

Non-admitting of terminally ill or emergency patients by hospitals

629. SHRI MD. NADIMUL HAQUE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has received complaints regarding hospitals refusing to treat a terminally ill or an emergency patient, if so, the details thereof;

(b) whether there exists a mechanism to take action against a hospital not admitting a terminally ill or an emergency patient, if so, the details thereof; and

(c) the details of hospitals against whom action has been taken for not admitting terminally ill patients, State-wise details for last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) Since Health is a State subject, no such information is maintained centrally. It is the responsibility of the respective State Government/ Union Territories to take action against such hospitals which are not admitting terminally ill patients. In so far as the three Central Government Hospitals in Delhi viz. Safdarjung Hospital (SJH), Dr. Ram Manohar Lohia Hospital (Dr. RMLH) and Lady Hardinge Medical College (LHMC) & Associated Hospitals are concerned, all patients coming to casualty are well attended to and given appropriate emergency treatment.

Action plan to achieve child mortality target

630. SHRI BAISHNAB PARIDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India has missed 2015 child mortality target;

(b) whether Government has worked out an action plan for the same;

(c) which are the sensitive regions in the country, that need added attention; and

(d) what is the action plan of Government to attend fast to such regions to achieve better results?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) India has made steady progress in reduction of Under-five mortality Rate (U5MR) from 126/1000 live births in 1990 to 49/1000 live births in 2013 as per the Sample Registration System Report (SRS) issued by the Registrar General of India (RGI). India may come close to achieving MDG-4 target of Under 5

mortality rate 42/1000 live births, provided the current trend of annual decline of 6.6 per cent continues.

(b) Ministry of Health and Family Welfare, GoI has adopted an integrated approach for Reproductive, Maternal, New Born, Child and Adolescent Health (RMNCH+A) in India to address the major causes of mortality among women and children as well as the delays in accessing and utilising health care and services. Increasingly emphasis is on establishing the 'continuum of care', which includes integrated service delivery in various life stages including the adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age.

(c) and (d) The Ministry of Health and Family Welfare has identified bottom 25% of the districts according to the composite index based on available evaluated data on representative maternal and child health indicators. The LWE and tribal districts falling in bottom 50% were also declared as the "high priority districts" (HPD). Currently, 184 districts fall under this category.

The HPDs have been identified for intensification of efforts which are being supported through interventions like gap analysis, relaxation of norms for strengthening service delivery, priority interventions through life cycle approach, special strategies, packages and incentives and demand generation. To expedite all these measures, 30% higher financial allocation has been mandated for these districts. In order to monitor, the progress made by HPDs, a composite index has been developed representing the various phases of life-cycle.

Home visit by CGHS Doctors

631. SHRI RAM KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that CGHS Doctors are required to examine CGHS beneficiaries of the age of 75 years and above at home at regular intervals and if so, the details thereof;

(b) whether it is also a fact that CGHS is not following the said instructions; and

(c) the steps taken to ensure compliance of the said instructions?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per existing instructions, CGHS doctors are required to make at least one domiciliary visit per month to each CGHS beneficiary of 80 years and above.