

MR. CHAIRMAN: Even article 324 is not applicable here. Article 324 relates to elections.

SHRI K.A. SANGTAM: Sir, it is there in article 371 A.

SHRI A. RAJA: Sir, it is article 244.

MR. CHAIRMAN: The question is:

"That the Bill to repeal the Prevention of Food Adulteration (Extension to Kohima and Mokakchung Districts) Act, 1972, as passed by Rajya Sabha, be taken into consideration."

The motion was adopted.

MR. CHAIRMAN: The House shall now take up clause-by-clause consideration of the Bill.

The question is:

"That clause 2 stand part of the Bill."

The motion was adopted.

Clause 2 was added to the Bill.

Clause 1, the Enacting Formula and the Long Title were added to the Bill.

SHRI A. RAJA: I beg to move:

"That the Bill be passed."

MR. CHAIRMAN: The question is:

"That the Bill be passed."

The motion was adopted.

14.32 hrs.

COUNTESS OF DUFFERIN'S FUND
(REPEAL) BILL, 2002

[English]

MR. CHAIRMAN: The House shall now take up Item No. 13 - Countess of Dufferin's Fund (Repeal) Bill, 2002.

The time allotted for this Bill is half an hour.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): Sir, in 1885, more than 100 years ago, the then National

Association for Supplying Medical Aid to Women, raised a Fund known as Countess of Dufferin's Fund through public subscription. The objective of the Fund was to train women as doctor, nurses and midwives; establish hospitals for women and children and open female wards under female superintendents in existing hospitals and dispensaries.

After Independence, the corpus of this fund was taken over by the Central Government by enacting the Countess of Dufferin's Fund Act, 1957. The National Association for Supplying Medical Aid to Women was dissolved with the enactment of this Act. Under the Fund, a number of scholarships and medals were awarded to women, medical and nursing students belonging to economically weaker sections. In 1988, the corpus of the Fund amounting to Rs. 16.60 lakhs was deposited in the Consolidated Fund of India. The nomenclature of the scholarships was also changed to the Government of India scholarships for women medical and nursing students and 63 such scholarships were being given. The expenditure on the award of the scholarships was being met by the Budget of the Government of India.

Since the Fund had been taken over by the Government of India, the Countess of Dufferin Act, 1957 has become obsolete in the present context. The Jain Commission on Review of Administrative Laws, set up by the Government has, therefore, recommended repeal of the Act. In this context, the proposal is mooted to repeal the Countess of Dufferin Act, 1957.

Therefore, Sir, I beg to move:

"That the Bill to repeal the Countess of Dufferin's Fund Act, 1957, as passed by Rajya Sabha, be taken into consideration."

MR. CHAIRMAN: Motion moved:

"That the Bill to repeal the Countess of Dufferin's Fund Act, 1957, as passed by Rajya Sabha, be taken into consideration."

SHRI PRIYA RANJAN DASMUNSI (RAIGANJ): Mr. Chairman, Sir, we are in agreement to support this Bill as it is a Repeal Bill. But when we go through the Objects and Reasons of the Bill, as has been stated by the hon. Minister, there is an area where the Health Ministry, which is accountable to the Lok Sabha, has to explain a few things.

The very date and the year of the foundation of this Fund relates to the foundation of our own party - Indian National Congress, i.e., 1885.

In those days such a vision was to be treated as Nightingale Vision. There is a hospital in my State in Kolkata called Dufferin's Hospital. They were training or motivating women, providing health services, educating women, midwives and nurses in medical education, etc. Of course, free India provided enough opportunities to people of India as well as men and women in the medical stream.

I rise to speak on behalf of my Party about accountability. In the Statement of Objects and Reasons, the hon. Minister has just now stated that since the Fund is now diverted to the Consolidated Fund of India, the entire scholarship arrangements are being looked after by the Health Ministry, and therefore obviously, the continuance of this Bill does not arise. So, they are repealing it and we all share it.

Now, in India, there is this question of children. There are hundreds of Government hospitals where there are no incubators. Just last month, the entire nation witnessed what happened in the City of Kolkata. Within a fortnight, in several hospitals in Kolkata, dozens of children died. It was later on observed that not only in West Bengal, but also in many parts of India, child care gets the least priority in any health administration. I do not like to score any political point here.

I do ask the hon. Health Minister what special emphasis that the Government is going to give in the Tenth Plan from the Health Ministry, taking the State Governments into consideration for treatment of children.

Take the case of Delhi, which is the capital of India. Excepting the AIIMS and the Safdarjung Hospitals, in other hospitals, the paediatrics units are very small and ill-equipped that children cannot expect even a normal treatment that their parents desire. How many children die because of this? Did the hon. Minister prepare a note quoting figures as to how many hospitals in India – the district hospitals and State hospitals – are not having incubators? If such a figure is given to the House, the House will be shocked. We are living in modern India, in the age of IT revolution; yet we cannot arrange incubators in the paediatric units in the State hospitals.

I now come to scholarship plan. I would like to know from the hon. Minister what is the basic criteria to give scholarships to the economically weaker sections. In the Statement of Objects and Reasons, he said that the Fund was changed to the Government of India Scholarship for women, medical and nursing students belonging to economically weaker sections.

Is he ready to give us the break-up – I think, he is not ready with it – showing that in the Ninth Plan Period what is the total number of scholarships that they have given to the economically weaker sections, for medical education and nurses training? If it is not available for the entire Ninth Plan, at least let him give the figure for the last year of the Ninth Plan. Can he give us the break-up? The House wants to know that. If he is ready with the figure, he could give it now or he could lay it on the Table of the House later. We would like to know that.

Now, let me come to nurses' training. Indian nurses have earned reputation not only to look after our patients in India, but also to look after patients in the entire Middle East or in the entire Gulf countries. If there is any demand by their Health Administration, it is only for the Indian trained nurses. Mostly the qualified nurses from the South are catering to more than 60 per cent of the requirement of the Nursing Administration in the entire Gulf countries. In this regard, if the economically weaker sections are protected by the Government by increasing the scholarship, it will be a great help to the nation.

My last question to the hon. Minister is this. May I know whether in the Tenth Plan document, he is giving any special priority or emphasis to provide more amount to women's medical education scheme and nurses' training scheme, which will be confined to the economically weaker sections of India?

If that is so, kindly say it. The House would like to know. If you think that since this is only a Repeal Bill and the Opposition will just sit and give consent to it, you are wrong. You are accountable to the House and you have got to comply with the accountability by providing us with an answer in this House.

[Translation]

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI DIGVIJAY SINGH): There is no other member to represent the views of your party, you seem to be all in all.

DR. RAGHUVANSH PRASAD SINGH (VAISHALI): Mr. Chairman, Sir, I am speaking on behalf of four-five parties. I am even speaking on behalf of those members who are absent who belong to four-five parties. I also represent the sentiments of your Party.

[English]

The National Association for Supplying Medical Aid by Women to Women of India.

[Dr. Raghuvansh Prasad Singh]

[*Translation*]

This institution was set up in 1985. The aim of this institution was to impart education and training concerning Medical Studies, Nursing, Midwifery to women. It is still only midwives who take care of pregnant women in villages because the pregnant women of the villages are the ones who are not able to reach hospital. This institution was set up to impart training in the above fields. The funds were mobilised for this purpose. In 1957, the countess of Dufferin's Fund Act was enacted through which the earlier institution was wound up by giving money to the new Fund.

[*English*]

The National Association for Supplying Medical Aid by Women to Women of India,

[*Translation*]

was dissolved and Rs. 16.60 lakh which was collected by them that was deposited in the consolidated Fund of India in 1988. The above fund has been renamed as 'Government of India scholarship for women medical and nursing students' belonging to economically weaker sections. This is a good approach. But other things like medical facility for children, opening of medical ward under a lady superintendent in existing hospitals and dispensaries. This was also one of the objectives. Dasmunsi raised a question. Recently more than 100 small children died of a mysterious disease in Uttar Pradesh which created a havoc. The disease which is spreading in villages has yet not been detected. Medical facility for children had to be provided, wards had to be opened for women under lady medical superintendents.

The Government should clarify the actions taken by it in this regard. Old laws are being repealed on the basis of commission's report but the government must explain as to what has been done in regard to the scholarship for women and other things which were in practice under the previous system. The Government must explain the measures taken by it in regard to providing medical facility to children and women and in regard to creating a separate lady ward.

The old law must go, but the Government must also explain as to what is being done to fulfil the objective that was set forth in the old law.

[*English*]

SHRI RAMESH CHENNITHALA (MAVELIKARA): Mr. Chairman, Sir, the whole House will welcome the Countess of Dufferin's Repeal Bill.

The earlier Bill has got two definitions. One of the definition is that of Association, which means, the National Association for Supplying Medical Aid by Women to Women of India by societies registered under the Societies Registration Act. The principal Act has got a very limited purpose. This fund has been created to motivate and encourage women to look after the women and children in our country.

This Bill was enacted in the year 1885. At that time, in our society the women were not coming forward for this kind of service. They were very reluctant. This Fund was created to encourage and motivate them. The scholarships were given to the women associations for taking part in this kind of activity.

As has rightly been pointed out by our Chief Whip, Shri Priya Ranjan Dasmunsi, service is the motto of all the people who are involved in the nursing profession. They are following the path of Florence Nightingale. Definitely, this is a service-oriented job. They are rendering service to the deserving and needy people of our country. We are proud that the largest number of nurses belonging to Kerala are working inside as well as outside the country. Out of the total number of nurses working in the Gulf countries and the European countries, the maximum number of nurses are from Kerala. We have enough institutions. We are training women. Actually speaking, there is a rush for the B.Sc. Nursing and General Nursing courses in our State. The students are going outside the State to places like Tamil Nadu, Karnataka, and Andhra Pradesh to get an opportunity for study.

My request to the hon. Minister is that enough institutions should be opened. The Nursing Council is coming in the way of opening new schools and educational institutions for General Nursing and B.Sc. Nursing. Moreover, giving recognition to such institutions is also a big issue. Shri Suresh is here. He is a member of the Nursing Council from Parliament. It hardly meets. The Nursing Council is not putting serious efforts for giving proper recognition to the schools and the institutions which are established in our country.

The State Government of Kerala has brought to the notice of the Minister of Health and Family Welfare a very important issue. It is regarding an examination centre in Colombo. Those persons, who want to work in USA, they have to undergo a test and examination in Colombo. But because of the law and order problem in Colombo, it is

very difficult for Indian students to appear in this examination. So, a centre should be opened in India so that Indian students can appear in this test here itself and get an opportunity to go abroad for employment.

I do not want to go into much of details, because it is a very limited Bill. More efforts are required on the part of the Department of Family Welfare for taking care of children and women. In the remotest parts of our country, the paediatric wards are not available. No medical facilities are given to the children by the State Governments and other institutions. So, I think, concerted efforts should be there in this regard.

DR. V. SAROJA (RASIPURAM): Hon. Chairman, Sir, I thank you very much for giving me this opportunity to place my views on record.

First and foremost, I would like to say that the Countess of Dufferin's Fund was raised in 1885 with a very good objective of providing medical tuition including teaching and training of women as doctors, nurses and mid-wives; providing medical relief by establishing hospitals for treatment of women by the women; and for opening of female wards under female superintendents in existing hospitals and dispensaries. My apprehension is that in many areas, especially in the rural areas, the expected obstetric care is not there. That has been proved beyond doubt by the increase in the infant mortality and morbidity rate as also the maternal mortality and morbidity rate.

Before 1975, when the multipurpose training was in vogue, the female birth attendants were given training and through them we were able to give at least some sort of obstetric service to the needy people in the rural area. By repealing this Bill how is the Minister going to bring back that sort of service to the rural women?

Secondly, is there any possibility or any proposal to bring back that service to equate the quality of service which was available? There are many Members of Parliament who have the apprehension that there are not many women doctors in particular in the rural area even to conduct a normal delivery. I would like to have a concrete reply from the Minister as to how he is going to ensure that at least the amount of Rs.16.60 lakh is ploughed back for the same purpose. My suggestion is that he can have the same kind of female birth attendants, who were having training in the rural areas, employed even now. That kind of human resource is still available with us. But they are not given an opportunity to execute that job. Will the hon. Minister consider that this Fund is utilised for giving training for fifteen days to one month in the nearest hospitals to these people who are already available?

Thirdly, till date, how many beneficiaries has the Government of India got on record? What is their quality? What is the criterion by which they are selected to give scholarships?

Finally, is the hon. Minister aware of the fact that after qualifying as diploma holders, these nurses are just maintaining records within the wards? They are expected to give bedside delivery tender care. That is the definition of the nursing service. Nowadays this is lacking because their time and energy is diverted in writing the record and in maintaining the pharmacy indent and other things. Will the Minister come forward to provide the social workers or diploma holders in D-Pharma to maintain the records and also the pharmacy indent so that the services of the staff nurses and the diploma holders are utilised properly for the welfare of the patients?

SHRI A. RAJA: At the outset, I would like to express my thanks to the hon. Members who have spoken on this Bill.

I fully share the expressions of anguish by hon. Member Shri Dasmunsi regarding an instance happened in Uttar Pradesh. But my problem is, it is needless to submit again before the House, that the health is a State subject except in cases where the Central Government owns some hospitals like AIIMS and RML in Delhi, JIPMER in Pondicherry and PGI in Chandigarh, which are funded through the budgetary support from the Health Ministry. In addition, whenever we receive complaints from State Governments about outbreak of some serious disease and such other things, immediately our Central team goes there to monitor the situation. Whatever be the assistance that is asked by the State Government, we are always ready to provide it.

Insofar as the Fund is concerned, hon. Members expressed their apprehension that since the erstwhile Fund has been deposited in the Consolidated Fund of India, whether the amounts being spent by State Governments and other hospitals belong to the same Fund or they come under some other head.

Since the amount was deposited in the Consolidated Fund of India for the Ministry of Health and Family Welfare, we are having many schemes.

Shri Dasmunsi was very particular about the Tenth Plan. With proud, I can say that the outlay of Tenth Plan is almost double as compared with the allocation in the Ninth Plan, whether it is the health sector or family welfare sector or the sector of Indian system of medicines.

[Shri A. Raja]

Apart from that, I can say that since it is a State subject, so far as nursing education is concerned, an amount of Rs. 47 crore was earmarked and spent in the Ninth Plan. In the Tenth Plan, subject to the approval of the NDC, Rs. 100 crore have been earmarked for nursing education which deals with scholarships also. As I have already put it, the Nursing Council of India is having its own guidelines. We will see as to how many institutions can be recognised on the guidelines stipulated by the Government of India through legislation so that we can give scholarships and other things. If it is possible and necessary, we would collect the details from the institutions and funds are being floated by the Government of India.

Apart from this, I have submitted one point many times before this House and the other House. There is no doubt that we are spending a very low margin of GDP towards the health sector when compared to the developed countries. We are spending only 5.2 per cent both in the private sector and the public sector whereas developed countries are spending 13-14 per cent. The Government of India is spending only one per cent of the GDP towards the health sector.

15.57 hrs.

(DR. RAGHUVANSH PRASAD SINGH *in the Chair*)

Out of this one per cent, we have to manage the entire account of the programmes in the health sector, the family welfare programmes and other things relating to the State Governments.

It is a matter of fact that India is a very big country having high infrastructure for health and family welfare. We are having 1.37 lakh sub-centres, more than 25,000 Primary Health Centres and 3000 CHCs. They are called District Level Hospitals. We are insisting the State Governments that at least the District Level Hospitals should have incubators and other things. We are having an exclusive programme and giving funds whenever they need, on the recommendations of the State Governments. On the other hand, we are having RCH Programme under the family welfare programme in all the PHCs and CHCs. We are giving delivery kits and other things for obstetrics care.

A question that has been raised by the hon. Member, Dr. Saroja, is whether the PHCs and other institutions are having female doctors or not. Here again, we are facing a problem. Even when we call the Health Ministers of all the States, we have been told that female or male doctors are not at all joining duty in the rural areas since no facilities are there.

SHRI RAMESH CHENNITHALA: You may make it compulsory that they should have three or four years of service in the rural areas.

SHRI A. RAJA: I am coming to that point. We are having talks with the Medical Council of India which is a statutory and independent body which is registering and recognising doctors. We have to find out some modalities in this regard. Before registering a doctor and after awarding the MBBS degree, it is under consideration as to whether a mandatory provision can be imposed on a doctor that two years of rural service is a must to register him or her as a doctor in MCI. The consent of all the State Governments is required as it is a State subject. We have to pass through some hurdles.

With these words, I solicit your co-operation to pass this Bill.

MR. CHAIRMAN: The question is:

"That the Bill to repeal the Countess of Dufferin's Fund Act, 1957, as passed by Rajya Sabha, be taken into consideration."

The motion was adopted.

MR. CHAIRMAN: The House will now take up clause-by-clause consideration of the Bill.

MR. CHAIRMAN: The question is:

"That clause 2 stand part of the Bill."

The motion was adopted.

Clause 2 was added to the Bill.

Clause 1, the Enacting Formula and the Long Title were added to the Bill.

SHRI A. RAJA: I beg to move:

"That the Bill be passed."

MR. CHAIRMAN: The question is:

"That the Bill be passed."

The motion was adopted.

15.00 hrs.

MEDICAL TERMINATION OF PREGNANCY (AMENDMENT) BILL, 2002

[English]

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): Sir, in 1971, the Parliament enacted the Medical Termination of Pregnancy (MTP) Act, 1971 to legalise termination of