

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) and (b) No. The outbreak of Crimean Congo Haemorrhagic Fever (CCHF) is only reported from the State of Gujarat in January, 2011 .

(c) and (d) As on 14.02.2011, there had been 9 laboratory confirmed cases of which two died.

(e) and (f) Yes. A six member team was deputed to the State of Gujarat by Ministry of Health and Family Welfare. The team visited the affected areas from 20-23 January, 2011. Based on the laboratory report of National Institute of Virology, Pune, the central team concluded that the outbreak is caused by Crimean Congo Haemorrhagic Fever (CCHF) virus and it is present in the environment in ticks and cattles. The team recommended isolation and treatment of cases following universal precautions, management of cases as per the clinical case management protocol, surveillance in the affected area to detect new cases, surveillance among domestic animals, residual spray and other ante-tick control measures including personal protection measures.

Success of family planning programme

85. DR. JANARDHAN WAGHMARE : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the family planning programme in the country has been successful as per the prescribed target fixed in this regard;

(b) if not, the reasons therefor and the reaction of Government thereto;

(c) whether Government proposes to reconsider the scheme;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) and (b) Family Planning Programme in India is target free and voluntary in nature and as such no target is prescribed.

The program has come a long way. While 14 States have already achieved the replacement level *i.e.* Total Fertility Rate (TFR) of 2.1, 12 States have TFR between 2.1 and 3 and 9 States (Bihar, UP, Rajasthan, MP, Jharkhand, Chhattisgarh, Meghalaya, Nagaland and D & N Haveli) have TFR of more than 3.

A number of factors that include lack of adequate education and vocational training opportunity for girls, social-culture issues leading to early marriage and, multiple pregnancy, poverty, etc. have an impact on population stabilization programme.

(c) to (e) The Ministry is taking several steps to encourage Family Planning in the country, Some of which are as under:-

1. Compensation package substantially enhanced for acceptors and providers of sterilization services:
 - Enhanced quantum of increase of compensation for vasectomy clients as compared to tubectomy to give a boost to the NSV programme.
 - Compensation to all categories of service providers.
2. Provision for accreditation of private providers for sterilization services with a healthy substantial monetary package of Rs.1500 per case.
3. Assurance quality in sterilization services in the wake of orders of the Supreme Court directing the Government of India and the States to have QACs (Quality Assurance Committees) at State and district levels.
4. Operationalising the fixed day, static services in family planning throughout the year in the upgraded DH/FRUs/CHCs/24x7 PHCs in the States.
5. Revising camp approach in sterilization services.
 - Rs.35000 for a camp in vasectomy where around 50 to 100 cases are expected to be performed
 - Rs.15000 for a camp in tubectomy where around 100 cases are expected to be performed.
6. Comprehensive mass media awareness campaign through electronic and print media.

Opening of new medical colleges in Rajasthan

86. SHRI RAMDAS AGARWAL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposes to open hospitals on the lines of the All India Institute of Medical Sciences (AIIMS) and PGI, Chandigarh in Rajasthan;

(b) if so, by when; and