

MR. CHAIRMAN: Too many questions have been already asked on this subject.

SHRI K. C. PANDA: I have some new points.

MR. CHAIRMAN: AH right. Put one question.

SHRI K. C. PANDA: I want to know from the hon. Minister whether in the past few years there was an order for CBI inquiry about matters of IIT or not and whether important officers dropped the proceedings because one of his relatives, either son or nephew, was appointed in a high post in the UT.

PROF. S. NURUL HASAN: I need notice. If the hon. Member gives detailed information, I will certainly enquire into the matter.

NATIONAL HEALTH SCHEME

213. SHRI K. C. PANDA:

SHRI CHANDRAMOULI JAGA-
RLAMUDI: SHRI M. K.
MOHTA: SHRI SUNDER MANI
PATEL: K. P. SINGH DEO: SHRI
SANAT KUMAR RAHA :

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

(a) whether it is a fact that Government of India have recently suggested to the State Governments to provide National Health Scheme to the entire population of their respective area; and

(b) if so, the details of the Scheme and reaction of the State Governments there to?

THE MINISTER OF HEALTH AND FAMILY PLANNING (SHRI UMA SHANKAR DIKSHIT) (a) Yes, Sir.

(b) A statement is laid on the Table of the Sabha.

t The question was actually asked on the floor of the House by Shri K. C. Panda.

STATEMENT *National Health Scheme for Rural Areas* —*Salient Features*

The National Health Scheme for Rural Areas was drawn up realising the need for reducing gaps in medical care and basic health facilities in the rural areas.

Details : The Scheme envisages absorption of about 2,50,000 Registered Medical Practitioners in the Indian Systems of medicine (Ayurveda, Unani and Siddha) and Homoeopathy in three successive years and utilisation of their services to provide medical relief and care to the rural population throughout the country. The operation of the Scheme will commence in 1973-74. To start with about 50,000 practitioners will be absorbed in 1973-74, about 1,00,000 in the year 1974-75 and the remaining 1,00,000 in the year 1975-76, thus covering entire rural India within a period of 3 years.

Health Posts: For every 2000. population, a Health Post would be provided which would be attached to the Primary Health Centre and each Health Post would be manned by a Rural Medical Practitioner.

Selection of R.M.Ps. and their attachment : The Rural Medical Practitioners will be recruited as far as possible from within the Sub-Centre area of adjacent areas. They will be under the administrative control of the P.H.C. doctor for matters like, purchase of medicines, deposits of charges for medicines, preparation of statistics, field inspections etc.

Training programme and Refresher Courses : Rural Medical Practitioners will be given a short training of 4 months under the auspices of the Central Council for Research in Indian Medicines and Homoeopathy in the available Ayurvedic, ! Homoeopathy, Unani and Siddha Colleges and hospitals and 'A' class dispensaries of Indian Medicine. For this, list of subjects, details of the courses and their duration have been worked out keeping in view the primary objective of acquainting these practitioners with diagnosis and treatment of common ailments, immunization, health

education, elementary physiology and anatomy and for identifying serious cases for sending them to referral hospitals. Provision has also been made for refresher courses every 4th year.

Remuneration : Each Rural Medical Practitioner will be given a monthly honorarium of Rs. 150 and during the period of training, a dislocation allowance of Rs. 150.

Charges on Prescriptions : A graded token charge would be levied on each new prescription ticket on the basis of land holdings *i.e.*,

- (a) 25 P. from those having 11 acres or more;
- (b) 10 P. from those having 3 to less than 11 acres; and
- (c) None from those with less than 3 acres.

The amount thus collected would also be given to the Rural Medical Practitioners.

Rural Medical Practitioners will be prohibited from private practice.

Medicines : For each Health Post a Revolving Fund of Rs. 2,000 will be given for medicines. The P.H.C. doctor would be the drawing and disbursing officer. A stock of six months supplies would be entrusted at a time of each R.M.P. Medicines for the patients would be charged at a fixed price so that the Revolving Fund remains in tact.

Kit and manual : A kit bag costing about Rs. 50 and containing commonly used medicines under the various systems of medicine would be given to each R.M.P. A guide and instruction book in the form of a manual also would be supplied.

Administrative set up : There will be an Advisory Board at the centre under the Chairmanship of Secretary (Health & Family Planning) to review the working of the Scheme periodically. A Central Cell under the Director General of Health

Services would be in charge of the implementation and administration of the Scheme. At the regional level, the Regional Directors, Family Planning and M.C.H. will look after this work. At the State and Union Territory level, one qualified doctor and one L.D.C.-cum-Typist will be provided. At the district level, one Computer will be attached to the District Medical Officer. At the Primary Health Centre level, one Pharmacist-cum-clerk will be attached to the P.H.C. doctor and the P.H.C. doctor will be paid an allowance of Rs. 50 P.M. for supervising the work. The total cost of the Scheme for a period of three years is estimated to be Rs. 150.35 crores. For the first 10 years, it will be entirely a Centrally sponsored Scheme.

Before the Scheme is launched on a country-wide scale, it is proposed to start a pilot project during the year 1972-73 in all the 21 States excluding Union Territories, involving 29 different Districts, covering a population of about 58 lakhs by employing 2,900 R.M.Ps.

Reactions of the State Governments : The Scheme was circulated among all State Governments. A Conference of Health Secretaries of all the States followed by a Conference of Health Ministers was held in order to ascertain the and suggestions of the State Governments. A Committee of Health Ministers from the various States was also constituted to go into the details and to suggest necessary modifications to the Scheme with particular reference to the existing conditions in the respective States. The various suggestions and views voiced by the State Governments broadly fall into the following three categories :—

(1) Some States were in favour of employment of para-medical staff in place of R.M.Ps. after giving them some basic training:

(2) Some were in favour of employment of para-medical staff as well as Registered Medical Practitioners in the Indian Medicines and Homoeopathy, wherever available; and

(3) Some were in favour of extension of the existing Scheme of Primary Health Centres and sub-centres and employment of MBBS doctors.

There was also broad agreement on certain issues, like :

(1) Area of working of the R.M.Ps. should be for about 2,000 population.

(2) The R.M.Ps. should give free service during specified hours.

(3) The medicines may be charged for or free as conditions permit.

(4) During other than specified hours, he should be allowed private practice.

(5) He should attend a certain minimum number of cases per day.

(6) R.M.Ps. should be associated with the Panchayats.

(7) Referral cases should be sent to the P.H.Cs. or the nearest hospital.

(8) R.M.Ps. should be under the technical supervision of District officers of their respective systems and under the administrative operational control of the P.H.Cs.

Since it emerged during these discussions, that conditions varied considerably from State to State, and the scheme would have to be modified to suit particular local condition all the State Governments have been requested to draw up a revised scheme suited to the conditions prevailing in their States but keeping in view the main objectives of the Scheme and the broad details spelt out above, so that further action could be taken.

SHRI K. C. PANDA : Sir, this is a statement comprising five or six pages.

MR. CHAIRMAN : That is why it is laid on the Table.

SHRI K. C. PANDA : You will be kind enough to allow a discussion on this. It is about the health scheme. It is not a joke.

MR. CHAIRMAN : You first put a question. Then we shall see whether it is a joke or not.

SHRI K. C. PANDA : This is a health question.

MR. CHAIRMAN : If you do not want to put questions, then please sit down.

SHRI K. C. PANDA : I have so many questions that you will not allow me to put all of them.

MR. CHAIRMAN : I am allowing you and asking you to put a question.

SHRI K. C. PANDA : I want to know whether there are certain P.H.Cs. which are at present running without Doctors in spite of the fact that there are thousands of MBBS doctors unemployed in the country and whether it is proposed to post Ayurvedic doctors in the PHCs and if so what action is taken to give them training because Allopathy and Ayurveda do not go together. What action is being taken by the Government to synchronise the administrative set up ?

DR. DEBIPRASAD CtfATTOPADHYA-YA : The number of Primary Health Centres without Doctors is not static; it fluctuates from year to year, month to month. At present the number is very small—much less than 200 out of 5,183 Centres. Even then it is not static; it fluctuates.

The second question is about unemployment of MBBS doctors. It is true that some of the doctors are unemployed. It is even more true that there are more people in the rural areas who are uncovered by medical services. The main question, therefore, is not employment of doctors, but rational distributional of doctors over the country as a whole. In the country as a whole, at least 67 per cent of doctors are concentrated in urban and semi-urban areas, whereas 80 per cent of our people in the rural areas are not covered by qualified doctors. So., Government has no alternative but to cater the minimum health services to those unfortunate, poor people. We want to give them

some sort of medical care and medical services. We have tried to requisition the services of the rural medical practitioners who are not degree-holders. They may be Unani people, Siddha people or Ayurveda people. So, Sir, we are trying to give some sort of service to the rural people to whom the MBBS people have not gone. About the administrative set-up, it is too early to say anything definitely. It is being studied by the Central Government particularly at the level of the Ministerial Committee which has been formed at the Conference we held a few days back of the Health Ministers of all the States of India.

SHRI K. C. PANDA : What prevents the MBBS doctors from going to the rural areas ? Secondly, in the statement they have mentioned at one place that there will be no private practice and at another place it is suggested that they will be allowed private practice after specific hours. And there is also a proposal for the levy of certain paise for prescribing the medicine. May I know from him whether free distribution of the medicine will be allowed in the undeveloped areas of the States, especially in the areas inhabited by the Adivasis and Harijans who need Ayurveda and Unani medicines more than anybody else and whether the States have suggested the levy of this cess for meeting these charges and, if so, what is the reaction of the Centre ?

DR. DEBI PRASAD CHATTOPADH-YAYA : Sir, as I said, no final decision has been taken in the matter at the Conference attended by different States of a big sub-continent having different problems and conditions and there cannot be a unanimous decision on such a big issue and that too very quickly. About the question why we do not send or rather force the medical doctors to go to the rural areas, Sir, you know that in a democratic set-up the citizens enjoy the freedom of choice of profession and practice. However, it is very heartening to note that some State Governments like Maharashtra and Orissa are taking bonds from the new entrants to the medical colleges so that

after the completion of their course and taking their degrees they go to the rural areas compulsorily for two or three years. There is another suggestion also not to confer at all the MBBS degrees unless after the completion of their course, the 5-year course, the doctors serve in the rural areas for two or three years. But it is for the State Governments primarily to decide finally in the matter.

SHRI CHANDRAMOULI JAGARLAMUDI : It is stated in the statement laid on the Table of the House that the area of practising of the RMPs would have a population of about 2,000. Assuming that about 500 people per month would take medical advice, the RMPs would get about Rs. 50 per month by way of prescription fees besides getting an honorarium of Rs. 150. Altogether it would come to Rs. 200. Most of the practitioners in the villages earn more than Rs. 200; some of them earn Rs. 500 also, even the Ayurvedic, Allopathic and Homoeopathic doctors, and on the top of that, these people are prohibited from private practice. In such cases I feel that there is very little enthusiasm for these doctors to join the National Health Scheme. In view of this will the hon'ble Minister think of at least removing the ban on private practice ?

DR. DEBIPRASAD CHATTOPADH-YAYA : Taking the last question first whether the rural medical practitioners will be enthusiastic about the programme and come forward, I can tell you, Sir, from my own experience that after the publication of this thing in the Press I personally have got hundreds of letters from rural practitioners from all over the country who will be very glad to serve under the scheme. Under the project — as I told you, Sir, it has not been finalised as yet. Every rural medical practitioner will be given Rs. 150, not as suggested by the hon'ble Member, but as honorarium. There is also a suggestion that he will be allowed to take some money on every prescription. Again, it is a suggestion, not finally accepted by the State Governments,

that he will be taking 10 paise or 15 paise for each prescription he gives, and out of the proceeds from these prescriptions he will have certain percentage. Calculating roughly, it comes to another Rs. 150 or more per month. Even so he will be getting some Rs. 300. But, as I said, about the proposition whether or not they should be allowed to do private practice, no final decision has yet been taken. It is being processed.

SHRI M. K. MOHTA : I am aghast to find that these so-called rural medical practitioners will have a training of only four months, and after the training only four months they will be allowed to practice in small villages which will tentamount to playing with the lives of rural people. May I ask the hon'ble Minister whether this is the final decision or whether any further training will be given to these people so that you do not play with the lives of the village people ?

AN HON'BLE MEMBER : To reduce the population.

DR. DEBIPRASAD CHATTOPADH-YAYA : I would like to submit that this question has not been finalised. Second thought has been given to this idea of giving four months' training, namely, whether it should be extended to six months.

SHRI SANAT KUMAR RAHA : May I know from the Minister whether the Indian Medical Association was consulted on this issue ? If so, what is their reaction regarding the charges for medicine which has been agreed upon by the States in item 3 of the proposal ?

DR. DEBIPRASAD CHATTOPADH-YAYA : There is no final decision, as I said. But the Indian Medical Association has its reservation about extending the services to the rural medical practitioners. But as I said before, we cannot deny that Government's responsibility for giving some sort of service is pressing, nor do I claim that what we are proposing under the scheme is the best. But it is the available best. Under the circumstances

we have no other alternative but to do something.

MR. CHAIRMAN : Mr. Ajit Prasad Jain. Short question.

SHRI A. P. JAIN : Yes, Sir, very short question. On the face of it the proposal appears to be good. But I am rather doubtful about it. May I know what are the financial implications of this health scheme if it is extended to the whole nation and what is the present sum being spent by the Central and the State Governments on the scheme now ?

DR. DEBIPRASAD CHATTOPADH-YAYA : It is a Central sector scheme. We are spending in this financial year 1972-73 a sum of Rs. 2.60 crores. In the next three years we will be spending about Rs. 151.85 crores.

MR. CHAIRMAN : Question Hour is over.

WRITTEN ANSWERS TO QUESTIONS

LIFT-PITS IN I.I.T. BUILDING

*214. SHRI JAGDISH PRASAD MA-THUR : SHRI D. K. PATEL : SHRI LAL K. ADVANI : SHRI PREM MANOHAR : SHRI RATTAN LAL JAIN : SHRI PITAMBAR DAS : SHRI J. P. YADAV : DR. BHAI MAHAVIR :

Will the Minister of EDUCATION AND SOCIAL WELFARE be pleased to state whether it is fact that the lift-pits built in the main 9-storeyed building of I.I.T., Delhi have not been constructed according to specifications and the present lifts have led to a loss of more than 50,000 rupees?

THE MINISTER OF EDUCATION, SOCIAL WELFARE AND CULTURE (PROF. S. NURUL HASAN) : A statement is laid on the Table of the House.

STATEMENT

In the end of 1965, the Indian Institute of Technology, Delhi invited tenders for