Further, out of approved budget allocation of ₹ 87.14 crore for a hospital in Sarita Vihar, ₹ 10 lakh is earmarked for this financial year 2017-18.

(b) It has been further informed that initially the drawings of the Sarita Vihar Hospital project were approved for a 100 bedded hospital. Later on, it was decided that all the Hospital projects in planning stage or under construction stage costing more than ₹ 10 crore are to be reviewed by review committee for increasing number of beds by proper utilization of space as well as current FAR resulting review of this project for enhancement of beds as per current FAR.

## CGHS centre and dispensaries in Goa

1079. SHRI SHANTARAM NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government proposes to establish a CGHS Centre and CGHS dispensaries in the State of Goa;
  - (b) whether accommodation for the purpose has been acquired;
- (c) the total number of dispensaries Government proposes to establish in the State; and
- (d) whether any agreements have been signed with the State Government and private hospitals and i f so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) Yes, a CGHS Wellness Centre is going to be established in Panaji Goa.

- (b) Yes, three D-type Quarters have been alotted in All India Radio, Doordarshan staff Quarters, Bambolim Goa.
  - (c) As (a) above.
  - (d) No.

## **Basic health facilities at Primary Health Centres**

†1080. SHRI RAM NATH THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government will take effective measures to ensure deployment of

<sup>†</sup>Original notice of the question was received in Hindi.

doctors and nurses at primary health centres, keeping in view the utter lack of health facilities in rural areas;

- (b) whether Government will take concrete steps to ensure availability of basic health facilities in primary health centres and district hospitals;
- (c) whether Government is taking effective steps to ensure availability of life saving drugs at rural level; and
  - (d) if so, the details of Government's efforts?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) Public health and hospitals being a State subject, the primary responsibility to ensure deployment of doctors and nurses at public health facilities lies with the State/UT Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/ UTs to strengthen their healthcare systems including support for insourcing or engagement of doctors and nurses on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope.

As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon from time to time to fill up the vacant posts.

(b) Public health and hospitals being a State subject, the primary responsibility to ensure availability of basic health facilities in primary health centres end district hospitals lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems for providing accessible, affordable and quality health to all those who access public health facility. The Central Government is supporting States for provision of a host of free services including for maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases such as Malaria, Dengue and Kala-Azar, Leprosy etc. Other major initiatives for which states are being supported include Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Hal Swasthya Karyakram (RBSK). Rashtriya Kishor Swasthya Karyakram (RKSK), implementation of NHM Free Drugs and Free Diagnostics Service Initiatives, and implementation of National Quality Assurance Framework.

(c) and (d) Public health and hospitals being a State subject, the primary responsibility to ensure availability of life saving drugs in public health facilities lies with the State Governments. However, under the National Health Mission (NHM). financial md technical support is provided to States/UTs for provision of essential drugs free of cost in public health facilities. To ensure free availability of quality drugs in public health facilities, support under NHM support is also provided to States/UTs for putting in place an IT enabled inventory management system to track drug availability.

## Controlling chronic anaemia in women

1081. KUMARI SELJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the status of anaemia control in the country as regards women as on 31 March, 2017;
  - (b) the present nutritional policy for women and children in the country; and
- (c) the measures taken by Government to ensure optimum nutritional requirements are met by women of various age-groups to tackle the problem of chronic anaemia in women in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) According to National Family Health Survey (NFHS)-IV (2015-16). the prevalence of anemia among women aged 15 to 49 years is 53%.

(b) and (c) In order to prevent anaemia among women and children, National Iron Plus Initiative (NIPI) has been launched in 2013, a flagship scheme under the National Health Mission based on the life-cycle approach, under which iron-folic acid supplementation is provided to the vulnerable age groups. It includes Pregnant and lactating women and Women in reproductive age (WRA) group.

Measures taken by Government to ensure optimum nutritional requirements for women are:

Universal screening of pregnant women for anaemia is a part of ante-natal
care and all pregnant women are to be provided iron and folic acid tablets
during their ante-natal and post natal visits through the existing network of
sub-centers and primary health centres and other health facilities as well as