राष्ट्रीय स्वास्थ्य नीति के अंतर्गत अनुसूचित जाति समुदाय हेतु विशेष व्यवस्था

*365. **श्री नारायण सिंह केसरीः** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने कि कृपा करेंगे किः

(क) क्या राष्ट्रीय स्वास्थ्य नीति के अंतर्गत ग्रामीण अनुसूचित जाति समुदाय के लिए कोई विशेष व्यवस्था की गई है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) यदि नहीं, तो क्या सरकार देश के ग्रामीण क्षेत्रों में अनुसूचित जाति की करोड़ो की आबादी हेतु विशेष व्यवस्था करने पर विचार करेगी?

स्वास्थ्य और परिवार कल्याण मंत्री (डा0 अम्बूमाणि रामदास)ः (क) से (ग) विवरण सभा पटल पर रख दिया गया है ।

विवरण

(क) और (ख) राष्ट्रीय स्वास्थ्य नीति 2002 में देश में समाज के सभी वर्गो को और अधिक समान स्वास्थ्य सेवाएं सुलभ कराने पर पर्याप्त जोर दिया गया है। सभी आर्थिक-वर्गो के लोगों के बीच असमानताओं और असतुलन को कम करने संबंधी उद्देश्य को पूरा करने और समाज के वंचित वर्गो को जन स्वास्थ्य सेवाएं सुलभ करने के लिए इस नीति में बुनियादी स्वास्थ्य क्षेत्र में सेक्टोरल परिव्यय बढ़ाने की परिकल्पना की गई है। इसके अतिरिक्त, इस नीति में इस बात पर भी जोर दिया गया है कि राज्य सरकारों को आवश्यकतानुसार पृथव स्कीमें बनाने की जरुरत पड़ेगी ये विशेष प्रयोजनार्थ बनाई पाने वाली स्कीमें स्वास्थ्य नीति 2002 में विहित समग्र वृहत नितिगत उपायों के तहत सामजिक –आर्थिक रुप से अल्प सेवित वर्गो की स्वास्थ्य आवश्यकताओं को पूरा करेंगी।

(ग) स्वास्थ्य राज्य का विषय है और राज्य सरकारें ग्रामीण अनुसूचित जाति के लोगों सहित सभी आम नागरिकों के लिए स्वास्थ्य परिचर्या की व्यवस्था करने हेतु प्रमुख रुप से जिम्मेदार है तथापि भारत सरकार, मलेरिया, क्षयरोग, कुष्ठरोग, एड्स, दृष्टिहीनता , कैंसर और मानसिक रोग जैसे प्रमुख संचारी एवं गैर-संचारी रोगों के निंयत्रण के लिए राष्ट्रीय स्वास्थ्य कार्यक्रम कार्यान्वित कर रही है। इनमें शहरी एंव ग्रामीण दोनों क्षेत्रों के अनुसूचित जाति के लोगों सहित सम्पूर्ण देश को शामिल किया जा रहा है। साथ ही, सरकार का प्रस्ताव गरीबी रेखा से नीचे जीवन-यापन करने वाले परिवारों के लिए व्यापक स्वास्थ्य बीमा स्कीम की पुनः रुप-रेखा तैयार करने और प्रीमियम सब्सिडी बढाने का है। पुनः तैयार की जाने वाली इस स्कीम से अनुसूचित जाति के परिवारों को काफी लाभ होगा क्योंकि उनमें से अधिकतर परिवार गरीबी रेखा से नीचे जीवन यापन करने वाले परिवार की श्रेणी में कवर हो जाएंगे।

Special arrangement for SC Community under National Health Policy

†*365. SHRI NARAYAN SINGH KESRI: Will the Minister of HEALTH AND FAMILY WELAFRE be pleased to state

(a) whether any special arrangement has been made for rural scheduled caste community under National Health Policy;

(b) if so, the details thereof; and

(c) if not, whether Government would consider for special arrangement for crores of the scheduled caste population in rural areas of the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) and (b) The National Health Policy-2002 gives overriding importance to ensuring a more equitable access to health services across the social expanse of the country. In order to meet the objective of reducing such inequities and imbalances between economic classes and allow the disadvantaged section of society a fairer access to public health services, the Policy envisages to increase the sectoral outlay in the primary health sector. Further, the Policy also emphasises that the state Government will need to design separate schemes, wherever required, tailor-made to the health needs of socio-economically under-served sections of population under the overall umbrella of macro-policy prescriptions contained in the National Health Policy, 2002.

(c) Health is a state subject and State Governments are primarily responsible for provision of health care for the citizenry at large including the rural scheduled caste population.Government of India is, however, implementing the National Health Programmes for control of major communicable and non-communicable diseases like Malaria, TB, Leprosy, AIDS, Blindness, Cancer and Mental Health which covers the entire country, including the scheduled caste population, both in urban and rural areas. Also, the Government proposes to redesign the Universal Health Insurance Scheme exclusively for Below Poverty Line (BPL) families and also enhance the premium subsidy. The restructured scheme shall largely benefit the scheduled caste families as majority of them would be covered under the BPL category.

†Original notice of the question was received in Hindi.

श्री नारायण सिंह केसरीः माननीय सभापति जी, मैं स्वास्थ्य मंत्री जी से कहना चाहूंगा, माननीय वित्त मंत्री जी ने एक अखबार में कहा है कि देश में एक ओर जहां विश्वसनीय चिकित्सा सुविधा मौजूद है और दुनिया भर के लोगों की निगाहें भारतीय चिकित्सा पर लगी है, वहां देहात और शहरी स्लम में आज भी लाखों लोग बेहतर चिकित्सा की सुविधाओं से वंचित है। अभी माननीय स्वास्थ्य मंत्री जी ने जो जवाब दिया है, उस जवाब के मद्देनजर मैं आपके माध्यम से बताना चाहूंगा कि कमजोर वर्ग की गर्भवती महिलाओं को न तो शिक्षित दाइयां प्राप्त होती है,न हास्पीटल उनके घर के नजदीक होते है, जिससे उनकी मृत्युदर बढ़ रही है और उनके बच्चे जो स्लम में रहते है, गंदी बस्ती में या नाले के किनारे रहते है, उनको स्वच्छ आबोहवा की सुविधा नहीं मिलती और ऐसी सूरत में कुपोषण के कारण उनमें अन्य प्रकार की बीमारियां उत्पन्न होती है, जैसे तपेदिक, कुष्ठ कैन्सर, आदि, मैं जानना चाहूंगा कि इन लागों के लिए सरकार ने क्या योजना बनाई है?

DR. ANBUMANI RAMDOSS: Sir, eventhough the hon. Member's supplementary does not relate to the main question, I would say that our Government is very committed to improve the facilities, specially in the rural areas. The Central Government is spending on the salaries of the ANMs, that is auxiliary nurses and midwives and also sponsoring all the sub-centres at the village level, and facilities are being improved to prevent maternal mortality and infant mortality. All steps are being taken. It is a State Subject and State Governments are responsible for it. We are looking into this matter and whenever negligence is found, specific actions will be taken.

श्री नारायण सिंह केसरी: माननीय सभापति महोदय, योजना आयोग के सर्वेक्षण में यह स्पष्ट कहा गया है कि डाक्टर गांव में जाना नहीं चाहते, अनुसूचित जाति की बस्तियों में उनके लिए कोई चिकित्सा की सुविधा नहीं है। मैं स्वास्थ्य मंत्री जी से यह जानना चाहूंगा कि इस संबंध में सरकार क्या करने वाली है ?

DR. ANBUMANI RAMDOSS: Sir, on the question of doctors not going to rural areas, we have a problem in that area, but this is not specifically for the Scheduled Castes areas and Scheduled Tribes areas. The Health Sector cannot be segregated into these areas. We are concerned about all the people, especially the downtrodden people belonging to Scheduled Castes and Scheduled Tribes, since they belong to the deprived sections of society. But we are looking into the ways as to how we can induce these doctors to go into the rural areas and serve the poor people. But we cannot coerce them.

We have a huge infrastructure at the grass root. We have around 1,45,000 sub-centres all over the country, around 23,000 primary health centres and a littlemore than 3000 community health centres. We have a huge infrastructure, but that infrastructure needs a little more improvement so that doctors could stay in the rural areas and if that is done, then these things could be taken care of. This again is a State Subject.

SHRI MANOJ BHATTACHARYA: Sir, my question is quite specific. I would like to know whether the hon. Minister is aware that the poor tribal workers and their family members, who are working and living in tea gardens in vast areas of Tarai in West Bengal, North Bengal, and Assam, are suffering from a peculiar viral infection. If I remember the name correctly, since he is a professional so he will understand it better, it is Micromonospora Purpuria. This virus has migrated from Thailand or Burma and is creating havoc in Assam, particularly in the tea gardens of Northern Assam as well as in Tarai in North Bengal.

MR. CHAIRMAN: Please, come to the question.

SHRI MANOJ BHATTACHARYA. Sir, I am just asking the question. I would like to know whether the ministry is aware of this and whether the Ministry is considering to open a research centre or an investigation centre in Siliguri which is at the centre of Assam as well as North Bengal, Tarai to probe into this and take remedial measures. Besides ICMR— I know it for certain that the ICMR has got their centres in Siliguri also- is there any possibility that a full-fledged research as well as investigation centre can be opened in Siliguri?

DR. ANBUMANI RAMDOSS: Sir, the matter will be looked into... *(interruptions)*

SHRI MANOJ BHATTACHARYA: Sir, 'the matter will be looked into', is not the reply. ...*(interruptions)*

MR. CHAIRMAN: That is enough. He has given the reply. Please, take your seat.

DR. ANBUMANI RAMDOSS: Sir, I have given the commitment that the matter will be looked into.

DR. KARAN SINGH: Mr. Chairman, Sir, this question of doctors not going into the rural areas is a very long standing one. I remember, 30 years ago, when I was the Health Minster, we had the same problem of

doctors not going into the rural areas, But at that time a decision was taken that when you appoint doctors to the CGHS, you make it part of their contract and obligatory for them to go into the rural areas. You have said, you cannot coerce them, but if you make this part of their contract, then if they do not go to the rural areas, their services can be terminated. Unless you take some drastic measures like this, no doctor will ever go to the rural areas.

DR. ANBUMANI RAMDOSS: Sir, the point is well taken, and we will look into it.

श्री नंदी येल्लैयाः सभापति महोदय, मैं आपके माध्यम से स्वास्थ्य मंत्री जी से कहना चाहता हूं कि ग्रामीण इलाकों के अंदर अनुसूचित जाति, जनजाति की कम्युनिटी के जितने लोग रहते है, उनके लिए वहां पर डाक्टर्स की कोई व्यवस्था नहीं रहती है। मेरा जहां तक अनुभव है, आज भी ग्रामीण क्षेत्रों में अनुसूचित जाति, जनजाति के लोगों की सही तरीके से देखभाल के लिए डाक्टर्स की व्यवस्था नहीं है। आपके जरिये से, मैं मंत्री महोदय से पूछना चाहता हूं कि ग्रामीण श्रेत्रों के अंदर रहने वाले अनुसूचित जाति, जनजाति के लोगों की स्वास्थ्य संबंधी देखभाल करने के लिए आपके पास क्या अरेंजमेंट्स है?

DR. ANBUMANI RAMDOSS: Sir, definitely, I am concerned about the issue raised by the hon. Member, Our Government is very much committed to the upliftment of all sections of the society and providing them all facilities, especially, the Scheduled Castes and Scheduled Tribes. But in the health sector, there is a practical difficulty in segregating the facilities for different sections of people. But overall, we are trying to improve the system.

SHRI RAVI SHANKAR PRASAD: Sir, the Minister has already admitted that the situation at the ground level is not very promising. This is what I could understand from the nature of reply he has just given. The specific query is this. Even at the district level, there is a semblance of infrastructure available. But at the ground level, in the rural areas, the infrastructure of healthcare is in a very abysmal state, and the Central Government cannot escape from this primary responsibility by stating that this is a State subject, why am I saying so? In fact, in the reply given by the hon. Minister, there is not even a mention of some of the major schemes being undertaken for improving the health plight of the Scheduled Castes and Scheduled Tribes. Therefore, the question is: Does

the Government propose to have any time-bound programme, in coordination with the State Governments, to imporve the infrastructure of healthcare at the rural level? This is my pointed question.

DR. ANBUMANI RAMDOSS: Sir, as I have already mentioned, our Government's primary concern, our hon. Prime Minister's primary concern, is rural health and primary healthcare. I would again like to reiterate my previous statement that since this is a State subject, the State Governments have to improve the infrastructure at the rural level, and at the sub-centres, the primary health centres and the community health centres, they have to improve the infrastructure at the rural level, and at the sub-centres, the primary health centres and the community health centres, they have to improve this infrastructure. We are monitoring this and all necessary assistance will be provided. We cannot provide all the assistance for them. What we can do is that we can increase the cold chain; we are paying for the salaries of the ANMs at the sub-centre level and the lady health visitor, who mans about 6 sub-centres. But we are trying to improve this.

SHRI JESUDASU SEELAM: Sir, I would like to put this question to the hon. Minister, through you. Sir, there is no point in saying that the Government is committed to the upliftment of the downtrodden people. There are so many ways of doing it. The Government of India and the Minister cannot say that they will look into the problem because it is their responsibility, and there are several ways of doing it. There are so many doctors who are willing to work in the rural areas, especially, among the poorer sections. You can send them in the rural areas. Take their willingness and provide them some incentives. The very presence of doctors visiting the rural areas regularly will make them feel better, The rural people will get used to the modern methods of treatment. Some of the hon. members were saying that people in the rural areas are not used to going to doctors. They are used to going to Gods and Goddesses and tantriks. What are we doing to change this attitude of the rural people? Unless the doctors go to the villages and work there, the situation will not improve. The Government can issue circulars to the State Governments in this respect. They can collect the details of those doctors who are willing to work in the rural areas. They can be given some incentives. That sort of concrete action is required, and not this talk of the Government being committed to their upliftment and all that.

MR. CHAIRMAN: Mr. Minister, please show your concern about all these things.

DR. ANBUMANI RAMDOSS: Definitely, Sir. We are really concerned about this issue, and I would say that there are certain States, which have issued notifications in this respect that the doctors have to work in the rural areas compulsorily for two-three years. And since just two-and-a-half months back we have taken over the Government, we are discussing a lot of issues which I cannot state here. Sir, we are discussing a lot of issues, how to improve this system, asking the doctors to go to the rural areas. Basically, there is no infrastructure for them to stay in the rural areas. So, a lot of issues have been discussed, and we will bring out a comprehensive package for asking the doctors to go to those areas.

रेल आरक्षण सुविधाएं

*366. **श्री हरीश रावत :** क्या रेल मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या ऐसे राज्यों को रेल आरक्षण सुविधाओं के विस्तार में प्राथमिकता दी जाएगी, जहां के बड़े हिस्से में रेल लाइनें नहीं है;

(ख) क्या ऐसे राज्यों के सभी जिला मुख्यालयों में वर्ष 2004-05 में रेल यात्रा आरक्षण सुविधाएं उपलब्ध करवाई जाएंगी; और

(ग) यदि हां, तो उत्तराचंल जैसे राज्यों के सभी जिला मुख्यालयों एवं प्रमुख नगरों में रेल आरक्षण सुविधा कब तक उपलब्ध करवा दी जाएगी ?

रेल मंत्रालय में राज्य मंत्री (श्री आर0 वेलू) : (क) से (ग) एक विवरण सभा पटल पर रख दिया गया है ।

विवरण

जी हां, मौजूदा नीति के अनुसार बिना रेलवे स्टेशनों वाले जिला मुख्यालयों के लिए कंप्यूटरीकृट आरक्षण सुविधाएं (पी आर एस) धन की उपलब्धता, तकनीकी व्यवहार्यता और राज्य सरकार द्वारा नि:शुल्क जगह आदि उपलब्ध कराए जाने के आधार पर उपलब्ध कराई जाती है।

जी नहीं ।

(ग़) पी आर एस सुविधाओं का विस्तार एक सतत् और निरंतर चलने वालि प्रक्रिया है। उत्तरांचल में इस समय 21 स्थानों पर (जिला मुख्यालयों और मुख्य शहरों सहित) पी आर एस सुविधाएं उपलब्ध कराई गई हैं। चालू निर्माण कार्यक्रम में अन्य 5 स्थानों पर भी ये सुविधाएं उपलब्ध कराई गई हैं। चालू निर्माण कार्यक्रम में अन्य 5 स्थानों पर भी ये सुविधाएं