श्री ज्योतिरादित्य माधवराव सिंधिया: सभापति महोदय, झारखंड के विषय में चार या पांच कारण हैं, जिससे वहां कार्य अभी भी लम्बित है। पहले तो तीन जिलों में कांट्रेक्वयुल इश्यूज हो गए हैं, कांट्रेक्टर और झारंखड स्टेट इलेक्ट्रिसिटी बोर्ड के बीच में। झारखंड स्टेट इलेक्ट्रिसिटी बोर्ड ने एक कमेटी गठित की है इसका सर्वेक्षण करने के लिए और क्या बैलेंस काम हैं इन तीन जिलों में। नम्बर-2 कारण हैं कि 16 जगहों पर फॉरेस्ट क्लीयरेंस अभी पैंडिंग है। नम्बर-3, जो मैंने कहा 32 के.वी.ए. और 133 के.वी.ए. की लाइनें 342 गांवों के लिए झारखंड सरकार की तरफ से आज तक उपलब्ध नहीं हुई हैं, जिसके लिए एक समाधान मैंने अपनी तरफ से, अपने मंत्रालय की तरफ से एक एक्सेप्शन के तौर पर झारखंड के लिए दिलवाया है। नम्बर-4, दो-तीन जिलों में लोकल लॉ एंड आर्डर इश्यूज हैं। जहां तक तीन जिलों का सवाल है, छतरा, सिमडेगा और गिरिडीह, यहां कुल मिलाकर एक हजार पैंतीस गांवों के लिए विद्युतीकरण की क्षमता में कमी है, क्योंकि यहां 132 और 33 के.वी.ए. की कनेक्टिविटी नहीं है। तो 37 करोड़ रुपए हमने अपनी तरफ से मंजूर किए हैं, 393 सर्किट किलोमीटर की लाईन 33 के.वी.ए. की लग जाएगी, जिसमें से 50 किलोमीटर लग चुकी है और शेष दिसम्बर, 2013 तक लग जाएगी।

MR. CHAIRMAN: Thank you.

Inadequate facilities provided by CGHS

*242. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has received any complaints about inadequate facilities, shortage of staff and delay in providing healthcare by the Central Government Health Scheme (CGHS) in various States including Kerala;

(b) if so, the details of the complaints received, State-wise for the last three years and the current year; and

(c) the action taken by Government to redress these grievances, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) A Statement is laid on the Table of the House.

Statement

The Central Government Health Scheme (CGHS) is providing comprehensive healthcare facilities to the Central Government employees and pensioners and some other select categories of persons in 25 cities across the country. Government has taken a large number of initiatives over last few years to improve the functioning of CGHS which have yielded positive results. However, the Ministry has also been receiving suggestions, representations and complaints on various aspects of the

functioning of this Scheme. The complaints reported from different States are generally of similar nature and can be broadly classified in the following categories:

1. The number of private hospitals on the panel of CGHS in some cities including Thiruvananthpuram, Kerala, is not adequate.
2. The number of CGHS dispensaries is not adequate.
3. Need to cover more cities under CGHS.
4. Shortage of doctors and staff in dispensaries.
5. Impolite and rude behavior of dispensary staff.
6. Delay in supply of indented medicines.
7. Overcharging and denial of credit facility by empanelled private hospitals.
8. Disruption in services due to break down in internet connectivity.
9. Delay in settlement of Medical Reimbursement Claims.
10. Delay in issue of plastic cards.
11. Non- supply of Ayurvedic medicines, etc.

Government has taken the following initiatives to improve the services of CGHS to its beneficiaries:

1. 'Continuous Empanelment Scheme' has been revived in all CGHS locations to empanel more number of eligible private hospitals and diagnostic/ imaging centres. The process of empanelment has also been decentralised by delegating powers at the city level.
2. CGHS beneficiaries residing in non-CGHS areas have been allowed to avail follow up and inpatient medical treatment in hospitals recognised under CS (MA) Rules and ECHS.
3. Ministry has mooted a proposal for opening at least one dispensary in the capital of the States where CGHS is not in operation.
4. CGHS engages retired Government doctors on short term contract basis to address the shortage of doctors wherever required. The powers to

engage retired doctors on contract basis have also been delegated at city level.

5. Instructions have been issued to the doctors and other staff to be polite and courteous in their behaviour towards the beneficiaries.

6. There is a provision to penalise the authorised local chemists for delay in supply of indented medicines.

7. Appropriate actions are taken against the defaulting hospitals for overcharging and denial of credit facility.

8. Instructions have been issued to provide consultation/treatment even in case of breakdown of internet connectivity. Instructions have also been issued to create standby arrangement to ensure uninterrupted services.

9. Continuous monitoring of MRCs are done at the level of Additional Directors to ensure timely settlement. Time limit of 45 days has been fixed for final settlement of MRCs.

10. The requirement for referral /permission for diagnostic tests/investigations has been done away with.

11. 'SMS-Alert' system has been introduced by CGHS for close contact with CGHS beneficiaries

12. CGHS beneficiaries can avail medical consultation and medicines from any CGHS Wellness Centres across the country.

13. Biometric System for recording attendance has been introduced in CGHS to ensure punctuality.

MR. CHAIRMAN: Question 242.

DR. T.N. SEEMA: Sir, in the reply, the hon. Minister has stated that there is a proposal for opening, at least, one dispensary in the Capital of the States where CGHS is not in operation. But it is not enough, Sir. In Kerala, there is a centre in our Capital city, Trivandrum, but it is in the southern most part of the State. More than 15,000 patients are registered in that Centre, which is 600 kilometres away from the northern District. Everyday, 300 patients come to this Centre for treatment. Sir, only two Doctors are there and acute shortage of staff is also there. There is a huge demand for opening more centres in other Districts also. My question,

through you, Sir, is: will the hon. Minister consider starting more centres in other Districts, one in the middle part of Kerala State, that is, Ernakulam District, and, one in the northern part of the State, that is, Kozhikode District.

SHRI GHULAM NABI AZAD: Mr. Chairman, Sir, first of all, we shall have to understand that this scheme was conceived way back in 1954 only for the city of Delhi and for Government of India employees. Over a period of time, this has now spread over most of the States in 25 cities.

So, since this scheme has been over-stretched over a period of time, it is not possible both physically, in terms of providing the human resource from this place to the entire country, and also financially because initially whatever finances were earmarked were only for Delhi and now it is being spread across the country. So, I think, in that context, we must understand that it is very difficult to open dispensaries in each region and each district. In so far as Thiruvananthapuram is concerned, we have three allopathic dispensaries, one homeopathic dispensary and one ayurveda dispensary there. Total number of doctors is thirteen — ten in allopathic, one in homeopathic and two in ayurveda dispensaries — and there is zero vacancy. Notwithstanding this, the Government of India has taken a decision over a period of time since we do not have enough wellness centres or dispensaries across the country and the location of these wellness centres or dispensaries in a particular State is confined to one to three. In other States where we do not have any CGHS dispensaries, the diagnostic centres and private hospitals are being empanelled. What is most unfortunate is that in these three cities in the country, that is, Thiruvananthapuram, Mumbai and Shillong, we do not get any private hospitals. One of the questions being raised is that the CGHS money is being offered to the private hospitals for different procedures. But I wonder if in Delhi, in Bangalore, in Calcutta and in Hyderabad, the same money is being offered by the CGHS for the same procedures, why the private hospitals are not coming forward in the city of Thiruvananthapuram. But now, for these three cities, we have made some different provision, that is, the Government of India's employees, those who are serving beneficiaries, can go to any private hospital or diagnostic centre and the reimbursement will take place, but on the rates of CGHS.

DR. T.N. SEEMA: It is very unfortunate to say that the figures are not correct. I myself am a CGHS beneficiary and I know very much that these figures are not correct. Please check it with the Thiruvananthapuram office. Sir, it is a matter of great relief that the Minister is aware of the problems. Those problems

are registered here. There is a long list and the initiatives to improve the service are also given. You are aware of the problem. But, what is the redressal mechanism? There is no foolproof redressal mechanism existing in the CGHS system. My question is: Will the Government consider bringing a foolproof, accessible, result-oriented redressal mechanism or system in the CGHS?

SHRI GHULAM NABI AZAD: Sir, in the recent past, we have taken a number of initiatives to improve the services of CGHS to its beneficiaries. Earlier the empanelment of private hospitals used to be done once in three years. Then it was reduced to one year. Now, this has been made a continuous process. Private hospitals, as and when they come and accept the rates being offered by the CGHS, can be empanelled. Also, the process of redressal of complaints has been decentralized by delegating the powers to the city level. Earlier, the report would come to the regional level or the central level. Now, it is taken care of at the city level. The CGHS beneficiaries residing in non-CGHS areas have been allowed to avail follow-up and in-patient medical treatment in hospitals recognized under CSME rules.

MR. CHAIRMAN: All right. Thank you.

SHRI SHANTARAM NAIK: Sir, while I appreciate the efforts of hon. Health Minister to improve the CGHS in the country, Goa is one State where there is no CGHS empanelled hospital. Nor there is any dispensary. I would like to know from the hon. Minister whether he is thinking of empanelling any hospital in Goa or opening dispensaries for the benefit of CGHS beneficiaries.

SHRI GHULAM NABI AZAD: Sir, the hon. Member will be too happy to know that in almost 9-10 State capitals where we do not have even one dispensary, and Panaji is one among those States, we are going to make a dispensary there.

SHRI TARUN VIJAY: Sir, in most of the hill areas in the Himalayan region, there are Central Government employees. They are doing a wonderful job. They are not only defending the borders but also providing various services to the local-people. But, unfortunately, like it has happened in my State of Uttarakhand, right from Chushul in Ladakh to Barahoti in Uttarakhand, in Kedarnath region of Uttarakhand, in Niti Mana area, the border, which is facing the Chinese in Tibet.

MR. CHAIRMAN: Question please.

SHRI TARUN VIJAY: There is hardly any dispensary or CGHS medical facility. They ask us why they should be stationed in such areas where there is no medical facility. I had been to Arunachal Pradesh, and there is no such medical facility or dispensary for a Central Government employee. I would like to know this from the hon. Minister. If there is any scheme, what is the number of such medical facilities provided by the CGHS in the Himalayan Border Region?

SHRI GHULAM NABI AZAD: Sir, I have already said that there are 9-10 State capitals, including Dehradun, where we do not have even a single dispensary, and we are going to open one dispensary in each State capital in such States.

SHRI TARUN VIJAY: Sir, Dehradun is not a border area.

SHRI GHULAM NABI AZAD: I think you know more than I know that in border areas, the Army and the paramilitary forces have their own hospitals, and they have their own arrangements.

DR. YOGENDRA P. TRIVEDI: Sir, I come from Bombay and a large number of Government Departments are located there. *...(Interruptions)...* It is all right. It is Mumbai. If you want me to use any other name, I am prepared to do it. *...(Interruptions)...* It does not make any difference whether you call it Bombay or Mumbai. *...(Interruptions)...*

MR. CHAIRMAN: Please go ahead.

DR. YOGENDRA P. TRIVEDI: It is still a very charming city. The CGHS dispensary in Mumbai is hopelessly or very inadequately supplied. The premises are not their own. They are occupying the premises along with so many Government Departments like the Income Tax Department, the Audit Department and the Lighthouses Department. All of them are there. I think it is very necessary that in the city of Mumbai, the CGHS dispensary, which looks after all the Government employees as well as people coming from Maharashtra from various corners, properly looks after all of them. A separate place, just as we have here in Parliament House Annexe, is necessary where you can have adequate instruments, adequate gadgets and people can be looked after. What are your plans for the city of Mumbai, which is an equally important city?

SHRI GHULAM NABI AZAD: Sir, there is no denying the fact that Mumbai city is important for the entire country, not just for the people of Maharashtra. As I have already told the hon. Member from Thiruvananthapuram, the same facilities,

which we are providing to the beneficiaries of Thiruvananthapuram, are for the city of Mumbai. Insofar as new buildings or separate stand-alone buildings for the CGHS are concerned, that is a good suggestion for consideration.

Exchange rate of Indian rupee

*243. DR. KANWAR DEEP SINGH: Will the Minister of FINANCE be pleased to state:

(a) the method and reason behind calculating the Real Effective Exchange Rate (REER) of the Indian Rupee;

(b) the weightage assigned to various currencies while calculating the index along with the reasons therefor; and

(c) the details of REER of the Indian Rupee between 2004-2013?

THE MINISTER OF FINANCE (SHRI P. CHIDAMBARAM): (a) to (c) A Statement is laid on the Table of the House.

Statement

Real Effective Exchange Rate (REER) is used as an indicator of external competiveness of the country over a period of time. REER captures movements in cross-currency exchange rates through the index of Nominal Effective Exchange Rate (NEER) as well as inflation differentials between India and its major trading partners.

NEER is the weighted average of bilateral nominal exchange rate of home currency in terms of foreign currencies. REER is defined as a weighted average of nominal exchange rates of the home currency in terms of the foreign currencies adjusted for relative price differential. REER is based on the purchasing power parity (PPP) hypothesis. REER has mainly three parameters (i) exchange rate of respective country, (ii) trade weights and (iii) relative prices.

REER Index for Indian rupee is computed based on six currency as well as thirty six currency basket. The six currency index represents currencies of United States of America (US dollar), the Eurozone (Euro), United Kingdom (Pound sterling), Japan (Yen), China (Renminbi) and Hong Kong (Hong kong dollar). While the 36 currency index represents currencies of Argentina, Australia, Bangladesh, Brazil, Canada, Taiwan, Egypt, Indonesia, Iran, Israel, Kenya, Korea, Kuwait,