Enhancement in bed capacity of hospitals

1668. SHRI AJAY SANCHETI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has decided to enhance the bed capacity of hospitals in ten States under the Reproductive and Child Health Scheme;

(b) if so, the details thereof, State-wise; and

(c) the reasons for not augmenting the bed capacity in the other remaining States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) With the increase in institutional deliveries, the requirement of maternity beds at the public health facilities have increased. During the current financial year under the National Rural Health Mission (NRHM), the Government of India has approved enhancement of bed capacity by more than 25,000 beds in maternity wards based on the proposals received in the annual Programme Implementation Plan (PIPs) in the States of Andhra Pradesh, Assam, Bihar, Chattisgarh, Orissa, Madhya Pradesh, Punjab, Rajasthan, Uttrakhand, Uttar Pradesh and West Bengal. State/UT wise details are given in Statement *(See* below).

(c) 'Public Health' being a State subject, the primary responsibility of strengthening bed capacity and infrastructure in health facilities is that of the concerned State Governments. Under NRHM, the States submit their proposals to Government of India as per their felt needs and priorities, including those for strengthening bed capacity and infrastructure, in their annual State PIPs. These are appraised by the National Programme Coordination Committee (NPCC).

Based on the recommendations of the NPCC, the Government of India approves the PIP for each State. The augumentation in bed capacity in maternity wards has thus been approved, based on proposals submitted by the above mentioned 11 States in their PIPs.

Statement

State-wise list of Beds (Maternity beds) approved in the PIP 2012-13

Sl.No.	Name of the State/ UT allotted Increase in beds	Total No. of facilities in the State being allotted	No. of beds sanctioned for increase
1	2	3	4
1	Chhattisgarh	35	2350
2	Rajasthan	159	5900

1	2	3	4
3	Odisha	11	1100
4	MP	8	730
5	West Bengal	10	1000
6	Andhra Pradesh	20	3050
7	Assam	14	1400
8	Punjab	6	423
9	Uttarakhand	2	200
10	Uttar Pradesh	142	8140
11	Bihar	11	890
	TOTAL	417	25183

Mechanism to monitor ADR

1669. DR. T. SUBBARAMI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has put in place any mechanism to monitor, record and report Adverse Drug Reactions (ADR) in the country;

(b) if so, the details thereof indicating the number of ADR monitoring centres in the country, State/UT-wise;

(c) the number of ADR cases reported during the last three years and the current year so far, State/UT-wise;

(d) whether the Drugs Controller General (India) has imposed any market withdrawal, regulatory restrictions or cancellation of authorization of medicines and drug formulations due to ADR problems; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Pharmacovigilance Program of India with its National Coordination Centre at the Indian Pharmacopoeia Commission, Ghaziabad (U.P.) takes care of the work of recording and monitoring Adverse Drug Reactions