

(b) if so, the reasons therefor and by when doctors are likely to be posted there; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Since the superannuation of last incumbent on 31.1.2007, one Ayurvedic doctor has been posted to Ayurvedic Unit, Gurgaon but till date he has not reported for duty.

### **Infrastructure development for Bihar**

†4035. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the facilities which should be provided at village level under National Rural Health Mission;

(b) the efforts being made to strengthen basic infrastructure of primary health centres;

(c) the arrangement being made for deployment of women doctors; and

(d) the amount sanctioned under the said scheme to the State of Bihar?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) (i) Under the National Rural Health Mission a trained female community health worker —ASHA— is being provided in each village in the ratio of one per 1000 population. ASHAs would reinforce community action for universal immunization, safe delivery, newborn care, prevention of water-borne and other communicable diseases, nutrition and sanitation. She will also help the villagers promote preventive health by converging activities of nutrition, education, drinking water, sanitation etc. ASHAs would also provide immediate and easy access for the rural population to essential health supplies like ORS, contraceptives, a set of ten basic drugs and she would have a health communication kit and other IEC materials developed for

†Original notice of the question was received in Hindi.

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village. (ii) At present Health Day's are organized every month at the Anganwadi level in each village in which immunization, ante/post natal check ups and services related to mother and child health care including nutrition are being provided. (iii) Apart from this, Village Health and Sanitation Committee (VHSC) is being constituted at the village level comprising of PRI representatives, NM, AWW and ASHA. A revolving fund would be set up at the village level for providing referral and transport facilities for emergency deliveries as well as immediate financial needs for hospitalization. The fund would be operated by the VHSC.

(b) To strengthen the basic infrastructure of primary health centres, NRHM has a provision for undertaking civil works for construction/renovation of existing primary health centres (with a ceiling of 33% of the annual plan for high focus States like Bihar). Apart from the NRHM provides for hiring of two additional staff nurses on contractual basis for making the PHC functional 24x7, upgradation of all PHCs to IPHS level by 2010 and co-location of AHUSH facilities at PHC level.

(c) There is shortage of all categories of doctors including women doctors in the state. To fulfill the gap, doctors are being appointed on contractual basis and preference is being given to women doctors for appointment in the field of Gynaecology.

(d) For undertaking the new initiatives envisaged under NRHM, the State of Bihar was sanctioned Rs. 6837 and Rs. 12578.70 lakh in 2005-06 and 2006-07 respectively under NRHM flexible pool.

### **National Health Policy, 2002**

4056. SHRI TARINI KANTA ROY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the present status of implementation of National Health Policy, 2002 in different States; and

(b) whether there is any regulatory authority to control the private hospitals and clinics?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a ) The main objective of the National Health Policy—2002 (NHP-2002), is to achieve an acceptable standard of good health amongst the general population of