

श्री मोहन धारिया : सभापति महोदय, भारतीय लोक दल के लिए उन्होंने जो भाग की है वह हमारे विचारार्थीन है मगर मैं यह भी कहना चाहता हूँ जितनी पार्टियाँ उसमें डकड़ठा हुई है उसके आधार पर हम कुछ नहीं कर सकते हैं। उनके साथ कितनी जनता है और कितने मैसेजिंग आफ पार्लियामेंट है वह भी क्लियर में लाएंगे, नहीं तो यहाँ दिल्ली में तमाम अखिल भारतीय इन्स्टीट्यूशन पैदा होते हैं, सभी को लेने लगेंगे तो जनता के लिए कोई मकान नहीं होगा।

श्री राजनारायण : हमारा जवाब नहीं आया, भारतीय लोक दल के संबंध में। हमारा प्रश्न था भारतीय लोक दल के विधायक और एम० पी० लोगों के बारे में। जनता को अगर आप देखेंगे तो कांग्रेस में दम-गुना, बीस-गुना जनता हमारे साथ पाएंगे, यानी भारतीय लोक दल में। हमारा निवेदन यह है कि अखिल भारतीय अयेजी हटाओ सम्मेलन यह एक संस्था है, अखिल भारतीय दाम बांधो सम्मेलन यह एक संस्था है, अखिल भारतीय जाति तोड़ो सम्मेलन यह एक संस्था है, अखिल भारतीय हिमालय बचाओ सम्मेलन यह एक संस्था है, और ये सारी संस्थाओं का नाम डॉ० राम मनोहर लोहिया और संसोधन के साथ जुड़ा हुआ था। अब हम लोग उसी संस्थाओं को चला रहे हैं। लेकिन एक भी दफ्तर हमको नहीं मिला, बार बार लिखने के बावजूद। मैं माननीय मंत्री जी से निवेदन करना उन संस्थाओं के बारे में दिल्ली में कार्यालय देने की व्यवस्था करें।

श्री कल्प नाथ : आदरणीय सभापति महोदय, लोक दल के पास इससमय है वह मान लिया जाए।

MR. CHAIRMAN : Let the hon. Minister reply.

श्री मोहन धारिया : यह सरकार की नीति है...

श्री राजनारायण : घमेल में कल इनको इन्दिरा जी ने बुलाया था और कहा था कि राजनारायण जब बोलते हैं तो क्यों नहीं बीच में टोकते हो।

श्री मोहन धारिया : सभापति महोदय, यह सरकार की नीति है कि राजनैतिक दलों के साथ जो अच्छी सामाजिक संस्थाएँ हमारे मूलक में काम करती हैं उनके लिए अगर कुछ जगह देने की संभावना हो या कोई हाउसिंग प्रकमोडेशन देने की संभावना हो तो हम जरूर कोशिश करने हैं, मगर यह मैरिट पर किया जाता है। अगर कोई अच्छी संस्था हो, रजिस्टर्ड हो, अच्छा काम करती है, तो उसके लिए हम जरूर विचार करेंगे।

C.G.H.S, doctors working in Manipur

♦589. SHRI [T. SINGH : Will the MINISTER OF HEALTH AND FAMILY PLANNING be pleased to state :

(a) the number of doctors of the Central Government Health Services who are working at present in Manipur;

(b) the number of doctors amongst them who are in the specialist's grades G1M 1 and G1M II separately and how many of them are holding confirmed posts under the C.G.H.S, or working on *ad hoc* basis;

(c) whether the Manipur Government have requested the Central Government for converting the posts from the C.G.H.S, to the Manipur Health Service; and

ki) if so, whether any option was given to the C.G.H.S, doctors and how many of them had opted State service ?

THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH) (a) to (d) A statement is laid on the Table of the Sabha.

Statement

(ai) According to available information, 81 C.H.S. Doctors are working under the Govt, of Manipur.

(b) The information is as below ;—

	Regular		Ad-hoc Total	
	Perma- nent	Tempo- rary		
Specialists	1	3	5	9
Grade				
G.D.O. Gr. I	12	4	4	20
G.D.O. Gr. II	4	45	3	52
				81

(c) With the coming into operation of the North Eastern Areas (Re-organisation) Act, 1971 from 21-1-1972 the Central Health Service posts under the Govt, of Manipur have ceased to be C.H.S, posts and the C.H.S. Officers who were in position on that date are being treated as on deputation to the Govt, of Manipur,

(d) The Manipur Health Service has not yet been constituted. As soon as the service is constituted, options will be given to Central Health Service Doctors either to continue in the Central Health Service or to join the State Health Service.

SHRI I.T.SINGH : My question is quite simple and the answer is also very simple. Even then I would like to draw the attention of the hon. Minister to one aspect of service conditions of doctors. Since the grant of

Statehood to Manipur on 21-1-72, the Central Health Service Posts under the Government of Manipur have ceased. This is very important because before 21-1-72 Manipur was a Union territory. Now it is a State, the Central Health Service and the State Medical Service are in a mess in Manipur. After the attainment of Statehood, one regional medical college was also opened. There is one general hospital at Imphal. The regional medical college and the General hospital at Imphal are one, and the Medical Directorate is a separate one. So, there is bifurcation of Services and this creates more problems for State Health services. Here also it is said in the Statement—

	Regular		Ad-hoc	Total
	Perma- nent	Tempo- rary		
Specialists				
Grade	1	3	5	9
B.D.O. Gr. I	12	4	4	20
B.D.O. Gr. II	4	45	3	52

The trouble before the Health Services will be that there will be no co-ordination and co-operation if it is allowed to continue. At the moment, there is the Central Health Service up at the same time; the Manipur Health Service is not yet constituted. A lot of confusion is going on as so many doctors are holding temporary and *ad-hoc* posts. So, I do not understand why these *ad-hoc* posts should not be made permanent as soon as possible under C.H.S. before 21-1-75 I would also like to know from the hon. Minister whether the Government of Manipur has drawn any specific attention regarding posts for the regional medical college also.

DR. KARAN SINGH : As the hon. Member has pointed out, Manipur was a union territory; on the 21st January, 1972, it became a State. At that time, along with the notification of the Statehood, we also notified that the doctors from the Central Health Service who were working in Manipur would be considered to be on deputation for three years.

Now three years are finishing on 21-1-75. So happens that this morning the Director of Medical Services, Manipur, was here and I discussed the matter with him. Manipur is still finalising its proposal for their Manipur Health Service. I am writing to the Manipur State

requesting them to finalise this quickly because otherwise after this date there is going to be problem.

Secondly, with regard to the Regional Medical college in Manipur this is designed to look into the requirements of the whole North Eastern region. There are certain problems of which I am aware. I am in touch with the Governor who is the Chairman of the North Eastern Regional Council and we are certainly looking into any problem that might arise in that area.

SHRI LT. SINGH : Sir, the Manipur Regional Medical College is located in Imphal and is meant to cater to the requirements of Tripura, Mizoram, Meghalaya, Arunachal and Nagaland. At the same time there are certain rules which should be applicable to the Manipur Regional Medical College as prescribed by the All-India Medical Council for the appointment of teaching staff. Now there is a little trouble for shortage of staff. Most of the employees who have been working there in the Central Health Service on deputation who are also Master degree holders are working in the teaching staff. But they are not having the requisite qualifications which they are supposed to possess for serving as lecturers or Assistant Professors, Associate Professors or Professors. May I know whether the Government of Manipur has urged the Central Government for relaxation of certain rules to enable them to serve at the Medical College in the teaching staff as Central Health Service employees; otherwise, later on the Medical Council of India will definitely say that the requisite qualification was not possessed by them and, therefore, the Medical College may not be given recognition and for no fault of theirs, the students will suffer? May I know whether the hon'ble Minister's attention has been drawn by the Manipur Government to this specific aspect?

DR. KARAN SINGH : Sir, the qualifications of the people working in medical colleges are governed by the Medical Council of India and I am afraid it will not really be possible to relax them because we are interested in employees but, more than that, we are interested in the students, who study there. If the qualifications are diluted and you get people who are not upto the required qualifications, I do not think the people of either Manipur or the North Eastern region will in any way gain. However, I can assure the hon'ble Member that within

the perimeters laid down by the Medical Council of India we will certainly try and look sympathetically into it.

SHRI I. T. SINGH : This is the third year since the Medical College is functioning. In admission there should be a uniform pattern approved by the Medical Council of India- Will the Central Government investigate whether the Government of Manipur has admitted students on political considerations ?

MR. CHAIRMAN : No more. You have already put two supplementaries. Next question

प्रामाण्य क्षेत्रों में जीवनदायी औषधियों का उपलब्ध होना

*387. श्री जगदीश प्रसाद माथुर :

श्री सुब्रमण्यम् स्वामी :

डा० रामकृपाल सिंह :

श्री ओ३म् प्रकाश त्यागी :

क्या स्वास्थ्य और परिवार नियोजन मन्त्री यह बताने की कृपा करेंगे कि दूरस्थ जनजातीय, पहाड़ी और ग्रामीण क्षेत्रों में गरीब लोगों को मन्त्री दरों पर घासानों में जीवनदायी औषधियों का उपलब्ध कराने के सम्बन्ध में सरकार द्वारा क्या कदम उठाये गये हैं अथवा उठाये जाने का विचार है ?

^[Availability of life saving drugs in rural areas

♦387. SHRI JAGDISH PRASAD MATHUR: SHRI SUBRAMANIAN SWAMY: DR. RAMKRIPAL SINHA . SHRI O. P. TYAGI :

Will the Minister of HEALTH AND FAMILY PLANNING be pleased to state the steps Government have taken or propose to take to make life saving drugs easily available at cheap rates to the poor people in the far-off tribal, hilly and rural areas ?]

स्वास्थ्य और परिवार नियोजन मन्त्री (डा० कर्ण सिंह) : एक विवरण सभा पटल पर रख दिया गया है।

विवरण

मानकों के अनुकूल उचित दामों पर दवाइयाँ बनाने की एक योजना पांचवी पंचवर्षीय योजना में सम्मिलित

t Transferred from the 2nd December, 1974. j:

The question was actually asked on the floor of the House by Shri Jagdish Prasad Mathur. § [] English

translation

कर दी गई है। इस योजना के अन्तर्गत लगभग 100 दवाइयों की एक सूची तैयार कर दी गई है जिनकी निर्माण करने और देहात में चिकित्सा संबंधी सहायता पहुंचाने वाली प्रमुख एजेंसियों अर्थात् प्राथमिक स्वास्थ्य केन्द्रों व उप केन्द्रों के जरिये लोगों को देने पर विचार किया जाएगा। इस योजना के लिए पांचवी योजना में 5 करोड़ रुपये रखे गए हैं।

पांचवी योजना में न्यूनतम आवश्यकता कार्यक्रम के अन्तर्गत औषधियों के लिए रखी गई राशि को बढ़ा कर प्रत्येक प्राथमिक स्वास्थ्य केन्द्र के लिए 12,000 और उपकेन्द्र के लिए 2,000 रुपये कर दी गई है।

†[THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH) : A statement is laid on the Table of the Sabha.

Statement

A scheme for the production of standard drugs at reasonable prices has been included in the Fifth Five Year Plan. Under this scheme, a list of about 100 drugs has been drawn up which would be considered for manufacture and supply to the masses through the Primary Health Centres and Sub-Centres which are the main agencies to provide medical relief in the rural areas. An allocation of Rs. 5 crores has been earmarked for this scheme in the Fifth Plan.

Under the Minimum Needs programme in the Fifth Plan, the provision for drugs has been increased to Rs. 12,000/- at the level of the Primary Health Centre and Rs. 2,000/- at the level of the Sub-Centre.†

श्री जगदीश प्रसाद माथुर : श्रीमन्, मैं सरकार की इस नीति के सम्बन्ध में जानकारी चाहूँगा कि गांवों में और मुख्य रूप से उन गांवों में, जिस तरह के गांवों से प्राप्त स्वयं आते हैं, वहां पर नकली दवाइयों का बहुत प्रचलन होता है। दूसरी बात यह है कि सरकार ने खराब प्राथमिक स्थिति के कारण इन क्षेत्रों में अभी तक डाक्टरों की व्यवस्था नहीं की है जिसके कारण वहां पर बरबस ज्यादा तादाद में पहुंच गए हैं और साथ ही साथ नकली दवाइयां भी पहुंच गई हैं और लाइफ सेविंग ड्रग्स का पहुंचना असम्भव हो गया है जिसके कारण वहां के लोगों को तरह तरह की कठिनाइयों का सामना करना पड़ता है। अभी हाल ही में आपने कंसल्टेटिव कमेटी के अन्दर कुछ सुझाव दिए हैं, तो क्या सरकार उन सुझावों को इन इलाकों में कार्यान्वित करने की दृष्टि से कोई योजना रखती है ?

† [] English translation.