

(b) The estimated expenditure to be incurred on the rural health schemes during the current financial year is as follows:

1. Multipurpose Workers Scheme.	Rs. 733.99
2. Community Health Volunteers Scheme.	Rs. 2141.68
3. Dais Training Scheme.	Rs. 380.00
4. Re-orientation of Medical Education Scheme.	Rs. 1250.00

#### **Diversion of Traffic to Develop other Ports**

1994. SHRI EDUARDO FALEIRO: Will the Minister of SHIPPING AND TRANSPORT be pleased to state:

(a) whether it is a fact that six out of the ten major ports in the country are working beyond capacity; and

(b) if so, what steps Government have taken to divert part of the traffic and to develop other major ports, particularly the Murmugao Harbour, in the Western Coast?

THE MINISTER OF SHIPPING AND TRANSPORT (SHRI A. P. SHARMA): (a) According to a recent assessment, 7 out of 10 major ports are handling traffic in respect of cargoes other than POL and iron ore, beyond their respective capacity.

(b) Distribution of traffic originating on Government account is being planned to the extent feasible.

Recently a mechanical ore handling plant at a cost of over Rs. 82 crores has been commissioned at Mormugao Port. For development of major ports in 1980-81, an outlay of Rs. 99 crores has been proposed.

#### **Construction of a Shipyard Building in Gujarat**

1995. SHRI D. P. JADEJA: Will the Minister of SHIPPING AND TRANSPORT be pleased to state:

(a) whether there is any proposal to construct a shipyard building in Gujarat State;

(b) if so, whether any site has been selected;

(c) the site recommended by the State Government; and

(d) the final decision taken by Government in this regard?

THE MINISTER OF SHIPPING AND TRANSPORT (SHRI A. P. SHARMA): (a) to (c). Hajira Gujarat is one of the sites for which a detailed project report for the establishment of a shipyard has been got prepared. This site was recommended by the State Government.

(d) No final decision has been taken by Government so far.

#### **Labour Policy**

1996. DR. FAROOQ ABDULLAH: Will the Minister of LABOUR be pleased to state:

(a) whether the Union Government are considering to announce a new labour policy;

(b) if so, main features thereof;

(c) whether the policy adopted by the previous Government has not been for the welfare of the majority of the labourers; and

(d) when the same is likely to be announced?

THE MINISTER OF TOURISM AND CIVIL AVIATION AND LABOUR (SHRI J. B. PATNAIK): (a) to (d). There is no proposal to make a statement on labour policy at present. The policy is however constantly under review.

#### **Health Education in India**

1997. DR. FAROOQ ABDULLAH: SHRI LAKSHMAN MALLICK:

Will the Minister of HEALTH be pleased to state:

(a) whether it is a fact that a survey was conducted by the Health Education Bureau in which it has

been stated that the health education in India is in a mess;

(b) if so, the details thereof and the factors responsible for this;

(c) whether Government have examined the report; and

(d) if so, the steps being taken to improve the same?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH (SHRI NIHAR RANJAN LASKAR):** (a) The survey conducted by the Central Health Education Bureau reveals certain deficiencies in the field of health education in India.

(b) The conclusions of the survey containing, inter-alia, the factors responsible for deficiencies in the field of Health Education in India are contained in the Statement.

(c) and (d). These conclusions were discussed at the National Conference on Health Education Services in India held in February, 1980 at which the position was reviewed with a view to considering measures for improving health education in the country. The importance of Health Education has been recognised in the framework of the 10 plus 2 pattern of the School Education from the lowest level. The Central Health Education Bureau visual aids, books and booklets, pos, designs and develops prototype matters, pamphlets etc. for health education and arranges training courses for health education personnel. The State Health Education Bureaux which are also engaged in similar work on a modest scale are assisted and guided in their work by the Central Bureau. Various categories of field workers e.g Multipurpose workers, Block Extension Educators and Community Health Volunteers are also expected to impart non-formal and elementary health education to the people

#### **Statement**

#### **Conclusions**

The following are the conclusions drawn from the Study.

#### **(a) State Health Education Bureaux**

1. There is no adequate staff to carry out health education activities and even the staff available are not trained.

2. There is a vast disparity in the pay-scales of the similar posts in different States.

3. The health education budget in the total health budget of different States/Union Territories is low and the availability of low funds hampers health education activities.

4. Health educators at the SHEBs feel that low weightage is being given to health education by the Administration.

5. There is a great need for health education research.

#### **(b) District Health Education Units.**

1. In District Health Education Units, there are not sufficient trained health educators.

2. There are no promotional channels for the existing staff and it dampens enthusiasm of the workers in jobs assigned to them.

3. Lack of financial supports results in poor management of physical facilities, vis-a-vis, ineffective organisation of activities.

4. The health educators are mostly involved in the activities related to Family Planning Programmes.

#### **(c) Primary Health Centres**

1. Individual talks and groups meetings are the major health education activities organised by the Primary Health Centres, while at the sub-centre level, group meetings and distribution of health education material are done.

2. There is a close coordination between the PHC and block level Officials and this needs to be strengthened.

3. Most of the PHCs face lack of physical facilities and a shortage of fund.

**(d) Nursing Schools and Colleges**

1. Most of them follow the curriculum prescribed by the Indian Nursing Council.

2. Health education does not form as a separate subject in most of the Schools (84 per cent).

3. The teaching hours allotted to health education are very less in total course.

4. The students are exposed to rural areas for practical experience by a few schools (23.4 per cent).

5. Most of the schools are providing field experience to the students in midwifery and school health (45.1 per cent) and (30 per cent) respectively but this is confined to urban areas only.

6. Health education has been integrated mostly with community health nursing, public health, nursing and secondly with maternal and child nursing.

7. More than half (53.2 per cent) of the schools have not question on health education in the examination paper.

8. Students in most of the schools prepare one or the other educational aids.

9. About half of the schools have no staff trained in health education.

10. Libraries in most of the schools are poorly equipped as far as books and reference material on health education is concerned.

11. Most of the schools have been working independently without any assistance from other agencies.

**(e) Auxiliary Nurse Midwife.**

1. A prescribed syllabi for the ANMs is followed by the schools in India.

2. Health education is not taught as a separate subject in more than three-fourth of the schools. The duration of

training is of two years in a large number of ANM schools.

3. Health education is integrated mainly with personal, community health and medical and surgical nursing.

4. Hospital is the major situation in which the trainees are given experience in health education talks.

5. For health education teaching, most favoured aids are printed materials and mass media but for instructions, lecture method is prominent.

6. It has been suggested the printed material and other mass media should be supplied to the units.

**(f) Training Programmes for MPW/CHW**

1. PHCs have not successfully involved the community in health programmes.

2. Majority of the PHCs (87.5 per cent) reported that their workers have gained knowledge and skills to some extent.

**(g) Sanitary Inspectors Training Institutions**

1. Half of the institutions have health education as a separate subject.

2. Majority of the institutions (5 out of 6) have included questions on health education in the examination papers.

3. Libraries of all the institutions are well equipped with health education books.

**(h) Research in Health Education**

1. More studies on health behaviour and practice (85 per cent) are carried out in the field of health behaviour, MCH & F. P.

2. Most of the agencies (62.4 per cent) published studies on F. P. and population education.

3. Only (24.2 per cent) agencies have health education research manpower as such but that too is not adequate.

4. Pay-scales of various personnel having the same designations varies to a great extent from State to State.

5. Short of research manpower and non-availability of separate funds are major problems face in conducting health education research.

6. A large number of agencies (35.4 per cent) have suggested studies to be undertaken in health education programme and (30.6 per cent) suggested studies in health behaviour of the people.

7. No organisation has sponsored studies in health education.

#### (i) Hospitals

1. More preventable health problems in the hospital are infectious disease, nutritional gastrointestinal ailments. STD too are on the increase.

2. Doctors and health educators take more lead in health education activities in hospital situation.

3. More health education activities are conducted in the hospital situation, but less in the community.

4. Doctors are not taking lead in community work outside the hospital situation.

5. Field Workers or peripheral level workers are found to be doing more health education activities in the community.

6. In 75 per cent hospitals, staff except nurses, PHNs and ANMs are found to be trained in health education.

7. Most of the social workers have received orientation in family planning.

8. Health educators are considered the best suitable persons to organise health education activities.

9. The 4.4 per cent hospitals have suggested the establishment of separate health education cell in the hospitals.

#### (j) Status of Health Educators.

1. A great majority of health educators (85 per cent) are trained in health education and 80.6 per cent of the health educators have undergone one year training.

2. A large number of health educators have put in more than a decade in the service.

3. There exists enormous diversity of pay scales for the health educators carrying the same designation.

4. Most of the health educators have no promotional avenues open in the organisation they are working. The Deputy District Health Educators are the worst affected.

5. The supervisors of health educators are trained while it is not the same in the case of health education officers, State/District Health Educators and Deputy District Health Educators.

6. Most of the health educators are working under the supervision of the Principals of the RHFWTCs. Moreover, most of them are placed with the training centres rather than with services agencies.

#### (k) Health Education in General Educational Institutions.

1. Majority of institutions have text books on health education.

2. Libraries of most of the institutions are poorly equipped with health education books and materials.

3. None of the institutes have teachers in health education.

#### (l) Teacher-Training Institutions.

1. In most of the institutions, health education is not taught as a separate subject.

2. Majority of the institutions (65.25 per cent) do not provide any opportunity for practical training.

3. None of the institutes undertakes community work.

(m) Adult Education Programme By State Directorate/State Department of Social Welfare.

1. Majority of the institutes are carrying out health educational activities.

2. Mostly medical personnel are engaged in training the instructors in health education.

3. The Adult Education Programmes are getting educational material and A. V. Aids mostly from the Government agencies.

(n) Voluntary Organisations.

1. Almost all voluntary organisations carry out health education activities along with their routine work.

2. These activities are mostly carried out by untrained staff.

3. Considerable amount of health education work is being done by these organisations. These are individual, group and mass meetings, film shows, exhibitions, demonstrations, etc.

#### **Despatch of Fertiliser Bags by Visakhapatnam Port Trust**

1998. SHRI K. A. RAJAN: Will the Minister of SHIPPING AND TRANSPORT be pleased to state:

(a) whether seven wagons loaded with fertiliser bags were fraudulently despatched by changing the Railway Receipts and the labels on the wagons to wrong destinations by the Visakhapatnam Port Trust in 1978/1979;

(b) if so, whether any investigation was conducted by the Port Trust;

(c) if so, what was the result of the same; and

(d) whether responsibility could be fixed up and the action taken thereon?

THE MINISTER OF SHIPPING  
AND TRANSPORT (SHRI A. P.

SHARMA): (a) In November 1978, Coremandel Fertilizers Limited reported to the port that five wagons, booked from their siding to different stations of the Central, South Central and the South-Eastern Railways, were diverted by changing the original seal cards and labels and delivered at Anaparti Railway Station over South-Central Railway on production of forged railway receipts. During preliminary inquiry, it was revealed that two more wagons loaded with fertilizer were also fraudulently diverted and delivery was obtained at Dwarapudi Station.

(b) Special Police Establishment Visakhapatnam have been investigating the cases.

(c) A criminal case was registered by District Police, Anarpati and later transferred to Central Bureau of Investigation who have suggested departmental action against the railway employees.

(d) Responsibility was fixed and charge-sheet for major penalty has been issued against the Station Master and the Assistant Station Master, Anarpati, and the Station Master and Senior Siding Clerk, Dwarapudi.

#### **Transfer in E.P.F. Organisation**

1999. SHRI K. LAKKAPPA: Will the Minister of LABOUR be pleased to state:

(a) whether it is a fact that Employees' Provident Fund Organisation is an industry as per decision of the Karnataka High Court;

(b) whether Finance Ministry had put a ban on the transfer of officers of Government offices based on economic consideration;

(c) if so, whether this ban is also applicable to the E.P.F. organisation; and

(d) if not, whether the officers who have completed three years of service will be transferred in the interest of 95 lakh subscribers, who are industrial workers as most of the Regions