

India. The funding of the ongoing phase-I trials is from IAVI and not from Government funds.

Department of Biotechnology, Govt. of India has given Rs. 104.88 Lakhs for the Jai Vigyan Mission and Rs. 90.08 Lakhs to the Indo-US Vaccine Action Programme.

Health Infrastructure in Punjab and Maharashtra

71. SHRI DARA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of Central Government Schemes to develop infrastructure relating to health in rural areas of Punjab and Maharashtra;

(b) whether any special scheme has been formulated, so far, to provide medical facilities at a cheaper rate in view of economic conditions of rural poor; and

(c) what are the likely salient features thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The number of Sub-centres, Primary Health Centres and Community Health Centres in Maharashtra are 9727, 1780 and 382 respectively. The numbers in the State of Punjab are 2852, 484 and 117 respectively, as on September, 2005, as per the information received from concerned States. Under the recently launched National Rural Health Mission, it is proposed to consider sanctioning of new Sub-centres as per 2001 population norms, and upgrading the existing sub-centres, including buildings for sub-centres functioning in rented premises.

One of the key strategies of the NRHM is to support upgradation of all Community Health Centres to function as First Referral Units (FRUs) as per the Indian Public Health Standards. The funds for an amount of Rs. 20 lakhs per CHC for 2 CHCs per district have been released, in the current financial year, 2005-06.

It also seeks to strengthen these centres for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS). The IPHS for Primary Health Centres and the Sub-centres are also being finalized.

[17 February, 2006]

RAJYA SABHA

(b) and (c) Yes, Sir. Under NRHM, a number of initiatives to provide medical facilities to rural areas are being undertaken such as, provision of Accredited Social Health Activist (ASHA) for every village/large habitat, in 18 high focus States, strengthening of Sub-centres through provision of united funds, strengthening of Primary Health Centres by up-gradation of PHCs for 24-hours referral service and AYUSH practitioners in PHC, strengthening of Community Health Centres by operationalizing them as 24-hours FRUs and upgradation to Indian Public Health Standards, provision of a Mobile Medical Unit per district to all the States/UTs in the country, provision of assured healthcare at reduced financial risks through pilots of Community Health Insurance under the Mission and Public-Private partnership in health sector, including regulation of private sector.

Janani Suraksha Yojana (JSY) provides for cash incentives to pregnant women belonging to families Below Poverty Line (BPL) if they deliver at a health centre/hospital. Adequate provision for transport assistance has also been made under the scheme.

Levy of user charges by AIIMS

72. SHRI MANOJ BHATTACHARYA:
SHRI KARNENDU BHATTACHARJEE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recently permitted the All India Institute of Medical Science (AIIMS) to levy user charges for tests and medical investigations by the members of the general public;

(b) if so, the details thereof and the reasons therefor; and

(c) whether the important Government Hospitals in Delhi have also decided to follow suit and if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The user charges for diagnostic and specialized procedures in Government Hospitals including AIIMS is subject to periodical revision. The recent exercise for rationalization of charges was carried out after a period of more than 10 years to ensure free treatment to more number of poor and needy patients.