

1	2	3
12.	Karnataka	2480
13.	Kerala	624
14.	Madhya Pradesh	5696
15.	Maharashtra	9836
16.	Manipur	22
17.	Meghalaya	16
18.	Mizoram	31
19.	Nagaland	34
20.	Odisha	6325
21.	Punjab	497
22.	Rajasthan	1100
23.	Sikkim	17
24.	Tamil Nadu	3077
25.	Telangana	2264
26.	Tripura	52
27.	Uttar Pradesh	12583
28.	Uttarakhand	235
29.	West Bengal	9175
30.	Andaman and Nicobar Islands	29
31.	Chandigarh	117
32.	Dadra and Nagar Haveli	202
33.	Daman and Diu	18
34.	Delhi	1691
35.	Lakshadweep	15
36.	Puducherry	36
TOTAL		90709

#### **Medicines in the remote villages**

2191. DR. AMEE YAJNIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has any roadmap so as to make medicines available in the remote villages of India; and

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

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) “Public Health and Hospitals” being a State subject, the primary responsibility to make medicines available in the remote villages is that of respective State Government. Under the National Health Mission (NHM), the central Government has initiated NHM Free Drugs Service Initiative which supplements the efforts of State/UT Governments for provision of free essential medicines in public health facilities including health facilities in remote villages.

As on date, all States/UTs have notified policy to provide free essential drugs in public health facilities.

Under the NHM, financial and technical support is provided to the States/UTs not only for provision of essential drugs free of cost in public health facilities but also for strengthening/setting up robust systems of procurement, quality assurance mechanism, warehousing, prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines, and IT backed supply chain management systems like Drugs and Vaccines Distribution Management Systems (DVDMS).

#### **Health Minister’s Discretionary Grant**

2192. DR. BANDA PRAKASH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of patients who have been catered to under the Health Minister’s Discretionary Grant (HMDG), the State-wise data thereof;

(b) whether there is a concentration of funds being granted to some States; and

(c) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) State-wise details of patients benefitted and financial assistance provided under Health Minister’s Discretionary Grant (HMDG) during the last three years are given in the Statement (*See* below).

(b) and (c) Release of funds under Health Minister’s Discretionary Grant (HMDG) is made to Government hospitals and not to State Governments/UT Administrations, for treatment of selected life threatening diseases of patients eligible for financial assistance.