

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, Gol 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.

- (b) These instructions are largely being followed.
- (c) The above instructions have been re-iterated recently by Directors CGHS.

Physiotherapists for paraplegic CGHS beneficiaries

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

- (a) whether there is any proposal to provide the facility of Physiotherapist at home to paraplegic CGHS beneficiaries, if not, the reasons therefor;
- (b) the details of measures taken to provide best medical care facilities to paraplegic CGHS beneficiaries; and
- (c) the total number of paraplegic CGHS beneficiaries and whether there is any proposal to issue special cards to paraplegic CGHS beneficiaries and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) There already exists provision for domiciliary rehabilitation medical intervention including physiotherapy for CGHS beneficiaries as per the guidelines issued *vide* this Ministry's Office Memorandum No. S-11011/24/2011-CGHS (P) dated 1.6.2011 (copy enclosed).

(c) CGHS does not maintain separately the record of the number of paraplegic CGHS beneficiaries.

At present, there is no proposal to issue separate cards to paraplegic beneficiaries. It is difficult to issue special cards to the CGHS beneficiaries suffering from a particular disease.

**Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi 110 108**

No: S. 11011/24/2011-CGHS (P)

Dated, the 1st June, 2011

OFFICE MEMORANDUM

Subject: Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries.

The undersigned is directed to as per extant instructions, domestic rehabilitation of CGHS beneficiaries is not permitted and the patients have to go to hospitals for physiotherapy, etc. CGHS received representations with the request that domiciliary