

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RABI RAY): (a) Yes, Sir.

(b) Shri B. D. Jatti, the then President of India presented a KLI(USA) Laparoscope to the Safdarjang Hospital on behalf of the Rotary Club, Delhi on 28th February 1977. The same was tried by the Clinicians of the hospital. They were very favourably impressed by its utility in the female sterilization programme, as a diagnostic tool and also its use as a prior procedure for undertaking major surgery specially in children.

To boost up the Government policy of the Family Welfare Programme as emphasized by the Government and to meet the demands placed by the Surgeons of the Hospital, it was decided to procure 5 Laparoscopes of the tried make (two for Obst. & Gynae. Department, one for Sterilization camp and one each for Surgery and Paediatric Department) through the Dte, General of Supplies and Disposal at a cost of 26580 85 USA Dollars (Approximate Rs. 2,30,000). The total number of patients treated by this equipment to date is 137. Since no record about the MRD number of the patients is kept in the operation theatre register, it is not possible to furnish the same.

(c) to (e). Yes, Sir. It is a fact that the proprietary article certificate was issued in favour of M/s. KLI(USA) due to excellent performance of the donated equipment observed by the surgeons. The authorities had no knowledge about the availability of this equipment from the G.D.R. countries or other hard currency areas at cheaper rates. That apart, the quality of functioning and the subsequent servicing and availability of spare parts of the G.D.R. equipment purchase in this hospital has been so unsatisfactory that it has left them with no option but to avoid further procurement of sophisticated equipment from the East European countries including G.D.R. The pur-

chase was made within the sanctioned budget of the hospital for Machinery and Equipment through the DGS&D who provided the foreign exchange.

Creation of Posts in CGHS

9431. SHRI G. MALLIKARJUNA RAO. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-

(a) is it a fact that Government has created three posts in CGHS two for Ayurvedic and one for Homoeopathic about three years back as recommended by Staff Inspection Unit (SIU);

(b) whether it is a fact that the 3rd Pay Commission recommended filling up these posts through Departmental promotion;

(c) is it a fact that two posts for Ayurvedic had been filled through Departmental Promotion, and

(d) is it a fact that the post meant for Homoeopathic had not been filled up through departmental promotion; if so, why?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RABI RAY) (a) One post each of the Senior Physician (Ayurveda) and Senior Physician (Homoeo) were created on 26th July 1976 and one post of Medical Officer-cum-Superintendent (Ayurveda Hospital) was created on 20th February 1977 in the senior scale of pay under the CGHS, Delhi, on the recommendations of the Staff Inspection Unit.

(b) No such specific recommendations have been made by the Third Pay Commission

(c) Yes, Sir. The posts of Senior Physician (Ayurveda) and Medical Officer-cum-Superintendent (Ayurvedic Hospital, New Delhi) have been filled on an *ad-hoc* basis on the recommendations of the Departmental Promotion Committee.

(d) Yes, Sir, because the recruitment rules for the post are yet to be finalised.

Double standard of British Immigration Law

9432. SHRI G. M. BANATWALLA: Will the Minister of EXTERNAL AFFAIRS be pleased to state:

(a) whether attention of the Government of India has been drawn to the news item appearing in the 'Indian Express' dated the 16th March, 1979 (page 7) wherein it has been stated that a working group consisting of representatives from various Asian and Civil Liberties Organisations have submitted a report regarding double standard of British Immigration Law;

(b) if so, whether Government have since studied the implications of such tactics; and

(c) how far these overtures will affect Indian immigrants?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI SAMARENDRA KUNDU): (a) and (b). Yes, Sir.

(c) The news item and the report on which it is based relate to British practice in regard to the entry of husbands and male fiancés, from abroad for settlement in Britain. There is a 12-Month trial period before a man coming into Britain as a husband or male fiancé is given permission to settle. This is intended to check abuse of the facility and marriages of convenience. It is reported that in 1976, 2695 men from India were accepted for settlement by reason of marriage.

राष्ट्रीय स्वास्थ्य योजना

9433. श्री बाबुल सम्बर्दी : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि इण्डियन मेडिकल एसोसियेशन ने कुछ वर्ष पूर्व सरकार को राष्ट्रीय स्वास्थ्य योजना का एक मसौदा पेश किया था;

(ख) यदि हाँ, तो उसका व्यौरा क्या है; और

(ग) उस पर सरकार ने क्या कार्यवाही की है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री एच राव) : (क) एक पुस्तिका जिसका शीर्षक नेशनल हेल्थ सर्विस स्कीम "ए ड्राफ्ट" था। स्वास्थ्य और परिवार कल्याण मंत्रालय में अप्रैल 1975 में इंडियन मेडिकल एसोसियेशन से प्राप्त हुई थी।

(ख) इण्डियन मेडिकल एसोसियेशन से मिली नेशनल हेल्थ स्कीम के अपरेटिव भाग में निम्न-लिखित चार प्रस्ताव निहित थे :—

1. स्वास्थ्य सेवाओं का एरिस्टीकरण।
2. माडल स्वास्थ्य सेवा एकक।
3. स्वीच्छक प्रत्यक्ष/व्यवसायिक मदत्यों का योगदान।
4. भारतीय चिकित्सा पद्धतियों के चिकित्सक।

(ग) भारत सरकार ने देश में सुधरी सेवाओं प्रदान करने के लिये इंडियन मेडिकल एसोसियेशन द्वारा ली गई विलचस्पी का स्वागत किया है। स्वास्थ्य एक राज्य विषय है और पिछले कई वर्षों में केन्द्र और राज्यों की सरकारों ने देश में विशेषकर ग्रामीण क्षेत्रों में, जहाँ 80 प्रतिशत लोग रहते हैं वहाँ उपचारी और निवारक स्वास्थ्य सेवाओं प्रदान करने की योजनाओं का अपने-अपने ढंग से विकास किया है जिन्हें व्यापक रूप से स्वीकार किया गया है। इन योजनाओं में प्राथमिक स्वास्थ्य केन्द्रों और उपकेन्द्रों की स्थापना और उनका दर्जा बढ़ाने की व्यवस्था की गई है तथा उन्हें विशेषज्ञों की सेवाओं विकाने हेतु जिला प्रस्पतालों और मेडिकल कालेजों के साथ जोड़ा गया है क्योंकि एसोसियेशन के प्रस्तावों में विशेषज्ञ सेवाओं के महत्वपूर्ण पहलु का उल्लेख किया गया है। साथ ही भारतीय चिकित्सा पद्धति के चिकित्सकों की सवारी की व्यवस्था भी की गई है। भारत सरकार प्रस्पतालों की स्थापना हेतु विशेषकर ग्रामीण क्षेत्रों में प्रस्पताल योजना के लिये स्वीच्छक संघटनों के साथ साथ मेडिकल व्यवसाय के सदस्यों को पहले ही वित्तीय सहायता दे रही है।