

charge from CGHS beneficiaries only as per prescribed package rate. Indraprastha Apollo Hospital is not empanelled under CGHS and as such are not bound by MoA.

Health care infrastructure in Assam

3747. SHRI KUMAR DEEPAK DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the rural health care infrastructure is lagging in Assam;

(b) whether Government is also aware that there are lack of doctors and there are frequent complaint of sub-standard medicines supplied in the Government rural health care centres;

(c) if so, the details thereof;

(d) whether Supreme Court has expressed concern over functioning of such rural health care centres; and

(e) if so, the details thereof and the steps proposed by Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the Bulletin on Rural Health Statistics in India, 2008 (updated to March, 2008), there are a total of 4592 Sub Centres [SC], 844 Primary Health Centres and 103 Community Health Centres [CHC] functioning in Assam. As per the summary of facility survey conducted by the Government of Assam, there is a considerable improvement in key indicators of health infrastructure *i.e.* man power, infrastructure, equipment, drugs, furniture etc. There are 18 surplus Primary Health Centres [PHC] in Assam. However, there is a shortage of 471 SCs and 103 CHCs in Assam.

(b) and (c) There is a shortfall of 47 Specialists at CHCs and 436 Doctors at PHCs in Assam. No such complaint of sub standard medicines supplied by the Government has been received so far by the Government of Assam.

(d) No observation has come to the notice of the Government over the functioning of Rural Health care System in any order of the Hon^{ble} Supreme Court. There was, however, coverage in the Newspapers regarding remarks of learned judges.

(e) The endeavor of the Government through NRHM is to provide accessible, affordable, and quality health care to rural population, especially to the vulnerable section wherein upgradation/strengthening/establishment of new SCs PHCs and CHC is an ongoing process depending upon the need on the basis of population, case load and distance. The need is projected by the State/UT Governments in their annual Programme Implementation Plan [PIP]. Funds are released to them as per the approval of National Programme Coordination Committee [NPCC].

Infant mortality in Jharkhand

3748. SHRI PARIMAL NATHWANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: