

- (iii) **Fixed Day Health Services (104 mobile):** The scheme aims to provide the last mile health care to the rural population that are located beyond 3 kms/of existing Primary Health Centers for reducing maternal and child mortality and treatment of chronic ailments.

**Specialist doctors visiting CGHS dispensaries in outlying areas**

3125. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that specialist doctors visiting CGHS dispensaries in outlying areas don't devote full duty hours there, thereby putting the patients to inconveniences;

(b) what are their duty hours during their visits to dispensaries and what check is exercised to ensure that they devote full hours of duty and do not restrict to examine only 20-25 patients on a day, for which the dispensaries are required to maintain rosters which are un-necessary; and

(c) whether instructions would be issued to examine all patients of the concerned dispensary who report upto 11.00 a.m. as is done in the hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Reports have been received about CGHS wellness centre (earlier known as dispensary) at NOIDA regarding inadequate consultations with specialists.

2. Medical specialists appointed against posts in CGHS, Delhi, are posted in Safdarjung Hospital and Dr. Ram Manohar Lohia Hospital. The working hours in these hospitals are 0900 hours to 1600 hours. These specialists visit CGHS Wellness Centres on rotation basis, to attend to patients between 0900 hours and 1330 hours. After finishing their engagements in the wellness centres, these specialists return to the hospitals in which they are posted.

3. As the time of visit by the specialists is fixed, prior appointments are fixed on the appointed day for consultations. As specialists are required to devote adequate time to each patient to diagnose the illness and to suggest the further course of treatment to be taken by the patient, it will be difficult for the specialists to see unlimited number of patients in a day. However, if, after consultations with all the patients fixed for the day is completed and there is still time, specialists do see patients who could not get appointment for consultation.

4. The arrangement of specialists visiting the Wellness Centres is in addition to the consultation being done at Government hospitals in Delhi.

5. CGHS cities outside Delhi do not have the facility of Central Government hospitals. Polyclinics are being run by the CGHS in many cities from where specialists function and their hours of functioning are 0730 hours to 1330 hours.

6. Further the CGHS beneficiaries registered with Wellness Centres located in outlying areas of NOIDA, Ghaziabad, Faridabad and Gurgaon also have option to have specialist's consultation, with permission of the concerned CMO in-charge, in any of the empanelled Private Hospitals.

#### **White paper on NRHM**

3126. SHRI SILVIUS CONDPAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government would bring out 'white paper' on the achievements of National Rural Health Mission in the country, State-wise;

(b) whether Government would examine the possibility of supplying free medicines and related medical facilities to the people of the rural areas belonging to BPL category; and

(c) whether Government will equip rural health centres with all required facilities to give necessary medical services to the people in the rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) There is no need to bring a white paper on the achievements of NRHM, since sufficient mechanisms are available from bottom to top to monitor/evaluate the progress made under NRHM viz:—

1. There are Village Health Sanitation Committees at the village level under local Panchayats to monitor the utilization of funds.
2. The Hospital Management Committees (Rogi Kalyan Samities) at various levels have been set up as registered societies with representation from Panchayati Raj Institutions for planning, implementation, utilization of funds and to monitor the Mission activities.
3. Community Monitoring has been undertaken and committees have been formed at various levels, with participation of PRI representatives, user groups and Community Based Organizations (CBOs)/NGO representatives to facilitate inputs in planning and monitoring process.
4. Common Review Mission (CRM) of NRHM having members from States, Union Government, Bilateral partners, NGOs, Experts assesses the progress of the NRHM every year.
5. The Ministry also has a Health Management Information System (HMIS) portal for all Public Health related information on a web based system.
6. The office of the Comptroller and Auditor General has also carried out a performance Audit in 33 States/UTs.
7. Periodically the Mission Steering Group (MSG) and the Empowered Programme