RAJYA SABHA

Wednesday the Tird August, 1972/fAe *1st Bhadra,* 1894 *{Saka)*

The House met at eleven of the clock, MR. CHAIRMAN in the Chair.

ORAL ANSWERS TO QUESTIONS

CONFERENCE OF STATE HEALTH SECRETARIES TO DISCUSS THE SHORTAGE OF DOCTORS IN RURAL AREAS

*472. SHRI SHYAMLAL GUPTA :t SHRI YOGENDRA SHARMA : SHRI SANAT KUMAR RAHA: SHRI SURAJ PRASAD :

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

(a) whether it is fact that State Health Secretaries at their annual meeting held in June last had discussed. *inter alia,* the question of shortage of doctors in rural areas, and

(b) if so, whether any scheme to meet this situation has been, finalised?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. KISKU) : (a) Yes, Sir.

(b) A Scheme entitled 'National Health Scheme for Rural Areas' has been drawn up to meet the shortage of doctors in Rural Areas. A statement giving the details of the scheme is laid on the Table of the Sabha. The scheme is under consideration.

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 through out 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 or 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 practi-

tThe question was actually asked on the floor of the House by Shri Shyam-lal Gupta.

tioners 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) 25p. from those having 11 acres or more; (b) 10p. from those having 3 to less than 11 arcres; 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. 2000 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 to 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 views 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 Medicine* 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 2000 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 Primary Health Centres or the nearest hospital.

(8) R.M.Ps. should be under the technical supervision of District officers of their respective sys tems 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 conditions[1], 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.

Besides, the National Health Scheme for Rural Areas, the meeting also discussed in detail how the health infrastructure in the rural areas could be made more broad-based. It was considered essential to provide a Primary Health Centre for a population of 30,000 as against the present norm of 80,000 and a Sub-Centre for 5,000 converting 1500-2000 P.H.Cs. into 25-bedded hospitals with adequate X-ray, laboratory facilities; to have a bed population ratio of 1 : 1000 and also a minium package of health services to cover curative and preventive health services and maternal and child health care, family planning and health education.

SHRI SHYAMLAL GUPTA : May I know the total number of doctors unemployed in the country with relation to the demand both in urban and rural areas and how many of them are likely to be provided with jobs during the current Plan period, the number of health centres in various districts which are short of doctors and what incentives have been given by the Government to those doctors who work in the rural areas and the results achieved

SHRI UMASHANKAR DIKSHIT : Sir, this question refers to the conference of Health Secretaries which was held here in Delhi and the scheme that was considered there. That scheme, with its full details, has been given in the statement laid on the Table of the House. This is a different question. But I shall briefly answer it. The number of unemployed doctors given in the live register maintained for the purpose is nearly 3,900 and odd. But this is not a very accurate figure because not everybody enlists himself there, and even those who enlist and who subsequently get employed do not cancel it and some others who are employed also given their names. Normally the number should be more than 3,900 or 4,000. So far as incentives are concerned we have suggested several incentives, one important among them being giving of a "difficult area allowance" of Rs. 150/-or so. Beside that where necessary arrangements are not there doctors want

approach roads, schools etc. Another facility which has been proposed is in respect of provision of free house, residential accommodation in villages etc. That is the kind of thing that is under consideration.

SHRI SHYAMLAL GUPTA : May I know, Sir, whether the Government would consider to make it compulsory for a doctor to work for at least two years in the rural areas as a paid doctor on completion of his course of study and how far the recommendations of the State Health Secretaries are proposed to be implemented in this regard?

SHRI UMASHANKAR DIKSHIT : Sir, I would submit that this is a very limited question. The Health Secretaries' Conference and the scheme placed before them is an entirely different question. If we go on widening the scope of the question we will go on discussing it.

MR. CHAIRMAN : I agree with you.

SHRI SANAT KUMAR RAHA : Sir, on page 2 of the statement there is a paragraph saying :

> "A graded token charge would be levied on each new prescription ticket on the basis of land holdings..."

May I know the organisation which will fix the percentage of the levy to be charged?

SHRI UMASHANKAR DIKSHIT : The original idea was based on that scheme. But the matter has been subsequently discussed with the State Health Ministers. Now a committee of the Health Ministers has been appointed. But there is some difference of opinion over it. Finally, the resolution passed at i the subsequent Health Ministers' confe- ; rence was that the State Governments j be requested either to levy a health cess i for this purpose or 10 raise resources in some other way, including graded charges. But the scheme has to be worked out. It is a tentative scheme which has been prepared in order to meet the shortage of doctors in the rural areas which will remain for a long time to come. The idea is to use the registered Ayurvedic and other physicians of the indigenous systems in the meantime. That is the point, Sir.

श्री सूरज प्रसाद : श्रीमन्, इसमें 2 लाख 50 हजार रजिस्टर्ड डाक्टरों को नौकरी देने की बात है। मैं जानना चाहता हूं कि होम्योपैथिक, यूनानी और आयुर्वेदिक कितने ऐसे डाक्टर हैं जो देहात में बेकार हैं ? दूसरे सरकार जो उनको 150 रुपए ऑनरेरियम देगी तो जब वे डाक्टर हो जाएंगे तब उनकी तनख्वाह क्या होगी ? इसे देश के 21 राज्यों में लागू करने की बात है । दूसरे प्रदेशों में लागू करने के सम्बन्ध में सरकार का क्या विचार है ?

श्री उमाशंकर दीक्षित : लागू तो सभी में करने का विचार है । यह प्रत्येक राज्य सरकार के निश्चय करने की बात है कि वह अपने यहां यह योजना इस रूप में या संशोधित रूप में चालू करना चाहती है । जो उन्होंने कहा बेकार डाक्टरों के बारे में, तो बेकार डाक्टरों या वैद्यों का प्रश्न नहीं है । प्रश्न है कि हमारे यहां जो रजिस्टर्ड मेडिकल प्रैक्टीशनर होम्योपैथ, हकीम और वैद्य लोग शुद्ध आयुर्वेद के हैं उन सबकी रजिस्टर्ड संख्या देश में 3 लाख है । उनमें से कोई 50 हजार अमुक कारणों से हटाकर दूसरों को योजना में लेने का विचार है । योजना स्वीकार हो जाय तो जहां गांवों में वे हैं वहां सुविधाएं वगरह देंगे या आसपास से उनको भेजेंगे । वे सब आजकल बेकार नहीं हैं । वे काम करते हैं लेकिन उनको अधिक काम देने का प्रश्न है । जो ज्यादा पढ़े हुए न भी हों, डिग्री वाले न भी हों उनके द्वारा आयुर्वेदिक तथा दूसरी निर्दोष दवाइयां दिलाने की योजना है । इस योजना को अभी अन्तिम रूप नहीं मिला है

श्री सूरज प्रसाद : आजकल कालेजों से जो डाक्टर निकलते हैं क्या 3 लाख में वे भी शामिल हैं ?

श्री उमाशंकर दीक्षित : जी नहीं ।

SHRI TRILOKI SINGH : In view of the fact that people in this country are taking more and more to allopathic medicine, and also in view of the fact that even quacks, compounders and unqualified doctors and vaids prescribe allopathic medicines and give injections and in view also of the fact that the M.B.B.S. doctors, by their very training, are not capable of making bed-side diagnosis, for they depend on so many pathological tests which are not available locally, may I know if there is any scheme with the Government of India to re-start the diploma course in allopathic medicine, in, order to reduce the shortage of qualified medical practitioners in the country?

SHRI UMASHANKAR DIKSHIT : There is no such proposal at present under consideration. Earlier a similar scheme was tried, but there was opposition to it. The question can be considered. But at present no such proposal is under consideration.

SHRI MAHAVIR TYAGI : I am sorry I have not yet read the statement which the Minister laid on the Table of the House. But I have read in the papers that there was a plan with the Government to have compulsory recruitment of doctors. Is there any such plan? If so, what are the rules and in what manner will it apply to this scheme?

SHRI UMASHANKAR DIKSHIT : There is no such scheme. Possibly what might have been referred to would be as follows : (1) During the last conflict with Pakistan a certain number of doctors were seconded to the Defence Ministry and they were bound to take over that work in the specified hospitals.

(2) The other compulsory element introduced is that we have suggested to all State Governments that they should get a bond signed by all the MBBS students agreeing to serve in rural areas after completion of their studies. There is no other scheme.

SHRIMATI PURABI MUKHOPADHYAY: Will the Health Minister categorically state whether it is the policy of the Government to give any doctor as his first appointment in a rural area? Is it a compulsory thing If not, will the Minister think it that if we want to remove the shortage of doctors in the rural areas, the doctors must be posted in the rural areas first as their first appointment? Number two. When the Government takes medical officers for higher studies, the first preference should be given to those doctors who are employed in the rural areas and in the health centres. Number three...

MR. CHAIRMAN : Only one question.

SHRIMATI PURABI MUKHOPADHYAY : ... Medical students from the rural areas should be given preference.

SHRI UMASHANKAR DIKSHIT: There were a number of questions in what she asked.

MR. CHAIRMAN : I cannot allow so many in one question because I have to give opportunity to other Members also.

SHRI UMASHANKAR DIKSHIT: I can say categorically that if a doctor is willing to serve in any part of the country, appointment can be made immediately on application provided he holds a recognised degree,

DR. R. K. CHAKRABARTI : Sir, many doctors are unwilling to go to the rural areas for the following reasons : lack of suitable accommodation facilities with proper sanitary arrangements, non-availability of practically any kind

of medicines, especially life-saving drugs, lack of proper surgical facilities and poor road transport and communication. Under these circumstances, will it be possible for the honourable Minister to ensure these minimum requirements for the doctors before asking them to go to the rural areas?

SHRI UMASHANKAR DIKSHIT : No, Sir. It is exceedingly unreasonable for doctors to insist on such things. We will have to wait for so many years before these could be provided. That means they do not just want to serve their people in the rural areas.

DR. R. K. CHAKRABARTI: What about the lack of medicines and surgical facilities? What will they do by going there?

SHRI UMASHANKAR DIKSHIT: Whenever a qualified doctor is posted, all these facilities are provided. Not only that. Para-medical nurses are also provided.

DR. K. NAGAPPA ALVA : A legislation has been enacted to recruit doctors compulsorily for serving in the rural areas. 1 would like to know what steps the Government has already taken because of the urgency of the problem.

SHRI UMASHANKAR DIKSHIT: I do not know which measure he has referred to when he says that a compulsory legislation "has been introduced. I am not aware of it.

SHRI KRISHAN KANT: May I know whether it is a fact that the planning Commission has opposed the scheme on the basis of some of the arguments which the honourable Members are giving about allopathy ? This scheme which the Government of India has drawn up, national health scheme in rural areas, with indigenous systems of medicines is one of the best schemes that the Government has drawn up up-till now. May I know whether the honourable Minister can assure us that before the year 1973-74 starts, the I scheme will be approved with whatever modifications that may be necessary about the training courses or emoluments and that this scheme will come into force soon so that the people in the rural areas can get whatever little benefit they can out of the ayurvedic, unani and homoeopathy systems?

SHRI UMASHANKAR DIKSHIT: I have every hope that we will be able to introduce the scheme with several modifications which the State Governments have suggested. All those suggestions are now seriously under consideration.

AN HON. MEMBER : Sir, ,..

MR. CHAIRMAN : We have already taken a long time on this.

SHRI KALYAN ROY : I would like to draw the attention of the Minister to the shortage of doctors mentioned in question (a). Is the Minister aware that on the 6th August the Hindustan Times wrote that according to the Indian Medical Association 1800 doctors are unemployed?

On the other hand according to CSIR, out of 30,000 skilled Indians living abroad, 9,000 are Doctors. This is a strange situation that is developing. Your shortage of Doctors in rural areas is partly because the best Doctors are abroad. In order to improve the condition of medical service in the rural areas, will you stop this export of best Doctors abroad?

SHRI UMASHANKAR DIKSHIT: It is not the policy of the Government to prevent Doctors from going out of India through any compulsory measure especially when in the country adequate employment opportunities are not available. So far as rural areas are concerned, I have already stated that several thousands of Doctors can be provided employment. About 3,000 or 4,000 Doctors can be appointed immediately. After five or six years of instruction and

training in urban atmosphere or sophisti- j cated atmosphere, it is unfortunate that Doctors and Nurses find it difficult to accept these appointments. It is an unfortunate tendency and it is even deplorable. But I do not think it is proper to compel them to go to rural areas.

WASTAGE OWING TO PURCHASE OF USELESS MACHINERIES BY D.D.A.

*473. SHRI K. C. PANDA :
SHRI M. K. MOHTA :f
SHRI CHANDRAMOULI JAGARLAMUD1 :

Will the Minister of WORKS AND HOUSING be pleased to state :

(a) whether attention of the Gov ernment of India has been invited to a report appeared in the Statesman of 6th June, 1972 to the effect that there has been huge wastage owing to pur chase of useless machineries by the Delhi Development Authority;

(b) if so, whether Government have investigated into the matter; and

(c) the action taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF WORKS AND HOUSING (DR. DEBIPRASAD CHATTOPADHYAYA) : (a) Yes, Sir.

(b) and (c). The report under the heading "DDA machines gather cob-webs" appears to be based on incorrect information. It was contradicted by the Vice-Chairman, Delhi Development Authority in his letter dated 8th June, 1972 to the Editor, Statesman, New Delhi. The contradiction appeared in the Statesman of 14th June, 1972.

SHRI M, K. MOHTA : May I ask the hon. Minister whether the Government has made any independent enquiry, apart from relying on the version of the DDA, about these machines which are said to be lying idle although quite a lot of foreign exchange has been spent in procuring them? Has the Government satisfied itself that they are actually being put to productive use and not lying idle as alleged?

tThe question was actually asked on the floor of the House by Shri M. K. Mohta.

DR. DEBIPRASAD CHATTOPA-DHYAYA : DDA is a statutory body and so in ordinary matters we do not interfere in their functioning. Secondly, about the alleged idle machines, we have looked into the complaint. DDA has informed us that the machine is for a specific and limited purpose and for that limited purpose—that is, for laying down sewage in sandy areas—it was used. If it is to be used for a particular purpose, it cannot be used all the time. For the limited purpose it has been used and it will be used.

SHRI M. K. MOHTA : Even though DDA may be an independent authority it is necessary for the Government to make an enquiry because the allegation goes on to say that the pumping sets which are said to be lying idle could have been used for draining of flood waters. Due to flood waters many areas have been rendered unsanitary. In spite of that, these pumping sets were not utilised. Will an inquiry be instituted in this case.

DR. DEBIPRASAD CHATTOPA-DHYAYA : The allegation regarding purchase of pumps is also unfounded and it has been found on inquiry that it is not the DDA which is responsible for that, but the firm which supplied those pumps. They had supplied the material on the lowest tender. According to the rules and regulations of purchase, it is okay. On the basis of the guarantee given by the firm, some of the defective machines have not to be paid for. Therefore, direct intervention is not warranted on the part of the Government.

MR. CHAIRMAN : Yes, Dr. Bhai Mahavir. Last question.