

- IV. Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
- V. Organizing Village Health and Nutrition Day at Anganwadi Centers.
- VI. Appointment of an Accredited Social Health Activist to facilitate accessing of health care services by the community including pregnant women.
- VII. Strengthening of Health Facilities like District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.
- VIII. Introducing a System of maternal deaths review.

Reshuffling of the MCI

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

- (a) whether Government is reshuffling the Medical Council of India (MCI);
- (b) if so, the details thereof; and
- (c) the present status thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Medical Council of India (MCI) has been superseded through an Ordinance promulgated on 15th May, 2010. Subsequently, Government has constituted a six member Board of Governors for executing the functions of Medical Council of India with effect from 15th May, 2010.

Implementation of COTPA, 2003

946. SHRI THOMAS SANGMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the National Tobacco Control Programme (NTCP) was launched in 42 districts of the country for effective implementation of Cigarettes and other Tobacco Product Act (COTPA), 2003;
- (b) if so, the steps taken to implement the components of NTCP;
- (c) whether there are any plans to upscale the programme in the Twelfth Five Year Plan;
- (d) if so, the details thereof along with the steps been taken by NTCP to improve compliance of COTPA;
- (e) whether Government intends to cover all the districts across the country under NTCP and to increase the budget allocated to NTCP in future; and
- (f) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes.

(b) The Ministry of Health and Family Welfare launched the National Tobacco Control Programme (NTCP) in the Eleventh Five Year Plan to facilitate the implementation of Tobacco Control Laws and create awareness about the harmful effects of Tobacco in 42 Districts of 21 States of the country. (i) A comprehensive mass media campaign at national level, through both electronic and print media has been undertaken to bring awareness and for behaviour change about health effects of tobacco products.

(ii) The State and district level components of NTCP have been integrated within the NRHM framework as part of the State health care delivery mechanism. Dedicated State and district tobacco control cells have been established for effective implementation and monitoring anti-tobacco initiatives.

(iii) One apex and five research laboratories for testing tobacco products have been identified to build regulatory capacity.

(iv) Mainstreaming of research and training on alternate crops and livelihoods with other nodal ministries.

(v) Monitoring and evaluation including surveillance activities have been undertaken e.g. adult tobacco survey.

(c) to (f) No such decision has been taken.

Beneficiaries of RSBY

947. SHRI BHAGAT SINGH KOSHYARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of individuals which are covered under the Rashtriya Swasthya Bima Yojana (RSBY) in the country, State-wise;

(b) the number of individuals benefited from the RSBY, State-wise;

(c) whether RSBY requires a district to have a minimum level of medical facilities before covering it;

(d) if so, the details thereof; and

(e) what steps Government would take for those districts that do not have basic medical facilities in order to provide treatment?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The number of BPL families covered and persons benefited from RSBY is given in the Statement (See below).

(c) to (e) Hospitals and other health facilities with desired infrastructure for inpatient and day care services are empanelled by Insurance Companies. All Government hospitals (including Community Health Centers) and ESI hospitals can be empanelled provided they possess the facilities of Telephone/Fax, 64KBPS connectivity and machine to read and manage smart card transactions.

The criteria for empanelling private hospitals and health facilities is that the hospitals should have at least 10 inpatient medical beds for primary inpatient health care. The requirement of