(SCI) and 50 Tertiary Care Cancer Centres (TCCC) in different parts of the country. The maximum assistance inclusive of State Share for SCI is ₹ 120 crores and for TCCC is ₹ 45 crores. The Central and State share will be in the ratio 75:25, and for North East and Hill States this ratio would be 90:10.

In the 12th Five Year Plan, ₹ 6000 crores has been allocated under NPCDCS for interventions upto the district level under National Health Mission and an allocation of ₹ 3200 crores for the Tertiary care component. During 2012-13, ₹ 300 crores was allocated under the NPCDCS programme. During 2013-14, ₹ 300 crores was allocated for NPCDCS under National Health Mission and ₹ 365 crores allocated for the tertiary component.

Government of India also provides treatment of cancer through Central Government Hospitals/Institutions in different parts of the country such as All India Institute of Medical Sciences, Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, PGIMER Chandigrh, JIPMER Puducherry, Chittranjan National Cancer Institute, Kolkata etc. Oncology in its various aspects has focus in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY). The proposal of setting up of National Cancer Institute at Jhajjar and development of 2nd campus of Chittranjan National Cancer Institute, Kolkata has also been approved. Financial assistance to patients is also provided under the Health Minister's Discretionary Grant and Health Minister's Cancer Patient Fund under Rashtriya Arogya Nidhi. The treatment in Government institutions is either free or subsidized

Poor conditions of rural healthcare facilities

†241. DR. BHUSHAN LAL JANGDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) by when the paucity of healthcare facilities would be addressed in the rural areas;

(b) whether action is taken against the doctors who do not visit the rural areas;

(c) whether it is a fact that a large number of people go to the cities for treatment where they are exploited by the private hospitals due to lack of proper treatment in Government hospitals and consequently they have to sell their properties at throw away prices to get the treatment; and

(d) whether every citizen of the country gets free healthcare and education and whether Government would intend to consider it?

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†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Paucity of health care facilities in rural areas is being addressed by the State/UT Governments and Union Government under National Health Mission (NHM). Public Health being a State subject, the primary responsibility to provide health care facilities lies with State Governments. However, under the National Rural Health Mission (NRHM), financial support is provided to States/UTs to strengthen their healthcare system including through setting up/up-gradation of public health facilities within the approved norms and resource envelope of NRHM. As a result of the efforts of Government of India and State/UT Governments, there is improvement in access to health care facilities as is evident from following table:

Facility	2005	2013
Sub Health Centre (SCs)	146026	151684
Primary Health Centre (PHCs)	23236	24448
Community Health Centre (CHCs)	3346	5187

Source: RHS Bulletin, 2013

(b) The posting of doctors in rural areas is done by the State/UT Governments. Therefore, all administrative, personnel and disciplinary matters pertaining to the State/UT Government doctors lie entirely in the domain of State/UT Governments.

(c) As per National Sample Survey Organisation (NSSO) (60th round) report, (January-June 2004) a large proportion of total ailments were treated from the private sources- 78 per-cent in the rural areas and 81 per-cent in the urban areas. In case of In-patient care about 58 and 62 per cent of the hospitalized cases, in the rural and urban areas, respectively, were treated by the private institutions. As per this report, 72% of total health expenditure in India is through out of pocket expenditure and average total expenditure for hospitalised and non-hospitalised treatment in private facilities is considerably more than that in public health facilities.

(d) As mentioned above, Public Health is a State subject and status of out of pocket expenditure on health care is different in different States. Under National Health Mission (NHM) support is being provided to States/UTs to provide affordable, accessible and quality health care to people largely through strengthened public health system. Under this support, following services are expected to be provided free of cost to all citizens who access these services in public health facilities:

- Maternal and Reproductive Health services,
- The Universal Immunization Programme (UIP) that provides immunization against 7 vaccine preventable diseases and free TT vaccination,

- Pulse Polio Immunization [PPI],
- Family Planning supplies and services,
- Child Health services that include both Home Based and facility based New born Care,
- Communicable diseases services:
  - — Investigation and treatment for Malaria, Kala azar, Filaria, Dengue, JE and Chikungunya,
  - — Detection and treatment for Tuberculosis including MDR-TB,
  - — Detection and treatment for Leprosy,
  - — Detection, treatment and counseling for HIV/AIDs.
- Non communicable diseases services:
  - — Cataract surgery for Blindness control- over 6 million free cataract surgeries done every year,
  - — Cornea transplant,
  - — Glaucoma/Diabetic Retinopathy,
  - — Spectacles to poor children.

Besides above, under the national initiative of "Janani Shishu Suraksha Karyakram" (JSSK), every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions. The entitlements includes free drugs and consumables, free diagnostics, free diet, free blood wherever required, free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements are in place for sick infants up to one year of age and cases of ante natal and post natal complications as well.

Under the national initiative of Rashtriya Bal Swasthya Karyakram (RBSK), support is being provided to States/UTs for Child Health Screening and Early Intervention Services through early detection and early management of common health conditions classified into 4 Ds *i.e* Defects at birth, Diseases, Deficiencies, Development delays including disability. Treatment including surgeries at tertiary level is free of cost under this initiative.

Under the National Ambulance Services (NAS), support under NHM is provided to States for patient transport particularly the pregnant women (for delivery), sick infants and patients needing trauma care.

NHM is also providing funding to States/UTs to provide free essential drugs and free essential diagnostics in public health facilities under the NHM - Free Drugs Service and NHM - Free Diagnostic Service Initiatives respectively.

The Parliament has enacted The Right of Children to Free and Compulsory Education (RTE) Act, 2009 which provides for free and compulsory education for all children in the age group of 6-14 years. In order to ensure that all the children get an opportunity to go to school, Sarva Shiksha Abhiyan (SSA), which is the main vehicle for meeting the objectives of the RTI Act, provides for opening of new schools, construction of schools buildings, construction of additional classrooms, additional teachers as per PTR, free textbooks to all children in Government and Government aided schools, Urdu textbooks provided for Urdu medium schools & for Urdu as a subject, as a part of the free textbooks assistance under SSA, Free Uniforms (two sets) to all girls and children belongings to SC/ST/BPL families in Government schools.

Violation of norms for treatment of EWS patients

242. SHRI VIJAY JAWAHARLAL DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether 49 private hospitals in Delhi had been identified and directed to provide free treatment to EWS-category patients;

(b) if so, whether neither court orders or regular inspection by Government nor fines imposed for violations seem to be working in favour of the poor seeking treatment in private hospitals;

(c) whether as many as 235 beds out of the available 600 plus marked for patients from the economically weaker sections of society, are listed as "vacant" in hospitals across the National Capital; and

(d) if so, the action Government proposes to take against these hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI HARSH VARDHAN): (a) to (d) Information is being collected and will be laid on the Table of the House.

Scarcity of Doctors at CGHS Allopathic Dispensary, Dwarka

243. SHRIMATI AMBIKA SONI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) when the CGHS Allopathic Dispensary, Dwarka, New Delhi was started;

(b) the number of registered beneficiaries as on 1 April, 2014 and the staff position of medical and para-medical officers in the dispensary;