

reduction in maternal mortality namely Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres for 24 x 7 services; Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health and Nutrition Day at Anganwadi Centers; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women; Strengthening of Health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery.

There is no new scheme proposed for proper health check-up of pregnant women. However, proper check up of the pregnant women is a part of Quality Ante Natal Care which includes physical examination, laboratory investigations, 2 doses of T.T Injection and consumption of IF A tablets for 100 days. At least 4 such ANC's are already an important component of Maternal Health Strategy being implemented under NRHM/RCH-II programme.

Primary Health Centres at Nandala

2364. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) what are the detailed guidelines for establishing Primary Health Centres (PHCs) in States;
- (b) what basic facilities are essentially provided to the patients at these centres under NRHM;
- (c) what is the distance norm for opening these centres in plain and hilly areas;
- (d) whether it is a fact that the PHC established in Jagla of Shimla District in Himachal Pradesh is far away from at Nandala; and
- (e) whether Government would consider opening a sub-centre of this PHC at Nandala to meet the urgent need of villagers?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Indian Public Health Standards (IPHS) for Primary Health Centres (PHCs) lay down Standards for personnel, physical infrastructure, for delivery of services, management etc. The details are available on this Ministry's official web site www.mohfw.nic.in.

Primary Health Centres are established based on the population norms, case load/work load and distance. The population norms for PHC are 30,000 for Plain Area and 20,000 for Hilly/Tribal area. However, no specific norms are available for distance, caseload/workload. It is actually for the State to decide on the basis of their specific need and urgency for these centres.

(d) The existing PHC Jangla is situated at 2 Kms distance from Nandla and there is Health Sub Centre at village Kulgaon, which is one and half Kms from village Nandla.

(e) Not for present.

Private practice by Government doctors

†2365. SHRI GANGA CHARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that doctors of Government hospitals in the country are doing private practice and running their own nursing homes instead of providing their services in hospitals;

(b) if so, the number of doctors identified by Government so far who are running their own nursing homes or doing private practice even being in Government service, the details thereof, State-wise; and

(c) the action being taken by Government against the doctors doing private practice?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Two complaints regarding Government doctors doing private practice have been received in the Ministry. Preliminary enquiries were made in both the complaints. However, the allegations could not be substantiated.

(c) As per Central Health Services Rules, 1996, CHS doctors are not allowed private practice of any kind.

AIIMS like institution in Bundelkhand

†2366. SHRI GANGA CHARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is an acute shortage of health services in backward areas of the country and whether Government is going to establish institutes like AIIMS in backward areas; and

(b) if so, whether Government has any plan to establish institutes like AIIMS in backward areas like Bundelkhand?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The provisioning of health services is the responsibility of respective State Governments. The Government of India is augmenting the efforts of State Government through the NRHM, PMSSY and other programmes.

†Original notice of the question was received in Hindi.