

(b) whether the established guidelines had been followed thoroughly while being given recognition to these colleges;

(c) whether Government is considering to review the matter of recognition given to medical colleges during the tenure of the ex-Chairman of the MCI; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) As per information provided by Medical Council of India (MCI), 20 medical colleges were considered by MCI for recognition during the tenure of Ex-Chairman of MCI. Out of these, 17 medical colleges have been recognized under Section 11(2) of Indian Medical Council Act, 1956 and rest 03 medical colleges on each in Andhra Pradesh, Karnataka and Maharashtra are to be reconsidered by the newly constituted Board of Governors, MCI.

#### **Healthcare facilities in LWE Districts**

942. MS. MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Ministry has any special package to cater to the needs of health in tribal areas particularly 34 Left Wing Extremism (LWE) affected districts;

(b) whether the Ministry is aware that there are no community health centres or medical staff in most of the tribal blocks; and

(c) in what manner Government proposes to overcome these problems of construction of Community Health Centres (CHCs), Primary Health Centres (PHCs) and the lack of staff in these naxal affected blocks and ensure health care for the population of the area?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes, special packages have been incorporated in respective State Programme implementation Plans for providing healthcare to the people in the tribal areas particularly in 34 Left Wing Extremism (LWE) affected districts in the form of monetary incentives, performance incentives and award for working in Difficult Areas.

Also non monetary incentives such as preferential postings for Medical Officers mandatory postings and Post Graduate Linkages for Medical Officers such as Preference for Post Graduate for 5 years service in tribal/difficult area are in place in some States to address the shortage of doctors in difficult areas and LWE affected block.

(b) and (c) It is a mandate of National Rural Health Mission to ensure availability of health infrastructure like Community Health Centres, Primary Health Centres and Sub Centres to ensure health care services in the tribal areas and naxal affected blocks.

#### **Service tax on cashless mediclaim facility**

943. MS. SUSHILA TIRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the patients availing cashless mediclaim facility have to bear service tax of more than 10 per cent in every claim; and

(b) if so, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the provisions of the Finance Act, 2010, Service Tax of 10.3% has been made applicable *w.e.f.* 01.7.10 on all payments of hospitals, nursing homes, multi specialty clinics where payment is made directly by the insurance companies on behalf of a person covered under health insurance policies by offering cashless facility.

(b) This tax addition has been affected due to amendment of the Act.

#### **Mother safety in India**

†944. SHRI AVINASH RAI KHANNA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a survey report has come to the notice of Government which says that India is not a safe place for 'mothers';

(b) whether it is a fact that out of 77 countries India ranks at 73rd place in this report of child organisation 'save the children'; and

(c) if so, the plan of Government thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The relative position of countries in respect of healthcare and well being of the mothers has been examined in the report titled Women on the Frontlines of Health Care — State of the World's Mothers — 2010 published by 'Save the Children' a world leading independent international organisation for children. As per this report, India ranks 73 out of the 77 countries belonging to the Group of Less Development Countries.

(c) Government of India (GOI) has launched the National Rural Health Mission (NRHM) in the year 2005, with special emphasis on improving the health status of rural population throughout the country. Under the NRHM (2005-2012) and the Reproductive Child Health Programme, the GOI is strengthening services so as to bring reduction in maternal mortality ratio and to achieve the aim of population stabilisation. The key interventions include the following:—

- I. Janani Suraksha Yojana, a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line and Scheduled Caste/Scheduled Tribe pregnant women.
- II. Operationalizing Community Health Centres as First Referral Units and Primary Health Centres for round the clock (24x7) services for maternal and child health.
- III. Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance, Training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section.

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†Original notice of the question was received in Hindi.