total number of Family banning acceptors were 22.50 million (provision, al) during 1987-88 which is an all time high in any year since inception. The number of Family Planning acceptors during the previous three years are as follows:

Year	Family Planning
	acceptors (ir
	million)
1984-85	16.44
1985-86	18.92
1986-87	- 20.56

- (c) Four statements giving Statewise and method-wise performances and increase/decrease in 1987.88 over 1986-87 are given in Annexure *See* Appendix CXLVIII, Annexure No. 70). To control the population of the country, the family Welfare Programme has been adopting a strategy which including the following steps:
  - Provision of a minimum of service delivery infrastructure of Sub-Centres, Primary Health Centres and of Community Health Centres;
  - ii. Payment of compensation to acceptors and incentive payment to motivators;
  - iii. Promotion and supplies of temporary contraceptive methods;
  - iv. Intensification of the Programme for mother and Child health including universal immunisation;
  - v. Strengthening information, education and communication components;
  - vi. Increased involvement of local communities etc.

## **Maximum Family Pension**

1556. PROF. C. LAKSHMANNA: SHRI B. SATYANARAYAN REDDY:

Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that the

Maximum family pension to pre-1986 pensioners has been limited to Rs. 655 per mensum, compared to Rs. 1250 per mensum for post-1985 pensioners; and

(b) if so, the reasons for this vide discrepancy?

THE MINISTER OF STATE IN THE MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS AND THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI P. CHIDAM-BARAM); (a) and (b) Family pension is related to the emoluments drawn at the time of retirement/ death in harness. The maximum family pension upto 31-12-1985 was Rs. 250/ per mensum which after rationalisation with effect from 1-1-1986 on the recommendations of the Fourth Central Pay Commission is Rs. 655/. per mensum. This is admissible to the families of employees who drew omoluments of Rs. 2084/-per mensum and above in the P<sup>e</sup>-revised scales of pay. The families of employees drawing the equivalent of Rs. 2084/. in the revised scales of pay are now entitled to a family pension upto Rs. 709 per mensum.

The family pension entitlement with reference to the post—1-1-1986 pensioners is based upon the revise! scales of pay. In view of the upward revision of the pay scales, family pension now ranges between Rs- 375/and Rs. 1250 per mensum. However, the maximum entitlement of Rs. 1250 is admissible only for the families of a very few officers in receipt of the highest pay under the Government. There is no wide variation in the family pension entitlements among comparable pre—1-1-1986 and post— 1-1-1986 cases for a large majority of pensioners.

## **Antibiotics for Treatment of trachoma**

1557. SHRI DHARANIDHAR
BASUMATARI: Will the Minister of
HEALTH AND FAMILY WELFARE be
pleased to refer to the answer to Unstarred
Question 4237 given in tha

Rajya Sabha on the 31st August, 1988 and state:

- (a) what are the details of the au-thoiity or the expert who gave the opinion that Tetracycline is a preferred antibiotic for treatment of Trachoma and other diseases which lead to blindness;
- (b) what steps have been taken to rectify the situation; and
- (c) whether it is a fact that usage of eye preparations based on Tetracycline are the minimum as compared to Betamethasone, Betamethasone, Chloramphenicol, Framycitin, Genta-mycin and Polymixin?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) and (b) Identification of the commonly used effective drugs for trachoma control have been done by experts on the basis of effectivity of the medicine, its easy availability and related safety. Under National Programme for Control of Blindness only the funds are released to the States/Union Territories for the purchase of antibiotic, eye ointments for- Trachoma Control.

(c) The choice of the drug for treatment of a disease depends upon its nature, stage, severity and judgement of the attending physician.

## OJ.F. price of Rifampilin

- 1558. SHRI DHARANIDHAR BASU-MATARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 4229 given in the Rajya Sabha on the 31st August, 1988 and state:
- (a) whether it is a fact that Government are aware of the C.I.F. Price of Rifampicin as they are recorded with Assistant Drug<sub>s</sub> Controllers;

(b) whether it is a fact that they are also aware of C.I.F. Price of drug intermediate being imported for the production of Rifampicin;

to Questions

- (c) if so, what was the C.I.F. Price per Kg. of the drug as well as intermediate in 'respect to last five consignments;
- (d) whether it is a fact that both Rifampicin and its intermediate exempted from customs duty; and
- (c) whether it is also a fact that Drugs Controller (India) is a member of D.P.R.C. and is aware of the bulk drug price on which finished medicine prices were fixed after the announcement of D.P.C.O. 1987?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) The latest average C.I.F. price of Rifampicin as recorded with Air Port Office, Delhi is Rs. 2092.53 per kg.

- (b) The import of drug intermediate being used for the production of Rifampicin is not being monitored by this Ministry.
- (c) The C.I.F. price per kg of Rifamein in respect of last five consignments given in the Statement (See below).
- (d) Ministry of Finance, Depart ment of Revenue has informed that Rifampicin, when imported into India for this manufacture of "Rifampicin capsules/syrup/tablets and Rifampici-INH capsules/tablets" is totally an exampted from customs duty with effect from 12-10-1988. Similarly, three specified intermediates, namely, Rifamp'cin S: (ii) 3-Formpl-Rifampicin SV. and (iii) l-amino-4 methyl totally exempted Piperazone, are also from customs duty with effect from 17-3-85.
- (e) D'rug Controller (India) is not a member of Drug Prices Review Committee. However, Director General of Health Services is a special invitee to its meetings.