the interests of the tobacco growing community which seriously affect the tobacco farming community;

(d) whether Government is of the view to protect the tobacco growers' interests and take the measures to help the tobacco growers;

(e) if so, the details thereof; and

(f) the stand of Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) and (b) There is no such body as Tobacco Control Working Group. However, a Committee was constituted by the Ministry to review and suggest amendments to the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA). A draft Note for the Cabinet has been prepared and circulated for Inter - Ministerial Consultations.

(c) to (f) To protect the interests of tobacco growers the Ministry had supported a pilot project through Central Tobacco Research Institute, Rajahmundry on 'Alternative crops to bidi and chewing tobacco (2008-10)' in five agro ecological zones of the country. The Ministry of Health & Family Welfare has also written to other Ministries such as Agriculture and Commerce to consider development of new Schemes/ Programmes or modification of existing schemes for providing alternate crops to tobacco growers and also economically viable options with support for the tobacco growing farmers who are willing to shift over from tobacco, without any economic loss to them. An Inter-ministerial Committee of Secretaries has been constituted at the national level under the chairpersonship of the Cabinet Secretary to review and develop a comprehensive policy on tobacco and tobacco related issues.

Shortfall in doctors' recruitment in Chhattisgarh

†1823. DR. BHUSHAN LAL JANGDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for shortfall in the selection of medical graduates inspite of a number of medical colleges and AIIMS in Chhattisgarh;

(b) whether the vacancies of doctors in Chhattisgarh are being filled from outside the State; and

†Original notice of the question was received in Hindi.

(c) whether the reasons for lack of interest in appointment of doctors by the medical graduates are being resolved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) to (c) The Chhattisgarh Government has informed that the reason for shortfall of medical graduates in the State is that many medical graduates try for post graduate admission and hence they avoid immediate employment after MBBS. Further, most of the places in Chhattisgarh are remotely located, wherein such medical graduates do not show any interest to serve. The State Government, therefore, fills up the posts from graduate doctors of the State as well as from outside the State. The Government of Chhattisgarh provides additional allowances to doctors under the Chhattisgarh Rural Medical Corps Scheme to attract them for working there. The vacancies in AIIMS Raipur are open to all the applicants of the country, including Chhattisgarh.

New PHCs in U.P.

†1824. SHRI JUGUL KISHORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is proposing to set up Primary Health Centres (PHCs) in the rural areas of Uttar Pradesh;

(b) whether new primary health centres can be opened in villages whose population is more than five thousand or in the villages not having any health centres within 10 km. radius; and

(c) if so, the criteria for opening health centres?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) to (c) Public health being a State subject, the responsibility of setting up of health centres/district hospitals lies with the States/UTs. However, financial and technical support is provided under National Health Mission (NHM) to supplement the efforts of States/UTs for setting up/upgradation of Rural Health infrastructure, including Primary Health Centres (PHCs) as per the requirement proposed by the State/UT Governments in their Programme Implementation Plans (PIPs).

Under NHM, the proposals of support to State Governments/UT Administration for establishment of the Primary Health Centre (PHC) is considered for a population norm of 30000 per PHC in plain areas and 20000 per PHC in hilly, tribal and desert areas.

†Original notice of the question was received in Hindi.