should be extended to all categories of Central Government Employees who are equally subjected to the special conditions and other hardships peculiar to that region.

(xvii) Conversion of Patna-Gaya Railway Line into Double Line

श्री चन्द्रदेव प्रसाद वर्मा (आरा) : उपाध्यक्ष जी, पूर्व रेलवे में दानापुर मंडल के अन्तर्गत पटना-गया (सिंगिल लाइन) की हालत अति दयनीय है। इस लाइन का निर्माण सौ से अधिक वर्षों पूर्व हुआ था। तब से आज तक इसकी अच्छी मरम्मत कभी नहीं हुई। सारे स्टेशन, प्लेटफार्म तथा अन्य आवश्यक कार्यों की भी मरम्मत नहीं हुई।

यही कारण है कि आये दिन इस लाइन में रेल दुर्घटनायें होती रहती हैं। अभी विगत 15 दिनों के अन्दर तीन दुर्घटनायें हुई। ये दुर्घटनायें पुरानी लाइन और उसके बेमरम्मत होने के कारण हो रही हैं। लगभग 95 किलोमीटर पटना से गया की दूरी में यात्री को सफर करने में पांच घंटे लग जाते हैं। इनकी बोगियां टूटी-फूटी हैं। चलती गाड़ी से लोग गिर जाते हैं। बत्ती और पंखा तो है ही नहीं। पटना से गया लाइन का महत्व बहुत अधिक है। पटना बिहार की राज़धानी है। गया देश भर के हिन्दुओं तथा बौद्ध धर्म का तीर्थ स्थल है, पर्यटकों का केन्द्र-बिन्दु है।

अत: सरकार से मेरा अनुरोध है कि इस लाइन को दोहरी लाइन में तुरन्त परिणत करे।

(xviii) Irregular Supply of Foodgrains to Fair Price Shops by State Food Corporation Godowns of Patna

SHRI RAMAVATAR SHASTRI (Patna) : Many fair price shop dealers in Patna have failed to get regular supply of foodgrains from the State Food Corporation godowns, which has led to price rise and hardships for the consumers at the capital town.

It is said that two thousand quintals of wheat could not be supplied from the Kankar Bagh godowns due to non-availability of the stock. The fair price shop dealers are forced to lift rice of substandard quality. Central Government should take urgently remedial measures.

15.04 hrs.

RESOLUTION RE : NATIONAL HEALTH POLICY—*Contd.*

MR. DEPUTY-SPEAKER : The House will now take up further discussion of the following Resolution moved by Shri B. Shankaranand on the 15th December, 1983 namely :

> "This House approves the National Health Policy contained in the statement laid on the Table of the House on the 2nd November, 1982."

Mr. Minister to reply.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : Mr. Deputy-Speaker, Sir, hon. Members who have participated in this debate on 'National Health Policy' have made some very valuable suggestions on various aspects including the implementation of certain schemes in certain fields. But while discussing the National Health Policy I could say, none of the members who participated opposed it. Some of the hon. Members who participated highlighted many aspects, right from population control programme, medicines, multinationals, infant mortality, primary health care and so on. They referred to certain shortcomings in the functioning of various institutions in the health field.

First of all I should say that there was one lone voice from the other side about making family planning compulsory. At the very outset I would say that we are opposed to any compulsion or any coercion as far as family planning is concerned. As I have told the House on many occasions, Family Planning will be entirely voluntary without any compulsion. It is a people's movement ; not done through Governmental agencies only. So, I think, the House will

join me in my reaction to the lone voice from the other side regarding family planning being made compulsory the lone voice of Mr. Nathu Ram Mirdha.

Then some Members referred to the Bhor Committee, the Srivastava Committee, the Mudaliar Committee etc. and their suggestions and asked what the Health Ministry has been doing about the Health Policy. From the Bhor Committee's deliberations in 1946, we really got an idea of primary health care. During the course of these many years we have gained experience, we have gathered various ideas and thoughts and now finally we have come before the House in the shape of this 'National Health Policy'.

Sir, the National Health Policy was discussed in the Central Council of Health and Family Welfare on two occasions. It was drafted, re-drafted, sent to various organisations, medical councils, professionals, various Chief Ministers, Health Ministers of the various States and Union Territories, certain officials concerning the health field, experts in the field of health etc. The document has been circulated ; their observations have been obtained ; their opinions has also been taken into consideration, while formulating this National Health Policy.

The bedrock of our Health Policy is the primary health care and the people's active participation and involvement. This is the bedrock of the Health Policy. Through primary health centres we want to help people in the rural areas who were till now being neglected, in the sense that the traditional way of looking to the health of the people was through the window of drugs, doctors and dispensaries. That is how all these years even through the development process and planning process the medical care centres were centralised in urban areas at the neglect of the rural people. Sir, we are now laying more stress on the preventive and promotive aspect than on the curative aspect and with that purpose in view we have established primary health centres, village health committees are being formed, the health guides and 'dais' have been trained. The services and the supplies are being taken, if I may say so, to the door step of the people in the rural areas.

Now, how I view the carrying of health care delivery system, through whom and how ? As I said we are marching in the direction of preventive and promotive aspect of health. Complaints have been raised by hon. Members regarding unwillingness of the doctors to go to the villages. I would like to say that doctors face some problems in the rural areas and we have to create conditions for their stay but that does not mean that till then I should neglect the care of the rural people. That cannot be done. So, Sir, we are thinking of evolving a scheme of incentives to doctors to go to the rural areas. I have appointed a committee and the committee has given its recommendations which are under the consideration of the Government but it is true that this anomaly exist at the present moment. The doctors or the para medical personnnel who get employment in urban centres get all the facilities of modern development like schools, colleges, entertainment, hotels, residential accommodation, and over and above that, the allowances. Various city allowances are given but the moment a doctor is posted in the rural area not only he loses all these things but also he does not get a house to stay. That is how rural people are suffering and we have to think how best an incentive is given to a person to serve the rural people.

Mr. Deputy-Speaker, Sir, complaints have been made against the non-functioning of primary health centres. Members have said that there are primary health centres without doctors, nurses, medicines, etc. But that is not always true. There may be certain primary health centres where these things are not there and if it is so then it has to be rectified and I agree with the Members that such primary health centres and such doctors, nurses who do not go to the primary health centres are a liability to the nation.

Sir, we can achieve 'health for all' only when we use the infra-structure that we have already built to the fullest extent. A large infra-structure has been built in the country for health care delivery system. If I can quickly give you the figures as to what we have achieved through this massive infra-

structure that we have built in the area of family planning, the country has to think very seriously. If we allow the population to grow at this rate then inspite of family planning activities the population of this country will be 950 million people. If we do not at all take any steps it will be 1,000 millions by the end of the century and by mere addition of 50 million people within the next 16 years the House can imagine what an amount we will need for the development of these additional 50 million people.

The schools will be required to be opened ; the employment opportunity that has to be given to these people ; the food, the clothing, the housing, all these things will have to be given.

DR. SUBRAMANIAM SWAMY (Bombay North East) : And the Constituencies will also get bigger.

SHRI B. SHANKARANAND : There would not be any room for the Members of Parliaments to be housed also.

DR. SUBRAMANIAM SWAMY : We will overtake China's population by the year 2000 A.D.

SHRI B. SHANKARANAND : We do not need to overtake any country in any way.

In the area of Family Planning, the number of acceptors of Family Planning methods which stood at 5.5 million in 1979-80 increased to 11.1 million in 1982-83, a two-fold increase in three years. I have already said that Family Planning is entirely on voluntary basis, but I have to give certain figures to convince the House that we have already been marching on the road in the right direction which the Policy Document envisages here. The laparoscopic method has become very popular. We have been training laparoscopic teams which are necessary to cover the eligible couple, especially the women. In certain States it has become so popular that people do want to have these methods, but we have to keep pace with the demand. The greatest obstacle in Family Planning is existence of illiteracy. I must appreciate Kerala has reached the goals set for literacy envisaged in the Policy Document. Mr. Deputy-Speaker, there may be poverty. Development may itself be a method for controlling population, but we cannot wait till the development takes place in this country. Human will must have to intervene to limit the family so that we limit the population of this country and maintain the standard of development for the welfare of the people.

Sir, in the area of control of communicable diseases, which promote the rural health, I can say that the National Leprosy Control programme was made 100%. The details I have given in this House and also in the other House about the eradication of this disease by establishing the Leprosy Eradication Commission and Leprosy Eradication Board, which is its implementing agency. I have given the details and I don't want to take the time of the House.

In the case of Tuberculosis, about 11 lakh new cases were detected during 1982-83. Under the National TB Control Programme, 100 district centres have been equipped since 1980 with new X-Ray equipment and cameras. The financial outlays have been stepped up from Rs. 2.18 crores to Rs. 4.8 crores in 1983-84.

The Malaria Control Programme has been substantially intensified. The incidence of Malaria has come down from 28 million.

(*Interruptions*)

श्री रामलाल राही (मिसरिख) : मलेरिया तो बढ़ रहा है। मन्त्रीजी को पता ही नहीं है, उन्होंने गांवों में जाकर देखा ही नहीं है, मलेरिया बढ़ता जा रहा है।

MR. DEPUTY-SPEAKER : Let him complete his reply.

SHRI B. SHANKARANAND : The incidence of Malaria has come down from 28 million 98 thousand cases to 21 million 60 thousand cases in 1982-83 and the Falciparum cases from 5,80,000 cases in 1980 to 5,38,000 cases in 1982. The reported cases in 1983 are less than those for the same