

In addition, the Ministry of Drinking Water and Sanitation had launched National Water Quality Sub-Mission (NWQSM) on 22.03.17 to provide safe drinking water to 27,544 arsenic/fluoride affected rural habitations in a span of 4 years, subject to availability of funds.

Besides, to manage the problem of Fluorosis, a National Programme for Prevention and Control of Fluorosis (NPPCF) is being implemented by Ministry of Health and Family Welfare since 11th Five Year Plan (2008-09) and has been progressively expanded to 156 districts of 19 States.

The Strategy under the NPPCF Programme includes Surveillance of Fluorosis in the community; capacity building (Human Resource) in the form of training and manpower support; establishment of diagnostic facilities in the districts; health education for prevention and control of Fluorosis; management of Fluorosis cases including supplementation with Vitamins and minerals, surgery and rehabilitation and interacting with PHED Department of State/District for providing safe drinking water to the Fluorosis affected community.

Overburdened tertiary healthcare system

2181. SHRIMATI SHANTA CHHETRI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the health system in India indicates that tertiary care is already overburdened because of the low performing primary healthcare system, if so, the details thereof; and

(b) the steps Government is taking to increase the number of doctors at the primary level as it would reduce burden on tertiary care?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per NSS Report No. 574: Health in India published by National Sample Survey Office, Ministry of Statistics and Programme Implementation based on National Sample Survey 71st round (January, 2014–June, 2014), 62.2% of spells of ailment treated in rural areas and 53.9% in urban areas are provided by primary care level facilities HSC, PHC, CHC, Dispensary, MMU and ASHAs in the public sector and private doctors of private clinics (without in-patient facility).

(b) “Public Health and Hospital” being a State subject, the primary responsibility to increase the number of doctors at primary level, public health facilities is that of respective State Government. However, support is provided to States/UTs for hard area allowance to doctors for serving in rural and remote areas and for their

residential quarters so that they find it attractive to serve in public health facilities in such areas including at primary level.

Also, in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:—

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

Augmenting CGHS facilities for Members of Parliament

†2182. SHRI AMAR SHANKAR SABLE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is similarity between the services provided to Central Government employees and Members of Parliament under CGHS;

(b) whether a proposal is under consideration of the Government to augment the facilities for Members of Parliament, if so, the details thereof;

(c) whether there is a limit of 25 years for the son of Member of Parliament to avail CGHS facilities; and

(d) whether a proposal is under consideration of Government to extend this age limit till they become independent and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes.

(b) At present, there is no such proposal.

(c) Yes; Only permanently disabled unmarried son of a CGHS beneficiary is eligible for availing of CGHS facilities even after attaining the age of 25 years.

(d) At present, there is no such proposal.

† Original notice of the question was received in Hindi.