

एकाधिकारी गृहों पर बकाया राशि

1580. श्री हुकम देव नारायण बाबु :  
क्या संसदीय कार्य तथा भ्रम मंत्री यह बताने की  
कृपा करेंगे कि :

(क) ऐसे एकाधिकारी गृहों के नाम क्या हैं  
जिनोंने दिसम्बर, 1978 तक बोनस का भुगतान  
कर दिया है और श्रमिक कल्याण निधि जमा कर दी  
है;

(ख) दोषी एकाधिकारी गृहों पर उपरोक्त  
किस्तनी राशि बकाया है; और

(ग) सरकार इस को वसूल करने के लिये क्या  
कार्यवाही कर रही है ?

संसदीय कार्य तथा भ्रम मंत्री (श्री रघीन्द्र वर्मा) :

(क) से (ग) सूचना एकत्र की जा रही है और जैसे ही  
उपलब्ध होगी, सदन की मेज पर रख दी जायेगी ।

**Sending of "Banned" medicines by  
Multinational Pharmaceuticals**

1581. SHRI EDUARDO FALEIRO:  
Will the Minister of HEALTH AND  
FAMILY WELFARE be pleased to  
state:

(a) whether attention of Govern-  
ment has been drawn to charges  
being made against multi-national  
pharmaceuticals and chemical firms  
that they are sending medicines con-  
sidered "banned" to Third World  
Countries including India under  
health assistance programme;

(b) if so, reaction of Government  
thereto; and

(c) steps taken in this regard?

THE MINISTER OF HEALTH AND  
FAMILY WELFARE (SHRI RABI  
RAY): (a) to (c). Under the provision  
the Drugs and Cosmetics Act, 1940 and  
the Rules thereunder, control is inter-  
alia exercised over the drugs imported  
into the country. This control is achiev-

ed by restricting the import of drugs  
into the country to only certain points  
of entry as specified in the Rules.  
Officers of the Central Drugs Standard  
Control Organisation are posted at  
these points and they check the drugs  
imported into the country for com-  
pliance with the requirements under  
the Drugs and Cosmetics Act and Rules  
thereunder regarding labelling, quality  
etc. Drugs which are not permitted  
for use in the country of origin are also  
prohibited for import into India. As  
far as the Central Drugs Control Orga-  
nisation is aware, no medicine which  
is considered as banned has been im-  
ported into the country.

**Family Planning**

1582. SHRI EDUARDO FALEIRO-  
SHRI F. P. GAEKWAD:

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

(a) whether Government have ac-  
cepted that in a developing but poor  
country like India there is no alter-  
native to Family Planning;

(b) what is the target of steriliza-  
tions for the current financial year  
and the number of sterilisations  
actually realized during its first six  
months;

(c) what steps have Government  
taken to motivate people in this  
regard and to bring Family Planning  
measures and devices to their door-  
step particularly in the rural areas;

(d) whether Government have for-  
mulated a comprehensive programme  
of Family Planning in terms of the  
goals to be adopted, the funds avail-  
able for it and the suggested means  
for timely realization of the targets;  
and

(e) if so, salient features thereof?

THE MINISTER OF HEALTH AND  
FAMILY WELFARE (SHRI RABI

**RAY:** (a) The present rate of growth of population in India is about 2 per cent per annum and if this growth rate continues, the population should be touching the one billion mark by the turn of the century. This fantastic rate of growth if allowed to go unabated will be detrimental to all the progress made in the other vital areas. It is, therefore, imperative that the concept of small family norm is accepted by the people for which the family planning methods are essential. To achieve this, the Government's aim is to reduce the birth rate from the existing 33 per thousand to 30 per thousand by 1982-83.

(b) For the year 1978-79 the Government have aimed to achieve 3,965,000 Voluntary Sterilizations. During the first six months, i.e. for the period from April to September, 1978, 456,016 Sterilization operations have been performed. The programme however, has picked up and from April 1978 to January 1979 the number of sterilizations done is about 9.8 lacs.

(c) The Family Welfare Programme is being pursued vigorously with particular attention to the welfare aspect and to the voluntary acceptance of contraceptive practices through more intensive efforts in the direction of education and persuasion of the people. Educational and motivational activities for the propagation of small family norm have been intensified and large number of orientation training camps are being organised throughout the country. In respect of rural areas, special attention is being given to the improvement of maternity services through training of traditional birth attendants (dais) who are provided better equipment after training. Community Health Workers' Scheme which is a part of the effort to reach primary health care to the people in the remotest areas is also contributing to a better implementation of the family planning and MCH aspects of the Programme in the rural areas. The Community Health Workers have already started distributing condoms in the rural areas.

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In order to promote healthy competition between States/Union Territories and non-official organisations, a scheme for giving national awards in recognition of outstanding performance has been introduced. Special awards have also been announced for the performance during the period January—March, 1979. This period is being observed as a 'Family Planning Quarter' in order to focus the attention of the people on the need for adopting the small family norm and better care of children.

(d) and (e). In order to achieve the goal of bringing down the birth rate to 30 per thousand by 1982-83, an operational programme of 25 million voluntary sterilisations, 5 million IUD insertion and raising the level of CC users, to 6 million in the year 1982-83 will be required. To realize these objectives, it is proposed to have greater integration of Health, Family Welfare and MCH and nutritional services at all levels and conversion of vertical programme workers sanctioned under various health programmes to Multi-purpose workers. One rural sub-centre with one Female Health Worker (ANM) is proposed to be made available for every 5,000 rural population on 1982-83 (mid-year) population by 1987-88. It is also proposed to train 5 lakh traditional birth attendants (Dais) during a period of three to four years so as to have one trained 'Da!' in each village with one Community Health Worker.

The tentative plan out-lay for the period 1978-83 for the Family Welfare Programme is Rs. 765.00 crores.

**Incentive to private medical practitioners for Family Planning Programme**

1583. **SHRI EDUARDO FALEIRO:**

**SHRI SHANKERSINHJI VAGHELA:**

**SHRI DURGA CHAND:**

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