

**Managing Committees of Regional AIIMS**

1134. SHRI RAMA CHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the fate of six Regional All India Institutes of Medical Sciences (AIIMS) and whether the progress is abnormally delayed because of shortage of budgetary allocation and mismanagement;

(b) if so, by when these six AIIMS including Odisha AIIMS are going to start functioning;

(c) whether like AIIMS Delhi, there would be independent Managing Committees for each of the 6 new AIIMS; and

(d) if so, the composition of the Managing Committees of the Regional AIIMS including AIIMS Bhubaneswar, Odisha?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) There has been no shortage of funds for setting up of six new All India Institutes of Medical Sciences (AIIMS). Academic session for a batch of 50 MBBS students each at all six new AIIMS has already commenced from September, 2012.

(c) and (d) There will be separate Institute bodies, Governing Bodies and standing Finance Committees and other Committees, for which a provision has been made in the AIIMS (Amendment) Act, 2012 for governance of 6 new AIIMS, giving the same status as that of AIIMS, Delhi.

**Measures for curbing incidents of foeticide**

†1135. SHRI RASHEED MASOOD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has chalked out any policy to curb growing incidents of foeticide in the country;

(b) if so, the details thereof;

(c) the total number of foeticide cases registered throughout the country last year; and

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†Original notice of the question was received in Hindi.

(d) the action taken against guilty persons?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) The Government has adopted a multi-pronged strategy to curb female foeticide in the country. It includes awareness generation and legislative measures as well as programmes for socio-economic empowerment of women. Some of the measures are:—

- For prohibition of sex selection, before and after conception, and for regulation of prenatal diagnostic techniques, the Government has enacted a comprehensive legislation, the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act in 1994. It was further amended in 2003.
- The Government have intensified effective implementation of the said Act and amended various rules covering provision for sealing and seizure and confiscation of unregistered machines and punishment against unregistered clinics. Regulation of use of portable ultrasound equipment has been notified only within the registered premises has been notified. Restriction on medical practitioners to conduct ultrasonography at maximum of two ultrasound facilities within a district has been placed. Registration fees have been enhanced. Rules have been amended to provide for advance intimation in change in employees, place, address or equipment.
- Hon'ble Minister of Health and Family Welfare has requested all the State Governments to strengthen implementation of the Act and timely steps to stop use of illegal sex determination.
- Hon'ble Prime Minister has urged the Chief Ministers of all States to provide personal leadership to reverse the declining trend in child sex ratio and address the neglect of the girl child through focus on education and empowerment.
- Ministry of Health and Family Welfare has intensified efforts to exhort the States and UTs to pay utmost attention to serious implementation of the Act.
- The Central Supervisory Board (CSB) under the PNDT Act has been reconstituted and regular meetings are being held.
- Matter has been taken up with Ministry of communication and information technology to block sex selection advertisements on websites.

- The National Inspection and Monitoring Committee (NIMC) have been reconstituted and inspections of ultrasound diagnostic facilities have been intensified. Inspections have been carried out in many States including Bihar, Chhattisgarh, Delhi, Haryana, Madhya Pradesh, Maharashtra, Odisha, Punjab, Uttarakhand, Rajasthan, Gujarat and Uttar Pradesh.
- The Government is rendering financial support to the States and UTs for Information, Education and Communication campaigns and for strengthening structures for the implementation of the Act under the National Rural Health Mission.
- States have been advised to focus on Districts/Blocks/Villages with low Child Sex Ratio to ascertain the causes, plan appropriate Behaviour Change Communication campaigns and effectively implement provisions of the PC and PNDT Act.
- Religious leaders, women achievers etc. are being involved in the campaign against skewed child sex ratio and discrimination of the girl child.

The Government of India as well as many State Governments implement specific schemes for enhancing the status and value of girl child and women in the society. Some of these schemes such as Dhanalaskhmi deals with conditional cash transfers.

(c) and (d) As per the information received from National Crime Records Bureau (NCRB), a total of 132 cases of foeticide were registered in the country during 2011. A total of 70 persons have been arrested, 58 persons charge-sheeted and 11 persons convicted under foeticide.

#### **Acute shortage of beds in Government hospitals**

1136. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is an acute shortage of beds in Government hospitals in the National Capital and in Maharashtra;

(b) if so, the details thereof; and

(c) the action Government has taken or proposes to take to increase number of beds in Government hospitals substantially in the National Capital and Maharashtra?