

Statement-III

Task Group-III Set up under National Rural Health Mission for ensuring availability of doctors in rural areas

Recommendations:

Measures that are required to ensure the services of doctors in rural areas are given below:

- ♦ Increase in the age of retirement of doctors to 65 years preferably with posting near hometown;
- ♦ Decentralization of recruitment at district level;
- ♦ Walk-in-interview and contractual appointment of doctors;
- ♦ Enhancing the salary for posting in rural areas by one-third;
- ♦ Increasing the admission capacity in medical colleges for Anesthesia;
- ♦ Reviving the Diploma course in Anesthesia;
- ♦ To start one year certificate course in Anesthesia for medical Officers working in the system at present to be given by National Board of Examination
- ♦ Recognition of five hundred bedded Hospital to provide the facility for conducting the above course;
- ♦ Hiring of private practitioners on case-to case basis.
- ♦ States may be given the flexibility of opting for innovative models to increase availability.

Integrated Disease Surveillance Project

57. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to set up an integrated Disease Surveillance Project all over the country in a phased manner to strengthen the capacity of States for disease surveillance and timely action to combat communicable diseases;

(b) if so, the modalities worked out so far in this regard;

(c) the funds allocated for this purpose to each State during the current year;

(d) the funds utilized by each State for the said period; and

(e) the progress achieved so far by each State?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Government of India has initiated the integrated Disease Surveillance Project (IDSP) in the country, to strengthen the capacity of States for disease surveillance and timely action to combat diseases. This is to be implemented in phased manner to cover all the districts of the country by March, 2007.

The IDSP has established four component viz. (1) Setting up a central level disease surveillance unit, (2) Integrate and strengthen disease surveillance at the State and district levels, (d) Improve laboratory support, (4) training for disease surveillance and action.

(c) and (d) An amount of Rs. 3371.94 lakh has been released to different States till January, 2006. The State-wise funds released under the Project are given in Statement (See below)

(e) The various States are being taken up in Phases. All Phase I States and phase II States of Gujarat, Goa, Rajasthan, Haryana, Chattisgarh, West Bengal, Nagaland, and Manipur have prepared the PIP, MoU, identified the state society for funding, started the appointment of consultants and started the training activities. The procurement of hardware has been started by the States of HP, Maharashtra, Karnataka, Kerala, Tamil Nadu and Mizoram. The data collection and reporting at District level has already started from HP, Gujarat, Rajasthan and Mizoram.

Statement

Funds released under Integrated Disease Surveillance Project

SI. No.	States	Amount released to States (Rs. in lakhs)
Phase I States		
1.	Andhra Pradesh	105.00
2.	Himachal Pradesh	55.00
3.	Karnataka	110.00
4.	Madhya Pradesh	150.00

Sl. No.	States	Amount released to States (Rs. in Lakhs)
5.	Maharashtra	145.00
6.	Uttaranchal	50.00
7.	Tamil Nadu	130.00
8.	Kerala	65.00
Phase II States		
1.	Chattisgarh	246.60
2.	Goa	32.50
3.	Gujarat	387.30
4.	Haryana	194.80
5.	Orrisa	351.40
6.	Rajasthan	482.20
7.	West Bengal	241.70
8.	Chandigarh	24.30
9.	Pondicherry	44.30
10.	Delhi	104.90
Phase III States		
1.	Uttar Pradesh	23.00
2.	Jammu & Kashmir	13.80
Total (Other States)		2956.80
NE States		
1.	Mizoram	77.94
2.	Manipur	94.20
3.	Meghalaya	81.70
4.	Tripura	65.10
5.	Nagaland	83.40
6.	Sikkim	12.80
Total (NE States)		4-15.14
Grand Total		3371.94