

- (xi) To ensure manufacture of quality drugs/medicines in the country including stipulation of Good Manufacturing Practices as a statutory requirements under the Drugs and Cosmetics Act., 1940.

In addition to the above:—

1. the All India Organisation of Chemist and Druggist Association (AIOCD) holds National Pharmacy Weeks from time to time to creat awareness among the public. Do's and Don't for consumers are also published.
2. The Union Ministry of Health & Family Welfare has also constituted on July 18, 2001 a Committee under the Chairmanship of Director General of Health Services (DGHS) to go into all aspects of the menace of spurious drugs and suggest remedial measures in the said matter. The composition of the Committee has Shri Murli Deora, Ex MP, State Licensing Authorities of Gujarat, Maharashtra, Bihar, Kerala, besides 3 representatives of MNCs, representatives of IDMA, OPPI, AIOCD etc. The committee has been constituted with a view to combating the menace of spurious drugs which needs to be tackled through the collective efforts of the Pharma Industry, Trade and the Regulatory Authorities.

(d) Does not arise in view of parts (b) and (c) above.

Imbalance in male and female ratio

800. SHRIMATI VANGA GEETHA:

DR. Y. LAKSHMI PRASAD:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that imbalance in male and female ratio has been noticed during Census 2001 in certain States;

(b) if so, the details thereof; and

(c) the action taken to ban sex determination tests throughout the country to check such imbalance?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir. The information showing sex ratio in all States/UTs as per Census 2001 is given in the Statement. (See below)

(c) The Government of India has enacted the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 for misuse of sex determination tests. The implementation of the PNDT Act rest with the State/UTs. Important steps taken by the Government of India are stated below:

The State/UTs have been advised to mount an effective awareness campaigns to make the public and service providers aware of the provision of the Act.

The State/UTs have also been advised to provide protection to social activities and Non-Governmental Organizations giving information or filling complaints of violation of provisions of the Act. After the Census 2001 figures were available, letters have been addressed to the Chief Ministers of all States/UTs to give focused attention to the issue of adverse sex ratio. Chief Secretaries of all the States/UTs have also been addressed recently for following up on implementation of various provisions of the PNDT Act.

Workshops/Seminars are being organized at State/district level, to create awareness about the provisions of the Act National Level Non-Governmental Organisations have been requested to take up projects for generating awareness about the provisions of the Act, among doctors/clinics/law enforcing authorities and public at large. In December, 2000 the Department of Family Welfare has written letters to 82 Mother NGOs to direct the field NGOs to generate within their jurisdiction, awareness and public opinion against the mal practice of selective abortion.

The co-operation of the NGOs has been elicited in listing and enumerating, within their jurisdiction, the name and address of premises where the Medical Termination of Pregnancy (MTP) is being performed, with a view to detect registered/unregistered clinics.

[30 July, 2001]

RAJYA SABHA

Statement

Sex Ratio (Female per thousand males) in the age group (0—6)

India and State/Union territory*/District	1991	2001
INDIA	945	927
Jammu & Kashmir	NA	937
Himachal Pradesh	951	897
PUNJAB	875	793
Chandigarh*	899	845
Uttarachal	948	906
Haryana	879	820
Delhi*	915	865
Rajasthan	916	909
Uttar Pradesh	927	916
Bihar	953	938
Sikkim	965	986
Arunachal Pradesh	982	961
Nagaland	993	975
Manipur	974	961
Mizoram	969	971
Tripura	967	975
Meghalaya	986	975
Assam	975	964
West Bengal	967	963
Jharkhand	979	966
Orissa	967	950
Chhatisgarh	984	975
Madhya Pradesh	941	929
Gujarat	928	878
Daman & Diu*	958	925
Dadra & Nagar Haveli	1013	973
Maharashtra	946	917
Andhra Pradesh	975	964
Karnataka	960	949
Goa	964	933

India and State/Union territory*/District	1991	2001
Lakshadweep*	941	974
Kerala	958	963
Tamil Nadu	948	939
Pondicherry*	963	958
Andaman & Nicobar	973	965

*Source: Census of India Provisional Population Totals Paper 1 of 2001.

Recruitment rules for CGHS staff

801. SHRI R.N. ARYA: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of staff/employees working at present in CGHS Delhi/outside Delhi, category-wise; and

(b) the details of recruitment rules and other service conditions under which they are working/appointed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The information is being collected and would be laid on the Table of the House.

Utilisation of services of private sector towards health care

802. SHRI NARENDRA MOHAN: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are proposing to utilize the services of private sector by allowing them to play in important role towards health care of the Nation;

(b) if so, whether the paying capacity of the beneficiaries belonging to comparatively weaker/deprived sections of the society has been taken into consideration to ensure maximum cost-effective treatment for them;

(c) the experience of Government in the past with the promises made by such private sector hospitals; and

(d) whether these promises were fulfilled to the extent promised?