

availability of iodated salt at reasonable prices to the people, particularly those living in the remote and difficult areas.

(c) and (d) While the Govt. of Kerala has taken the position that while popularising the use of iodised salt the use of common salt should not be prohibited in view of the cost factor, no response has been received from Govt. of Andhra Pradesh. However, the Govt. of Andhra Pradesh has already made it compulsory to sell iodised salt only in those areas where Iodine Deficiency Disorder (IDD) is a problem. No resentment has been expressed by the States of Haryana, Himachal Pradesh, Orissa and West Bengal while acknowledging the letter of the Union Minister of State for Health & Family Welfare. The notification has been temporarily stayed by the High Court of Andhra Pradesh.

Improvement of Health Services in Assam

4193. DR. ARUN KUMAR SARMA:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of PM's declaration (October 1996) and recommendations of Shukla Commission in regard to improvement of Health Services in Assam;

(b) the details of specific proposals received so far from the Government of Assam with projected outlay;

(c) action taken by Government, progress of work, allocation made and commission schedule proposed; and

(d) the number of proposals pending for clearance with the reasons for delay in such clearance?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) (I) Prime Minister's statement on 26.10.96 at Guwahati contains the following important new

initiatives so far as improvement of health services in Assam is concerned;

- (i) Appointment of High Level Commission to examine the gaps in the basic minimum services & infrastructure needs in the North Eastern States including Assam and to suggest policies, programmes and found requirements to bridge the gaps.
- (ii) All Central Ministries/ Departments to earmark at least 10% Central resources of their budget for specific programmes in the North Eastern States.
- (iii) Upgradation of Guwahati Medical College, Assam.

(a) (II) As per para (i) above, a High Commission was appointed in November, 1996 under the Chairmanship of Shri S.P. Shukla, Member, Planning Commission, main recommendations one of the Commission on the improvements in health sector in Assam are as follows:

- (i) Creation of infrastructure in the primary health sector with advance action for recruitment of trained and qualified persons to use to facilities created without delay.
- (ii) The State Governments to raise resources to the extent of 15% of the allocation made by the Planning Commission for Basic Minimum Services (BMS). (This recommendation was followed while formulating the State Plans for 1996-97).
- (iii) Publication of full details about the schemes to be taken up, their location, estimated expenditure, and those responsible for the works to ensure transparency, greater accountability and prevent leakage.
- (iv) An effective monitoring system from the block up to state

administration with systematic and periodic reviews.

- (v) Establishment of a mechanism to relate credible assurances of maintenance of assets to the release of funds for new schemes.
- (vi) Under Basic Minimum Services, a total amount of Rs. 474.64 crores was recommended for tackling backlogs in health sector in Assam.
- (b) to (d) (i) As regards earmarking of 10% of the budget for specific programmes in the North Eastern States, Departments of Health and Indian System of Medicine have been exempted by the Planning Commission while the Department of Family Welfare has requested for similar exemptions.

(ii) The recommendations of the Shukla Commission report are under consideration of the Planning Commission for implementation by devotailing the schemes with the plans of the State Governments and Central Ministries/Departments/Agencies.

(iii) An advance Central Assistance (ACA) of Rs. 2.00 crores has been provided by the Planning Commission to the State Government for Guwahati Medical College, Assam for improvement of emergency care services. In addition, funds are being made available through North Eastern Council (NEC) for strengthening the Assam Medical College and Silchar Medical College.

Criteria for Setting up Blood Banks in the Country

4194. DR. ARUN KUMAR SARMA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the criteria fixed for setting up, registration and sanction of blood banks

in the country and State-wise new proposals pending for registration;

(b) whether any proposal for setting up of blood banks at North Lakhimpur in Assam have been pending for approval; and

(c) if so, since when, and the time by which these are likely to be cleared?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) The minimum requirement for licensing of Blood Bank is prescribed under part XII-B of Schedule F of the Drugs and Cosmetics Rules. The important mandatory requirement for licensing of a Blood Bank under the provisions of Drugs and Cosmetics Rules is given in the Statement A (*see below*)

The State-wise new proposals pending for registration with the Central Licences Approving Authority is shown in Statement B (*see below*).

(b) No, Sir.

(c) Does not arise.

Statement 'A'

Requirements for Licensing A Blood Bank

Part XII B in Schedule F of Drugs and Cosmetics Rules prescribes the various requirements for licencing of a blood bank. The minimum requirements for grant of renewal of a licence for a Blood Bank are as follows:—

Accommodation

The blood bank shall have a minimum area of 1,000 sq. ft. (100 sqw. meter) and shall consist of 7 rooms such as registration and medical examination room, blood collection room (shall be air-conditioned) room for laboratory for blood grouping serology (shall be air conditioned) and room for lab for blood transmissible diseases (shall be airconditioned) and sterilisation and washing room, refreshment room, store and record room.