

information, sharing of intelligence, etc. I would like to know in this connection, with how many countries we have got extradition treaty and what is the experience of the Government. I also want to know whether those countries are cooperating with us or not as far as honouring those treaties are concerned, particularly with reference to the investigation of the bomb blast in Bombay.

SHRI S. B. CHAVAN: Sir, so far as the extradition treaty is concerned, we had a very detailed discussion and thereafter a treaty was signed between Government of India and Government of U.K. We have a similar kind of treaty with Canada. The third country with which we had the intention to sign a treaty was Russia. But a kind of protocol was signed with Russia. And the fourth country is Spain. These are the four countries where either we have signed the treaty or we are in advance stage of signing the treaty.

Sofar as the treaty with U.K. is concerned, we are getting a useful information from that country.

SHRI CHANDRAJEET YADAV: I agree with the Home Minister that during the last few months, the Government of India has succeeded at least in creating an international atmosphere against this international terrorism, particularly about Pakistan's involvement in all the terrorists activities in our country. This is an achievement. Certain international organisations have condemned it. But, Pakistan is very successfully using, for example, Organisation of Islamic Conference and certain Gulf countries, on the basis of religion and also on other compulsion.

I would like to know from the hon. Minister whether Government of India has taken any initiative at least with such Organisations. For example, Organisation of Islamic Conference had also made an attempt with some Gulf countries where Pakistan is able to exploit the situation so that public opinion can be created to isolate Pakistan in these areas also.

SHRI S. B. CHAVAN: So far as Islamic Organisation is concerned, every effort is being made to see that we are able to take up this issue on diplomatic channels and first create the necessary atmosphere so that in the name of religion, this kind of atmosphere is not vitiated by Pakistan.

As far as the other part of the question of the hon. Member is concerned, I will certainly look into it. I cannot straight way give the answer.

[Translation]

### Medical Facilities To SCs/STs In Rural Areas

704. SHRI ANAND AHIRWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken by the Government to provide medical facilities to the scheduled Castes, Scheduled Tribes and backward people residing in remota rural areas; and

(b) the total number of primary health centres, sub-centres and community health centres functioning in Madhya Pradesh?

[English]

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) and (b). A statement is laid on the table of the House.

(a) Special guidelines have been issued to the State to set up at least 15% of the sub-centres in Scheduled Caste bastis or villages having 20% or more Scheduled Caste population and 7.5% of their annual targets in tribal areas.

The State Governments have also been advised to give further relaxation for setting up Sub-centres, Primary Health Centres in case of tribal hamlets and Scheduled Caste bastis which

are 5 k.m. away from available Health and Family Welfare delivery points.

*Differential population norms have been prescribed for setting up of Sub-centres, Primary Health Centres and Community Health Centres in Tribal areas and hilly areas.*

(b) 1,241 Primary Health Centres; 11,936 Sub-Centres; and 190 Community Health Centres are functioning in Madhya Pradesh.

[Translation]

SHRI ANAND AHIRWAR: Mr. Speaker, Sir, I belong to Sagar district where bidis are manufactured on a large scale. Bidis cause tuberculosis. A large number of the people get infected by this disease and become victims of untimely death. The maximum number among them is that of children. Mine is a reserved constituency. I had asked the number of health centres opened in the villages predominantly inhabited by Scheduled Castes, Scheduled Tribes and backward classes. The hon. Minister in his reply has stated that guidelines have been issued to open Health centres in scheduled Caste areas having 20% or more scheduled caste population and 7.5% of their annual targets in tribal areas. There are a number of villages in Madhya Pradesh having more than 20% Scheduled Caste population. But Health centres have not been opened there, I would like to know from the hon. Minister whether a survey to this effect is proposed to be conducted and whether there is any scheme to open Health centres in these areas?

[English]

SHRI PABAN SINGH GHATOWAR: Sir, the health is a State subject and the public health centres and sub-centres are established by the State Governments. But, from the Central Government side, we have given guidelines to the State Governments for establishing a primary health centre, the normal population is 30000 for sub-centre it is 5000; for establishing

in the tribal area, the population is reduced to 20000 for P.H.C. and for the sub-centre it is reduced to 3000.

Accordingly, we have asked the State Governments to establish those Public Health Centres and Sub-centres.

[Translation]

SHRI ANAND AHIRWAR: Mr. Speaker, Sir, in Part (b) of my question. I have asked the total number of primary health centres, sub-centres and community health centres functioning in Madhya Pradesh. With regard to the reply given by the hon. Minister, I would like to know the number of such health centres working in the areas predominantly inhabited by Scheduled caste and Scheduled Tribe people?

[English]

SHRI PABAN SINGH GHATOWAR: Sir, according to the guidelines given to the State Governments, at least fifteen (15%) per cent of the Sub-Centres should be in Scheduled Caste basis and villages having twenty per cent or more Scheduled Caste population. The States have also been desired to set up 7.5 per cent of their annual target for infrastructure in the tribal area.

As regards the number of Sub-Centres under the Tribal Sub-Plan in Madhya Pradesh, it is 4,935 and that of PHCS. is 633.

[Translation]

SHRI NITISH KUMAR: Mr. Speaker, Sir, this question is about providing medical facilities to the Scheduled Caste, Scheduled Tribe and backward class people living in rural areas. The reply given by the hon. minister is about the setting up of primary health centres and sub-centres. However, medical facilities to the people cannot be ensured by merely setting up health centres and sub centres. On the basis of our experience we do know that doctors do not

go to rural areas, particularly, to the areas having population of backward people and Scheduled Castes and Scheduled Tribes people. The hon. Minister has pointed out that it is a State Subject. Through you, I would like to submit that can the Central Government only issue guidelines to the States? Can it monitor their working also? Generally, doctors do not go to these remote areas nor do the medical staff in required number. Buildings for Health centres are constructed, but medical facilities are not available there. I would like to know the steps proposed to be taken by the Government to provide medical facilities to the people in such areas.

[English]

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Sir, the observation made by the hon. Member is absolutely correct. Though we have created a large infrastructure in the country, though thousands of Primary Health Centres and Sub-Centres are created and necessary facilities are provided, but who should go there to provide the services delivery to the people, that is the question that comes and that the hon. Member has asked. No doubt, we have created Primary Health Centres, we have given the staff, but the monitoring is basically done by the State Governments. Monitoring by the Centre is physically not possible because we have to depend upon the State Governments for monitoring aspect of the health care delivery.

The suggestion given by the hon. Member is very good. It is true that we have to create conditions so that the people who are supposed to give the health care delivery to the people and also the health facilities, are as near as possible, to the doors of the people who are to be served. We have to create such conditions and we will take the State Governments into confidence to provide such facilities.

[Translation]

SHRI DILEEP SINGH BHURIA: Just

now, the hon. Minister has stated that health is a State subject and it is their responsibility to monitor it. The Central Government has no active role in it. The hon. Minister furnished information with regard to the setting up of health centres and sub-centres. Shri Nitish Kumar has rightly pointed out that neither the doctors, nurses etc go to these centres nor other medical facilities are available in the health centres. Patients die due to lack of proper medical treatment. I would like to know from the hon. Minister whether the Government propose to adopt tribal health policy on the lines of tribal area education policy formulated by it so as to ensure the availability of the medical staff like doctors, nurses etc and other medical facilities in those areas?

[English]

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Sir, perhaps the House is aware that the National Health Policy was adopted by Parliament in 1983, about 10 years ago. This Health Policy did take into account the suggestions and the recommendations made by the Bhor Committee as back as in 1946. The very purpose of this was to see that people should not be denied the medical and health facilities because they do not have the purchasing capacity. It is not the case. The state has to accept the responsibility of giving medical and health care facilities which we accept. On this basis the Health Policy was adopted. A large infrastructure has been created. It is true that the tribal areas and hajan bastis are not given the necessary facilities which were intended in the Health Policy document. Efforts will be made in this regard.

SHRI TARIT BARAN TOPDAR: What are they?

SHRI B. SHANKARANAND: It is providing health care and medical facilities to the people. This is the basic health policy. Without the cooperation of the State Governments this is simply not achievable.

[*Translation*]

SHRI LAKSHMI NARAIN MANI TRIPATHI: Mr. Speaker, Sir, in his reply the hon. Minister has stated that 15 per cent the sub-centres and 7.5 per cent of the sub-centres will be opened in the areas having 20 per cent of the Scheduled Castes and the Scheduled Tribes population respectively. In many a district in Uttar Pradesh even two per cent of the sub-centres have not been opened up and wherever these have been opened neither medicines nor doctors are available. The hon. Minister stated in the reply that this is a state subject but when the State Government is approached it gives the excuse of shortage of funds for not making available medicines and other facilities. Therefore, will the Union Government issue instructions to the State Governments to strictly implement the guidelines and will also ponder over providing funds to the State Government?

[*English*]

SHRIB. SHANKARANAND: Sir, all that I can say in this regard is that this is a suggestion for action

SHRIMATI MALINI

BHATTACHARAYA: Sir, malaria, Kala azar and tuberculosis are still killing diseases in our country, particularly in situation of poverty. The Centre has a number of programmes for the eradication of malaria, kala azar and tuberculosis. I would like to know from the hon. Minister whether any special grants have been made in that areas specified in the question, that is scheduled castes and tribes and backward areas for malaria, kala azar and tuberculosis eradication programme and if there are grants, whether there has been any enhancement of grants. Already the grants have been reduced in the recent past.

SHRI PABAN SINGH GHATOWAR: Sir, the question relates to Madhy Pradesh and I have the figures of Madhya Pradesh regarding grant of allocations given in tribal sub-plan and

special component plan. For malaria, in 1992, under tribal sub-plan Rs. 874.31 lakhs were given and Rs. 1,088.84 lakhs given under central sector special component plan.

We have got the figures for leprosy also, Sir.

MR. SPEAKER: You can supply the information later.

### EYE Camps

705. SHRI YASHWANTRAO PATIL:  
SHRI MOHAN RAWALE:

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

(a) whether it has come to the notice of the Government that 50 persons have lost their eye sight after being operated upon in eye camps in the villages of Aligarh in Uttar Pradesh in February, 1993;

(b) if so, the details in this regard;

(c) the reaction of the Government thereto;

(d) whether the Government have, from time to time, issued guidelines to be observed in eye camps;

(e) if so, the details thereof;

(f) the action taken/proposed to be taken by the Government for these guidelines being ignored by the organisers of eye camps; and

(g) the amount of compensation and other relief provided/proposed to be provided to the victims of eye camps?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) to (c). Government of Uttar Pradesh has reported that 60 eye operations were performed by Gandhi Eye Hospital, Aligarh,