

under the State Governments. Nevertheless, as I submitted in the beginning in my reply, one of the important points in the 20-point economic programme is the apprenticeship scheme and the employment for apprentices was considered and these people have been trained in the technical institutes and are being given places in various factories as apprentices and we have done a good job of it.

SHRI S. M. BANERJEE: As far as this information is concerned, the magnitude of unemployment is assuming such a position that it has now gone over one crore. Even in the Employment Exchange it has gone up to 40 lakhs. I would like to know one thing. Whenever we raised a question about unemployment doles, we were told that a huge amount was required and Government was not in a position to do so. I wish to know whether the Labour Minister would recommend to government that at least a portion of the money—the huge amount of black money—which they have unearthed now—should go towards solving the unemployment problem if given as unemployment doles.

SHRI RAGHUNATHA REDDY: At present there is no such proposal with Government

SHRI M RAM GOPAL REDDY: I want to know from the Government whether the unemployment number is rising or the number of new persons that are entering this field is rising: the population is rising and, if the population is rising at this present rate, is he in a position to solve the unemployment problems at least in his lifetime?

MR. SPEAKER: He has answered that question.

SHRI M. RAM GOPAL REDDY: Not answered.

MR. SPEAKER: Next question.

Eye Diseases in the Rural Areas of the Country

*240. **SHRI P. GANGADEB:** Will the Minister of HEALTH AND FAMILY PLANNING be pleased to state:

(a) whether there has been high incidence of eye diseases in rural areas of the country, particularly in children;

(b) if so, whether any fresh steps have been taken recently to fight blindness; and

(c) if so, the salient features thereof?

THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH) (a) Yes, Sir.

(b) and (c) A statement containing the required information is laid on the Table of the Sabha.

Statement

Steps taken to fight Blindness and the salient features thereof

1 In order to reduce the incidence of blindness in children due to nutritional deficiencies, a programme for the distribution of Vitamin 'A' has been launched. It will cover about 8.7 million of the 100 million children at risk by the end of March, 1976.

2. A national Trachoma Control Programme has been in operation since 1963. About 140 million population in 1805 blocks of the various States and Union Territories has already been covered under that Programme. The programme has eliminated about 5 per cent of blindness in the population covered by avoiding blinding complications of Trachoma.

3 Government have been successful in bringing Smallpox to the 'zero' level in July, 1975. This has taken care of about 3 per cent of the blinds.

4. Cataract operations have been conducted by various medical institutions. About 5-6 lakh operations are being done annually.

5. To meet the requirement of manpower for the prevention of blindness about 300 Eye specialists, and 100 Ophthalmic assistants are being trained in various medical colleges, district hospitals, Eye Hospitals and Eye Camps.

6. A National Plan for Control and Prevention of Visual Impairment and Blindness has been formulated. Under that Plan, it is *inter-alia* proposed that all primary health centres in the country should be equipped, in phases, to—

- (a) provide a base for Ophthalmic health education in the field of eye care;
- (b) screen the cases requiring specialised Ophthalmic care;
- (c) render treatment for minor ailments of the eye; and
- (d) provide for Ophthalmic health services particularly to the school-going children.

It is also proposed to strengthen district/taluka hospitals, set up mobile Ophthalmic units, regional institutes and the National Institute of Ophthalmology.

SHRI P. GANGADEB: In view of the fact that there is a very high incidence of eye diseases in the rural areas of our country, may I know whether the assistance of international organisations is sought, and if so, in what way it has been reciprocated?

DR. KARAN SINGH: As I have said in my statement, we are now trying to evolve a national plan for the prevention of visual impairment and blindness. We are in touch with WHO in this regard: certain other international agencies for dealing with blindness have also indicated that if we are to take up a major programme of this nature, they would perhaps be able to help us. So we are exploring the possibility of international assistance.

SHRI P. GANGADEB: May I further ask whether there is any eye research

centre in India; and if so, what are their activities in this regard, specially about the complicated trachoma disease and the chief medicines that are required to be supplied to the village population of our country?

DR. KARAN SINGH: A large number of Institutes in India deal with treatment; of course, many of them do research. In Delhi itself, in the All India Institute of Medical Sciences we have the Dr. Rajendra Prasad Centre for Ophthalmic Science where they are doing a good deal of research into various things including trachoma and also the more sophisticated and complicated retinular detachment, and the possibility of the utilisation of laser for that. So a good deal of research is being done.

SHRI BHAGWAT JHA AZAD: From the statement, I find that the entire burden of fighting blindness in the country is on a plan that has been formulated of about Rs. 13 crores. May I know if this plan is approved by the Planning Commission, and it is just on paper? Also along with this, in the Fourth Plan, what amount is being given to the Ministry by the Planning Commission so far, whether it falls short of what they have promised or is it still lagging behind far more?

DR. KARAN SINGH: The position is as follows: In the Fifth Plan, that is, the current Plan, we have about Rs. 40 lakhs a year for the national trachoma prevention programme which is being paid to us. However, we have, as the hon member has rightly said, formulated a much more comprehensive plan of development which is likely to cost about Rs. 13 crores. The plan is at present before the Planning Commission. We have not received a single paisa more than what we were getting, but we are still fighting for it and we hope that we will be able to get at least something.

श्री सरजू पांडे : क्या मंत्री महोदय को मालूम है कि पूरे देश में सिर्फ बच्चों को ही नहीं बड़े लोगों को भी रात में

विद्यार्थ नहीं देना है जिसे रतींदी कहते हैं। उस को धुँर करने के लिए सरकार क्या कार्यवाही कर रही है ?

डा० कर्ण सिंह : जो नाइट ब्लाइण्डनेस है कई स्थानों में इस प्रकार की घटनाएँ होती हैं और उस का भी कोई न कोई सम्बन्ध उन की न्यूट्रिशनल डेफिशियेंसी से होता है। तो हम देख रहे हैं और जो पीपुलिक ग्रहाण का कार्यक्रम हमने रखा है उस से नाइट ब्लाइण्डनेस को भी लाभ पहुंचने की आशा है।

SHRI H. N. MUKERJEE: In view of an official report, which we had some years ago, that 18,000 infants go blind every year on account of protein shortage, may I know if Government has any specific scheme to see to it that our infant population is not subjected to the danger of losing their eye sight or having it very seriously impaired?

DR KARAN SINGH. Yes, Sir unfortunately, it is true that thousands of children go blind every year as a result of vit. A deficiency. For that, as I have said in the first paragraph of my statement, we have now developed a vit. A solution which if given in a dose of only two spoons a year is stored in the liver and that will obviate vit. A deficiency for many years.

SHRI INDRAJIT GUPTA. Where is it available?

DR. KARAN SINGH: It is now available in the primary health centres. We have already covered 9 million children this year. There are 100 million children in the country and we hope to expand the programme in order to cover the entire population by the end of the Sixth Plan.

WRITTEN ANSWERS TO QUESTIONS

Introduction of New Technologies in the Field of Telecommunication

*225. SHRIMATI PARVATHI KRISHAN: Will the Minister of COMMUNICATIONS be pleased to state:

(a) whether vast developments are taking place and new technologies are being introduced in telecommunication net work in India;

(b) if so, the broad outlines thereof; and

(c) whether India is a part of the Asian Telecom highway covering 14 countries from Iran to Indonesia?

THE MINISTER OF COMMUNICATIONS (DR. SHANKER DAYAL SHARMA): (a) and (b). New technologies are becoming available for exploitation in the field of Telecommunications at a very rapid rate. In the area of switching, the newest technologies are computer controlled electronic switching for local trunk and telephone exchanges, digital switching, and so on. In the field of long distance transmission equipment the latest technologies include Pulse Code Modulator, Data Transmission, Time Division technique, Coaxial and microwave systems, troposcatter and satellite communications.

The Ministry of Communications is continuously exploring the possibility of exploring these technologies for use as well as for gradual indigenous manufacture.

We already have Coaxial Cable and Microwave systems. Studies are going on in the area of electronic and digital switching, troposcatter system, satellite communication, etc.

(c) Yes, Sir.