

to <150 per 100,000 live births by 2015. As per the estimates available from the Office of Registrar General of India, the MMR declined from 254 per 100,000 live births in 2004-06 to 212 per 100,000 live births in 2007-09 observing an average annual decline of 5.5%. Even if the annual rate of decline of 5.5% observed between 2004-06 and 2007-09 continues (although it is expected to improve in view of increased institutional deliveries post 2008), India's MMR will decline from 212 in 2007-09 to 143 by 2015, well below the MDG Target. In fact, a reduction of 388 points (about 86%) has already been achieved by 2008 against the required reduction of 450 points by 2015.

Statutory Audit Report of NRHM

1124. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Ministry has made it mandatory for the State Governments to disclose several important aspects of the Mission on the State's National Rural Health Mission (NRHM) website;
- (b) if so, the details of those important aspects;
- (c) whether the Ministry has made Statutory Audit Report a must for release of the second tranche of funds; and
- (d) the number of States which have compiled with audit report; and how many have not?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) Funds are made available to States for implementing the National Rural Health Mission (NRHM) and the primary responsibility for proper financial management lies with the States. However, while approving the State Programme Implementation Plan for the year 2012-13, the States have been directed to ensure mandatory disclosure on the State NRHM website of the following:—

- (i) Facility-wise deployment of all contractual staff engaged under NRHM with name and designation;
- (ii) MMUs-total number of MMUs, registration numbers, operating agency, monthly schedule and service delivery data on a monthly basis;

- (iii) Patient Transport ambulances and emergency response ambulances-total number of vehicles, types of vehicle, registration number of vehicles, service delivery data including clients served and kilometres logged on a monthly basis;
 - (iv) All procurements-including details of equipments procured;
 - (v) Buildings under construction/renovation -total number, name of the facility/hospital along with costs, executing agency and execution charges (if any), date of start and expected date of completion.
- (c) Yes.
- (d) Out of 35 States/UTs, only 17 (Seventeen) States/UTs have submitted the Audit Report and 18 (Eighteen) States/UTs have not yet submitted the Audit Report for the F.Y. 2011-12.

Standard cost for treatment

1125. SHRI OM PRAKASH MATHUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware that many private hospitals in India conduct unnecessary medical tests and procedures for treatment to mint money from patients;
- (b) if so, whether the Ministry will classify one standard for all Hospitals with quality services to be offered by them so that standard cost could be evolved for treatment of different diseases/categories of patients; and
- (c) whether Government will also ask the private hospitals to display treatment cost for diseases like Heart attack, Stroke, Diabetes, Cancer etc. and notify standard cost for medical procedures such as angioplasty, bypass surgery etc.?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Health is a State subject. No such information is maintained centrally and it is primarily the responsibility of the State Governments to regulate and monitor private hospitals in the States.

However, Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted for registration and regulation of the Clinical Establishments and for matters connected therewith or incidental thereto. The Act has come into force in the States of Arunachal Pradesh, Himachal Pradesh, Mizoram and Sikkim and all