mendations of the Labour Commission and if not, how many of them are still pending;

- (b) whether the present Government have decided to consider the recommendations afresh and if so, which are these recommendations and if not, the reasons for the same;
- (c) whether the National Labour Commission had recommended that full fledged collective bargaining agent may not be possible in many industries and a need for an independence forum free from political considerations was stressed; and
- (d) whether this is being accepted by Government?

THE MINISTER OF PARLIAMENTARY AFFAIRS AND LABOUR (SHRI RAVINDRA VARMA): (a) Out of the 300 recommendations made by the National Commission on Labour, 254 have already been implemented; 42 relate to matters covered by the comprehensive industrial relations law which is in the process of finalisation; and the remaining 4 recommendations have already been accepted in principle.

- (b) Matters covered by 42 recommendations of the Commission have already been considered afresh by the 30-Member Tripartite Committee in connection with the comprehensive industrial relations laws.
- (c) No, Sir. On the contrary in recommending statutory recognition of a representative union as the sole bargaining agent under a central law, the Commission would seem to have assumed that there would be such a union in every industry. The Commission also recommended that an independent authority like the Industrial Relations Commission should have the power to decide the question whether the representative character of a union should be determined by an examination of its membership records or by secret ballot.

(d) In framing proposals relating to recognition of unions, likely to be incorporated in the comprehensive industrial relations law, the Commission's recommendations have been taken into account.

ग्रमरीको राष्ट्रपति मि० जिमी कार्टर के दौरे के दौरान ग्रमरीकी प्रतिनिधि-मंडल पर ब्यय

2132. श्री हुकम चन्द कछवाय: क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) ग्रमरीकी राष्ट्रपति, मि० जिमी कार्टर की हाल की भारत यात्रा के दौरान भारत ग्राये ग्रमरीकी प्रतिनिधि मंडल में कितने पत्रकार, राजनियक तथा विशेषज्ञ थे;
- (ख) क्या भारत सरकार द्वारा इस यात्रा पर किया गया व्यय निर्धारित व्यय सीमा से काफी ग्रधिक था ;
- (ग) यदि हां, तो उसके क्या कारण हैं; भीर
- (घ) उपरोक्त व्यय में से कितना व्यय भारतीय रुपयों में हुम्रा ग्रौर कितना विदेशी मुद्रा में ?

विदेश मंत्र। स्थ में राज्य मंत्री (श्री एस० कुण्डू): (क) संवाददाताग्रों की कुल संख्या 252 थी जिसमें व्हाइट हाउस के प्रेस प्रबंध से संबंधित 40 ग्राधिकारी भी गामिल हैं। राजकीय दल की ग्रातिथि संख्या 63 थी जो भारत सरकार के ग्रातिथि थे। ग्रन्य राजनियकों ग्रीर विशेषज्ञों की संख्या 71 थी।

(ख) राजकीय म्रतिथियों के संबंध में जो खर्च हुम्रा वह किसी राज्याध्यक्ष के संदर्भ में सामान्य हैं । बहुत बड़ी संख्या में म्राए संवाददाताम्रों को कारगर सुविधाएं प्रदान करने भौर भीड़ को नियंत्रण में रखने तथा सुरक्षा की दृष्टि से भ्रलग⁸से विशेष प्रवन्ध किए गए थे।

- (ग) इस यात्रा का विवरण देने के लिए एक प्रेंस केन्द्र की विशेष रूप में स्थापना की गई थी जिसका इस्तेमाल राष्ट्रपति के साथ ग्राने वाले संवाददाताग्रों ने एवं भारतीय तथा ग्रन्य विदेशी पत्रकारों ने किया था। फोटोग्राकरों के लिए स्टेंड, भागी पर रुकावट लगाने ग्रीर पहचान के लिए बैज/लेबल दिए जाने भी जहरी थे।
- (घ) इस यात्रा के लिए 3,22,690/रुपये के अनुमानित खर्च की स्वीकृति दी गई
 थी। इसके अतिरिक्त इसी रकम के बराबर
 का खर्च वास्तविक आंकड़ों के आधार पर
 पूरा किया जाना है जिसके लिए अभी बिलों
 की प्रतीक्षा की जा रही है। इस संबंध में
 कोई विदेशी मुद्रा खर्च नहीं की गई।

Medical Facilities in backward areas

2133. SHRI RANJIT SINGH: Will the Minister of HEALTH AND FA-MILY WELFARE be pleased to state:

- (a) the names of those States which are backward in respect of medical facilities;
- (b) what steps are being contemplated to remove that backwardness; and
- (c) are the Government of India in a position to declare that they have provided all medical and clinical facilities for the country-men at least at such District Headquarters in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV): (a) and

(b). In all over the country, that is in all the States, there are Primary Health Centres—one for 80,000 1.00,000 population and sub-centresone for every 10,000 population, to serve the needs of rural areas including backward and tribal areas. There are about 892 blocks located in tribal and backward areas in different States in the country which need special treatment for provision of the minimum health facilities. 812 Primary Health Centres and 2559 sub-centres are functioning in these tribal blocks. Thus, in more than 86.2 per cent of the tribal blocks PHCs with their subcentres have been established. In the Fourth Five Year Plan the Government of India also sanctioned scheme for extending the basic health and family planning services to disadvantaged or difficult areas in the country. This scheme provided for certain incentives to attract doctors and other staff to such areas. In fact, 203 PHCs in 13 States were approved for the grant of special pay to the medical officers and 42 Primary Health Centres in the States of Andhra Pradesh, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tripura and U.P. were selected for extending of provision of electricity, water supply and approach roads on the proposal of the respective State Governments. This scheme has, however, been discontinued in the Fifth Five Year Plan.

Besides the above, there are some States who have mobile health units/dispensaries to serve those areas which are difficult and where population is sparse. These States are Gujarat, J & K Karnataka, Kerala, Maharashtra, Manipur, Orissa, Rajasthan, Tamil Nadu and Tripura.

During the Fifth Five Year Plan under the Health Sector of the Minimum Needs Programme, the main emphasis is on the provision of the minimum needs of the people in such areas. This has been followed up with some steps like priority to backward and tribal areas, areas with inadequate communication and hilly areas