

(c) whether it is also a fact that the Government have received any representation from Nehru Homoeopathic Medical College and Hospital Teaching Staff Association for grant of non-practising allowance to demonstrators and Medical Officers working in Nehru Homoeopathic Medical College and Hospital; and

(d) if so, what action Government have taken/proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI-MATI D.K. THARADEVI SIDDHARTHA) : (a) and (b) Demonstrators and Medical Officers working in the Nehru Homoeopathic Medical College and Hospital in New Delhi are in the scale of Rs. 1640—2900 and Rs. 2000—3500 respectively and therefore as per the existing orders, they are not eligible for grant of non-practising allowance.

(c) and (d) Delhi Administration has recently referred this issue to Govt. of India. Such cases are decided on Merit.

Population control in Hindi belt

2104. SHRI SATISH PRADHAN : Will the Minister of Health and Family Welfare be pleased to state :

(a) whether it is a fact that Government has worked out a new strategy to check population growth particularly in Hindi belt as part of new population policy;

(b) if so, what are the details thereof; and

(c) the target set to be achieved during the Eighth Five Year Plan period year-wise and State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI-MATI D.K. THARADEVI SIDDHARTHA) (a) and (b) To

impart a new dynamism to the Family Welfare Programme in the country (including States/UTs in Hindi belt) an imaginative and result-oriented Action Plan has been evolved by the Ministry of Health and Family Welfare in consultation with the States/UTs. This Action Plan has been endorsed by the Ministers in charge of Health and Family Welfare Programme of all the States/UTs in January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and obtain the willing participation of all sections of the society. Its key features include, (1) improving the quality and our reach of family welfare services, (2) differential strategy for special focus on 90 poor performing districts (birth rate of 39 per 1000 population and above as per the 1981 Census) of which 83 districts are in the Hindi belt, (3) developing a mechanism to make available funds to States/UTs on the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous promotion of spacing methods, (5) introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare schemes in urban areas especially in slum pockets, (7) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9) reorientation of information, education and communication efforts to focus on the quality of life issues and interpersonal communication, (10) involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, (11) gearing up of the implementation machinery in the States/UTs and (12) evolving high

level inter-sectoral coordination mechanisms at the national, state and district levels etc. All the States/UTs (including States/UTs in Hindi belt) have been requested to operationalise the various components of the Action Plan. The performance of the major States comprising the Hindi belt, is also being reviewed by the Cabinet Secretary.

(c) The VIII Plan envisages achievements of birth rate of 26 per 1000 and Infant Mortality Rate of 70 per 1000 population. No specific method wise targets have been laid down in the Plan. However, the all

India targets for the year 1992-93 are as follows :—

Sterilisations	5.28 million
IUD insertions	6.38 million
C.C. users	16.47 million
O.P. users	4.58 million

State-wise and method-wise targets for the year 1992-93 are enclosed (as statement).

Statement

Family Welfare Targets 1992-93

State/UT/Agency	Sterilisation	IUD	CC Users	OP Users
1	2	3	4	5
Andhra Pradesh	600000	480000	1085000	279000
Assam	254000	50000	60000	21000
Bihar	500000	400000	400000	91000
Gujarat	285000	430000	720000	153000
Haryana	104000	183000	500000	37000
Karnataka	360000	290000	280000	112000
Kerala	140000	125000	300000	49000
Madhya Pradesh	400000	390000	1300000	349000
Maharashtra	526000	485000	1176000	453000
Orissa	175000	187000	350000	79000
Punjab	100000	500000	500000	70000
Rajasthan	225000	250000	450000	98000
Tamil Nadu	350000	450000	250000	139000
Uttar Pradesh	650000	1600000	1765000	342000
West Bengal	400000	325000	450000	244000
Himachal Pradesh	35000	58000	70000	20000
J & K	39000	17000	17000	6000

1	2	3	4	5
Manipur	7000	8400	8000	6000
Meghalaya	1000	1500	3000	1000
Nagaland	2000	3000	1500	1000
Sikkim	1170	1400	400	1000
Tripura	11000	2300	2200	3000
A & N Islands	1880	1900	1800	1000
Arunachal Pradesh	2400	3000	900	2000
Chandigarh	2800	8000	8000	410
D & N Haveli	700	200	700	140
Delhi	41250	90000	344250	9000
Goa	3980	3000	10000	3000
Daman & Diu	330	200	800	140
Lakshadweep	90	200	1700	490
Mizoram	1310	2700	2921	1000
Pondicherry	4600	4000	7900	1000
M/o Defence	20400	17325	53800	4000
M/o Railways	30600	17325	350700	5000
Commercial	—	—	6000000	2000000
ALL INDIA	5275640	6384450	16471571	4581180

Production of medicines

2105. SHRI RAMA-CHANDRAN PILLAI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that the Indian drug market is being bursting at the seams with about 75 thousand formulations most of which have no scientific basis at all ;

(b) whether the drugs for tuberculosis, malaria, anaemia, leprosy and Vitamin A are being produced adequately to treat the crores of affected people in the country ; and

(c) if not, what are the reasons therefor ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI-MATI D.K. THARADEVI SIDDHARTHA) : (a) Thousands of licensed manufacturers market the same formulation under different brand names, different dosage forms and different pack sizes to meet the market demand. As a result, total number of formulations moving in the Indian market appear large. However, it is not correct to say that these are unscientific formulations.

(b) and (c) Yes, Sir. The formulations required for such treatment are