and treatment for Diabetes are provided in various Government Institutions. In addition, under NPCDCS, diagnosis and treatment facilities are provided through different levels of healthcare including NCD Clinics located in District Hospitals and Community Health Centres (CHCs).

ICMR is supporting Research for development of low cost diabetes diagnostic tools.

Poor treatment facilities for economically weaker Sections people

286. DR. PRADEEP KUMAR BALMUCHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that private hospitals are not treating the patients belonging to economically weaker sections and they are not looked after properly;

(b) if so, the details thereof;

(c) whether it is a fact that inspection of the identified private hospitals have not been done regularly which is the cause to this problem; and

(d) the measures being taken by Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (d) Health is a State subject and no such information is maintained centrally. However Government of NCT of Delhi has informed that 34,725 indoor and 10,50,886 outdoor patients belonging to the Economically Weaker Sections (EWS) were provided free treatment at private hospitals during 2013-14. In the first half of the current financial year *i.e.* 2014-15, 17,374 indoor and 4,91,523 outdoor patients have been provided free treatment.

Inspections of private hospitals are done regularly. During 2014, 36 inspections have been conducted by the Monitoring Committee constituted by Government of NCT of Delhi. Further, a meeting was held on 07.06.14 by the Government, of NCT of Delhi with the private hospitals to improve the coverage of poor patients. An on-line facility for booking of beds for poor patients in private hospitals has been launched on 07.06.2014 and nodal officers have been sensitized to refer patients in EWS category to private hospitals.

National organ and tissue transplantation organisation

287. SHRI RANJIB BISWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposes to set up the country's first National Organ and Tissue Transplantation Organisation (NOTTO);

(b) if so, the details thereof and its location along with the details of the benefits likely to accrue to the general public as a result thereof;

(c) the time by which NOTTO is likely to start functioning;

(d) whether Government proposes to set up NOTTO-like institutions in all State capitals particularly in Bhubaneswar, the capital of Odisha; and

(e) if so, the details thereof and, if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Yes.

(b) and (c) The National Organ and Tissue Transplant Organization (NOTTO) has been set up in New Delhi. It has become partially functional. It will result in ensuring increased availability of organs/tissues retrieved from deceased donors and help save lives of many persons suffering from end stage organ failure.

(d) and (e) Since health is a State subject, the Government of India will provide support to States under the National Organ Transplant Programme to set up Regional Organ and Tissue Transplant Organisations/State Organ and Tissue Transplant Organisations. It is envisaged that all new AIIMS like institutions including the one at Bhubaneshwar would eventually have such a facility.

Widespread prevalence of Sickle Cell Anaemia in Maharashtra

288. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that Sickle Cell Anaemia is widely prevalent amongst the tribal children of Maharashtra;

(b) if so, the details thereof and the number of children who died due to this disease during the last three years, year-wise; and

(c) the details of remedial measures Government proposes to take to prevent this disease in tribal inhabited areas of Maharashtra?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Yes. As per the information furnished by Government of Maharashtra, Sickle Cell Disease Control Program is being implemented in 20 districts of Maharashtra in phases since 2007-08. Out of the 20 districts, 10 districts are having significant tribal population. From 2007-08 to Oct. 2014, a total of 75, 46,046 screening