

(c) Persons at risk of stroke include the elderly and those persons with high blood pressure, diabetes, obesity and hypercholesterolemia. Smoking, physical inactivity and stress are also contributory factors to stroke proneness.

(d) No.

#### **Medical colleges run by corporate hospital chains**

3462. SHRI D. RAJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the corporate hospital chains have been allowed to set up medical colleges as per a notification issued by Medical Council of India (MCI);

(b) if so, the details thereof;

(c) whether any relaxation has been made in the requirement norms for getting sanction from Government to set up new medical colleges; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Yes.

(b) The Medical Council of India Regulations *vide* notification dated 01st December, 2008 have been amended allowing companies registered under Company Act to open medical colleges. The permission shall be withdrawn if the colleges resort to commercialization.

(c) and (d) To facilitate setting up of more medical colleges without diluting the standards, the Government has revised has norms in the Medical Council of India Regulations by rationalizing land requirements from 25 acres to 20 acres.

In metropolitan and A-grade cities, the land requirements is 10 acres with the permissible FAR norms.

In the case of notified tribal areas, NE States, Hill States and Union Territories of Andaman and Nicobar Islands, Lakshadweep, Dadra and Nagar Haveli and Daman and Diu, two parcels land are allowed with a distance of not more than 10 kms separating them. Bed strength and bed occupancy norms have also been relaxed in respect of these areas.

#### **Shortage of doctors in rural areas**

3463. SHRI P.R. RAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is a chronic shortage of doctors in rural parts of the country for the last many decades;

(b) if so, the details of steps taken to curb population growth and expanding health care needs for the last three years, year-wise;

(c) whether there is any proposal to create a dedicated cadre of rural healthcare workers as on today; and

- (d) if so, the details thereof and the present status of the same?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) As per the Bulletin on Rural Health Statistics in India [updated upto March, 2008], there is shortfall of 3537 doctors at Primary Health Centres and 11033 Specialists at Community Health Centres.

(b) The steps taken in pursuance of the objectives of National Population Policy 2000 under National Rural Health Mission [NRHM] and Jansankaya Sthirata Kosh [JSK] to the growth of population are given in the Statement.

(c) to (d) Human resource engagement is a major thrust area under NRHM and is priority being pursued with the States/UT Governments. This include multi-skilling of doctors and para-medics, provisions of incentives, to serve in rural areas like blended payments, difficult areas allowances, PG allowance, case based payments, improved accommodation arrangements, provision of AYUSH doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non government sector for underserved areas, provisioning of untied and flexible funds etc. Under NRHM, as per information received from States, 2460 specialists and 8624 General Duty Medical Doctors have been appointed on contractual basis across the country.

#### ***Statement***

##### *Steps taken under National Population Policy, 2000*

The following initiatives have been taken in pursuance of the objectives of National Population Policy 2000 under National Rural Health Mission (NRHM) and Jansankaya Sthirata Kosh (JSK) to check the growth of population:—

- (i) Fixed day, Fixed Place Family Planning Services round and year encouraged through growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.
- (ii) Increase the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme.
- (iii) Compensation Package for Sterilization was increased in September, 2007 *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.
- (iv) Promotion of Intra Uterine Device (IUD) 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.
- (v) No Scalpel Vasectomy is also encouraged to ensure male participation.
- (vi) National Family Planning Insurance Scheme was started since November, 2005 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.

- (vii) The outreach activities have been taken up through the institution of ASHAs and Monthly Village Health and Nutrition Days under NRHM.
- (viii) The Prerna strategy (Responsible Parenthood Practices) of Jansankhya Sthirata Kosh (JSK) aims at promotion of delayed marriage (after the legal age) among girls, by rewarding and publically honouring the women who marry after the legal age and ensure proper spacing in the birth of their children.
- (ix) The Santushti strategy provides private sector gynaecologists and vasectomy surgeons an opportunity to conduct sterilization operations in Public Private Partnership (PPP).
- (x) A Call Centre operated by JSK on Reproductive, Family Planning and Child Health provides guidance/authentic information on issues related to reproductive and child health.

#### **Training for ASHA**

‡3464. SHRI KAPTAN SINGH SOLANKI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the Accredited Social Health Activist (ASHA) workers working under National Rural Health Mission are not efficient in their work;
- (b) if so, whether Government is formulating any scheme for providing them with proper training;
- (c) if so, the details thereof;
- (d) whether these workers do not also behave properly with the villagers; and
- (e) whether Government has received such type of complaints and, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) No.

(b) and (c) Training of ASHAs is an ongoing process. They undergo training every year to improve their skills as Community Health Workers.

- (d) No.
- (e) No.

#### **CGHS beneficiary status for Delhi Government employees**

3465. PROF. ANIL KUMAR SAHANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of orthopaedic patients registered in Central Government hospitals, Delhi Government hospitals and private hospitals on the panel of Central Government Health Scheme (CGHS);
- (b) whether there is any substitute of ordinary chunna plaster;

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‡Original notice of the question was received in Hindi.