

Scheme was approved on 24th July, 2008. Under the scheme Annual Action Plan is prepared by the State Missions. A proposed action plan from Madhya Pradesh State Mission on Medicinal Plants was received in 2008. The revised annual action plan of Madhya Pradesh for medicinal plants amounting to Rs. 543.375 lakhs was sanctioned on 30.12.2008. Out of Rs. 543.375 lakhs, Rs. 200.00 lakhs was sanctioned for the cultivation of medicinal plants. As informed by Madhya Pradesh State Mission on medicinal plants, the scheme could not be implemented and the funds not utilized during the year 2008-09 by the State as the election code of conduct was in force in the State at that time. Funds were subsequently revalidated for utilization during 2009-10 and the proposal was disposed.

(c) Does not arise.

(d) Madhya Pradesh State Mission on Medicinal Plants has informed that there was no hindrance in development works.

(e) Does, not arise.

#### **Regulatory body for monitoring private hospitals**

3026. SHRI T. M. SELVAGANAPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has finally decided to set up a regulatory body other than the Medical Council of India (MCI) to regulate the functions of hospitals in private sector because of growing casualties in private hospitals;

(b) if so, the details thereof; and

(c) whether it is also a fact that Government is aware that the private hospitals do not employ talented doctors and other medical staff which led to the growing casualties?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) There is no such proposal under consideration of the Government. 'Health' is a State subject and it is primarily the responsibility of the State Governments to regulate the functions of hospitals in private sector.

However, Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 for Registration and Regulation of the Clinical Establishments. Once adopted

by the States, as per the Act, the State Governments shall set up district registering authorities for each of the districts for registration of Clinical Establishments. No person shall run a Clinical Establishment unless it is duly registered in accordance with the provisions of the Act.

**High crude birth rate in U.P.**

3027. SHRI AVINASH PANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Empowered Action Group of States are performing better than other States in health indicators like Infant Mortality Rate and post-natal mortality rate;

(b) if so, the details thereof;

(c) whether it is also a fact that certain districts in these States like Sharawasti district in Uttar Pradesh (UP) continue to have high crude birth rate;

(d) if so, the details thereof;

(e) whether Government has identified the reasons for the said problem; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) Among EAG states IMR of Jharkhand and Uttarakhand is below National Average of 50 per 1000 live births. Besides, Bihar, Orissa, Rajasthan and Uttar Pradesh have shown 4 point decline in IMR in 2009 as compared to 2008.

Details of IMR in EAG and other States in 2008 and 2009 is given in Statement (*See below*).

(c) and (d) Yes. As per report of Annual Health Survey Bulletin 2010-2011 of Registrar General of India, Crude Birth Rate of Sharawasti district is 40.9 per 1000 population while Crude Birth Rate of Uttar Pradesh is 25.5 per 1000 population. Crude Birth Rate for India is 22.5 per 1000 population.

(e) and (f) The reasons for high Crude Birth Rate are: low literacy levels, early age of marriage and child bearing, low contraceptive use and high un-met need for contraceptives.