

1	2	3	4	5	6	7	8
9.	Haryana	1	2	3	150	200	350
10.	Himachal Pradesh	2	-	2	115	-	115
11.	Jammu & Kashmir	3	1	4	250	100	350
12.	Jharkhand	3	-	3	190	-	190
13.	Karnataka	10	29	39	1050	3755	4805
14.	Kerala	6	14	20	950	1350	2300
15.	Madhya Pradesh	5	4	9	620	500	1120
16.	Maharashtra	19	22	41	2200	2510	4710
17.	Manipur	1	-	1	100	-	100
18.	Orissa	3	3	6	464	300	764
19.	Pondicherry	1	7	8	100	900	1000
20.	Punjab	3	5	8	350	470	820
21.	Rajasthan	6	4	10	650	500	1150
22.	Sikkim	-	1	1	-	50	50
23.	Tamil Nadu	16	14	30	1745	1870	3615
24.	Tripura	1	1	2	100	100	200
25.	Uttar Pradesh	10	9	19	1112	900	2012
26.	Uttaranchal	2	2	4	200	200	400
27.	West Bengal	9	1	10	1105	150	1255
TOTAL :		141	148	289	16277	17325	33602

Discrimination among the employees for CGHS entitlement

797. SHRI KAMAL AKHTAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) while the current LTC/TA/DA entitlement and transport allowance of the grade pays Rs. 4600 and Rs. 4800 are lower than that of the grade pays Rs. 5400 and Rs. 6600, the reasons for classifying them in the same category for deducting the CGHS contribution of Rs. 325 per month as per the latest order issued by his Ministry;

(b) why the ward entitlement at AIIMS is discriminated among the above officials even though the monthly subscription is fixed on par; and

(c) whether the above order may be looked into and fresh orders issued rectifying the anomalies?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Benefits available to Government servants under various schemes are different. Revision of rates for subscription were made after consulting the Department of Expenditure.

(b) Entitlements of Wards in AIIMS is based on the pay drawn in the pay band, and all officials drawing same pay are entitled to identical facilities in AIIMS.

(c) The Ministry of Health & Family Welfare does not intend to revise the instructions issued on 20th May, 2009.

Role of patient welfare Committees under NRHM

‡798.SHRI ALI ANWAR ANSARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the role of patient welfare Committees in the National Rural Health Mission;

(b) whether these Committees are effective in helping the poor and the needy;

(c) steps being taken by Government to ensure regular meetings of these Committees, and make their welfare role more effective; and

(d) the details of Government's plan to include eminent persons from society besides officials in these Committees, and give them more and more administrative and financial powers?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) The Patient Welfare Committees [Rogi Kalyan Smitis (RKS)] are envisaged to be a registered society, for managing the affairs of health facility concerned. It comprises members from local Panchayati Raj Institutions (PRIs). Non Government Organisations(NGOs), local elected representatives, eminent persons from the community and officials from Government who are responsible for proper functioning and management of the health facility. The RKS is supported with annual corpus grant under NRHM and is also envisaged to receive the user charges, if any levied at the facility concerned. The RKS are empowered to manage the health facility and compensate for any service gaps. The RKS are being highly effective in the States and are helping the poor and needy. The Government has disseminated the guidelines for ensuring regular meetings of these committees so as to make them more effective. The functioning of RKSs is monitored as an integral part of Review Missions under the NRHM.

Status of Indian public health standards

‡799.SHRI LALIT KISHORE CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether structural, personnel, equipment and management standards have been defined in Indian public health standards;

‡Original notice of the question was received in Hindi