

(d) the incentives being given to doctors who are posted in tribal and rural areas as compared to those given in urban areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD) : (a) The data relating to number of medical graduates passing out in the country every year is not maintained centrally. However, at present there are 335 medical colleges in the country with more than 41569 MBBS seats upto 2011-12.

(b) and (c) In an overall effort to improve medical education and make it more socially oriented and suitable from the public health perspective, discussions were held with the Medical Council of India (MCI) on 04<sup>th</sup> February, 2012 regarding exposing MBBS students to rural health care settings to enable them to acquaint themselves with broad community healthcare needs.

(d) Medical Council of India, with the approval of Central Government, made the following amendments to its Post Graduate Medical Education Regulations to encourage doctors to serve in the rural areas:

- i. 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, such Medical Officers shall serve for two more years in remote and/or difficult areas.
- ii. Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

#### **Child deaths due to malnutrition**

3513. SHRI PANKAJ BORA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that around 50 per cent child deaths take place due to malnutrition every year;

(b) if so, the number of such deaths which took place especially in Assam and other States during the last three years, district-wise; and

(c) whether the Central Government will urge upon State Governments to take necessary step to overcome the increasing rise and vulnerability of malnutrition deaths?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD) : (a) and (b) Malnutrition is not a direct cause of death among children but can increase morbidity and mortality by reducing the resistance to infections. However, it is estimated that malnutrition is a contributing factor in about half of all deaths in under five children in India.

State-wise data on the number of deaths due to malnutrition among children in the country is not maintained centrally.

(c) Under National Rural Health Mission of Ministry of Health and Family Welfare, the Central Government has been urging the States to include appropriate interventions to address the issue of malnutrition and is committed to provide funding for the same.

### **Irregularities in NRHM**

†3514. SHRI DHARMENDRA PRADHAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government has received complaints of irregularity in National Rural Health Mission (NRHM) Scheme from other States also apart from Uttar Pradesh;

(b) if so, the names of such States from where such complaints have been received;

(c) the action Government is contemplating to take against these States;

(d) the steps being taken by Government to check these irregularities;

(e) whether Government is considering to conduct CBI enquiry into the scams committed in NRHM Scheme in these States; and

(f) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) Yes.

(b) Apart from Uttar Pradesh, the complaints regarding irregularities in the implementation of the National Rural Health Mission (NRHM) have been received from the States of Assam, Bihar, Haryana, Jammu and Kashmir, Orissa and Rajasthan.

(c) Health being a State subject, its implementation and monitoring primarily rests with the State Governments. There is no proposal to take action against the states, but the State Governments have been asked to look into the complaints, take appropriate action and submit report.

(d) The Ministry of Health and Family Welfare, had requested the Comptroller & Auditor General of India (CAGI) for conducting annual transaction audits of the National Rural Health Mission (NRHM) in all the States from the Financial Year 2011-12 in order to identify the existing gaps, facilitate independent monitoring and timely corrective measures so that a quality and timely audit assessment becomes available to assist the State Governments in undertaking remedial measures and achieving the targets of NRHM. The CAG office has agreed that the audit of NRHM shall be incorporated by Accountant Generals of all States in their regular audit planning process.

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† Original notice of the question was received in Hindi.