

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Janani Suraksha Yojana (JSY) is a safe motherhood intervention, under the overall umbrella of National Rural Health Mission (NRHM) with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. It is being implemented by all the States and Union Territories. It is a 100% centrally sponsored scheme.

Government health facilities in various districts across the country provide emergency obstetric services free of cost. Where Government specialists are not available in the Government health institution to manage complications or for Caesarean Section, assistance up to Rs. 1500/- per delivery can be utilized by the health institution for hiring services of specialists from the private sector. If private specialists are not available, services of specialised and willing doctors working in other government set up can be availed of by paying an honorarium of Rs. 1500/-.

The Yojana, which focuses on the poor pregnant women also provides for cash assistance. In the Low Performing States (LPS) all pregnant women delivering in Government health centres like Sub-centre, PHC/CHC/FRU/General Ward of District and State hospitals or accredited private institutions are entitled to this cash assistance. In the High Performing States (HPS), BPL pregnant women, aged 19 years, and above up to 2 live births and all SC and ST women delivering in a Government or accredited private institutions as mentioned above, are also entitled to this benefit.

The scale of cash assistance for institutional delivery under JSY is as under:—

(In Rupees)

Category	Mother's package (Rural)	Mother's package (Urban)
LPS	1400.00	1000.00
HPS	700.00	600.00

Short fall in health sector

2369. SHRI A. ELAVARASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Economic Survey 2009 estimated that our country is short by 28000 health centres including sub centres, primary health centres and community health centres;

(b) whether it is also a fact that 34 per cent of the existing health infrastructure is in rented building and these health centres are facing poor maintenance and high absenteeism of manpower;

(c) if so, whether Government has analyzed the reasons for those shortfalls; and

(d) the detailed steps proposed by Government to improve quality of health centres and increase their number?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per Economic Survey 2008-09, there is a shortage of 20,855 Sub-Centres (SCs), 4,833 Primary Health Centres (PHCs) and 2,525 Community Health Centres (CHCs) as per 2001 population norm.

(b) About 38% of SCs, 13 % of PHCs and 0.6 % of CHCs were functioning in rented building as on March, 2007. No State has reported high absenteeism of manpower. However, the issue of non availability of manpower has been reported.

(c) and (d) The Government has identified States with relatively weak health indicators and health infrastructure as high focus States.

Under National Rural Health Mission [NRHM], funds are released to all State/UT Governments for a number of activities which also includes funds for construction of Buildings and for appointment of contractual staff. The State/UT Governments assess their priorities and reflect their requirement in their annual Programme Implementation Plan under NRHM and funds are released to them as per the recommendations of the National Programme Coordination Committee [NPCC].

Such identified high focus States have been allocated higher funds under NRHM.

Patient-doctor ratio in Government Hospitals

2370. SHRI SAMAN PATHAK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the average number of patients reported per day in various Government hospitals in Delhi, Mumbai, Kolkata and Chennai;

(b) the ratio of patients-doctors and beds in these hospitals; city-wise;

(c) the budgetary allotment earmarked for these hospitals; and

(d) the average spending on medicines in Government hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Health being a State subject, the data in regard to doctor-patient ratio in various State Government Hospitals is not maintained centrally. The doctor-patient ratio and beds, varies from case to case depending upon various factors like the type of disease, nature of specialization, type of patient-care required *i.e.* indoor/outdoor etc.

In so far as Central Government Hospital in Delhi, namely, Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and Lady Hardinge Medical College and its associated hospitals are concerned, the information is given in the Statement.