

Empanelment of multi-speciality hospitals under CGHS

1276. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any new multi-speciality private hospitals have recently been empanelled under the Central Government Health Scheme (CGHS) in Delhi and National Capital Region, as the present availability for such hospitals in the area is woefully inadequate and the CGHS card holders, particularly pensioners find it difficult to receive treatment on payment, for which reimbursement is made later and that too not in full and in certain cases only a fraction of the amount spent;

(b) if so, the details thereof; and

(c) if not, what steps are being taken to empanel more such hospitals under the scheme?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The CGHS, Delhi has around 115 private hospitals empanelled under it to provide treatment to CGHS beneficiaries. This number is not considered to be inadequate to meet the health care requirements of CGHS beneficiaries. If a pensioner CGHS beneficiary is referred to an empanelled private hospital by CGHS, the hospital provides cashless treatment to the beneficiary and forwards bill in respect of the treatment to CGHS for payment.

Implementation status of NRHM in Jammu and Kashmir

1277. SHRI G.N. RATANPURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the targets and achievements of National Rural Health Mission (NRHM) in Jammu and Kashmir;

(b) whether the achievements are below targets, if so, the reasons therefor;

(c) the steps taken or intended to ensure proper implementation of NRHM in Jammu and Kashmir;

(d) whether funds have been provided for establishment of trauma hospitals at different locations on Pathankot-Srinagar National Highway; and

(e) if so, the funds provided as also the actual requirement for establishing such hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) NRHM is a initiative for sector wide rejuvenation of Public Health delivery system in all States in accelerated mode over the period 2005-2012. The NRHM does not have a target based approach for States/UTs but there are expected outcomes outlined in the NRHM Implementation Framework which are as follows:—

- IMR reduced to 30/1000 live births by 2012.

- Maternal Mortality reduced to 100/100,000 live births by 2012.
- TFR reduced to 2.1 by 2012.
- Malaria Mortality Reduction Rate – 50% up to 2010, additional 10% by 2012.
- Kala Azar Mortality Reduction Rate – 100% by 2010 and sustaining elimination until 2012.
- Filaria/Microfilaria Reduction Rate – 70% by 2010, 80% by 2012 and elimination by 2015.
- Dengue Mortality Reduction Rate – 50% by 2010 and sustaining at that level until 2012.
- Cataract operations-increasing to 46 lakhs until 2012.
- Leprosy Prevalence Rate – reduce from 1.8 per 10,000 in 2005 to less than 1 per 10,000 thereafter.
- Tuberculosis DOTS series – maintain 85% cure rate through entire Mission Period and also sustain planned case detection rate.
- Upgrading all Community Health Centers to Indian Public Health Standards.
- Increase utilization of First Referral units from bed occupancy by referred cases of less than 20% to over 75%.
- Engaging 6,00,000 female Accredited Social Health Activists (ASHAs) etc.

Since the launch of NRHM, the Jammu and Kashmir State has reported effective and efficient implementation of NRHM. As per the latest report, 6788 Village Health and Sanitation Committees (VHSCs) have been constituted and 5215 Joint Accounts are operational in the State. Rogi Kalyan Samiti is operational at 14 District Hospitals, 87 Community Health Centres (CHCs) and 375 Primary Health Centres (PHCs). All the districts have started developing their own Integrated District Health Action Plan (IDHAP). 44 CHCs and 14 District Hospitals are functioning as First Referral Units (FRUs).

9500 Accredited Social Health Activists (ASHAs) have been selected and 9500 are trained in 1st Module. About 9500 ASHAs have been provided with drug kits. 1742 Sub-centres are functional with an ANM.

295 Sub-centres (SCs) are strengthened with 2nd ANM, 346 Staff Nurses, 375 ANMs have been recruited on contractual basis.

State of Jammu and Kashmir have been advised to accelerate the implementation of steps for better health care services at grass root level. Regular State visits and hand-holding workshops are conducted to address the areas which need support in the State. Experience sharing workshops are also convened where States share their best practices for benefit of other States.

(d) and (e) Yes, Sir. Government of India has provided funds for establishment of trauma hospitals at different locations on Pathankot-Srinagar National Highway and the financial assistance provided is as follows:—

(Rs. in lakhs)		
Government Hospital at Gund, Srinagar	2006-07	Rs. 150
Government Hospital at Qazigund, Anantnag	2006-07	Rs. 150
PHC Mahanpur, Dist. Kathua	2006-07	Rs. 131.38

Healthcare system in India

1278. SHRI PRASANTA CHATTERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of registered nurses as on 31 December, 2009, State-wise;
- (b) the number of registered/unregistered nursing homes in India; and
- (c) the number of unregistered/private hospitals in India?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The number of registered nurses, State-wise, available as on 31.12.2008 is given in the Statement (See below).

(b) and (c) Health being a State subject, such information is not being maintained Centrally.

Statement

State-wise number of registered nurses in India

Sl. No.	State	Total No. of Registered Nurses in India as on 31.12.2008		
		A.N.M.	G.N.M.	L.H.V.
1	2	3	4	5
1.	Andhra Pradesh	107986	109597	2480
2.	Assam	18266	13982	N.A.
3.	Bihar*	7501	8883	511
4.	Chhattisgarh	1900	2876	1352
5.	Delhi	2020	22113	N.A.
6.	Gujarat	36216	87379	N.A.
7.	Haryana*	13727	17821	694
8.	Himachal Pradesh	10152	8550	491
9.	Jharkhand*	3405	1998	137