

1	2	3	4
Physicians at CHC's	108	18	90
Paediatricians at CHC's	108	33	75
Radiographers at CHC's	108	NA	NA
Pharmacists at PHC's and CHC's	952	291	661
Laboratory technicians at PHC's and CHC's	952	557	395
Nurse midwife/ Staff nurse at PHC's and CHC's	1600	3014	*

Source: RHS Bulletin, March, 2009, (Table no. 16-18, 20-22, 24-27 and 28A-32).

NA: Not Available.

\*: Surplus

#### Acquisition of land for building private hospitals

1340. SHRI B.S. GNANADESIKAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether some private hospitals acquired land for building hospitals from the State and Central Governments on the pledge and agreement for treating certain number of poor patients; and

(b) if so, the details of hospitals which acquired land under this agreement especially in metro cities?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD):  
(a) and (b) Health being a State subject, such information is not maintained centrally. However, in so far as hospitals in Delhi are concerned, the Land and Development Office has intimated that they have allotted land to the following five private hospitals:

- (1) Sir Ganga Ram Hospital
- (2) Delhi Hospital Society
- (3) VIMHANS
- (4) Mool Chand Khairati Ram Hospital
- (5) St. Stephens Hospital
- (6) An additional strip of land measuring 772 sq. yds. was allotted to R.B. Seth Jessa Ram Hospital for its expansion. Initially, the land had been allotted by DDA.

The condition of free treatment was incorporated in respect of two hospitals, namely, Veravali International Hospital (Delhi Hospital Society) and VIMHANS (Dr. Vidya Sagar Kaushaiya Devi Memorial Trust).

However, the Hon'ble High Court of Delhi judgment dated 23.03.2007 in the matter of Social Jurist vs. A Lawyers Group has ordered that all 20 hospitals stated in the judgment and all other hospitals identically situated shall strictly comply the terms of free treatment to indigent/poor persons of Delhi (25% OPD and 10% IPD patients) free of charges in all respect. Accordingly, directions have been issued to the hospitals for strict compliance of Court orders.

#### **Female foeticide in the country**

1341. DR. YOGENDRA P. TRIVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in India seven lakh girls are killed unborn in the womb every year; and

(b) if so, the details thereof and the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) Data on number of girls killed unborn in the womb is not maintained. As per the Sample Registration System of RGI-India, the sex ratio (female per 1000 male) at birth by residence for India for the period 2006-08 (3 years average) has been estimated as 904.

The major reasons for declining sex ratio include sex selection followed by female foeticide, female infanticide, early childhood neglect of the girl child, son preference, dowry, insecurity and male bias in enumeration of population.

#### **Infant mortality rate in tribal dominated States**

1342. SHRI P. RAJEEVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the rate of infant mortality in tribal dominated States;

(b) the details of comparison of the same with the national rate; and

(c) whether there has been a change in the infant mortality rates in the past three years in these States and if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Infant Mortality Rate (IMR) for the country as a whole and different States including tribal dominated states along with change from 2006 onwards is given in Statement.