

1	2	3	4
			should not get more than 10% of the team incentive as incentive.
Training			
Bridge Course/ Training on the Standard Treatment Protocols	130,000		IGNOU
Multi-skilling of ANMs, ASHA, MPHW		20,000	
IEC		25,000	₹ 5 per capita
Cost of tablet; software for center and ANM/MPW	20000	5,000	
Lab	100,000	30,000	
Infrastructure Strengthening of SC to HWC	700,000		₹ 7 lakhs for an additional room and toilet including fittings for mid- level service provider.
SUB TOTAL	950,000	749,120	
TOTAL	1,699,120		
Independent monitoring costs for performance assessment at 3%		50,973.60	
GRAND TOTAL	1,750,093.60		

**Survey on quality of medicines supplied to Government
hospitals/ dispensaries**

1687. SHRI PARIMAL NATHWANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has conducted any survey to look into the quality aspects of medicines being distributed in Government hospitals and dispensaries;

(b) if so, the details and the outcome thereof;

(c) the percentage of poor quality medicines being sold in the market in comparison with the percentage of such medicines being given in Government hospitals and dispensaries; and

(d) the reasons for a large quantity of medicines available in Government hospitals and dispensaries being of poor quality as compared to private chemist shops and private hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) A nation-wide survey (2014-16) was conducted to assess the extent of Not of Standard Quality (NSQ)/ Spurious drugs. Out of a total 47012 drug samples drawn from both government and private sources, the estimated percentage of NSQ and spurious drugs from retail outlets was 3% and 0.023% respectively, while that from Government sources was 10.02% and 0.059% respectively.

In some of the States, the percentage of NSQ drugs is much higher than the National average which points to certain deficiencies in the existing procurement processes. Lack of uniform levels of enforcement may be leading to difference in the extent of NSQ in retail outlets and Government supply chain in different States/UTs. The report was shared with all the State Governments and Union Territories Administrations with the request to take remedial measures to improve the quality of drugs in the country.

In so far as the drugs procured by the Hospitals under the purview of Central Government and those procured by the Medical Store Organization (MSO) are concerned, stringent quality control procedures are in place to ensure the quality of drugs being procured.

Further, in the meetings of Drugs Consultative Committee (DCC), the State Drugs Controllers are sensitized and various actions taken for uniform implementation of the provisions of Drugs and Cosmetic Act, 1940 and Drugs & Cosmetics Rules, 1945 thereunder.

Strengthening of capacities for disaster reduction and response

1688. SHRI G.C. CHANDRASHEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: