

(c) whether any patient has died from this disease, and the measures being taken to prevent this disease from repeatedly spreading in Delhi?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) There has been an increase in number of Influenza A H1N1 cases as compared to the previous two years. 615 laboratory confirmed cases and 11 deaths have been reported as on 21.02.2013 in National Capital Territory of Delhi.

The Government of National Capital Territory of Delhi has taken steps to increase awareness among public for adopting simple public health measures such as hand washing, covering the mouth while coughing, sneezing and avoiding crowded places. The high risk contacts of cases are being given chemoprophylaxis. Arrangements have been made in 8 laboratories and 22 hospitals for early diagnosis and treatment that would also reduce spread of the disease.

Collaborative initiative to Combat blindness

241. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the President of India while inaugurating the 28th Congress of the AsiaPacific Academy of Ophthalmology has stressed the need for the collaborative initiative to combat blindness across the country;

(b) if so, whether the number of blind persons in the country are increasing day by day;

(c) if so, whether private sector involvement would be strengthened to combat blindness across the country; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the report received from Dr. Rajendra Prasad Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, New Delhi, the Hon'ble President of India has stressed the need for the collaborative initiative to combat blindness across the country while inaugurating the 28th Congress of the Asia-Pacific Academy of Ophthalmology.

(b) With the continuous efforts of the National Programme for Control of

Blindness (NPCB) the prevalence of blindness in the country has come down from 1.1% (2001-02) to 1% (2006-07).

However, the number of new cases are also increasing due to increase in population and life expectancy.

(c) and (d) The NPCB provides for involvement of private sector, viz. identified Non-Governmental Organizations (NGOs), private practitioners etc. to combat blindness across the country as per the following norms:

1. Recurring grant-in-aid up to Rs. 750/- to NGOs for performing free cataract operations with Intra-ocular lens (IOL) implantation and upto Rs. 1000/- per case for treatment of other eye diseases;
2. Non-recurring grant-in-aid upto Rs. 30/- lakh to NGOs on a 1:1 sharing basis for expansion/up-gradation of eye units/NGO hospitals in rural and tribal areas;
3. Non-recurring grant-in-aid upto Rs. 15/- lakh for strengthening/developing of Eye Banks;
4. Non-recurring grant-in-aid upto Rs. 1 lakh for strengthening/developing of Eye Donation Centres;
5. Non-recurring grant-in-aid upto Rs. 50,000/- for setting up/strengthening Vision Centres;
6. Recurring grant-in-aid of Rs. 1500/- per pair of eyes to Eye Banks towards honorarium of Eye Bank Staff, consumables including preservation material and media, transportation/Petrol Oil Lubricant (POL) and contingencies;
7. Recurring grant-in-aid of Rs. 1000/- per pair of eyes collected to Eye Donation Centre towards honorarium of Eye Donation Centre staff, consumable including preservation material and media, transportation/travel cost/POL and contingencies;
8. Involvement of Private Eye Surgeons for delivery of primary eye-care services in rural areas and to provide treatment for disease like, diabetic retinopathy, glaucoma, squint, retina of prematurity (ROP), low vision etc. upto Rs. 1000/- per case.