

- Provision of Ante-natal and Post Natal Care services for pregnant and lactating women.
- Iron and Folic Acid Supplementation for prevention and treatment of anemia to pregnant and lactating women.
- Organizing Village Health and Nutrition Days in rural areas as an outreach activity every month at Anganwadi centers for provision of maternal care including counseling of pregnant women.
- Engagement of an Accredited Social Health Activist (ASHA) in the villages to facilitate accessing of health care services by the community, particularly pregnant women.
- Establishing Referral systems including emergency referral transport, for which the States have been given flexibility to use different models.

The Ministry of Labour and Employment is responsible for implementation of certain schemes to provide Social Security to working women in the organised sector which includes providing Maternity Benefit under the Maternity Benefit Act, 1961. Under this Act, maternity leave for a maximum period of twelve weeks is provided to women workers, subject to fulfilment of certain conditions during the period when they are out of employment on account of pregnancy.

Under the policy and rules framed by the Department of Personnel and Training, female employees of the Central Government may be granted maternity leave by the competent authority for a period of 180 days from the date of its commencement subject to fulfilment of certain conditions during the period of pregnancy.

Installation of E.I.S. system in PHCs

3012. SHRI MANGALA KISAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- whether Government is aware of the new technologies like Electro Interstitial Scanner (EIS) System which can help to revolutionise health care in rural areas;
- whether Government proposes to install such EIS scanning machines in all Primary Health Centres (PHCs) covered under the National Rural Health Mission (NRHM);
- whether such machines can help in early diagnosis and prognosis of diseases saving huge time and resources in tertiary care hospitals and have been approved by the US Food and Drug Administration (FDA) for usage in developed countries;
- by when Government would introduce such schemes as mandatory under NRHM;
- if so, the details thereof; and

(f) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (f) Under the National Rural Health Mission up-gradation of health facilities at various levels including installation of equipments is included by the States/Union Territories in their Annual Programme Implementation Plans (PIPs). The PIPs are prepared by the States/UTs based on the felt needs and priorities. The PIPs are examined in the Ministry and funds are released to the States/UTs for up-gradation works as per approval of the National Programme Co-ordination Committee (NPCC). So far no proposal has been received from any State/Union Territory Government for installation of Electro Interstitial Scanner (EIS) System under NRHM.

Bill on Bio Medical Research of Human Participants

3013. SHRI B.S. GNANADESIKAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the revised draft Bill of Bio Medical Research of Human Participants (Promotion and Regulations) has been finalized by the Indian Council of Medical Research (ICMR);

(b) if so, whether the revised bill will protect the human subjects used in any form of scientific research and increase the penalty for violation of ethical guidelines and the maximum penalty from Rs. one lakh and six months imprisonment to Rs. 10 lakhs and an imprisonment between five to ten years; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No, the Draft Bill of Bio Medical Research on Human Participants on Human Participation (Promotion and Regulation) has not been finalized.

(b) and (c) Do not arise.

Survey on extent of spurious drugs in the country

3014. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether to assess the extent of spurious drugs in the country, a country wide survey has been undertaken by the Ministry through CDSCO, if so, its outcome;

(b) whether Indian Pharma Industry estimate is that 20-25 per cent is share of spurious drugs in annual turnover of Rs. 85,000 crore;

(c) if so, what is Government's reaction thereto;

(d) how many FIRs have been registered, since 5 December, 2008, whence offences under the Drugs and Cosmetics (Amendment) Act, 2008, have become cognizable and non bailable;