

export production; 5% additional CCS for export of textiles to non-quota GCA countries and for export of non-quota items to quota countries; increase in the number of days for pre-shipment credit, reduction in the rate of interest for packing credit; income tax exemption etc. Besides, the Council undertakes regular export Promotion measures such as sponsoring Buyer-Seller Meets, Participation in fairs and exhibitions, publicity etc.

**SHRI GOPAL KRISHNA THOTA:** For Part (b) of my question the Minister has not given a clear answer. So, I would like to ask him to clarify it. My information is that there is much scope for export of garments to Indonesia and other countries. What steps are being taken by the Government to export garments to those countries?

**SHRI RAM NIWAS MIRDHA:** It is true that there is a great scope to increase our exports to Singapore, Malaysia and Indonesia and other areas in that region. Because what we export to them is very small compared to the total imports. So, we have great possibilities of doing so and we are making special efforts in that direction. In the last year or two the Government has taken a number of steps to increase exports in these regions in the quota areas as well as non-quota areas.

Just to give some examples, the import of machinery used for textiles and garments is being now freely allowed, the terms for import have been considerably liberalised. To improve the quality of production, we are encouraging local manufacturers to manufacture sophisticated machinery. The excise duty has also been reduced as an incentive to them. We have introduced the blanket pass book system so that imported raw materials could be easily available for effecting exports; cash compensatory support that is given is being modified and increased in order to give boost to exports. We are taking a lot of steps, which the result that our achievements in this area have been really very good.

**SHRI GOPAL KRISHNA THOTA:** There is large scope for export of garments/fabrics to USA and other developed countries. What steps are being taken by the Government to increase these exports and also extend the benefits of these exports to small manufacturers, cotton growers along with the exporters?

**SHRI RAM NIWAS MIRDHA:** The Hon. Member wants to know what we are doing to increase our export of these items to USA. There are certain categories of exports to USA which are governed by quota restrictions, namely, garments, fabrics, etc. We have been trying to increase that quota from time to time. The last round we had with USA and other countries has resulted in certain increase in quotas and certain facilities being given. Then there are non-quota items because quota has been going on for so long and for which we are dependent on their acceptance of our request for increased quota, etc. Even while the quota agreements are on, I am sorry to say, USA just recently unilaterally imposed a cut on the import of handloom fabrics. We called for discussion. Our officers went there. We are trying to sort that out. So, we are dependent on them for the quota or for liberalisation of quota. But now our thrust is to have non-quota items export increased so that we are not hampered by restrictions. Another approach or thrust is to increase export of non-quota items in quota area and to increase our exports to non-quota countries like Japan, Australia and the Eastern areas. This is our policy.

[*Translation*]

#### **Setting up of Medical College under "Health for all by the year 2000 A.D." Programme**

\*394. **DR. PARBHAT KUMAR MISHRA:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the effective steps being taken to implement the "Health for all by the year 2000 A.D." Programme;

(b) whether it has been decided to open medical colleges in all the divisional headquarters under the above programme; and

(c) if so, whether there is a proposal to open a medical college in Bilaspur in Bilaspur division of Madhya Pradesh also?

[*English*]

THE MINISTER OF TEXTILES AND  
MINISTER OF HEALTH AND FAMILY  
WELFARE (SHRI RAM NIWAS MIRDHA):

(a) A statement is given below.

(b) No, Sir.

(c) Does not arise.

#### STATEMENT

India is committed to attaining the goal of Health for All by the year 2000 A.D. through the universal provision of comprehensive primary health care services. The achievement of this goal is feasible through application of appropriate approaches to the education and training of medical and health personnel and re-organisation of the health services infrastructure. Since Independence we have achieved considerable progress in the promotion of health of our people. Small pox has been eradicated. Infant mortality has declined from 147 per 1000 live births to 90 today. Death rate has declined from 27.4 to 10.8 per 1000 population. Life expectancy at birth has increased from 32.7 years to 58.6 years. The National Health Policy adopted by the Parliament in 1983 recognises the need for an integrated approach towards the future development of medical education and research and re-organisation of health infrastructure. The Seventh Five Year Plan was prepared on the basis of the guidelines in the National Health Policy. One major goal to be attained by the year 1990 is to build up primary health services infrastructure to cover the whole of the country's population, with relaxed norms for tribal and hilly areas. The 20 Point Programme also gives a very high priority to the

promotion of family planning as a people's programme on a voluntary basis, substantial augmentation of the provision of primary health care services, nutrition, drinking water, improvements in housing, etc.

As on 1st January, 1989, 1,11,439 sub-centres, 16,727 primary health centres and 1464 community health centres have been established as against the total requirement of 1,30,000 sub-centres, 21,666 primary health centres and 2708 community health centres to be achieved in 1990.

A vast reservoir of trained manpower has been created with 3,59,195 Allopathic doctors, two lakh Nurses and 3,92,600 Village Health Guides and, in addition, practitioners of Indigenous Systems of Medicine and other para-medical personnel.

Technology Mission on Immunisation Programme has been started with a view to attaining universal immunisation by 1990 National Family Welfare Programme has made a significant impact on fertility control. The growth rate during 1987 was estimated to be 2.12% A number of National Health Programmes including family welfare, maternity and child health and control of communicable and non-communicable diseases are being implemented. Community involvement is obtained through various organisations including voluntary health organisations. Monitoring and evaluation of all the programmes are being conducted both at the Central and State levels. The Central Council of Health and Family Welfare consisting of all Health Ministers of States meets every year to review the implementation of health and family welfare programmes.

[*Translation*]

DR. PRABHAT KUMAR MISHRA: Mr. Speaker, Sir, the hon. Minister of Health has stated in his reply that the Government is committed to attaining the goal of health for all by the year 2000 AD through the universal provision of comprehensive primary health care services. He has said that relaxed

norms will be adopted in case of tribal and hilly areas. I would like to know what those relaxed norms are. Because as I already pointed out in the House, there were no doctors, no hospital buildings in tribal and hilly areas. If doctors are there, hospital is not there and if there is a hospital, medicines are not there. In the light of these circumstances I would like the hon. Minister to enlighten us about the relaxed norms to be adopted to implement the programmes in tribal and hilly areas.

**SHRI RAM NIWAS MIRDHA:** The norms have been mentioned quite occasionally. It means that specific norms have been laid down for opening of Primary Health Centres and sub Health Centres. Population has been specified on the basis of which a Primary Health Centre and sub Health Centre is opened. The scale of population has been lowered in case of opening a Primary Health Centre and Sub Health Centre in the tribal and hilly areas. But the hon. Member has rightly pointed out that many times neither the building nor doctors are there. It is primarily because the State Governments do not give priority to health services in the rural areas. Sometimes, it so happens that in spite of funds being sanctioned by the Central Government under scheme or a particular head to open such centres, these are not opened and if these are opened, there are no doctors, nurses etc. We make our best efforts to keep in touch with the State Governments in order to see that they make up at the earliest the lack of medical facilities in the rural areas.

In this connection I would also like to point out that the number of trained doctors is more than that of trained nurses in our country. The number of nurses is just half than that of doctors while it should be quite opposite of it. It is ironical that we have been concentrating on opening of more and more medical colleges but failed to give due priority to training nurses, para-medical staff etc. So we will have to overcome this anomaly at the earliest.

**DR. PRABHAT KUMAR MISHRA:** My

second question is that the Government has failed to guarantee health care for the children of the inhabitants of tribal areas who have taken a leading part in family planning and other national programmes launched by Government under the 20 point programme. What will be the fate of their children since there are no doctors, no hospitals in their area. Korba area in my constituency is inhabited by people belonging to Korba tribe. Only 26 families of this tribe are now left. How can they, we adopt family planning, and their children be protected from diseases when there are no hospitals, no medicines for them. Therefore, I had requested the opening of at least one medical college in each division so that people may get health cover.

**SHRI RAM NIWAS MIRDHA:** I have already said that the number of trained doctors is more than that of trained nurses. Our problem is not going to be solved by opening of more medical colleges. The Central Health Council, which includes Ministers of State Governments, had recommended last year and has repeated it this year also that no more medical colleges be opened. Our problems can be solved by posting the sanctioned strength of doctors and other staff, by starting children nutritional programmes and by opening of maternity and child care centres.

[English]

**SHRI VEERENDRA PATIL:** Sir, is the Government aware of the fact that in the entire country, Karnataka is the only State which has got the largest number of medical colleges? Except four medical colleges which are Government medical colleges, the rest of the colleges are all private colleges, capitation-based private colleges, collecting money for every seat at the rate of two to three lakhs every year. How much money is being shared by those who are in authority is another question. Besides doubling the capacity of the existing private medical colleges, with the connivance of the Government and also the Indian Medical Council, there is a proposal before the State Govern-

ment to start another five medical colleges in the private sector. Is the Government aware of this fact? I would like to know whether the Government is taking any concrete steps to stop this trend which is going on in Karnataka. I anticipate the reply from the Minister that the Bill is already before the Parliament. But it is before the Select Committee and it has got stuck there in the Select Committee and nobody knows when it is going to come out of it. In view of this, what concrete steps is the Government proposing to take in order to stop this rabid mushroom growth of medical colleges which have become a grazing ground for politicians to make tonnes of money?

MR. SPEAKER: I came to know something else also. When I went to Karnataka, I asked somebody as to why people pay that such amount of money to get admission for one's son. The reply was so simple that the moment a boy gets admission, he becomes Rs. 25 lakhs worth.

SHRI RAM NIWAS MIRDHA: The problem raised by the hon. Member is a very real one and exactly with a view to regulating this mushroom growth which we regard as most undesirable, that a Bill to amend the Medical Council Act is before us. Even last week I discussed it with the Chairman, Joint Select Committee to expedite it. It has been pending for a long time. They have been to 8 or 10 places; they against want to visit a number of places. I do not want to comment on the working of the Joint Parliamentary Committee but if they finish their work in time and I have requested him to do it early, we would arm ourselves with the power to prevent this mushroom growth.

DR. V. VENKATESH: This a very important question. Here in our country the doctor-patient ratio is very poor. The hon. Minister has just now stated that they are not going to open any more medical colleges from the Government side. On the other hand, the hon. Member has pinpointed that there are quite a number a capitation-based medical colleges in some States. Therefore, I want to know the exact stand of the Govern-

ment. This Government is marching very fast towards 2000 A.D. Are the Government going to nationalise all the private medical colleges throughout the country. I want to have a categorical answer.

SHRI RAM NIWAS MIRDHA: We have no intention of doing this.

SHRI V. SOBHANADREESWARA RAO: The first and foremost factor to see in order to implement the Health for all by the year 2000 A.D. programme is that we should be able to control the population growth. Hon. Speaker, Sir, you were also there when we went to Indonesia. We were told there that the Indonesian Government have taken into confidence the religious leaders there about the need to implement the family planning programme and they have succeeded in that. The religious leaders are helping the Government in their effort to propagate the need for a small family and ultimately it has resulted in the population control in that country successfully. And Indonesia is mainly a Muslim-populated country.

In that background, I would like to know whether the Government are trying to have a dialogue with the various religious leaders and impress upon them to have small family. Very recently, when a Parliamentary Delegation came from that county, they repeated the same information. In view of this, I would like to know what steps the Government are taking. Till now, our efforts for controlling the population growth have met with partial success. Will the Government have a dialogue with the religious leaders for this?

MR. SPEAKER: This is a different question.

SHRI RAM NIWAS MIRDHA: We are aware of the suggestion of the hon. Member. We are already doing so.

SHRI C.P. THAKUR: The question pertains to opening of new medical colleges. The Chairman, Indian Medical Council has stated that the standard of medical education is going down in this country. Is the

Government thinking to open a body like University Grants Commission for helping the medical colleges. Secondly, experts all over the world feel that Health for all by the year 2000 AD would be achieved only through making primary health centre as a movement. What steps are the Government going to take to expedite that movement?

**SHRI RAM NIWAS MIRDHA:** The observation of the hon. Member is very correct that Health for all by 2000 A D in a situation like ours can only be achieved by strengthening the primary health system in our country. We are trying to do exactly the same. Bulk of our resources are being utilized for opening primary health centres and sub-centres. We are trying it to make up the deficiency of manpower; we are trying to take more and more auxiliary nursing staff, nurses etc. so that at least the centres that we open are properly manned. Even as of now, it is the minimum staff that is sanctioned for them. But in the interior rural areas, that staff is not present. We are constantly impressing upon the State Govern-

ment to increase the training facilities to boost up manpower, at least paramilitary staff and doctors, so that these centres play their role. The approach of the Hon. Member is very correct that instead of opening more colleges we should concentrate on the Primary Health Centres.

### Textile Export Target

'396. **SHRIMATI BASAVARAJESWARI:** Will the Minister of TEXTILES be pleased to state:

(a) the target fixed for export of textiles for the current financial year;

(b) whether the exports of textiles are expected to exceed the target; and

(c) if so, the details thereof?

**THE MINISTER OF TEXTILES AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAM NIWAS MIRDHA):** (a) to (c). A statement is given below.

### STATEMENT

#### Export of Textiles

(Rs. Crores)

(Provisional)

Sl. No.	Items	Targets 1988-89	Exports April 88- Feb., 89
1	2	3	4
1)	Cotton Fabrics, Made-ups (Millmade, Powerloom and Handloom) and Cotton Yarn.	1000	1210.37
2)	Readymade Garments.	2150	1979.92
3)	Wool and Woollens.	100	106.04
4)	Silk.	270	298.54
5)	Man-made Textiles.	165	237.10