

से शिशु, बाल और मातृ मृत्यु दर में कमी लाना है।

- (i) चल रहे रोग-प्रतिरक्षण, मुखीय पुनर्जल पूरण चिकित्सा और रोग निरोध कार्यक्रमों को चलाए रखना और उन्हें सुदृढ़ करना;
- (ii) परम्परागत दाइयों को प्रत्येक मामले के लिए दस रुपए का बढ़ा हुआ सूचना शुल्क प्रदान कर तथा गर्भवती महिलाओं को डिस्पोजेबल डिलीवरी किट्स प्रदान करके समुदायिक स्तर पर मातृ परिचर्या में सुधार लाना;
- (iii) पांच वर्ष से कम आयु के बच्चों के लिए तीव्र श्वसनी संक्रमण नियंत्रण कार्यक्रम का चरणवार ढंग से विस्तार करना।

जहां रोग-प्रतिरक्षण, रोग निरोधक, मुखीय पुनर्जल पूरण चिकित्सा तथा सामुदायिक स्तर पर अनिवार्य मातृ परिचर्या कार्य देश के सभी जिलों में लागू किए जाने हैं, वहीं तीव्र श्वसनीय संक्रमण कार्यक्रम का विस्तार 1992-93 में 51 जिलों से आरंभ करके चरणवार ढंग से किया जाएगा। इसमें गुजरात के 2 जिले जामनगर और बड़ौदा भी शामिल हैं।

VII. सम्पर्क महिला योजना

गुजरात के सबसे अधिक पिछड़े दो जिलों, वनासकांठा और अमरेली में 1992-93 के दौरान विश्व स्वास्थ्य संगठन की सहायता से सम्पर्क महिला योजना लागू की गई थी। इन स्थानों में अशोधित जन्म दर 39 या इस से अधिक थी। इसका उद्देश्य ग्रामीण महिलाओं के भरपूर सहयोग से परिवार कल्याण को समुदाय आधारित कार्यक्रम बनाना था। तदनुसार सम्पर्क महिलाएं 15 से 45 वर्ष की आयु के बीच के पाल दम्पतियों से संपर्क करती हैं। इन सम्पर्क महिलाओं को एंगनवासी

द्वारा सहायता दी जाती है और सामग्री तथा उस माह का सन्देश दिया जाता है। ग्रामीण महिलाओं को शिक्षित करने के लिए सम्पर्क महिलाओं को गर्भ निरोधक, मुख सेव्य गोलियां, आयरन और फोलिक एसिड की गोलियां तथा शैक्षिक सामग्री प्रदान की जाती है। 2985 सम्पर्क महिलाओं का चयन कर लिया गया है और 2625 को प्रशिक्षित कर दिया गया है।

Expert task force on Disease surveillance activities

1424. SHRI KAMAL MORARKA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have set up an expert task force to deal with disease surveillance activities;

(b) if so, what are the primary objectives of the task force alongwith the targets fixed; and

(c) the number of such task forces operating under the Ministry alongwith the aims and objectives and achievements, the details thereof ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) No, Sir.

(b) and (c) Do not arise.

Expert Committee Report for Recognition of

Eleciropathy/Electrohomoecopathy

1425. SHRI JAGANNATH SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the Expert Committee constituted by Government for the recognition of Electropathy/Electrohomoecopathy submitted its report to Government on 27th August, 1991, if so, the main recommendations;

(b) whether Government extended the period of the Committee up to 15th October, 1991 even after the receipt of the report in August, 1991;

(c) if so, the reasons therefor:

(d) whether this date was subsequently extended upto 10th November, 1991;

(e) if so, the reasons therefor;

(f) whether another meeting of the Committee was held on 4th November, 1991; and

(g) if so, what was the necessity of giving extension when the report of the Committee was already with Government ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) to (g) The Expert Committee on Electropathy/Electrohomoeopathy system of medicine submitted the proceedings of their meeting on 27-8-91. In the absence of a report on the terms of reference for which the Committee was constituted, they were asked to furnish the same; the tenure of the Committee was also extended upto 10-11-91. The Committee's report was received on 4-11-91 but could not be considered owing to the matter being subjudice.

Spurious and Substandard Ayurvedic Drugs

1426. SHRI JOHN F. FERNANDES : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Ayurvedic Drugs are not covered under the purview of Drug Control Act, as a result of which spurious/substandard Ayurvedic Drugs are pumped into the market;

(b) whether Government have any laboratory to test such drugs; and

(c) what steps Government contemplate to control and regulate the quality of these Ayurvedic Drugs ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) No, Sir.

Ayurvedic drugs are covered under the purview of Drugs & Cosmetics Act.

(b) Yes, Sir.

(c) All States have appointed Drug Controllers for Indian medicines along with other personnel for the purpose.

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Malpractice by Physicians/Medical Practitioners

1427. SHRI JOHN F. FERNANDES : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of, malpractice committed by Physicians/Medical Practitioners by directly selling/distributing medicines to the patients, without holding any qualification/licence under Drugs Control Act to do so;

(b) if so, whether Government are aware that this malpractice leads to distribution of fake/substandard/spurious medicines as most of the Medical Sales representatives are not registered; and

(c) if so, what steps Government contemplate to do away/regulate this practice ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) to (c) Under Section 42 of the Pharmacy Act, 1948, no person other than a registered pharmacist shall compound, prepare, mix or dispense any medicine on the prescription of a medical practitioner. However, a medical practitioner may dispense medicine for his own patients or with the general or special sanction of the State Government, for the patients of another medical practitioner.

AIDS spread among teenage students in Tamil Nadu

1428. SHRI BALBIR SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the spread of the dreaded scourge AIDS among teenage students in Tamil Nadu; and

(b) if so, what effective steps have been taken/proposed to be taken for containing its further spread; in consultation with the State Government ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) Government is aware of reports appearing in cer-