

(ii) Prophylaxis against blindness in children caused by Vitamin 'A' deficiency implemented by the Ministry of Health and Family Welfare.

(iii) Prophylaxis against nutritional anaemia in mothers and young children implemented by the Ministry of Health and Family Welfare.

(iv) Integrated Child Development Services providing a package of services implemented by the Department of Social Welfare.

Regularisation of services of Computers

1109. SHRI LADLI MOHAN NIGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the services of persons working as *ad-hoc* computers have not yet been regularised for the last so many years;

(b) if so, what are the reasons therefor;

(c) by when they are likely to be regularised; and

(d) what is the number of persons who have put in more than two years of service?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUD BEN M. JOSHI): (a) Yes.

(b) and (c) The method of recruitment provided in the existing Recruitment Rules for the posts of Computer in the Ministry of Health and Family Welfare including the Directorate General of Health Services is 100 per cent by direct recruitment through Staff Selection Commission/Employment Exchange. However, in order to improve promotional avenues for

Lower Division Clerks, the Department of Personnel and Administrative Reforms issued instructions that for the ex-cadre, non-technical posts comparable to Upper Division Clerks, Lower Division Clerks of the C.S.C.S. may be given preference for appointment provided they possess the requisite qualifications before recruitment from open market is resorted to.

The Lower Division Clerks working in the Ministry of Health & Family Welfare including the Directorate General of Health Services, and possessing the requisite qualifications are therefore appointed to the post of Computer on *ad-hoc* basis pending finalisation of amendment to the existing Recruitment Rules, already under consideration in consultation with the Department of Personnel & Administrative Reforms.

(d) 15.

"Never-never vaccine" a news item

1110. DR. BHAI MAHAVIR:
SHRI SHRIDHAR WASUDEO
DHABE:
SHRI B. SATYANARAYAN
REDDY:

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

(a) whether Government's attention has been drawn to the news item in the 'Indian Express' of the 20th December, 1981 under the caption "The Never-never vaccine";

(b) if so, what are the details of the anti-pregnancy vaccine project;

(c) the total amount spent on the project so far;

(d) whether the research norms laid down by W.H.O. have been violated in the project and whether W. H. O. has stopped its grant for the project; and

(e) what are Government's views regarding Dr. Tandon's comments on Dr. Talwar, given in the article?

THE MINISTER OF HEALTH AND FAMILY WELFARE, SHRI B. SHANKARANAND): (a) Yes.

(b) The vaccine approach to prevent pregnancy is conceptually different from other approaches. It is based on the principle of mobilising the internal defence system of the body by inducing the formation of anti-bodies which counteract a hormone critical to the survival of the fertilised ovum in the uterus. Research work in this field has been proceeding in the All India Institute of Medical Sciences. Formation of anti-bodies against Human Chronic Gonadotrophin (HCG), a hormone essential to maintain pregnancy, was achieved by chemically linking a portion of the hormone to a vaccine used for prevention of tetanus called Tetanus Toxoid. The experimental trials on animals and some clinical trials conducted in India and some other countries demonstrated no ill effects of the vaccine and the anti-body reaction proved reversible. However, there was variability of anti-body levels achieved from individual to individual. Further research is in progress to develop adjuvants which would potentiate anti-body levels on a more uniform basis.

(c) Over Rs. 1.10 crores.

(d) The WHO grant for the project was phased out in 1979 and this had no connection with observance of research norms.

(e) No comments of Dr. Tandon on Dr. Talwar's work have been mentioned in the said news article.

Vacancy of Medical Superintendent in N.D.M.C. Hospital

1111. SHRIMATI MONIKA DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is no Medical Superintendent in N. D. M. C. Hospital, Moti Bagh, New Delhi, for the last three years;

(b) whether it is also a fact that each time a Medical Superintendent is appointed, he is given dual charge as M. S. and M. O. H. (Medical Officer of Health);

(c) whether Government are aware that absence of M. S. in the Hospital leads to neglect of patients; and

(d) if so, what steps Government are taking to fill up the post immediately?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUD-BEN M. JOSHI): (a) No.

(b) and (c) As an administrative measure the Medical Officer of Health is required to look after the functions of Medical Superintendent of NDMC Hospital, Moti Bagh, for a short period till the regular incumbent is appointed. The Deputy Medical Superintendent assists him in performing his functions. There is no neglect of patients.

(d) Necessary action is being taken to appoint a regular incumbent to the post of Medical Superintendent.

E.N.T. Department of N.D.M.C. Hospital

1112. SHRIMATI MONIKA DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the E.N.T. Department in N.D.M.C. Hospital, Moti Bagh, New Delhi is functioning properly;

(b) if not, what are the reasons therefor; and

(c) what steps Government are taking to make it function properly?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUD-BEN M. JOSHI): (a) to (c) It is true