

Further, Government has completed negotiations of Tax Information Exchange Agreements (TIEAs) with 10 offshore financial centers - Bahamas, Bermuda, British Virgin Islands, Guernsey, Isle of Man, Cayman Islands, Jersey, Monaco, Saint Kitts & Nevis and Marshall Islands. TIEA with Bermuda has been signed and has entered into force. TIEAs with Isle of Man, British Virgin Islands and Bahamas have also been signed. These TIEAs contains provision for effective exchange of information.

#### **Establishment of colleges of Unani and Siddha medicine**

679. SHRI Y.S. CHOWDARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the existing guidelines for establishing colleges for Ayurveda, Unani and Siddha medicine and who is the designated authority to frame the guidelines and enforcing them;

(b) whether the Ministry has recently granted permission to 67 Ayurveda, Unani and Siddha, Medical Colleges to admit students in spite of the findings of the Central Regulatory Authority that these colleges do not even meet minimum standards;

(c) if so, the details thereof and the reasons therefor;

(d) whether prescribed standards are diluted without any authority; and

(e) the action taken against the concerned and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The requirements for establishing colleges for imparting education in Ayurveda, Unani and Siddha systems of medicine are laid down in "The Establishment of New Medical College, Opening of New or Higher Course of Study or Training and Increase of Admission Capacity by a Medical College Regulation, 2003", notified in the Gazette of India - Extraordinary on the 16th March, 2004. For the existing medical colleges, the requirements are laid down in "The Indian Medicine Central Council (Permission to Existing Medical Colleges) Regulations, 2006", notified in the Gazette of India - Extraordinary on the 10th October, 2006.

As per the provision made under these Regulations, the Minimum Standards Requirements of infrastructure for Ayurveda, Siddha and Unani (ASU) colleges have not yet been notified.

The Central Government has been deciding the question of grant or denial of permission for establishment of New Medical Colleges on the basis of five basic parameters, which have been followed since 2008-09 in consultation with the Central Council of Indian Medicine (CCIM). These basic parameters uniformly followed are that (i) the proposed college owns or possesses on lease of ninety nine years, a suitable single plot of land, measuring not less than ten acres if the proposal is for admitting up to fifty student, and not less than fifteen acres, if the proposal is for admitting up to one hundred students, and undertake to establish the medical college in the said plot of land (ii) the college concerned has the strength of eligible teaching faculty which is at least 80% of the full complement of teachers required for undertaking Under Graduate courses; (iii) the college concerned must have a functional attached hospital with the minimum bed strength of 100 beds for intake capacity up to 50 students; (iv) the average annual attendance in the OPD of the attached hospital is 100 patients per day; (v) the average bed occupancy in the IPD of the attached hospital is at least 40%.

As far as grant or denial of permission to the existing Ayurveda, Siddha and Unani colleges for conducting under graduate courses is concerned, except for the requirement of land, all other basic criteria as mentioned above i.e. related with requirement of teachers, number of beds in hospital and average daily attendance of patients in OPD and IPD, are being followed.

As per the provisions of the Indian Medicine Central Council Act, 1970, the CCIM is empowered to make regulations with the previous sanction of the Central Government. The Act requires the CCIM to enforce the regulations, norms, etc. The recommendations of the CCIM are not binding on the Central Government. The final authority for grant or refusal of permission is vested with the Central Government.

(b) and (c) No. The colleges which were not meeting the above criteria on the basis of visitation reports of the CCIM were given an opportunity of hearing as per the provision of Section 13A(5) of the Act which provides for consideration of such other particulars as may be submitted by the applicant colleges during hearing. Keeping in view, the visitation report and recommendations of the CCIM and also the submissions/records made available by the college at the time of hearing, only those colleges which fulfilled the basic minimum requirements as given in para (a) above, were granted conditional permission for admission for the academic year 2010-11.

- (d) No.
- (e) In view of the above, does not arise.

**Review of functioning of health centres in various states**

680. SHRI ISHWAR SINGH:

SHRI AVTAR SINGH KARIMPURI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has reviewed the functioning of health centres in various States especially in Haryana, Punjab and Bihar;
- (b) if so, whether any survey has been conducted in this regard; and
- (c) if so, the details thereof and the action taken by Government thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Yes. As part of implementation of National Rural Health Mission (NRHM), a Common Review Mission (CRM) is undertaken every year to examine progress of identified key parameters under NRHM including the functioning of health centres across the country. So far 4 CRMs have been undertaken. Bihar was reviewed in the first three CRMs in 2007, 2008 & 2009; Haryana was reviewed in the third CRM in 2009 and Punjab in the Fourth CRM in 2010. Concurrent Evaluation of NRHM has also been done recently by International Institute of Population Sciences (IIPS), Mumbai. Further, District Level Household Survey (DLHS-3) was carried out during 2007-08 to assess the accessibility, availability of medical and paramedical manpower and other infrastructure in the health facilities.

The CRM has reported improvement in infrastructure and human resources across the States. Referral transport has gradually picked up. Utilization of government health facilities has improved. ASHAs are playing active role in community mobilization.

According to the concurrent evaluation of NRHM by IIPS Mumbai, more than three-fourths of the IPD or OPD patients reported fully satisfaction with the services. 86% of PHCs, 96% of CHCs and 58% HSCs are functioning from Government buildings. Two-thirds of the PHCs had functional labour room. Almost all Sub-Centres have ANM.