State subject. However, post of pharmacists in Central Government Hospitals is a Group 'C' Non-Gazatted post.

(b) to (d) As far CGHS is concerned promotional avenues for pharmacists (where the ratio of pharmacists and Senior Pharmacists are 75:25) are available and financial upgradation to eligible pharmacists are also granted under Modified Assured Career Progression Scheme (MACPS).

Recognition of electro homoeopathy

†1598. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Supreme Court had decreed to make a law for giving recognition to Electro Homoeopathy;

(b) if so, the reasons for not giving it recognition so far, and the time by when recognition thereto will be given by Government;

(c) whether it is also a fact that this form of treatment has got recognition in other countries of the world like Italy and treatment is carried out there; and

(d) if so, the reasons for recognizing Homoeopathy that originated in Germany and not recognising the scientific Electro Homoeopathy originated in Italy?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No.

(b) Does not arise.

(c) and (d) The matter for grant of recognition to the various streams of alternative medicines was considered by a Committee of Experts under the Chairmanship of Director General, Indian Council of Medical Research and the Committee did not recommend recognition of Electro-Homoeopathy.

Review of National Population Policy-2002

1599. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that the population problem is enormously neglected;

(b) whether Government feels it necessary to have a second look at the National Population Policy-2002 with intention to make it a national campaign; and

(c) if so, what steps would be immediately taken to ensure that the population is brought under control?

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† Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) No, Sir. The Family Welfare Programme in India is voluntary in nature, which enables a couple to adopt the family planning methods, best suited to them according to their choice, without any compulsion.

India adopted a comprehensive and holistic National Population Policy (NPP), 2000, with clearly articulated objectives, strategic themes and operational strategies. The National Population Policy, 2000 provides a policy framework for advancing goals and prioritising strategies to meet the reproductive and child health needs of the people and to achieve net replacement level i.e. Total Fertility Rate (TFR) of 2.1 by 2010. It is Cased upon the need to simultaneously address issues of child survival, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services with government, industry and the voluntary non-government sector, working in partnership.

In line with the National Population Policy, 2000 the Government has launched the National Rural Health Mission (NRHM) on 12th April, 2005 throughout the country. Population stabilization is one of the objectives of NRHM. It provides a thrust for reduction of child and maternal mortality and reduces the fertility rates. The approach to population stabilization is through providing quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for these services, while ensuring full reproductive choices to women. The strategy also is to promote male participation in Family Planning. The approach of the government under NRHM is to provide quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for reproductive health services which includes delivery safe abortions, treatment of reproductive tract infections and Family Planning Services. The NRHM also includes the second phase of Reproductive and Child Health Programme (RCH. II), which intends to improve the performance of family welfare by reducing total fertility rate, maternal and infant morbidity and mortality, and unwanted pregnancies.

The following steps are being taken to stabilize population:-

i) National Family Planning Insurance Scheme has been started since November, 2005 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.

ii) Compensation Package for Sterilization was increased In September, 2007 in family planning i.e. in Vasectomy from Rs.800/- to Rs.1500/- and tubectomy from Rs.800/- to Rs.1000/- in public facilities and to a uniform amount of Rs.1500/- in accredited private health facilities for all categories in all States for vasectomy.

iii) Specific action points/strategies have been incorporated in the States Project Implementation Plans (PIPs) under NRHM to address the up-gradation of Family Planning Services.

iv) Promoting acceptance of No Scalpel Vasectomy to ensure male participation.

v) Promoting IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.

vi) Fixed day Fixed Place Family Planning Services round the year made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.

vii) Increasing the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme. The outreach activities through the institution of ASHAs and Monthly Health and Nutrition Days under NRHM have also helped.

Sickle Cell Anaemia

1600. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether June 19, 2009 was remembered as World Sickle Cell Anaemia Awareness Day in the world to deal with the disease, an inherited condition that affects hundreds of thousands of babies born each year, mostly in low and middle income countries;

(b) if so, whether Government is aware that in India thousands of tribal children born with this disease and die due to unawareness;

(c) whether Government has made survey of tribal population of entire country having symptoms and traits of this disease; and

(d) if so, the details thereof, State-wise and the number of deaths recorded during the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Yes, Madam. Indian Council of Medical Research (ICMR) has been supporting research in this area in its own Institutes and other research institutions for over two decades. Council has recently completed a multicentric study on primitive tribal populations of four States i.e Gujarat, Orissa, Maharashtra and Tamil Nadu. It was reported from the study that the sickle cell gene was present in all the tribal groups. Among the tribal groups, the prevalence of sickle cell gene was found to be very high (21.9%) in Paniyas from Nilgiris (Tamil Nadu) and very low (1.1%) in Didayis from Orissa. Information regarding death records is maintained by the State Governments.

Child mortality rate

1601. SHRIMATI T. RATNA BAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 54 children out of every 1000 children die before attaining one year due to many reasons;