicines directly on the manufacturers on rate contract basis. It is being extended in a phased manner to other cities. The benefit of this arrangement is that dispensaries / CGHS do not have to carry huge inventory of medicines and indents can be placed on a monthly basis depending on the need.

(10) UTI-TSL has been engaged as the Bill Clearing Agency in respect of hospital bills pertaining to treatment availed by pensioner CGHS beneficiaries. UTI - TSL is required to make payments to hospitals within ten days of physical receipt of bills from hospitals.

(11) CGHS, in collaboration with M/s Alliance Medicorp (India) Ltd has set up a stand-alone dialysis unit in CGHS dispensary in Sadiq Nagar, New Delhi. The unit will provide dialysis facility to 21 CGHS beneficiaries in a day / 6510 cases per annum.

(c) to (g): The Sixth Central Pay Commission recommended the introduction of health insurance scheme for Central Government employees and pensioners. It had recommended that for existing employees and pensioners, the scheme should be available on the voluntary basis, subject to their paying prescribed contribution. It also recommended that the health insurance scheme should be compulsory for new Government employees who would be joining service after the introduction of the scheme. Similarly, it had recommended that new retirees, after the introduction of the insurance would be covered under the scheme.

The Central Government Employees and Pensioners Health Insurance Scheme (CGEPHIS) has not been introduced as yet. Government of India had floated an Expression of Interest for studying the feasibility of introducing a Health Insurance Scheme for Central Government Employees and Pensioners and their dependent family members all over India. On the basis of inputs from the Insurance companies and inter-departmental consultation, a draft scheme was prepared and accordingly a Request For Proposal (RFP) was floated inviting insurance premium quotes from the Insurance companies. The rates have been received in response thereto. The Ministry has not yet taken a final decision in the matter.

GOVERNMENT OF INDIA  
MINISTRY OF FINANCE  
DEPARTMENT OF FINANCIAL SERVICES

LOK SABHA

UNSTARRED QUESTION NO. 972

TO BE ANSWERED ON 29<sup>th</sup> April, 2016/Vaisakha 9, 1938 (Saka)  
Health Insurance for CGHS Pensioners

972. SHRI P.C. MOHAN:

Will the Minister of FINANCE be pleased to state:

- (a) whether the Government has any proposal to launch a new scheme of health insurance to Central Government Employees and pensioners;
- (b) if so, the details thereof and the benefits likely to be available to the pensioners; and
- (c) the time by which the new scheme is likely to be launched in this regard?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE  
(SHRI JAYANT SINHA)

(a) to (c): Ministry of Health and Family Welfare has informed that an insurance scheme for the Central Government Employees and Pensioners is under their consideration.

The salient features of Central Government Employees and Pensioners Health Insurance Scheme (CGEPHIS) and the main features proposed are as under:

- i. Optional for serving and retired Central govt. Employees including future retirees.
- ii. Compulsory for new recruits.
- iii. Covers all the members of family as per CGHS norms.
- iv. Sum insured Rs. 5 lakh per year on a family floater basis.
- v. All pre-existing diseases covered from the day one.
- vi. Pre and post hospitalization benefits available.
- vii. Maternity benefit upto two living children.
- viii. Payment of fixed medical allowance (FMA) for meeting OPD needs.
- ix. Cashless treatment facility.
- x. Govt. to subsidize the payment of premium
- xi. Scheme to be implemented on pan India basis.

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## Special mention by Shri Shalendra Kumar regarding Medical Education dt. 4/8/2011

श्री शैलेन्द्र कुमार (कौशाम्बी): महोदय, मैं अति अविलंबनीय लोक महत्व के प्रश्न पर बोलने के लिए खड़ा हुआ हूँ। मैं आपके माध्यम से केंद्र सरकार से गुजारिश करना चाहूंगा कि आज पूरे देश में और खासकर उत्तर प्रदेश में सरकारी और गैर-सरकारी मैडिकल कॉलेज हैं, जहां पर मैडिकल की शिक्षा ग्रहण कर रहे छात्र, खासकर अनुसूचित जाति, अनुसूचित जनजाति के जो छात्र पढ़ाई कर रहे हैं, वे वहां से चार साल के बाद पढ़ाई पूरी करके निकलते हैं। इलाहाबाद मैडिकल कॉलेज में छात्र का एडमिशन कम्प्लीशन के आधार पर होता है। वहां आज इतनी स्थिति खराब है कि अनुसूचित जाति, अनुसूचित जनजाति के जो भी छात्र हैं, उन्हें चार वर्ष की पढ़ाई पूरी करके वहां से निकलना है, लेकिन उन्हें प्रैक्टिकल में एवं अन्य परीक्षाओं में फेल कर दिया जाता है, कम नम्बर दिये जाते हैं।

महोदय, आज स्थिति यह है कि जिस विद्यार्थी को चार वर्ष में पढ़ाई पूरी करके जाना चाहिए, वह आठ वर्ष पढ़ाई करता है। यह एक तरीके से इन छात्रों के भविष्य के साथ खिलवाड़ हो रहा है। अभी अनुसूचित जाति आयोग के अध्यक्ष इस सदन के माननीय सदस्य श्री पी.एल. पुनिया साहब जी एक मैडिकल कॉलेज में गये। उन्हें वहां जाने नहीं दिया जा रहा था और वे गये तो वहां का स्टॉफ ताला बंद करके भाग गया। इसे संज्ञान में लिया जाना चाहिए।

सभापति महोदय : आप अपनी डिमांड रखिये।

श्री शैलेन्द्र कुमार : मैं मांग करता हूँ कि चाहे यह विषय मैडिकल एजुकेशन में आता हो, चाहे इसे मानव संसाधन विकास मंत्रालय देखता हो या इसे स्वास्थ्य एवं परिवार कल्याण मंत्रालय देखता हो, इसे गंभीरता से ले चूँकि यह अनुसूचित जाति, अनुसूचित जनजाति वर्ग के छात्रों के भविष्य का सवाल है। इसे केंद्र सरकार संज्ञान में ले और इसे गंभीरता से लेते हुए छात्रों के भविष्य के साथ जो खिलवाड़ हो रहा है, उसे बंद कराया जाये। मेरिट के अनुसार जो भी पास होते हैं, वे लिखित परीक्षा पास कर लेते हैं, लेकिन प्रैक्टिकल में कम नम्बर देकर उन्हें फेल कर दिया जाता है।

सभापति महोदय : आप अपनी बात संक्षिप्त कीजिये।

श्री शैलेन्द्र कुमार : महोदय, इस तरह से वे छात्र आठ-दस साल में वहां से पढ़ाई पूरी करके निकलते हैं, वे छात्र आगे चलकर क्या करेंगे। मैं आपके माध्यम से यह चाहूंगा कि माननीय संसदीय कार्य मंत्री जी बैठे हुए हैं, मैं चाहूंगा कि आप इस विषय में कुछ आश्वासन दे दें।

कृषि मंत्रालय में राज्य मंत्री, खाद्य प्रसंस्करण उद्योग मंत्रालय में राज्य मंत्री तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री हरीश रावत): यह बहुत ही महत्वपूर्ण मामला है। हम लोग इसे सम्बन्धित मंत्री तक पहुंचा देंगे।

श्री शैलेन्द्र कुमार : जी।

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
DEPARTMENT OF HEALTH & FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 3214  
TO BE ANSWERED ON THE 19<sup>TH</sup> AUGUST, 2011  
WORLD BANK HEALTH PROJECTS**

**3214. SHRI HARISH CHAUDHARY:**

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

- (a) the details of the health projects being implemented with the assistance received from the World Bank in the country;
- (b) whether the Government has received certain reports/complaints of irregularities in implementation of the above said projects;
- (c) if so, the details thereof during the last three years and the current year, State/ UT-wise; and
- (d) the action taken/proposed to be taken thereon?

**ANSWER  
THE MINISTER OF HEALTH & FAMILY WELFARE  
(SHRI GHULAM NABI AZAD)**

(a): The World Bank is providing financial assistance to the tune of US \$ 250 million to the Ministry of Health and Family Welfare for implementing Malaria Control and Kala-azar elimination project. The Revised National Tuberculosis Control Programme (RNTCP) also receives financial assistance from the World Bank.

Following State Health Sector Projects are also being implemented

.....2/-

with World Bank financial assistance:-

(amount in US \$ million)

State	Amount borrowed
Tamil Nadu Cr. No.4756-IN/ Date of signing 06.07.2010	117.00
Karnataka Cr. No. 4229-IN/ Date of signing 16.10.2006	141.83
Rajasthan Cr. No. 3867-IN/ Date of signing 03.06.2004	89.00

(b) & (c): Department of Economic Affairs, Ministry of Finance has informed that irregularities were noticed in implementation of certain Projects funded by the World Bank:-

- (i) Reproductive & Child Health Project-II
- (ii) Second Tuberculosis Control Project; and
- (iii) Food & Drugs Capacity Building Project.

(d): Cases have been registered.



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

LOK SABHA  
UNSTARRED QUESTION NO.2034  
TO BE ANSWERED ON THE 2<sup>ND</sup> DECEMBER, 2011  
IRREGULARITIES/SCAMS IN 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 & 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 manufactures 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.

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

LOK SABHA  
UNSTARRED QUESTION NO.2679  
TO BE ANSWERED ON THE 9<sup>TH</sup> DECEMBER, 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 & 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.

GOVERNMENT OF INDIA  
MINISTRY OF HOME AFFAIRS

LOK SABHA  
UNSTARRED QUESTION NO. 7421  
TO BE ANSWERED ON THE 22<sup>ND</sup> MAY 2012/JYAISTHA 1, 1934 (SAKA)

SECURITY TO 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

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 14-07-2011 and 27-07-2011.

(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 16<sup>th</sup> July, 2010.

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GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
LOK SABHA

UNSTARRED QUESTION NO: 1265

ANSWERED ON: 18.07.2014

CORRUPTION IN MCI

KAPIL MORESHWAR PATIL

YOGI ADITYANATH

Will the Minister of

be pleased to state:-

HEALTH AND FAMILY WELFARE

- (a) whether the Government has taken note of reported cases of corruption and malpractices in the Medical Council of India (MCI), particularly in grant of recognition to medical colleges and permission to increase/decrease medical seats in the country;
- (b) if so, the details of such cases reported and investigated along with their outcome and the action taken/proposed to be taken by the Government against the erring officials during the last three years and the current year; and
- (c) the steps taken/proposed to be taken by the Government to streamline the functioning of MCI?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a) to (c): Information is being collected and will be laid on the table of the house



## GOVERNMENT OF INDIA

MINISTRY OF AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMEOPATHY  
(AYUSH)

## LOK SABHA

UNSTARRED QUESTION NO: 2181

ANSWERED ON: 05.12.2014

## ABORTION BY AYUSH PRACTITIONERS

JAGDAMBIKA PAL

Will the Minister of  
AYURVEDA, YOGA &  
NATUROPATHY, UNANI, SIDDHA  
AND HOMEOPATHY (AYUSH) be pleased to state:-

(a) whether the Government has taken/ proposes to take any step for periodical training and updation of medical knowledge of practitioners under the Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems of medicine;

(b) if so, the details thereof;

(c) whether the Government proposes to allow the AYUSH practitioners to perform medical abortion and train them for the purpose;

(d) if so, the details thereof;

(e) whether there is any opposition to the aforesaid move; and

(f) if so, the details thereof along with the steps taken/proposed to be taken by the Government to address various concerns in this regard?

## ANSWER

THE MINISTER OF STATE (IC) OF THE MINISTRY OF AYURVEDA, YOGA &  
NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (SHRI SHRIPAD YESSO NAIK)

(a) to (b): Yes. To impart periodical training and updation of medical knowledge of practitioners under the Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) system of medicine, Government of India has implemented the scheme of Continuing Medical Education (CME) in the 11th Plan and the same has been approved to continue in the 12th Plan. Overall structure of the scheme is aimed at encouraging AYUSH practitioners to undergo need-based professional training and bridge the knowledge gaps. The scheme components is Annexed.

(c) & (d): Ministry of Health and Family Welfare has formulated a draft Bill on amendments to the Medical Termination of Pregnancy (MTP) Act in which there is a proposal to allow AYUSH practitioners (excluding Yoga and Naturopathy) in the public sector to administer medical methods of abortion under certain conditionalities which would be specified, including the requisite training and certification.

1/28/2019

(e) & (f): A number of responses to the draft Bill has been received which are in the process of being consolidated.



ANNEX REFERRED TO IN REPLY TO PART (a) OF THE UNSTARRED QUESTION  
NO. 2181 FOR ANSWER ON 5.12.2014 IN THE LOK SABHA

Components of Central Sector Scheme for supporting Continuing Medical Education (CME)

S.No.	Components
1.	Subject/specialty-specific CME programme for AYUSH teachers.
2.	Orientation Training programme (OTP) of AYUSH systems for non-AYUSH doctors/scientists.
3.	Specialized training for AYUSH Paramedics/ Healthworkers/Instructors/Therapists.
4.	Training in Management/ IT to AYUSH administrators/heads of departments/institutions.
5.	Theme-specific CME programme for AYUSH medical officers/practitioners or those deployed in stand-alone and co-located AYUSH facilities.
6.	Training of Trainers programme (ToT) in AYUSH for eligible resource persons of CMEs.
7.	OTP programme Yoga/Naturopathy training for AYUSH/Allopathy doctors.
8.	CME for Yoga/Naturopathy Teachers of university departments, institutes of repute at national level and degree colleges conducting courses in Yoga/Naturopathy.
9.	Training programme in current trends in R&D, modern scientific advances & technology for scientific understanding and promotion of AYUSH systems for AYUSH doctors/scientists.
10.	Web-based (on-line) educational programmes.
11.	Making available the lectures of CMEs in CDs/DVDs in AYUSH sector.
12.	Support to organizations having domain knowledge.
13.	National Level Workshops/ Conferences for CME.
14.	Financial assistance to reputed organizations/associations/forums working for the promotion of AYUSH systems of medicine for holding subject-/specialty CME for 50 private practitioners.



HON.SPEAKER: I will allow you to raise your matter during the 'Zero Hour'.  
Please take your seat.

12.11 hrs

**CALLING ATTENTION TO MATTER OF URGENT PUBLIC  
IMPORTANCE**

**Situation arising out of food adulteration in the country and steps taken by  
the Government in this regard**

SHRI P.V. MIDHUN REDDY (RAJAMPET): Sir, I call the attention of the  
Minister of Health and Family Welfare to the following matter of urgent public  
importance and request that he may make a statement thereon:

“The situation arising out of food adulteration in the country and  
steps taken by the Government in this regard.”

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT  
PRAKASH NADDA): Madam Speaker, consumption of adulterated and spurious  
food items is a serious health hazard and the Government is fully conscious of its  
deleterious effect on the consumers. With the objective of consolidating the laws  
relating to food and for laying down science based standards for articles of food  
as also to regulate their manufacture, storage, distribution, sale and import, to  
ensure availability of safe and wholesome food for human consumption and for  
matters connected therewith or incidental thereto, the Food Safety and Standards  
Act was enacted in 2006. Subsequently, the Food Safety and Standards Authority  
of India (FSSAI) was established in 2008. The Food Safety and Standards Rules  
and six FSS Regulations, were also notified in 2011.

The Food Safety and Standards Act became operational with effect from  
05.08.2011. The food regulatory framework has now moved from the one limited  
to prevention of food adulteration to safe and wholesome food regime. The  
responsibility for enforcement of the Food Safety and Standards Act and Rules  
and Regulations made thereunder primarily rests with States/UTs.

The Food Safety and Standards Act, 2006 provides for graded penalties for infringement of the provisions of the Act. Penalties/punishment for selling food not of the nature or substance or quality demanded; sub-standard food; misbranded food; misleading advertisement; food containing extraneous matter; unsafe food for possessing adulterants etc., have been specified in the Act.

To curb the menace of food adulteration, regular surveillance, monitoring and sampling of food products is undertaken by the State /UT Governments under the Food Safety and Standards Act, 2006, Rules and Regulations made thereunder. Instructions in this regard are issued by the Food Safety and Standards Authority of India (FSSAI) from time to time. Random Samples of food items are also drawn by the State Food Safety Officers and sent to the laboratories recognised by the FSSAI for analysis. In cases, where samples are found to be not conforming to the provisions of the Act and the Rules & Regulations made thereunder, penal action is initiated against the offenders. Based on information received from States/UTs, the details pertaining to last two years are as under:

Year	Samples analysed	Samples found adulterated	No. of cases launched (criminal/civil)
2012-13	69,949	11021	7179
2013-14	72,200	13,571	10235

The Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011, prescribe limits for pesticide residues, naturally occurring toxic substances and metal contaminants. A Scientific Panel on Pesticides and Antibiotic Residues has been constituted under the FSSAI and the Panel has been delegated the power to fix the maximum residues levels of pesticides and antibiotic Residues in food commodities. Further, the exercise for harmonization of the maximum residue limits for pesticide residues in food commodities with

codex standards is presently being undertaken by the FSSAI.

The Ministry also proposes to comprehensively review the Food Safety and Standards Act, Rules & Regulations made thereunder to address the concerns of the Courts including in matters relating to food adulteration and the numerous representations received from the Food Business Operators. It is also proposed to revisit the punishment stipulated for milk adulteration and make it more stringent.

SHRI P. V. MIDHUN REDDY : Thank you Madam for giving me this chance.

Madam, I would like to start with a quote of Swami Vivekananda. It says, "Brave, bold men and women, these are what we want. What we want is vigour in the blood, strength in the nerves, iron muscles and nerves of steel, not..... Avoid all these. Avoid all misery."

Madam, I recall this quote of the great saint with reference to building a strong nation but these qualities envisaged by him will be a far fetched idea if we do not curb the menace of food adulteration. This is a greater threat than the border issues or the terrorist threat that our country is facing today. If we do not check food adulteration, we will lose more lives than in any war. It has got the potential of a weapon of mass destruction. Even basic things like water, milk and oil are in the long list of adulterated foods. No attention is paid.

If we take the case of water, we find a lot of water in the market branded as purified water. We know most of the water bottles in the market are spurious. We are a country where we have a slogan, 'Make in India'. We want other people from other countries to come to India and make their products. We are the same country which has sent Unmanned Mission to Mars and we launched satellites of other countries. But the irony is that we still find foreigners bringing their own water bottles to India when they come to India.

If we take the case of milk, earlier it was like adding water to milk was the common form of adulteration. But now it has reached hi-tech proportions with synthetic milk, which is made of caustic soda, soap, urea and oil. Synthetic milk causes cancer and is harmful to heart, liver and kidneys. It is highly dangerous for

pregnant women, babies and children. The problem is that once the milk is obtained from the milch cow, it has to be stored within 4-5 hours. The dairies do not check the milk properly and most of the dairies are unregulated. Except for a few major dairies, most of the dairies do not check the milk properly, and this synthetic milk is mixed with the normal milk and supplied to everybody, to each and every household.

The other danger is that now-a-days it is a big trend that they are injecting hormone injections like oxytocin to cows to increase their yield and get more milk. *The Nutrition Digest*, a publication of American Nutrition Association, says that milk from cows given hormone injections increased the risk of various cancers when consumed by humans. Still studies are being done on the effects of these hormone injections, specially, oxytocins which are freely being given to all the cattle in the country. It is a very dangerous development in our country. The effect of oxytocin is not only harmful for humans but it is really harmful for the cattle also because these oxytocin injections are administered daily to the cattle. I can say that this is a more heinous crime than cow slaughter because the cattle are in great pain. The cow slaughter law, which we have, will have no meaning if you do not control these Oxytocins in the country.

Another major threat the country is facing today is resistance to antibiotics. It is not only a threat in our country but throughout the world. A lot of countries are facing this problem. The presence of antibiotic residues in honey, meat, poultry and egg products consumed can produce resistance in bacterial population in the human body. These bacteria cause difficulties in treating human infections. This is largely due to unregulated use of antibiotics in animals. People use antibiotics in animals to prevent them from diseases and increase their breed in a very short period of time.

The World Health Organisation has identified antibiotic resistance as one of the three threats to the human population in the world. The US Centre for Disease Control and Prevention has described antibiotic resistance as one of the world's

most pressing problems as a number of bacteria resistant to antibiotics have increased in the last decade. If this trend continues, Madam, we will not have any frontline medicines, which will treat basic diseases like typhoid, malaria and even other common fevers. It will lead even to a bigger health disaster than the one which is posed by bird flu, swine flu and Ebola in our country. Studies show that prolonged use of antibiotics cause cancer, asthma and cardiac malfunctions in infants. The latest one reported in the country is the new disease called Inflammatory Bowel Syndrome (IBS). These antibiotics kill the useful bacteria in the stomach, which leads to ulcer. A lot of people are suffering from this IBS syndrome.

Madam, artificial ripening of fruits is also causing many problems in our country. The International Agency for Research on Cancer (IARC) has listed a number of chemicals and pesticides, which cause cancer. Calcium carbide and ethylene are among them. Calcium carbide is most commonly used in India. It is used in ripening of mangoes, bananas and even papayas and tomatoes. These fruits when consumed affect all the vital organs like liver, kidney, heart and stomach. It is very dangerous to the health. There is no regulation to prevent the calcium carbide, which is being used very commonly in the country.

Another problem which I would like to bring to the notice of the House and which is the most burning problem today in the country, is the unregulated use of pesticide. The studies show that pesticides can cause health hazards like birth defects, nerve damage and various cancers. The most affected are the rural folks, who are unaware of these dangers. A study conducted by researchers in Rajasthan University has shown that there are alarming levels of Organochlorine Pesticides in the blood and milk of lactating mothers. This is a very dangerous news because mother's milk is a gift to us from God. It is the purest of the pure things what God has given to us. It is really pathetic that we have contaminated even mother's milk. It is not only in Rajasthan but studies in various other parts of the country have shown similar results.

Madam, I would like to say that when you have laws to protect women and children from atrocities, there are more women and children being affected by food adulteration than the actual atrocities committed on them. I would like to cite an example of my native village from where I come. Twenty years ago there was just one cancer patient in the village. But now in a population of thousand people, 50 people are suffering from cancer. Most of them are unable to get proper treatment. It costs them lakhs and lakhs of rupees for them to get treated. This crisis is not only in my constituency but is a national crisis right now with the number of cancer patients increasing in the country.

Through yourself, Madam, I would request the Government to take up a health scheme like Arogya Shree which was started by our former Chief Minister the late Y. S. Rajasekhara Reddy *garu* in Andhra Pradesh, where any poor person can go to the hospital of his choice and get treatment for any ailment which he is suffering from. It will really help the people of the country if such a scheme is launched by the Government.

I am not exaggerating when I say that there is hardly any food that is left unadulterated. It has reached such proportions that strict laws need to be enacted to curb it. Statistics show that the current laws are inadequate and the culprits are going scot-free with meagre fines and small punishments. Adulteration is as good as poisoning the public and, therefore, strict laws should be there; punishments given should be as severe as in 'attempt to murder' cases and the adulterators have to be booked under such provisions. The Supreme Court has urged that anyone found involved in the illicit activity should be dealt with a firm hand. The Apex Court has stated that milk adulteration should attract 'life imprisonment', and asked the Government to take a serious view of this. The Apex Court has also slammed the current maximum punishment of six months as grossly inadequate.

Though much of the action lies in the hands of the State, I urge the Central Government to step in and play a proactive role as it is a national crisis right now. I urge the Government to form a high-powered committee as coordinated efforts



of the Ministries of Health, Food and Agriculture will deliver the desired results, what we require.

Every Indian, including all of us, is consuming what I call 'slow poison'. Knowingly or unknowingly, water, rice, wheat, vegetables, milk, meat, fruits or sweets, whatever we are taking, in other words, whatever we are eating is making our country a nation with the highest number of cancer patients, and people are suffering from the effects of food adulteration. Even every child in the womb is a victim of adulteration these days. I am afraid of this unseen enemy, which enters each household everyday.

Madam, as they say, "A stitch in time saves nine", if we put in strong rules and regulations, and enact strong laws, we can save crores of rupees for the country in terms of healthcare costs. These man-made problems should not be a deterrent in the development of the nation.

In the end, I would like to thank our hon. Prime Minister for bringing in Swachh Bharat for a 'Clean India'. Madam, through you, I would request the Government to bring a new initiative like "Shuddh Bharat" where we get clean water and clean food. I thank you, Madam, for giving me the chance to speak on this issue.

डॉ. सत्यपाल सिंह (बागपत) : माननीय अध्यक्ष महोदया, इस विषय पर बोलने का अवसर देने के लिए बहुत-बहुत आभारी हूँ। आज का विषय जीवन और मृत्यु के प्रश्न का विषय है। यह सवा सौ करोड़ लोगों का प्रश्न नहीं, बल्कि आगे आने वाली पीढ़ियों का भी विषय है। यह केवल मनुष्यों से ही नहीं, बल्कि पशुओं और पक्षियों से भी संबंधित विषय है। इसलिए इस विषय पर बोलने के लिए मैं चाहता हूँ कि आप थोड़ा समय दें।

सबसे पहले मैं आदरणीय मंत्री जी का बहुत-बहुत धन्यवाद करता हूँ। उन्होंने समस्या की गंभीरता और इसकी व्याप्ति को मानकर एक कठोर कानून लाने की बात कही है। इसके साथ-साथ मैं इस बात के लिए भी उनका धन्यवाद करना चाहता हूँ कि उन्होंने इस बात को उजागर किया और इस बात को माना है कि पिछली सरकार में फूड सेफ्टी एंड स्टैंडर्ड कानून बनाया गया, वह वर्ष 2006 में बना। दो वर्ष के बाद उसकी अथॉरिटी बनी, पाँच वर्ष के बाद उसके रूल्स और रेगुलेशंस बने। यह केस ऑफ पॉलिसी पैरालिसिस

का नहीं, बल्कि यह केस ऑफ कोमा है। ऐसा लगता है कि पिछली सरकार सार्वजनिक स्वास्थ्य के प्रति किस प्रकार से खिलवाड़ कर रही थी।

अध्यक्ष महोदया,

" एक दो ज़रूम नहीं, सारा जिस्म है छलनी।  
दर्द बेचारा परेशान है, कहाँ से उदूँ।"

माननीय अध्यक्ष : आप दो-तीन क्लियरिफिकेशन भले ही पूछें, पर बहुत लम्बा भाषण न दें।

डॉ. सत्यपाल सिंह : मैडम, चाहे दूध हो, चाय हो, फल हो या सब्जी हो, सॉफ्ट ड्रिंक हो या हार्ड ड्रिंक हो, घी हो या तेल हो, सब जगह मिलावट का बोलबाला है। पिछले हफ्ते ही इस संदन ने मानसिक रोगों के बारे में चर्चा की थी। मानसिक रोगों के लिए कितने हॉस्पिटल्स हैं, कितने डॉक्टर्स हैं, कितने रोगी हैं? हम सिम्पोमेटिक ट्रीटमेंट की बात करते हैं, लेकिन जब तक हम उसके मूल में नहीं जाएंगे - प्रज्ञापराधो ही मूल सर्वरोगानाम - उसके पीछे क्या है, उसे देखना होगा। इसीलिए हमारे पूर्वजों ने कहा था कि आहार शुद्धो ही सत्व शुद्धो, सत्व शुद्धो दुर्वासृति। अगर आहार शुद्ध है, भोजना शुद्ध है तो सब कुछ ठीक हो सकता है। आज इस देश में आहार ही इतना अशुद्ध हो गया है, इसलिए ये सारी प्रॉब्लम्स हो रही हैं। हम लोग कहते हैं - जैसा खाए अन्न, वैसा हो जाए मन।

मैं अपने कलीग रेड्डी जी को घन्यवाद देता हूँ और उनकी बात को सप्लीमेंट करते हुए कहना चाहता हूँ कि जब सवेरे कोई आदमी उठता है, चाहे पानी पिए, दूध पिए या चाय पिए, सब में मिलावट है। पानी में फ्लोराइड है, नाइट्राइट है, नाईट्रेट है, कोबाल्ट है, आर्सेनिक है, अलग-अलग चीजें मिली हुई हैं। चाय में पता नहीं क्या-क्या मिला रहे हैं और दूध की हालत इतनी खराब हो गयी है कि हमारी एजेंसीज कहती हैं कि मार्केट में जो दूध मिल रहा है, उसमें से 70 प्रतिशत दूध मिलावट वाला दूध है। उसमें कार्बोहाइड्रेट सोडा, यूरिया, स्टॉर्च और व्हाइट पेंट मिलाया जा रहा है। उससे अलग-अलग तरह की बीमारियां हो रही हैं, किडनी की बीमारी हो रही है। दूध को कैसे लम्बे समय तक सुरक्षित रखा जा सकता है, उसके लिए कुछ डेयरियां हेयर ब्लिच कैमिकल्स मिला रही हैं। हाइड्रोजन पैराक्साइड और पोटेशियम हाइड्रोक्साइड जैसे कैमिकल मिलाए जा रहे हैं जिनको डिटेक्ट करना मुश्किल है। इससे अलग-अलग तरह की बीमारियां पैदा हो रही हैं। पनीर और मावा में आज आर्जिमोन ऑयल मिलाया जा रहा है, जिससे अलग-अलग बीमारियां पैदा हो रही हैं। दूध जल्दी से और ज्यादा मात्रा में हो, इसके लिए जानवरों को आक्सीटोसिन इंजेक्शन लगाया जाता है। लोग कहते हैं कि यह इंजेक्शन लेबर पेन के लिए गर्भवती महिलाओं को लगाया जाता है। Mother experiences labour pain once, लेकिन गाय-भैंस दिन में दो-दो बार उसको

महसूस करती हैं। एक तरफ हम कानून बनाते हैं कि जानवरों के प्रति कोई निर्दयता न दिखाए, लेकिन आज इस देश में जानवर इसे सहते हैं।... (व्यवधान)

माननीय अध्यक्ष : इसमें भाषण परमिटेड नहीं है। आप अपना क्लेरिफिकेशन पूछिए।

डॉ. सत्यपाल सिंह : घी में चर्बी मिलाई जा रही है। अगर आप एलाऊ करें, मैं माननीय मंत्री जी को दो-तीन सुझाव देना चाहता हूँ। हमारे देश में बहुत ही टफ एंड स्ट्रिजेंट लॉ बनाए जाएं, उसके लिए स्पेशल कोर्ट्स बनाए जाएं और हैवी पनिशमेंट उसमें दिए जाएं। आजकल जो प्रावधान है, पैसे का ज्यादा फाइन होता है, उसमें जेल बहुत कम है और एनफोर्समेंट लॉ ठीक नहीं है। म्यूनिसिपल कारपोरेशन्स एवं म्यूनिसिपल काउंसिल्स के officers are chronically corrupt. उसके लिए मेरा सुझाव है कि ऐसे मामलों में जो अधिकारी पकड़े जाएं, उनके लिए ज्यादा पनिशमेंट देने का प्रावधान कानून में होना चाहिए। फूड टेस्टिंग लेबोरेट्रीज और फूड इंस्पेक्टरों की संख्या ज्यादा होनी चाहिए। इसके साथ ही, पब्लिक अवेयरनेस बढ़ाई जाए कि कैसे सिम्पल स्क्रीन टेस्ट से पब्लिक देख सके कि उसमें क्या मिलावट हो रही है।... (व्यवधान)

माननीय अध्यक्ष : आप क्लेरिफिकेशन्स पूछिए। सजेशन्स आप लिखकर भेज दीजिए। अगर मंत्री जी से आपको कुछ नहीं पूछना है तो हो गया। बैठिए।

माननीय मंत्री जी।

श्री जगत प्रकाश नड्डा: मैडम, स्पीकर, अभी कॉलिंग अटेंशन मोशन में माननीय सदस्य मिथुन रेड्डी जी एवं सत्यपाल सिंह जी ने जो चिन्ता जाहिर की है, वह सरकार के ध्यान में है। इस चिन्ता का सही रूप में निवारण किया जाए, उसके लिए सरकार प्रयासरत भी है और कार्यरत भी है।

सबसे पहली बात तो यह है कि माननीय सदस्य ने श्रेट के रूप में कहा है। मैं इसे श्रेट से ज्यादा एक चैलेंज के रूप में लेता हूँ और मंत्रालय इससे ओवरकम करने के लिए मरसक प्रयास कर रहा है। एक बात हमें समझनी होगी कि जहाँ तक कन्टेमिनेशन का सवाल है या एडल्टेरेशन का सवाल है, इसके नये-नये तरीके और नये ढंग समाज में लोग उपयोग करते रहे हैं। At one particular time, we are going to get a result which is going to be absolutely free from adulteration इससे ज्यादा प्रैक्टिकल बात यह होगी कि It is a continuous process which we have to develop. A mechanism has to be developed which is continuous, which is regulatory, which monitors and which also finds ways and means to curb adulteration जो नये-नये तरीके से मार्किट में इम्प्लीमेंट हो रहे हैं, उसके बारे में भी हमें ध्यान रखने की जरूरत है।

मैं दोनों माननीय सदस्यों की चिंता को अपने साथ समावेश करता हूँ और आपके माध्यम से सदन को यह विश्वास दिलाना चाहता हूँ कि सरकार इस मामले में पूरी तरह से प्रयासरत है, कार्यरत है और इस चैलेंज को हम सीरियसली मीटआउट करना चाहते हैं। वर्ष 2006 से पहले फूड एडल्ट्रेशन एक्ट से काम चल रहा था, लेकिन जैसे-जैसे एडल्ट्रेशन की मैथडोलॉजी बढ़ी, More stringent laws were needed. That is why, in 2006, we came with the Food Safety and Standards Act. उसके प्रोवीजन और रैगुलेशन्स बनने में कुछ विलम्ब अवश्य हुआ, लेकिन अब समय आ गया है कि इस सारे एक्ट को रिविज़िट करने की आवश्यकता है। रीविज़िट करने के लिए सरकार प्रतिबद्ध है। मैंने आज से दो दिन पहले ही एक टास्कफोर्स गठित किया है और उस टास्कफोर्स को within 45 days, they have to give their suggestions. उन सजैशन्स को हम पब्लिक डोमेन में भी डालेंगे ताकि हमें जनता का इनपुट भी इस बारे में प्राप्त हो सके। हम इसे और स्ट्रिंजन्ट बनाना चाहेंगे। मिल्क के इश्यु पर सुप्रीम कोर्ट की जायरेक्शन आयी है। But milk is one segment जब हम रीविज़िट कर रहे हैं तो हमने यह कोशिश की है कि सारे एस्पैक्ट्स को हम देखें और जितने भी फूड आइटम्स हैं और जो केवल ऑर्गेनाइज्ड और अन-ऑर्गेनाइज्ड सेक्टर में प्रोड्यूस हो रहे हैं वही नहीं, बल्कि जो इम्पोर्टेड फूड आइटम्स हैं, उनको भी रीविज़िट करने की जरूरत है और इस दृष्टि से हम प्रयासरत हैं।

जहां तक ऑक्सीटोसिन का सवाल है, मैंने पहले भी कहा कि इसका मिसयूज हो रहा है, लेकिन जो रूल्स और रैगुलेशन्स हैं, वे अपने आप में काफी स्ट्रिंजन्ट हैं। The issue is of implementation. The implementation part is with the States and the Union Territories. But I do not want to say that. It is a blame game कि मैं उन पर इस विषय को डाल दूँ। रूल्स-रैगुलेशन्स बनाना हमारा काम है और हम बना रहे हैं। We are trying to be more stringent because यह मानवता से जुड़ा विषय है और इसमें कोई दो राय नहीं है कि पहले कम्यूनिकेबल डिसिसिज़ का बर्डन हमारे ऊपर था, लेकिन अब इक्वली नॉन-कम्यूनिकेबल डिसिसिज़ का बर्डन भी बढ़ गया है और ये नॉन-कम्यूनिकेबल में जो फूड आइटम्स हैं, इनका भी एक बहुत बड़ा खेल रहा है। We have to be very serious on this issue. इसलिए हम मैनपावर और इनफ्रास्ट्रक्चर पर विशेष रूप से ध्यान देने वाले हैं। क्योंकि आज एनालिसिस की देश में बहुत कमी है। लेबोरेट्रीज़ हमारे पास हैं, लेकिन इनको और इक्व्यूप करने की जरूरत है। इनकी संख्या बढ़ाने की जरूरत है। पब्लिक प्राइवेट पार्टनरशिप में भी लेबोरेट्रीज़ को आगे लाने की जरूरत है। कम समय में बड़े स्केल पर इसकी इम्प्लीमेंटेशन को और कारगर करना पड़ेगा और इसके लिए मंत्रालय कंटेनर है। इस बात का मैं विश्वास दिलाना चाहता हूँ।

बहुत से विषय सत्यपाल जी ने और रेड्डी जी ने रखे हैं। उन्होंने बीमारियों के बारे में बताया है कि किस तरह से बीमारियां बढ़ रही हैं। मैं सिर्फ इतना ही कहना चाहूंगा कि नॉन-कम्यूनिकेबल डिसेसिज़ का बर्डन बढ़ रहा है और इसलिए हमें इस बात के लिए प्रयासरत रहना होगा कि हम शुद्ध भोजन और शुद्ध फूड मैटेरियल्स उपलब्ध करवा सकें।

उनकी चिंता जायज है, मंत्रालय उसको गंभीरता से लेता है और बहुत जल्द हम इस एक्ट को सेविजिट करने वाले हैं। A task force has been formed. वह फोर्स 45 दिनों के अंदर अपनी रिपोर्ट देगी। पब्लिक डोमेन में हम इसको डालेंगे और जल्द से जल्द हम इसको मोस्ट स्ट्रिन्जेंट बनाएंगे। इस बात का मैं विश्वास दिलाना चाहता हूँ। धन्यवाद।

[Placed in Library, See No. LT 1231/16/14]



Government of India  
Ministry of Consumer Affairs, Food and Public Distribution  
Department of Consumer Affairs

LOK SABHA  
UNSTARRED QUESTION NO. 5635  
TO BE ANSWERED ON 28.4.2015

CONSUMER RIGHTS

5635. SHRIMATI RAKSHATAI KHADSE:

Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION उपभोक्ता मामले, खाद्य और सार्वजनिक वितरण मंत्री be pleased to state:

- whether the Government proposes to amend the consumer protection law to include compensation to the consumers for inconvenience caused to them apart from paying, replacing or recalling the products, if so, the details thereof; and
- whether the Government proposes to bring stringent frame work of standards at manufacturing stages particularly for food industries with provision for monitoring the quality of goods and punishment for violations to help country turn into a manufacturing hub and if so, the details thereof?

ANSWER

उपभोक्ता मामले, खाद्य और सार्वजनिक वितरण मंत्रालय मंत्री  
(श्री राम विलास पासवान)

THE MINISTER OF  
CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION  
(SHRI RAM VILAS PASWAN)

(a) : The existing Consumer Protection Act, 1986 already provides that the Consumer Courts can order to pay such amount as may be awarded by it as compensation to the consumer for any loss or injury suffered by the consumer due to the negligence of the opposite party. The Consumer Protection Act, 1986 is being amended in which a provision for product liability is proposed to be included, to make manufacturers of unsafe products liable for penalty.

(b) : Under the Bureau of Indian Standards Act, 1986, licensed manufacturers are required to follow the scheme of testing and Inspection (STI), which stipulates the appropriate controls to be exercised at the manufacturing stages. In case of any deficiency, necessary action is taken such as stopping ISI marking, non-renewal and cancellation of license. The Government proposes to amend the BIS Act, 1986 providing, inter alia, for introduction of penal provisions for non-compliance of quality norms.

Further, under the Food Safety and Standards (Licensing and Registration of Food Business) Regulation, 2011 prescribes the general hygienic and sanitary practices to be followed by the Food Business Operators. The Food Safety and Standards Act, 2006 provides for penal provisions for unhygienic or unsanitary processing or manufacturing of food. This Act is also under review to ensure greater consumer protection.

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

LOK SABHA  
STARRED QUESTION NO. 50  
TO BE ANSWERED ON THE 18<sup>TH</sup> NOVEMBER, 2016  
SETTING UP OF NEW AIIMS LIKE INSTITUTIONS/HOSPITALS

\*50. SHRI Y. S. AVINASH REDDY:  
SHRI MOHAN BHAI KALYANJI BHAI KUNDARIYA :

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

(a) the details of AIIMS like institutions functional or under construction across the country, State/UT-wise;

(b) whether the Government has received proposals from various States/ UTs to set up new AIIMS like institutions and cancer hospitals in their respective States and also renovate and expand such existing institutions, and if so, the details thereof;

(c) the funds allocated and the name of cities where AIIMS are proposed to be set up and the time-frame by which such institutions are likely to be made functional;

(d) whether the Government is in receipt of financial assistance from various foreign countries for upgradation/renovation of hospitals and if so, the details thereof, State/UT-wise; and

(e) whether the Government proposes to set up more hospitals in rural areas and if so, the steps taken/being taken by the Government to expedite the completion of the said projects.

ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)

(a) to (e): A statement is laid on the Table of the House

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**STATEMENT REFERRED TO IN REPLY TO LOK SABHA**  
**STARRED QUESTION NO. 50\* FOR 18<sup>TH</sup> NOVEMBER, 2016**

(a) New AIIMS at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh, taken up in the first phase of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), are functional. AIIMS at Rae Bareilly, under Phase-II, is under construction. Pre-investment activities have been initiated for AIIMS at Mangalagiri (Andhra Pradesh), Kalyani (West Bengal) and Nagpur (Maharashtra) under Phase-IV of PMSSY.

(b) Yes. Proposals have been received from 17 States for setting up of new AIIMS like institutions. The details are enclosed in Annexure – I. Under National Programme for prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), the Government of India is providing support to establish 20 State Cancer Institute (SCI) and 50 Tertiary Care Institute (TCCC) in different parts of the country. The State / UT wise list of institutes are given in Annexure – II. The maximum permissible assistance for SCI is Rs. 120 crore and TCCC is Rs. 45 crore. So far 52 proposals have been received for establishing SCI / TCCC under the scheme.

(c) The details are given in Annexure – III.

(d) As per information available with the Ministry, two projects in co-operation with Japan International Co-operation Agency (JICA) are being implemented. The details are in Annexure – IV.

(e) Public Health being a State subject, the primary responsibility to provide quality health care services to the people in rural areas lies with State Governments. Under National Health Mission (NHM), support is provided to state Government to strengthen their health care systems including for setting up Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals based on the proposals submitted by State Governments through Program Implementation Plan (PIP).

**Annexure I**

Sl.	State's Name	Location as per requirement
(i)	Andhra Pradesh	Govt. of Andhra Pradesh identified single location at Mangalgiri Mandal in Guntur District for setting of up AIIMS in Andhra Pradesh. Site selected and approved.
(ii)	Arunachal Pradesh	Suggested only single location without proper details. 204 acres Located around 30 km (approx.) from Itanagar via NH 52 A (Hollongi-Itanagar road) under Tubung Village of Balijan Circle, Papum Pare District, Arunachal Pradesh.
(iii)	Assam	Suggested following locations- a. Dimoria Mouza in Kamrup (Metro) district. (769 Bighas) b. Kamalpur revenue circle in Kamrup district. (650 Bighas) c. Shahari Mouza of Raha in Nagaon district. (600 Bighas) d. North Guwahati (Near IIT/Guwahati) e. 879B of land at village Jalah, Mouza Sila Sinduri Ghopa, Kamrup district, located 6-7 km away from the already allotted site near IITG. f. 624B in Kachamari Mouza, Pukripar village under Nagaon Sadar Revenue Circle. One site has been selected and approved.
(iv)	Goa	State Government has identified only single location which is situated in Dhargar village of Pernem Taluka
(v)	Gujarat	State Government has identified four suitable sites in two district of the State namely Rajkot and Vadodara: a. Village-Chokari and Village Pavda, Taluka Padra, District, Vadodara; b. Village- Khirasara (Ranmalji), Tehsil- Lodhika, District- Rajkot c. Village-Khandheri, Tehsil- Padadhari, District Rajkot d. Village-Para Pipaliya, Tehsil-Rajkot, District Rajkot
(vi)	Haryana	State Govt. has identified location for new AIIMS at Manethi, District Rewari in Haryana
(vii)	Himachal Pradesh	<u>Kothlpura in Bilaspur Distt. Under consideration.</u>
(viii)	Jammu & Kashmir	Govt. of Jammu & Kashmir has identified locations at Vijaypur in Jammu region and at Awantipora in Kashmir region. Sites selected.

Sl.	State's Name	Location as per requirement
(ix)	Jharkhand	State Govt. has identified location for new AIIMS at Deopur in Deoghar
(x)	Karnataka	State Government has identified three locations in the state – a. Harohalli in Ramnagar District near Bangalore. b. Itagatti in Dharwad District. c. District Hospital Campus, Bijapur (Canter Distt. Head Quarters)
(xi)	Kerala	State Government has identified following four locations: a. Thiruvananthapuram District-Kattakada Taluk, Kallikadu Village, Block 31, Resurvey 66 b. Kottayam District-Arpoorkara, Athirampuzha and Peraicakadu villages c. Ernakulam District- Block No.5, 717/5, Block No.6, 321/1 d. Kozhikode District- Kinalur and Kanthalad villages in Panangad Grama Panchayath, Thamarassery Taluk.
(xii)	Maharashtra	Govt. of Maharashtra identified location at Nagpur in Nagpur District for setting of up AIIMS in Maharashtra. Site selected and approved
(xiii)	Punjab	State Govt. has identified location for new AIIMS at Bathinda in Punjab. Site selected and approved
(xiv)	Tamil Nadu	State Govt. has identified locations at: a. Chengalpattu in Kancheepuram District b. Pudukkottai town in Pudukkottai District c. Sengipatti in Thanjavur District d. Perundurai in Erode District e. Thoppur in Madurai District The finalization of site is under consideration.
(xv)	Telangana	State Govt. has identified location for new AIIMS at Bibinagar in Telangana
(xvi)	Uttar Pradesh	The Government of Uttar Pradesh identified four locations in Tehsil Gola and Tehsil Sadar in Gorakhpur District for setting up AIIMS in Poorvanchal, Uttar Pradesh. One site has been selected and approved. Foundation stone laid.
(xvii)	West Bengal	Govt. of West Bengal identified location at Kalyani in Nadia District for setting of up AIIMS in West Bengal. Site selected and approved.

**Annexure II**

**LIST OF IDENTIFIED SCI AND TCCC UNDER THE STRENGTHENING OF TERTIARY CARE OF CANCER SCHEME OF NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)**

Sl.	States/UTs	Tertiary Care Cancer Centre (TCCC)	State Cancer Institute (SCI)
1	Andhra Pradesh	ACSR Government Medical College, Nellore	Kurnool Medical College, Kurnool
2	Assam	Assam Medical College, Dibrugarh	Dr Bhubaneswar Barooah Cancer Institute (RCC), Guwahati
3	Arunachal Pradesh	Government Hospital, Naharlagun	NIL
4	Andman & Nicobar	District Hospital Port Blair, A&N Islands	NIL
5	Bihar	1. Jawaharlal Nehru Medical college, Bhagalpur 2. Dharbhanga Medical College, Dharbhanga	Indira Gandhi Institute of Medical Sciences (RCC), Patna
6	Chhattisgarh	Central Hospital, SECL, Manendragarh, District Koriya	Chhattisgarh Institute of Medical Sciences, Bilaspur
7	Delhi	Lok Nayak Hospital (Maulana Azad Medical College)	NIL
8	Gujarat	1. Pandit Deen Dayal Upadhyay Medical College, Rajkot 2. Government Medical College and SSG Hospital, Vadodara	Gujarat Cancer Research Institute (RCC), Ahmedabad
9	Goa	Goa Medical College, Panaji, Goa.	NIL
10	Haryana	1. Govt. Medical College, Mewat 2. District Hospital Narnaul, District Mahendragarh	NIL
11	Himachal Pradesh	1. Indira Gandhi Medical College (RCC) Shimla 2. Regional Hospital, Mandi	NIL
12	Jammu & Kashmir	1. District Hospital, Kupwara 2. District Hospital, Kishtwar 3. District Hospital, Udhampur	1. Government Medical College (RCC) Jammu 2. Sher-I-Kashmir Institute of Medical Sciences (RCC), Srinagar

Sl.	States/UTs	Tertiary Care Cancer Centre (TCCC)	State Cancer Institute (SCI)
13	Jharkhand	Mahatma Gandhi Memorial Medical College, Jamshedpur	Rajendra Institute of Medical Sciences, Ranchi
14	Karnataka	1. Govt. Medical College, Mandya 2. Govt. Medical College, Gulbarga	Kidwai Memorial Institute of Oncology(RCC), Bangaluru
15	Kerala	Govt. Medical College, Kozhikode	Regional Cancer Centre, Trivandrum
16	Madhya Pradesh	1. G.R. Medical College, Gwalior 2. District Hospital, Vidisha	Netaji Subhas Chandra Bose Medical College, Jabalpur
17	Maharashtra	1. RST Regional Cancer Hospital & Research Centre, Nagpur. 2. District Hospital, Karad	Government Medical College, Aurangabad
18	Manipur	Regional Institute Of Medical Sciences (RIMS), Imphal	NIL
19	Meghalaya	North Eastern Indra Gandhi Regional Institute of Health and Medical Sciences (NEIGRIMS), Shilong	NIL
20	Nagaland	District Hospital, Kohima	NIL
21	Mizoram	Civil Hospital Aizwal	NIL
22	Odisha	1. Burla Medical College (Dist. Sambalpur) 2. M.K.C.G. Medical College Hospital, Berhampur 3. District Hospital, Bhawanipatna, District Kalahandi	Regional Cancer Centre, Cuttack
23	Punjab	1. District Hospital, Hoshiarpur 2. District Hospital, Fazilka	Government Medical College, Amritsar
24	Rajasthan	1. S. P. Medical College, Bikaner 2. Govt. Medical College/District Hospital, Jhalawar	RUHS Medical College, Jaipur
25	Sikkim	District Hospital, Sikkim	NIL
26	Tamil Nadu	KAP Vishwanathan Govt Medical College Trichirapalli	Cancer Institute (RCC) Adyar, Chennai
27	Telangana	NIL	M.N.J. Institute of Oncology

Sl.	States/UTs	Tertiary Care Cancer Centre (TCCC)	State Cancer Institute (SCI)
			(RCC), Hyderabad
28	Tripura	NIL	Cancer Hospital(RCC), Agartala
29	Uttar Pradesh	<ol style="list-style-type: none"> <li>1. Sanjay Gandhi Institute of Medical Sciences, Lucknow</li> <li>2. Jawaharlal Nehru Medical College, Aligarh Muslim University* Aligarh</li> <li>3. Institute of Medical Sciences (BHU)* Varanasi</li> <li>4. Govt. Medical College, Jhansi</li> <li>5. District Hospital/Govt. Medical College, Muradabad</li> <li>6. District Amethi</li> <li>7. District Hospital, Unnao</li> </ol>	Kamla Nehru Memorial Hospital (RCC), Allahabad
30	Uttarakhand	Himalayan Institute of Medical Sciences, Dehradun	Government Medical College, Haldwani
31	West Bengal	<ol style="list-style-type: none"> <li>1. Govt. Medical College, Burdwan</li> <li>2. Murshidabad Medical College &amp; Hospitals</li> <li>3. Sagore Dutta Memorial Medical College and Hospital, Kolkata</li> </ol>	NIL
	<b>Total</b>	<b>50</b>	<b>20</b>

## LIST OF AIIMS PROPOSED/ANNOUNCED UNDER PMSSY

Sl.	Institute	Finalized site	Amount allocated/proposed to be allocated	Time frame as approved by the Cabinet
1.	AIIMS at Gorakhpur	Site finalized at Mahadev Jharkhandi	Approved at a total cost of Rs. 1011 cr.	March 2020
2.	AIIMS at Andhra Pradesh	Site finalized at Mangalagiri	Approved at a total cost of Rs. 1618 cr.	October 2020
3.	AIIMS at West Bengal	Site finalized at Kalyani	Approved at a total cost of Rs. 1754 cr.	October 2020
4.	AIIMS at Maharashtra	Site finalized at Nagpur	Approved at a total cost of Rs. 1577 cr.	October 2020
5.	AIIMS at Assam	Site finalized at Village Jalah, Mouza Sila Sinduri Ghopa in Kamrup District	Yet to be sanctioned.	<del>Not finalized yet</del>
6.	AIIMS at Punjab	Site finalized at Bathinda	Approved at a total cost of Rs. 925 cr.	June 2020
7.	AIIMS in Jammu and Kashmir (one each at both)	Jammu - site finalized at Samba district Kashmir - site finalised Pulwama District	Yet to be sanctioned.	<del>Not finalized yet</del>
8.	AIIMS at Himachal Pradesh	Not finalized yet	NIL	<del>Not finalized yet</del>
9.	AIIMS at Bihar	Not finalized yet	NIL	<del>Not finalized yet</del>
10.	AIIMS at Tamil Nadu	Not finalized yet	NIL	<del>Not finalized yet</del>



**Annexure IV**

**PROJECTS IMPLEMENTED THROUGH FINANCIAL ASSISTANCE FROM FOREIGN COUNTRIES**

- (i) Loan Agreement for "strengthening Urban Health Care in Tamil Nadu" between Japan International Co-operation Agency (JICA) and Govt. of India (signed on 31<sup>st</sup> March, 2016 by Department of Economic Affairs. The Project involved a grant of Japanese Yen 25,537,000,000/- (approx Rs. 1636 crore)
  
- (ii) Grant Aid agreement for "improvement of Child Health and Hospital for Children, Chennai" between JICA and Govt. of India (signed on 7<sup>th</sup> February 2014 by Dept. of Economic Affairs). The project involved grant of Japanese Yen 185,100,000/- (approx Rs. 11.85 crore )

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2823  
TO BE ANSWERED ON 2<sup>ND</sup> DECEMBER, 2016**

**BALANCED DIET**

**2823. SHRI KALYAN BANERJEE:  
SHRI VENKATESH BABU T.G.:**

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

- (a) whether the Government proposes to provide technical and medical support to the children and women in the remote villages of the country to tackle malnutrition and if so, the details thereof;
- (b) whether the Government/Food Safety and Standards Authority of India (FSSAI) has proposed to send a list of negative foods to strike off from the school canteens;
- (c) if so, the details thereof; and
- (d) the time by which the above proposal is likely to be implemented?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

(a): The Government of India is providing support for management of malnutrition among women and children through Integrated Child Development Scheme (ICDS), under the National Health Mission (NHM), 965 Nutritional Rehabilitation Centres (NRCs) have been established in different parts of the country for managing severe malnourished children with medical complications.

(b) to (d): The Central Advisory Committee of Food Safety and Standard Authority of India (FSSAI) has developed a draft "Guidelines for making available Wholesome and Nutritious Food to School Children". The draft guidelines suggests creation of a canteen policy and school health education programmes to make students and parents aware of the ill-effects of unhealthy food habits. The FSSAI Draft Guidelines proposes to restrict sale or availability of food which are high in fat, salt or sugar content within 50 metres of schools' premises. The draft Guidelines would be converted into regulation in due course after following the prescribed process of inviting comments.

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

LOK SABHA  
UNSTARRED QUESTION NO. 269  
TO BE ANSWERED ON 3<sup>RD</sup> FEBRUARY, 2017

ABORTION BY AYUSH PRACTITIONERS

269. SHRI FEROZE VARUN GANDHI:

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

- (a) whether the proposal to permit AYUSH doctors to perform abortions has been implemented and if so, the details thereof;
- (b) whether a system of monitoring and ensuring compliance with quality standards has been formulated for AYUSH clinics where abortions are performed and if so, the details thereof;
- (c) whether any scheme or proposal for importing necessary training to AYUSH doctors to conduct abortions has been formulated and if so, the details thereof;
- (d) whether any incidents of illegal abortions or deaths caused by abortions conducted by AYUSH doctors have been reported during the last three years; and
- (e) whether the Government plans to reconsider its proposal to permit AYUSH doctors to conduct abortions in light of these reports and if so, the details thereof?

ANSWER

THE MINISTER OF STATE MINISTRY OF HEALTH  
AND FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)

(a) to (c): The draft MTP (Amendment) Bill, 2016 seeks to improve access to safe, affordable, and acceptable abortion services for all women who seek to terminate an unwanted, unintended pregnancy and the matter is under process.

Once approved, the revised MTP Rules will be suitably framed to address the issue of training of new cadre of providers.

(d) & (e): No such incident has been reported to the Ministry and the draft bill is under process of approval.

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

**LOK SABHA  
STARRED QUESTION NO. 340  
TO BE ANSWERED ON THE 24<sup>TH</sup> MARCH, 2017**

**\*340. SHRI VINCENT H. PALA:**

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

- (a) the salient features of the Medical Termination of Pregnancy Act, 1971;
- (b) whether the Government proposes to amend the said Act, so as to increase the gestation period for abortion from 20 to 24 weeks and if so, the details thereof and the time by which the said amendment is likely to be implemented;
- (c) whether the increase in gestation period from 20 to 24 weeks might risk the health of the mother; and
- (d) if so, the details thereof and the provisions proposed by the Government to ensure the safety of the mother's health, if the abortion is conducted in the 24<sup>th</sup> week?

**ANSWER**

**THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)**

- (a) to (d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 340\* FOR 24<sup>TH</sup> MARCH, 2017

(a) The Medical Termination of Pregnancy (MTP) Act came into existence in 1971. The Act recognizes the importance of providing safe, affordable, accessible and acceptable abortion services to women who need to terminate a pregnancy under certain conditions.

The main salient features of the existing Act are:

- The MTP is to be conducted by a Registered Medical Practitioner (RMP) at an approved place and for conditions as defined under the Act.
- The upper gestation limit for all categories of women seeking MTP services is up to 20 weeks;
- Opinion of one RMP required for gestation up to 12 weeks and of two RMPs for termination of pregnancy in second trimester;

(b) The Ministry of Health and Family Welfare has recommended amendments to the MTP Act 1971.

Based on the recommendation from the National Commission for Women (NCW), one of the proposal is to increase the gestation limit from the present 20 weeks to 24 weeks for special categories of women.

The details of the category would be defined in the Rules and is expected to include survivors of rape and incest, single women (unmarried/ divorced/widowed) and other vulnerable women (women with disabilities). The proposal for amendment has been submitted to the Cabinet for consideration.

(c) & (d)

1. Conditions which pose a threat to the life of a pregnant woman irrespective of the period of gestation are already covered in Section 5 of the present act.
2. The Honorable Supreme Court have also allowed termination of pregnancy beyond 20 weeks in some cases e.g. WP(C) no 593 of 2016 (gestational age 23 weeks and 3 days) and WP(C) no 17 of 2017 (gestational age 24<sup>th</sup> weeks).
3. Once the approval of the proposed amendments is received from parliament, the rules and regulations for the termination of pregnancy during the gestation period between 20-24 weeks would be framed which would take care of the safety of the mother.

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1100  
TO BE ANSWERED ON 21<sup>ST</sup> JULY, 2017**

**AMENDMENT OF MTP ACT**

**1100. SHRI RAJESH KUMAR DIWAKER:**

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

- (a) whether there is a move to amend Medical Termination of Pregnancy (MTP) Act to recognize the right to safe and legal abortion to all women, irrespective of married or not, if so, the details thereof;
- (b) whether homoeopaths and midwives would also be allowed to carry out non-invasive abortion procedures, under the amending bill and if so, the details thereof;
- (c) whether an appropriate authority has been designated to handle the complications in case of emergency and if so, the details thereof; and
- (d) whether mandatory clause of seeking second opinion for abortion is done away with and if so, the details thereof?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

- (a): The MTP (Amendment) Bill, 2016 seeks to improve access to safe, affordable, and acceptable abortion services for all women who seek to terminate an unwanted, unintended pregnancy and the matter is under process.
- (b): The MTP (Amendment) Bill, 2016 has a provision for including homoeopaths and midwives in the public sector to administer medicines for abortion (non-surgical).
- (c): The MTP (Amendment) Bill is under process.
- (d): The MTP (Amendment) Bill, 2016 proposes to reduce the requirement of opinion from two providers to one provider for terminating second trimester pregnancies to facilitate easy access to safe abortion services.





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

LOK SABHA  
STARRED QUESTION NO. 423  
TO BE ANSWERED ON THE 31<sup>ST</sup> MARCH, 2017  
COMMUNICABLE AND NONCOMMUNICABLE DISEASES

\*423. SHRI N.K. PREMACHANDRAN:

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

- (a) whether the Government proposes to introduce programme for prevention of communicable diseases and if so, the details thereof;
- (b) whether the Government has conducted any study regarding the gravity of communicable diseases in the country and if so, the details thereof;
- (c) whether the Government has taken initiative for control of non-communicable diseases and if so, the details thereof;
- (d) the steps taken by the Government to create awareness among the citizens regarding food habits, and healthy lifestyle so as to control such diseases along with the details of financial assistance given by the Government to the States for implementation of projects to control life style diseases State/UT-wise; and
- (e) the details of the initiatives taken by the Government for control of emerging infectious diseases during the last three years?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)

(a) to (e): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 423\* FOR 31<sup>ST</sup> MARCH, 2017**

(a) A number of National Health Programmes have already been introduced by the Government with a view to preventing specific communicable diseases. These include National Vector Borne Diseases Control Programme (NVBDCP), National Leprosy Elimination Programme (NLEP) and the Revised National Tuberculosis Control Programme (RNTCP). The Integrated Disease Surveillance Programme (IDSP) has also been started in all States/UTs for detecting and responding to outbreaks due to epidemic prone diseases. All these national programmes have wide outreach throughout the country. Funds under these programmes are provided to all States/Union Territories to strengthen public health care system.

(b) Studies/surveys have been conducted under various programmes at the national and the regional levels for detection/elimination of the communicable diseases from time to time. These include:

- i. A National study to estimate Malaria cases and deaths due to malaria in the country by the National Institute of Malaria Research, Indian Council of Medical Research (ICMR) in collaboration with the National Institute of Medical Statistics and National Vector Borne Disease Control Programme;
- ii. National Sample Survey conducted by the National JALMA Institute of Leprosy and Other Myco-bacterial Diseases (NJIL&OMD), Agra, to estimate new leprosy case load; assess leprosy burden by recording Grade-I and Grade-II disability cases and assessing the magnitude of stigma and discrimination prevalent in the population.
- iii. A National Drug Resistance Survey for Tuberculosis has been conducted by the National Tuberculosis Institute (NTI), Bengaluru.

(c) While health is a state subject, the Central Government supplements the efforts of the State Governments to provide health care including tertiary level health care for Non-Communicable Diseases (NCDs). The following major programmes have been launched for controlling NCDs by the Government:

- i. The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) for interventions up to District level under the National Health Mission. It focuses on awareness generation on behavioural risk factors such as unhealthy food habits and lifestyle changes, screening and early diagnosis of persons with high level of risk factors and their treatment and referral (if required) to higher

- facilities for appropriate management, development of Human Resource and setting up of infrastructure such as NCD clinics.
- ii. Under the National Dialysis Programme, more than one lakh patients have undergone about 11 lakh dialysis sessions in various district hospitals in the country till date.
  - iii. Under Tertiary Care Cancer Centre (TCCC) Scheme, the Government of India is assisting the States to establish State Cancer Institute (SCI) and TCCCs in different parts of the country.
  - iv. For population level screening for diabetes, hypertension and common cancer viz. oral, breast and cervix, Operational Guidelines have been shared with State Governments with the request to submit their proposals in their State specific Programme Implementation Plans (PIP) under NHM.
  - v. Under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY), 6 new AIIMS have been made operational. Up-gradation of identified Government medical colleges/ institutions, for higher specialty facilities has been undertaken.

(d) The Ministry of Health and Family Welfare has requested all States/UTs and the Ministry of Human Resource Development to issue appropriate directions to schools and colleges for withdrawing foods high in saturated fat and carbonated drinks from canteens and promoting healthy food habits. Jointly, the two Departments have also designed booklets for school children to promote healthy life styles. The Food Safety and Standards Authority of India issued guidelines for making available wholesome, nutritious, safe and hygienic food to school children in India on 12-10-2015 whereby the availability of most common HFSS (High in Fat, Salt and Sugar) Foods in schools has been restricted/limited. These guidelines have also been uploaded on the website of FSSAI.

FSSAI has launched campaign on social media such as Face-book, documentary films on YouTube, educational booklets, information on FSSAI website, stalls at Fairs/Melas/Events and mass awareness campaigns, etc. to disseminate information on safe and nutritious food. Details of funds released to State/UT Governments under NPCDCS during last three years and for setting up/establishing SCIs and TCCCs under NPCDCS are at Annexures I & II.

(e): The Government has taken a series of steps to prevent the spread of outbreaks including those of emerging infectious diseases. Under the Integrated Disease Surveillance Programme, States/UTs have been provided with additional manpower, training has been imparted to identified Rapid Response Team (RRT) members for outbreak investigations, laboratories for detection of

epidemic prone diseases have been strengthened along with provisions of IT tools/equipment. Funds are also released under IDSP to all States as grant-in-aid to undertake diseases surveillance and outbreak response activities. As part of the IDSP, a network of 12 labs is running for Influenza Like Illness and Severe Acute Respiratory Infection Surveillance work of pandemic H1N1 Influenza in the country since 2009.

NCDC is also providing referral diagnostic services in respect of various emerging infectious diseases (zoonotic & arboviral) viz. rabies, brucellosis, leptospirosis, rickettsial diseases, Japanese Encephalitis, Dengue, Chikungunya, Anthrax. Preparedness for laboratory diagnosis of emerging infections which pose potential threat viz. Ebola fever, Yellow Fever, Zika virus disease etc. The National Institute of Virology is the major National Monitoring Center for Influenza, Japanese encephalitis, Rotavirus, Measles and Hepatitis.

Under RNTCP, the strategies adopted include strengthening and improving quality of basic TB services, addressing TB HIV co-infection, other co-morbidities and MDR-TB. Further, targeted interventions in the vulnerable population, integrating newer molecular diagnostics for TB in the health system for early diagnosis of TB, Information Communication Technology (ICT), etc. have been leveraged for TB notification and strengthening of monitoring by using the Nikshay software.

## ANNEXURE-I

Statement showing State/ UT-wise Release of funds for NPCDCS under NHM  
for the years 2013-14, 2014-15 and 2015-16

(In Rs. Crore)

Sl. No.	Name of State	2013-14	2014-15	2015-16
1	Andaman & Nicobar Islands			
2	Andhra Pradesh	0.05	0.25	0.55
3	Arunachal Pradesh		5.61	14.78
4	Assam	0.76	3.54	5.7
5	Bihar	17.14	5.79	35.78
6	Chandigarh	9.72	12.08	22.34
7	Chhattisgarh	0.16	0.13	0.69
8	Dadra & Nagar Haveli		5.04	8.47
9	Daman & Diu	0.05	0.17	0.63
10	Delhi	0.04	0.13	0.35
11	Goa	2.47	1.41	2.23
12	Gujarat	0.22	1.27	0.23
13	Haryana		6.66	20.98
14	Himachal Pradesh		7.99	4.93
15	Jammu & Kashmir			4.78
16	Jharkhand		9.13	8.16
17	Karnataka	3.32	8.35	10.57
18	Kerala		9.76	14.29
19	Lakshadweep		5.45	5.18
20	Madhya Pradesh	0.01	0.13	0.07
21	Maharashtra	4.52	16.94	26.82
22	Manipur	5.86	12.89	27.54
23	Meghalaya		2.96	3.08
24	Mizoram	1.63	1.47	2.46
25	Nagaland	0.6	1.76	1.42
26	Orissa	1.09	3.46	2.63
27	Puducherry		12.34	16.19
28	Punjab	0.18	1.52	0.29
29	Rajasthan		8.03	6.71
30	Sikkim	0.59	11.8	27.04
31	Tamil Nadu		1.76	0.95
32	Tripura	0.89	13.55	17.16
33	Uttar Pradesh	2.02	1.76	2.55
34	Uttarakhand	13.98	20.27	54.39
35	West Bengal		5.45	6.62
36	Telangana	10.27	7.54	13.03
	Total	75.67	210.4	379

Note: Releases are of Central Government Grants & do not include State share. Since 2015-16, releases are done under NCD flexipool for NCD Programmes including NPCDCS.

**ANNEXURE-II**

State-wise funds released for setting up/establishing SCIs and TCCCs under NPCDCS

**(1) Funds released during the financial year 2014-15: (Rs.in Crore)**

S No.	State/UTs	Name of the Institute	SCI/TCCC	Amount Released
1	Karnataka	Kidwai Memorial Institute of Oncology(RCC), Bangaluru	SCI	67.50
2	Kerala	Government Medical College, Kozhikode	TCCC	25.03
3	Tripura	Cancer Hospital(RCC), Agartala	SCI	55.00
4	Gujarat	Gujarat Cancer Research Institute, Ahmedabad	SCI	67.50
5	West Bengal	Government Medical College, Burdwan	TCCC	22.24
6	Jammu & Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar	SCI	47.25
7	Tamil Nadu	Cancer Institute (RCC) Adyar, Chennai	SCI	67.38
<b>Total</b>				<b>351.90</b>

**(2) Funds released during the financial year 2015-16: (Rs.in Crore)**

S No.	State/UTs	Name of the Institute	SCI/TCCC	Amount Released
1	Himachal Pradesh	Indira Gandhi Medical College, Shimla	TCCC	14.87
2	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	SCI	33.06
3	Mizoram	Civil Hospital, Aizawl	TCCC	14.64
4	Uttar Pradesh	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	TCCC	11.43
5	Rajasthan	S P Medical College, Bikaner	TCCC	17.123
6	Karnataka	Mandya Institute of Medical Sciences	TCCC	17.257
7	Telangana	MNJ Institute of Oncology & RCC, Hyderabad	SCI	18.12
<b>Total</b>				<b>126.50</b>

**(3) Funds released during the financial year 2016-17 (till 17<sup>th</sup> January 2017): (Rs.in Crore)**

S No	State/UTs	Name of the Institute	SCI/TCCC	Amount Released
1	Kerala	Regional Cancer Centre, Thiruvananthapuram	SCI	46.957
2	Punjab	Govt. Medical College, Amritsar	SCI	51.58
3	Delhi	LokNayak Hospital	TCCC	25.40
4	Punjab	District / Civil Hospital, Fazilka	TCCC	20.119
5	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	SCI	35.829
6	Nagaland	District Hospital, Kohima	TCCC	10.17
7	Haryana	Civil Hospital, Ambala Cantt	TCCC	9.2253
8	West Bengal	Murshidabad Medical College & Hospital, Berhampore, Murshidabad	TCCC	10.9793
9	Maharashtra	RashtraSant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	TCCC	15.3196
10	Rajasthan	SMS Medical College, Jaipur	SCI	40.6683
<b>Total</b>				<b>266.2475</b>

(Q. 423)

HON. SPEAKER: Mr. N.K. Premchandran. Today, you have got this Question listed in your name.

SHRI N.K. PREMACHANDRAN : Thank you.

Madam, every year, 38 million people die due to non-communicable diseases. It is surprising to note that 16 million people death occur before the age of 70; and 82 per cent of these premature deaths is reported from low and middle-income groups. That means, poverty is closely linked to non-communicable diseases.

Madam, in India, 2.7 million people die due to non-communicable disease and 1.4 million people die due to communicable diseases. So, the surge of non-communicable diseases is a threat to progress towards the UN Million Development Goals, and also the Sustainable Development Goals, which is being discussed in this House since yesterday on the initiative of the Madam Speaker.

So, at this juncture, I would like to inform the hon. Minister that most of the communicable diseases, which had already been eradicated totally, are coming back. The example is Malaria and other related diseases.

One point, which may be noted is that when we are discussing about the Sustainable Development Goals, particularly, in relation to health aspect, that is, Health to All, six to seven per cent of the GDP of the world's developed countries is being used and spent on the health sector. Unfortunately, in India – hon. Finance Minister is also here – we are spending one per cent of the total GDP towards health sector. By 2025, we are planning to have it at 2.5 per cent.

Therefore, I would like to know from the hon. Minister whether the Government will take initiative or make a plan so as to have, at least, three per cent of the GDP be spent in the field of health sector so that the health issues can be addressed in a proper way.

SHRI JAGAT PRAKASH NADDA: Madam, we have a very comprehensive Health Policy. In our Health Policy of 2017, as I told earlier, the focus is from sick care to wellness; to its preventive part. As far as communicable and non-communicable diseases are concerned, we are taking all steps to see that prevention takes place. Shri Premachandran ji has mentioned about Malaria, Tuberculosis and HIV. I may inform him that we have brought them to an arrest and now it is going towards the reverse position. This is what we have done. We are doing accordingly within the targets of MDGs. We are strategizing for the SDGs to do it.

In the New Health Policy, we have kept a provision that 2.5 per cent of the GDP will be spent on health. It will be done till 2025. It is a gradual process. Here, I would like to suggest that just by saying that the budget should three per cent or six per cent is not enough. As I told you earlier, there is no dearth of fund as far as the health sector is concerned. This year there is an increase of 27.7 per cent in the health sector and more than Rs. 10,000 crore have been added in this sector. The reason is that we have been successful in the last two years to see to it that the real expenditure is more than the budget expenditure. Whatever we have targeted we achieved it. The capacity of the states to spend the budget has to be increased. Health being a State Subject, the States has to see to it that they keep it as a priority sector. Secondly, after the 14<sup>th</sup> Finance Commission, the tax devolution to the states has increased from 32 per cent to 42 per cent. So, the states are also to add into the budget. As far as the budget is concerned, ultimately, it is going to be spent on health in states.

SHRI N.K. PREMACHANDRAN : My second supplementary is regarding non-communicable diseases. The major cause of non-communicable diseases is the change in lifestyle and other environmental factors. We are addressing the complications due to change in lifestyle. There is no proper strategy to prevent it at the primordial stage. So, we are focusing on curing them at the tertiary stage by constructing super specialty hospitals and giving insurance and other amenities to.



the patients. I would request the Government to kindly see that the incidence of cancer is increasing like anything. We are addressing it at the tertiary stage.

Therefore, my question to the hon. Minister is this. In the case of increasing incidence of cancer, not much attention is being paid for having research and development to find out the cause of cancer and to address this issue. It is part 'a' of my second supplementary.

The next part of my supplementary is that there is a proposal from the Government of Kerala. The Government of India has assured the Government of Kerala that AIIMS will be provided to the State of Kerala. I would like to know from the Government whether that promise will be fulfilled in the next year or in the immediate future.

SHRI JAGAT PRAKASH NADDA: Madam, as far as the non-communicable diseases are concerned, of course, to address it at the curative stage, we are spending a lot on cancer under the National Cancer Control Programme. What we have done is that we are opening 20 State Cancer Institutes and spending approximately Rs. 150 crore on each Cancer Institute. We are opening two National Cancer Centres. One is at Jhajhar where we are spending more than Rs. 2,500 crore and it will be operational within one-and-a-half years or two years. It has got the capacity of 800 beds with most ultra modern facilities. That is being done in Jhajhar. Secondly, we are also working on our second campus at Chittaranjan National Cancer Institute, Kolkata, where an amount of Rs. 500 crore is being spent.... (Interruptions) Subject to correction, the State of Kerala is getting one State Cancer Institute and one or two tertiary cancer centres. We are working on them. This is what we are doing for cancer. But for the preventive part, I would like to say that what we have introduced and we do not want to burden the students. We have made very pictorial booklets which are in multi languages and in all different regional languages wherein through pictures we want to tell the students what is a healthy lifestyle, what we should eat, what we should not eat, what should be our weight according to the height, what habits we

should develop, what habits we should not develop. So, this is what we are doing in the preventive part to catch them young. The students should be told what is obesity, what weight they should have and what lifestyle they should adhere to. This is what we are doing.

As far as AIIMS is concerned, the Government of India, the Health Department is committed for opening AIIMS in every State and we are going in a phased manner. Certainly, Kerala is also under consideration.

SHRI K.C. VENUGOPAL: Thank you, Madam Speaker. The communicable diseases which had been eradicated earlier are coming back; we are already told that.

ASHA workers are doing very good job in the area of giving awareness to the patients. But, their remuneration is extremely small. When we talk to them, their complaint is that their grievance has not been addressed by the Government of India.

Therefore, my suggestion is this. Curing diseases and giving medicines is one thing, but to give sufficient publicity for these diseases should be a must. ASHA workers can do a major work in that area. I would like to know whether the Minister is thinking about enhancing the allowances of ASHA workers.

I have one more question, Madam. Thank you very much for giving PMSSY. In the UPA period, we started PMSSY. The progress of work has been very slow. I would like to know whether the Ministry is looking into the progress of PMSSY in the medical colleges, especially of the Alappuzha Medical College.

SHRI JAGAT PRAKASH NADDA: As far as the ASHA workers are concerned, the Accredited Social Health Activities are doing very good job. Our indicators are improving and they have got a much role to play. Certainly, as far as their allowances are concerned, it is a continuous process which we have taken. According to their work, we are increasing them from time to time. We are concerned about it and we have also asked the States to see to it that they should

also supplement as far as the allowances are concerned. But we are doing it and it is a continuous process which is to be taken.

SHRI SIRAJUDDIN AJMAL : Thank you very much, Madam. The community health care running under the Government institutions in rural India is in a pathetic condition. We have seen that Dhubri, Barpeta, Karimganj and all other districts of Assam, there are no doctors in the hospitals. Even drinking water in places like Barpeta, Jamunamukh has got arsenic and fluoride which is the basic necessity of life. I would like to request the hon. Minister to kindly let me know whether the Government has any mechanism for periodic assessment of these health centres. Secondly, I would like to know whether the Government has any plans to set up more primary health centres in these rural areas.

Madam, I would like to give a good suggestion to the hon. Minister. We run a hospital in Assam in Hojai. It is one of the biggest rural hospitals of South East Asia. Now, I think, if the Government wants, we can do something jointly as a joint venture. We have got a 325-bed hospital, one of the best international standard hospitals and we can come together with the Government with whatever help is required. We also have three satellite hospitals in Assam catering to the needs of various places in Assam. If we can be of any help to the Government in running these health centres in a better way, our services are there. Thank you.

SHRI JAGAT PRAKASH NADDA: Madam, as far as the quality assurance is concerned, the management and other things are with the State and they see to it. They have to take care. But what we have done is that we have developed a programme which is called "National Quality Assurance Programme for PHCs and CHCs" where we examine them, we give the report to the States and see to it that whatever financial and technical support that they need, that can be given. As far as the joint venture part is concerned, it should come through the State, then only we can examine it.

श्री शैलेश कुमार : माननीय अध्यक्ष महोदया, मैं माननीय स्वास्थ्य मंत्री जी से पूछना चाहता हूँ कि केंद्र सरकार ने बिहार राज्य में दूसरा एम्स बनाने की घोषणा की थी, उसकी वर्तमान स्थिति क्या है? बिहार की

भौगोलिक स्थिति इस प्रकार की है कि पहला एम्स पटना में है, लेकिन मैं चाहता हूँ कि भौगोलिक दृष्टिकोण को ध्यान में रखते हुए यदि भारत सरकार दूसरा एम्स भागलपुर में स्थापित करने का विचार करती है, तो यह निश्चित रूप से अच्छा होगा।

मैं आपके माध्यम से मंत्री जी से पूछना चाहता हूँ कि राज्य सरकार ने दूसरे एम्स के निर्माण के लिए स्थान का चयन कर लिया है? यदि हाँ, तो तत्संबंधी पूर्ण जानकारी देने की कृपा की जाए?

श्री जगत प्रकाश नड्डा : महोदया, अभी तक बिहार सरकार ने दूसरे एम्स के लिए जमीन एलॉट नहीं की है और न ही कोई स्थान दिया है। ... (व्यवधान)

HON. SPEAKER: No, this is not the way. I have not allowed you. Adhir Ji, how can you ask the question?

Now, Shri Jithender Reddy.

... (व्यवधान)

SHRI A.P. JITHENDER REDDY : Our Chief Minister of Telangana State has requested the Finance Minister Shri Jaitley Ji for an AIIMS. Our KTR has also met our Finance Minister regarding the AIIMS to be sanctioned in Telangana. Last month, our Finance Minister had promised on the floor of the House that the AIIMS will be set up. What I request to the Minister of Health is this. In this year, does the Minister sanction some amount for the AIIMS in Telangana State?

My second question is with regard to the ASHA workers. They are really doing a very good work in the villages and we request that their amount should be enhanced. As we are from the State Government, we are taking care of them. But this scheme is totally a Centrally-sponsored scheme. So, we request that the salary of the ASHA workers should be enhanced.

SHRI JAGAT PRAKASH NADDA: As far as AIIMS is concerned, it is under active consideration. It is being actively considered.

As far as the ASHA workers are concerned, I told already that it is a continuous process which is going on and the States should also substitute.

माननीय अध्यक्ष : श्री छेदी पासवान।

श्री छेदी पासवान : अध्यक्ष महोदया, माननीय मंत्री जी और मैं पटना यूनिवर्सिटी में साथ ही पढ़े हैं, लेकिन यह दुखद बात है कि वे हम लोगों की परेशानी समझ नहीं पा रहे हैं। हमारे यहाँ डेली 4-5 मरीज आते हैं। वे इलाज करवाने के लिए एम्स के इर्द-गिर्द घूमते रहते हैं। माननीय मंत्री जी और सरकार की मेहरबानी से पटना में एम्स खोल दिया गया है। वहाँ निदेशक की बहाली भी हो गई है, लेकिन वहाँ न कोई रिक्रूटमेंट की व्यवस्था है और न इमरजेंसी वॉर्ड खुला है। वहाँ ट्रॉमा सेंटर की व्यवस्था भी नहीं की गई है और न ही अभी तक उसका भवन बन पाया है।

महोदया, सबसे दुखद बात है कि वहाँ एम्स हॉस्पिटल तक जाने के लिए कोई रास्ता नहीं बना हुआ है। मैं माननीय मंत्री महोदय से कहना चाहता हूँ कि वे पटना में थोड़ी कृपा करें और जो कमियाँ हैं, उन्हें जल्द ही पूरा कराएं।

HON. SPEAKER: Nothing will go on record except the Minister's reply.

... (Interruptions) ...

श्री जगत प्रकाश नड्डा : ... (ब्यवधान) महोदया, जहाँ तक पटना एम्स का सवाल है, उसमें रिक्रूटमेंट में कुछ लीगल इश्यूज थे, जिसके कारण डिले हुआ। उन सारे इश्यूज को हमने सैटल कर दिया है। वहाँ इंटरव्यूज शुरू हो गए हैं। By November, the recruitment process will be over and by दिसंबर तक हम उसे फुल-फ्लैज्ड ढंग से चलाएंगे।

माननीय अध्यक्ष : क्वेश्चन नंबर 424 श्री ताम्रध्वज साहू।



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

LOK SABHA  
STARRED QUESTION NO. 104  
TO BE ANSWERED ON THE 9<sup>TH</sup> FEBRUARY, 2018  
STATUS OF NEW AIIMS

\*104. SHRI HARI OM PANDAY:  
SHRI GUTHA SUKENDER REDDY:

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

(a) the present status of functional All India Institute of Medical Sciences (AIIMS) like institutions in the country, State/UT-wise;

(b) the details of the funds allocated and utilised for setting up of AIIMS like institutions in the country along with provision for staff and equipments for patients during each of the last three years and the current year, State/UT-wise;

(c) whether the Union Government has received requests from various States for additional funds/release of funds for expeditious completion of the said institutions during the said period and if so, the details thereof along with the present status of such requests, State/UTwise;

(d) whether cases of irregularities/ corruption/diversion of funds in construction of these institutions have come to the notice of the Government during the said period, if so, the details thereof, State/ UT-wise and the reasons therefor along with the action taken/being taken by the Government in such cases so far as well as for expeditious completion of these institutions; and

(e) whether the Government proposes to set up more AIIMS like institutions in the country, if so, the details thereof, State/ UT and location-wise and the time by which the said proposal is likely to be finalised/implemented?

ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)

(a) to (e) : A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 104\* FOR 9<sup>TH</sup> FEBRUARY, 2018**

(a) Six AIIMS Institutions at Bhopal in Madhya Pradesh, Bhubaneswar in Odisha, Jodhpur in Rajasthan, Patna in Bihar, Raipur in Chattisgarh and Rishikesh in Uttarakhand are functional. The functional status of these AIIMS is given in Annexure – I.

(b) The funds, being allocated under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) Scheme, are being utilized for setting up of new AIIMS as well as up-gradation of Government Medical Colleges where new Super Specialty Block (SSB) or Trauma Centre is being created. No separate allocation is made for new AIIMS under capital head of the budget. The details of the funds allocated and utilized for setting up of AIIMS like institutions in the country, during each of the last three years and the current year, are as below :

Year	Budget Estimates (B.E) for PMSSY Scheme	Revised Estimates (R.E) for PMSSY Scheme	Funds Utilised for setting up of new AIIMS
(1)	(2)	(3)	(4)
2014-15	Rs. 1956.00 Cr	Rs. 891.00 Cr	Rs. 676.30 Cr.
2015-16	Rs. 2206.00 Cr	Rs. 1646.03 Cr	Rs. 1399.78 Cr
2016-17	Rs. 2450.00 Cr	Rs. 1953.24 Cr	Rs. 1215.03Cr
2017-18 (upto 31.01.18)	Rs. 3975.00 Cr	Rs. 3175.00 Cr	Rs. 1074.27Cr
<b>Total</b>	<b>Rs. 10,587.00 cr</b>	<b>Rs. 7,665.27 cr</b>	<b>Rs. 4,365.38 cr</b>

The details of funds utilization for construction and procurement of equipment and staff position are given in Annexure – II.

(c) AIIMS like institutions are being set up by the Union Government through Pradhan Mantri Swastha Suraksha Yojana (PMSSY) scheme where the entire cost of setting up and running expenditure is borne by the Union Government. No funds for the new AIIMS are provided to the State Government. As the new AIIMS works are taken up by Government of India through Executing Agencies / Project Management Committee appointed by the Central Government, no funds are released to the State Government.

(d) No cases of irregularities/ corruption/diversion of funds in construction of these institutions have come to the notice of the Government during the said period.

(e) Apart from six functional AIIMS, fourteen new AIIMS like Institutions are being set up in the country. The details of AIIMS like Institutions approved under Phase-II , IV, V & VI of Pradhan Mantri Swastha Suraksha Yojana (PMSSY) Scheme is given in Annexure – III.



**STATUS OF FUNCTIONING OF SIX AIIMS (AS ON 31.01.2018)****A. CONSTRUCTION AND EQUIPMENT PROCUREMENT**

Sl.	AIIMS	STATUS OF PROGRESS OF SIX AIIMS			
		Medical College	Hospital	Residential Complex (Phase I)	Status of Procurement of Equipment
1	Bhopal	Completed	94.00%	Completed	91.29 %
2	Bhubaneswar	Completed	94.00%	Completed	91.05 %
3	Jodhpur	Completed	94.00%	Completed	78.86 %
4	Patna	Completed	90.00%	Completed	81.28 %
5	Raipur	Completed	96.00%	Completed	91.17 %
6	Rishikesh	Completed	90.00%	Completed	78.38 %

**B. HOSPITAL SERVICES**

AIIMS	HOSPITAL FACILITY			ACADEMIC FACILITY		
	No. of Beds (Out of 960)	No. of Super Speciality Functional (Out of 16)	No. of Speciality Functional (Out of 18)	MBBS Seats	Nursing Seats	PG Seats
BHOPAL	403	12	18	100	60	33
BHUBANESWAR	540	14	17	100	60	33
JODHPUR	500	12	18	100	60	100
PATNA	195	7	18	100	60	Nil
RAIPUR	400	07	18	100	60	26
RISHIKESH	706	13	18	100	60	133
<b>TOTAL</b>	<b>2744</b>			<b>600</b>	<b>360</b>	<b>325</b>

**C. OTHER IMPORTANT HOSPITAL SERVICES**

Sl.	AIIMS	Emergency	Trauma Care	Blood Bank	Diagnostics	Pathology
1	Bhopal	Available	Available	Available	Available	Available
2	Bhubaneswar	Available	Available	Available	Available	Available
3	Jodhpur	Available	Available	Available	Available	Available
4	Patna	Partly Available	Available	Available	Available	Available
5	Raipur	Available	Available	Available	Available	Available
6	Rishikesh	Available	Available	Available	Available	Available

**DETAILS OF FUNDS UTILIZED FOR SETTING UP OF AIIMS FOR THE LAST THREE YEARS  
AND CURRENT YEAR**

**A. FUNDS UTILIZED FOR SIX FUNCTIONAL AIIMS :**

S. No.	AIIMS	GRANTS-IN-AIDS				Total Released (Rs. in cr)
		2014-15	2015-16	2016-17	2017-18*	
		(Rs. in cr)	(Rs. in cr)	(Rs. in cr)	(* as on 31.01.2018) (Rs. in cr)	
1	Bhopal	82	163	170.07	99.9	514.97
2	Bhubaneswar	82	198	147.82	158.5	586.32
3	Jodhpur	82	220	155	173.06	630.06
4	Patna	82	199	140	105	526
5	Raipur	82	187	251.17	180	700.17
6	Rishikesh	82	170	286.5	121.63	660.13
	<b>TOTAL</b>	<b>492</b>	<b>1,137</b>	<b>1,150.56</b>	<b>838.09</b>	<b>3,617.85</b>

**B. FUNDS UTILIZED FOR 11 NEW AIIMS APPROVED UNDER PHASE-II & PHASE-IV :**

Sl. No.	AIIMS	Sanctioned Cost	2014-15	2015-16	2016-17	2017-18	Total Fund Released
		(Rs. in Cr)	(Rs. in Cr)	(Rs. in Cr)	(Rs. in Cr)	(Rs. in Cr)	(Rs. in Cr)
1.	AIIMS, Rae Bareilly, UP	823	69.00	35.00	0.00	0.00	104.00
2.	AIIMS, Manglagiri, AP	1618	No fund released		20	34.51	54.51
3.	AIIMS, Nagpur, Maharashtra	1577	No fund released		20	34.84	54.84
4.	AIIMS, Kalyani, West Bengal	1754	No fund released		20	51.03	71.03
5.	AIIMS, Gorakhpur, UP	1011	No fund released		0	10	10
6.	AIIMS, Bathinda, Punjab	925	No fund released		5	10	15
7.	AIIMS, Guwahati, Assam	1123	No fund released		0	5	5
8.	AIIMS, Bilaspur, HP	1351	No fund released		0	0	0
9.	AIIMS, Awantipora, Kashmir	1837	No fund released		0	42.5	42.5
10.	AIIMS, Vijaypur, Jammu	1688	No fund released		0	48.3	48.3
11.	AIIMS, Deoghar, Jharkhand	1103	No fund released		0	0	0
	<b>Total</b>		<b>69.00</b>	<b>35.00</b>	<b>65.00</b>	<b>236.18</b>	<b>405.18</b>

**C. PROVISION OF FUNDS FOR SALARIES OF STAFF OF 6 FUNCTIONAL AIIMS:**

Sl.	AIIMS	Grants-in-Aid (Salaries) (Rs. in Cr.)			
		2014-15	2015-16	2016-17	2017-18*
1	Bhopal	29.00	44.00	34.35	29.50
2	Bhubaneswar	29.00	49.00	99.12	41.00
3	Jodhpur	29.00	47.00	80.00	52.24
4	Patna	29.00	57.00	90.00	50.00
5	Raipur	29.00	50.00	63.52	100.00
6	Rishikesh	29.00	45.00	110.00	52.50
		174.00	292.00	476.99	325.24
Total Rs. 1,268.23 Cr					

**D. PRESENT POSITION OF FILLED POSTS AGAINST SANCTIONED POSTS IN SIX NEW AIIMS**

AIIMS	FACULTY POSTS			NON-FACULTY POSTS		
	Sanctioned Posts	Posts filled at present	Posts vacant at present	Sanctioned Posts	Posts filled at present	Posts vacant at present
Bhopal	305	135	170	3776	660	3116
Bhubaneswar	305	158	147	3776	793	2983
Jodhpur	305	138	167	3776	603	3173
Patna	305	52	253	3776	965	2811
Raipur	305	98	207	3776	986	2790
Rishikesh	305	143	162	3776	195	3581
Total	1,830	724	1,106	22,656	4,202	18,454

**STATUS OF FUNCTIONING OF NEW AIIMS (PHASE-II, IV, V & VI)**

Sl.	State	Location of AIIMS to be set up under PMSSY	Phase of PMSSY Scheme	Date of Cabinet approval	Approved Outlay	Expected date for completion of project
1.	Andhra Pradesh	Mangalagiri near Guntur	Phase-IV	07.10.2015	Rs 1618 Cr	Feb, 2020
2.	Assam	Kamrup District in Guwahati	Phase-V	24.05.2017	Rs 1123 Cr	April, 2021
3.	Bihar	Yet to be decided	Phase-VI	Yet to be obtained	-NA-	Dec, 2022
4.	Gujarat	Yet to be decided	Phase-VI	Yet to be obtained	--NA-	Sept, 2022
5.	Himachal Pradesh	Bilaspur	Phase-V	03.01.2018	Rs 1351 Cr	Sept, 2021
6.	Jammu and Kashmir	Awantipora, Pulwama	Phase-V	Yet to be obtained	-NA-	2024 (Tentative)
7.		Samba	Phase-V	Yet to be obtained	-NA-	2022 (Tentative)
8.	Jharkhand	Deogarh	Phase-VI	Yet to be obtained	-NA-	Sept, 2022
9.	Maharashtra	Nagpur	Phase-IV	07.10.2015	Rs 1577 Cr	Feb, 2020
10.	Punjab	Bathinda	Phase-V	27.07.2016	Rs 925 Cr	April, 2020
11.	Tamil Nadu	Yet to be decided	Phase-V	Yet to be obtained	-NA-	Sept, 2022
12.	Uttar Pradesh	Gorakhpur	Phase-II	20.07.2016	Rs 1011 Cr	March, 2020
13.		Rae Bareli	Phase-II	05.02.2009 (Revised cost estimates approved on 10.07.2017)	Rs. 823 Cr	March, 2020
14.	West Bengal	Kalyani	Phase-IV	07.10.2015	Rs 1754 Cr	Feb, 2020

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

LOK SABHA  
UNSTARRED QUESTION NO. 4665  
TO BE ANSWERED ON 23<sup>RD</sup> MARCH, 2018

UPGRADING OF CGHS COMMUNICATION TECHNOLOGY

4665. SHRI RAMSINH RATHWA:

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

- (a) whether the Government has taken note of inconvenience caused to the beneficiaries due to frequent break down/deficient internet services and obsolete server/computers in Government hospitals/ CGHS dispensaries;
- (b) if so, the details thereof and the reasons therefor;
- (c) the details of the complaints received in this regard, State/UT-wise particularly Delhi during each of the last three years and the current year; and
- (d) the corrective action taken by the Government along with the time by which the heavy duty servers and computers with updated technology are likely to be provided at Government hospitals/CGHS dispensaries?

ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(ASHWINI KUMAR CHOUBEY)

(a) & (b): Yes; some cases of breakdown in connectivity due to technical reasons have been brought to the notice.

(c): Information from all CGHS Cities is being collected and will be laid on the Table of the House.

(d): Following corrective action have been taken by the Government:-

- Old NIC servers of CGHS have been replaced.
- New heavy duty servers have been installed in the year 2016 at Dr. Ram Manohar Lohia Hospital, New Delhi.
- Computer and related accessories with latest technology are being procured on regular basis replacing old/obsolete models.



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

**LOK SABHA.  
STARRED QUESTION NO. 571  
TO BE ANSWERED ON THE 6<sup>TH</sup> APRIL, 2018  
PASSIVE EUTHANASIA**

**\*571. SHRIMATI ANJU BALA:**

**DR. C. GOPALAKRISHNAN:**

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

- (a) whether the Supreme Court has given legal sanction to passive euthanasia;
- (b) if so, the details thereof along with the reaction of the Government thereto;
- (c) whether the Government has finalised a legislation to permit passive euthanasia and if so, the details and the current status thereof;
- (d) whether an Expert Committee constituted for examining euthanasia has given its report and if so, the major recommendations of the Committee; and
- (e) the other steps being taken by the Government in this regard?

**ANSWER**

**THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)**

(a) to (e) : A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 571\* FOR 6<sup>TH</sup> APRIL, 2018

(a) and (b) A five-judge Constitution bench of the Supreme Court, headed by Chief Justice of India Sh. Dipak Misra, in its final judgment on 9<sup>th</sup> March, 2018 in the matter of Common Cause Vs Union of India & Others, has "*laid down the principles relating to the procedure for execution of Advance Directive and provided the guidelines to give effect to passive euthanasia in both circumstances, namely, where there are advance directives and where there are none, in exercise of the power under Article 142 of the Constitution*". The Hon'ble Supreme Court has further directed that "*the directive and guidelines shall remain in force till the Parliament brings a legislation in the field*".

(c) No. The matter regarding formulation of legislation on Passive Euthanasia is under consideration in this Ministry.

(d) and (e) Law Commission, vide its 241<sup>st</sup> Report titled 'Passive Euthanasia-A Relook', proposed for making a legislation on 'Passive Euthanasia' and also prepared a draft Bill, *The medical treatment of terminally ill patients (protection of patients and medical practitioners) Bill*'. This bill has been examined by the Committee of Experts under the Directorate General of Health Services in this Ministry. Major recommendations of the Expert Committee are as below:

- It has proposed only **Passive Euthanasia**.
- No provision for **Active Euthanasia**.
- Provision for a written medical directive given by a competent person called as **Advance Medical Directive**.
- Applicable for patients with **terminal illness**, as defined in the Bill.
- Separate provisions for process of withholding of treatment for **competent and incompetent terminally ill patients**.

The matter regarding formulation of legislation on Passive Euthanasia is under consideration in this Ministry.

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## Chapter 8

# Assurances

**8.1** During the course of reply given to a question or a discussion, if a Minister gives an undertaking which involves further action on the part of the Government in reporting back to the House, it is called an 'assurance'. Standard list of such expressions which normally constitute assurances as approved by the Committee on Government Assurances (CGA) of the respective House, is given at Annex-3. As assurances are required to be implemented within a specified time limit, care should be taken by all concerned while drafting replies to the questions to restrict the use of these expressions only to those occasions when it is clearly intended to give an assurance on the floor of the House.

Definition

**8.2** An assurance given in either House is required to be fulfilled within a period of three months from the date of the assurance. This limit has to be strictly followed.

Time limit for fulfilling an assurance

**8.3** To ensure early fulfillment of assurances, entire process beginning from culling out of assurances from the proceedings of the House to the submission of Implementation Report including extension of time, dropping and transfer of assurances have been automated through a Software Application named "Online Assurances Monitoring System" (OAMS). Requests for extension of time, dropping or transfer of assurances and submission of Implementation Report through any other offline mode shall not be entertained under any circumstances.

Online Assurances Monitoring System (OAMS)

Culling out of Assurances

**8.4** When an assurance is given by a Minister or when the Presiding Officer, directs the Government to furnish information to the House, it is extracted by the Ministry of Parliamentary Affairs, from the relevant proceedings and communicated to the Department concerned online through 'OAMS' normally within 20 working days of the date on which it is given on the floor of the House.

Deletion from the list of assurances

**8.5** If the administrative Ministry/Department has any objection to treating such a statement as an assurance or finds that it would not be in the public interest to fulfill it, it may upload its request at 'OAMS' within a week of treating such statement as assurance for getting it deleted from the list of assurances. Such action will require prior approval of the Minister concerned and this fact should be clearly indicated in their communication containing the request. If such a request is made towards the end of stipulated period of three months, then it should invariably be accompanied with a request of extension of time. The department should continue to seek extension of time till the decision of the Committee on Government Assurances is conveyed through 'OAMS'. Requests received through offline mode shall not be entertained by either Rajya Sabha/Lok Sabha Secretariat or Ministry of Parliamentary Affairs.

Extension of time for fulfilling an assurance

**8.6** If the Department finds that it is not possible to fulfill the assurance within the stipulated period of three months or within the period of extension already granted, it may seek further extension of time as soon as the need for such extension becomes apparent, indicating the reasons for delay and the probable additional time required alongwith details of action taken/progress made in the matter. All such request should be submitted at 'OAMS' for decision by CGA thereon with the approval of the concerned Minister.

Registers of Assurances

**8.7.1** The particulars of every assurance will be entered by the Parliament Unit of the Ministry/Department concerned in a register as at Annex 4 after which the assurance will be passed on to the concerned section

*Assurances*

**8.7.2** Even ahead of the receipt of communication from the Ministry of Parliamentary Affairs through 'OAMS' the section concerned should take prompt action to fulfill such assurances and keep a watch thereon in a register as at Annex 5.

**8.7.3** The registers referred to in paras 8.7.1 and 8.7.2 will be maintained separately for the Lok Sabha and the Rajya Sabha assurances, entries therein being made session-wise.

The Section Officer in charge of the concerned section will:

Role of Section  
Officer and Branch  
Officer

- (a) scrutinize the registers once a week;
- (b) ensure that necessary follow-up action is taken without any delay whatsoever;
- (c) submit the registers to the branch officer every fortnight if the House concerned is in session and once a month otherwise, drawing his special attention to assurances which are not likely to be implemented within the period of three months; and
- (d) review of pending assurances should be undertaken periodically at the highest level in order to minimize the delay in implementing the assurances.

**8.8** The branch officer will likewise keep his higher officer and Minister informed of the progress made in the implementation of assurances, drawing their special attention to the causes of delay.

**8.9.1** Every effort should be made to fulfill the assurance within the prescribed period. In case only part of the information is available and collection of the remaining information would involve considerable time, an Implementation Report(IR) containing the available information should be uploaded at 'OAMS' in part fulfillment of the assurance, within the prescribed time limit. However, efforts should continue to be made for expeditious collection of the remaining information for complete implementation of the assurance at the earliest.

Procedure for  
fulfillment of an  
assurance

**8.9.2** Information to be furnished in partial or complete fulfillment of an assurance should be approved by the Minister concerned before it is uploaded at 'OAMS' in both English and Hindi versions in the prescribed pro forma as at Annex-6 , together with its enclosures. After online submission of the Report for fulfillment of the assurance partial or complete as the case may be, four hard copies each in Hindi and English version with one copy of each version duly authenticated by the officer concerned should be sent to the Ministry of Parliamentary Affairs for laying until e-laying is adopted by the concerned House.

**8.9.3** The Implementation Report should be submitted at 'OAMS' only. Implementation Report sent by any other mode or sent to Rajya Sabha/Lok Sabha Secretariat directly, will not be considered for laying.

Laying of the  
Implementation  
Report on the Table  
of the House

**8.10** The Ministry of Parliamentary Affairs, after scrutiny of the Implementation Report, will arrange to lay it on the Table of the House concerned. A copy of the Implementation Report, as laid on the Table, will be forwarded by Ministry of Parliamentary Affairs to the member(s) concerned. Details of laying of Implementation Report submitted by the Ministry/Department concerned would be made available by the Ministry of Parliamentary Affairs at 'OAMS'. The Parliament Unit of the Ministry/Department concerned and the concerned section will, on the basis of information available at 'OAMS', update their records.

Obligation to lay a  
paper on the Table  
of the House vis-à-  
vis assurance on the  
same subject

**8.11** Where there is an obligation to lay any paper (rule/order/notification, etc.) on the Table of the House and for which an assurance has also been given, it will be laid on the Table, in the first instance, in fulfillment of the obligation, independent of the assurance given. After this, a formal report regarding implementation of the assurance indicating the date on which the paper was laid on the Table will be submitted at 'OAMS' in the prescribed pro forma (Annex-6) in the manner already described in para 8.9.2

*Assurances*

**8.12** Each House of Parliament has a Committee on Government Assurances nominated by the Chairman/Speaker. It scrutinizes the Implementation Reports and the time taken in the fulfillment of Government Assurances and focuses attention on the delays and other significant aspects, if any, pertaining to them. Instructions issued by Ministry of Parliamentary Affairs from time to time as available on 'OAMS' are to be followed strictly.

Committees  
on Government  
Assurances  
RSR 211-A  
LSR 323, 324

**8.13** The Ministries/Departments will, in consultation with the Ministry of Parliamentary Affairs, scrutinize the reports of these two Committees for remedial action wherever called for.

Reports of the  
Committees on  
Government  
Assurances

**8.14** On dissolution of the Lok Sabha, the pending assurances do not lapse. All assurances, promises or undertakings pending implementation are scrutinized by the new Committee on Government Assurances for selection of such of them as are of considerable public importance. The Committee then submits a report to the Lok Sabha with specific recommendations regarding the assurances to be dropped or retained for implementation by the Government.

Effect on assurances  
on dissolution of  
the Lok Sabha



**MINUTES**

**COMMITTEE ON GOVERNMENT ASSURANCES**  
 (2019-2020)  
 (SEVENTEENTH LOK SABHA)  
 SEVENTEENTH SITTING  
 (07.10.2020)

The Committee sat from 1500 hours to 1600 hours in Committee Room "C", Parliament House Annexe, New Delhi.

**PRESENT**

Shri Rajendra Agrawal - **Chairperson**

**MEMBERS**

2. Shri Ramesh Chander Kaushik
3. Shri Kaushalendra Kumar
4. Shri Santosh Pandey
5. Dr. Bharatiben Dhirubhai Shyal

**SECRETARIAT**

1. Shri Pawan Kumar - Joint Secretary
2. Shri Lovekesh Kumar Sharma - Director
3. Shri S.L. Singh - Deputy Secretary

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

1. Shri Rajesh Bhushan - Secretary
2. Shri Alok Saxena - Joint Secretary
3. Shri Mandeep Kumar Bhandari - Joint Secretary

**Ministry of Parliamentary Affairs**

1. Shri P.K. Haldar - Under Secretary

At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them that the sitting has been convened for taking oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare). Thereafter, the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and the Ministry of Parliamentary Affairs were ushered in. Welcoming the witnesses to the sitting of the Committee, the Chairperson impressed upon them not to disclose the deliberations of the Committee to any outsider. The Committee then took oral evidence of the representatives of the

Ministry of Health and Family Welfare (Department of Health and Family Welfare) regarding pending Assurances. The Committee were perturbed to note the long pendency of the Assurances of the Ministry. The Chairperson asked the Secretary, Department of Health and Family Welfare to give an overview of the pending Assurances of the Department and also enquired about the internal mechanism and system of monitoring and reviewing the implementation of pending Assurances in the Department.

2. The Secretary, Ministry of Health and Family Welfare (Department of Health and Family Welfare) accordingly briefed the Committee on the above issues. The Chairperson asked the representatives of the Ministry to furnish the Minutes of their review meetings for monitoring of pending Assurances.

3. The Chairperson and Members thereafter raised various queries and sought certain clarifications on the 20 pending Assurances (Annexure) taken up for the day. The witnesses responded to these queries and also provided clarifications. In view of the explanations submitted by the representatives of the Ministry during the course of oral evidence, the Committee acceded to the request of the Ministry to drop the Assurances mentioned at Sl. Nos. 4, 5,7 and 11. As some queries required detailed reply and inputs from various quarters, the Chairperson asked the witnesses to furnish written replies on the same in due course.

4. The evidence was completed.

5. The Chairperson thanked the witnesses for deposing before the Committee and furnishing the available information on the queries raised and clarifications sought by them.

6. The witnesses, then, withdrew.

7. A verbatim record of the proceedings has been kept.

*The Committee then adjourned.*



**COMMITTEE ON GOVERNMENT ASSURANCES (2019-2020), LOK SABHA**

**Statement of pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare) discussed during oral evidence held on 07.10.2020**

<b>S. No.</b>	<b>SQ/USQ No./Discussion dated</b>	<b>Subject</b>
1.	SQ No. 67 dated 12.11.2010	Review of CGHS Scheme
* 2.	USQ No. 972 dated 29.04.2016	Health Insurance for CGHS Pensioners
3.	Special Mention by Shri Shailendra Kumar, M.P. dated 04.08.2011	Medical Education
4.	USQ No. 3214 dated 19.08.2011	World Bank Health Projects
5.	USQ No. 2034 dated 02.12.2011	Irregularities/Scams in Health Related Schemes
* 6.	USQ No. 2679 dated 09.12.2011	Corruption in MCI And DCI
7.	USQ No. 7421 dated 22.05.2012	Security to Health Scam Inmate
* 8.	USQ No. 1265 dated 18.07.2014	Corruption in MCI
9.	USQ No. 2181 dated 05.12.2014	Abortion by Ayush Practitioners
10.	Calling Attention by Shri P. V. Midhun Reddy, M.P. dated 15.12.2014	Situation Arising out of Food Adulteration in the Country
11.	USQ No. 5635 dated 28.04.2015	Consumer Rights
* 12.	SQ No. 50 dated 18.11.2016	Setting Up of New AIIMS Like Institutions/Hospitals
* 13.	USQ No. 2823 dated 02.12.2016	Balanced Diet
14.	USQ No. 269 dated 03.02.2017	Abortion by Ayush Practitioners
15.	SQ No. 340 dated 24.03.2017	Medical Termination of Pregnancy Act, 1971
16.	USQ No. 1100 dated 21.07.2017	Amendment of MTP Act
* 17.	SQ No. 423 dated 31.03.2017 (Supplementary by Shri N.K. Premachandran, M.P.)	Communicable and Noncommunicable Diseases

A Supplementation Report laid on 11-02-2021.

18.	SQ No. 104 dated 09.02.2018	Status of New AIIMS
* 19.	USQ No. 4665 dated 23.03.2018	Upgrading of CGHS Communication Technology
20.	SQ No. 571 dated 06.04.2018	Passive Euthanasia

\* Supplementation Report laid on 11.2.2021.

**MINUTES**

COMMITTEE ON GOVERNMENT ASSURANCES  
(2020-2021)  
(SEVENTEENTH LOK SABHA)  
THIRD SITTING  
(19.01.2021)

The Committee sat from 1500 hours to 1630 hours in Committee Room 'D', Parliament House Annexe, New Delhi.

**PRESENT**

Shri Rajendra Agrawal - **Chairperson**

**MEMBERS**

2. Shri Nihal Chand Chauhan
3. Shri Ramesh Chander Kaushik
4. Shri Kaushalendra Kumar
5. Shri Santosh Pandey
6. Shri Pashupati Kumar Paras
7. Shri M.K. Raghavan

**SECRETARIAT**

1. Shri Pawan Kumar - Joint Secretary
2. Shri Lovekesh Kumar Sharma - Director
3. Shri S.L. Singh - Deputy Secretary

**XXXXX      XXXXX      XXXXX      XXXXX      XXXXX      XXXXX**

At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them regarding the day's agenda.

2. Thereafter, the Committee considered and adopted the following Eight (08) Draft Reports without any amendments and authorized the Chairperson to present the same:

- (i) Draft Thirty-fifth Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Acceded to)';
- (ii) Draft Thirty-sixth Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Not Acceded to)';
- (iii) Draft Thirty-seventh Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)';

- (iv) Draft Thirty-eighth Report (17th Lok Sabha) regarding 'Review of Pending Assurances Pertaining to the Ministry of Rural Development (Department of Land Resources)';
- (v) Draft Thirty-ninth Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Acceded to)';
- (vi) Draft Fortieth Report (17th Lok Sabha) regarding 'Requests for Dropping of Assurances (Not Acceded to)';
- (vii) Draft Forty-first Report (17th Lok Sabha) regarding 'Review of Pending Assurances of 13<sup>th</sup> Lok Sabha; and
- (viii) Draft Forty-second Report (17th Lok Sabha) regarding 'Review of Pending Assurances of 14<sup>th</sup> Lok Sabha'.

XXXXX      XXXXX      XXXXX      XXXXX      XXXXX      XXXXX  
 XXXXX      XXXXX      XXXXX      XXXXX      XXXXX      XXXXX

*The Committee then adjourned.*

**COMPOSITION OF THE  
COMMITTEE ON GOVERNMENT ASSURANCES\*  
(2019 - 2020)**

**SHRI RAJENDRA AGRAWAL**

Chairperson

**MEMBERS**

2. Shri Sudip Bandyopadhyay
3. Shri Nihal Chand Chauhan
4. Shri Gaurav Gogoi
5. Shri Nalin Kumar Kateel
6. Shri Ramesh Chander Kaushik
7. Shri Kaushalendra Kumar
8. Shri Ashok Mahadeorao Nete
9. Shri Santosh Pandey
10. Shri Pashupati Kumar Paras
11. Shri Parbatbhai Savabhai Patel
12. Shri M.K. Raghavan
13. Shri Chandra Sekhar Sahu
14. Dr. Bharatiben Dhirubhai Shyal
15. Smt. Supriya Sule

**SECRETARIAT**

1. Shri Pawan Kumar - Joint Secretary
2. Shri Lovekesh Kumar Sharma - Director
3. Shri S. L. Singh - Deputy Secretary

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\* The Committee was constituted w.e.f. 09 October, 2019 *vide* Para No. 609 of Lok Sabha Bulletin Part-II dated 09 October, 2019

