

The steps taken for community orientation of medical education are detailed in the Statement.

(b) There is no proposal under consideration of the Government to reduce the medical course to 3 years

(c) Does not arise.

Statement

The Medical Council of India in its recommendations on Undergraduate Medical Education lays emphasis on community orientation and rural bias to medical education. During the course of Undergraduate Medical Education, the students, along with their teaching staff are taken to primary health centres and other rural and urban centres where they are imparted training in community medicine. Three months of their internship training is also spent at the rural area, during the pre-clinical years. The Council has suggested that detailed undergraduate medical education curriculum should include at least 30 hours of lectures, demonstration, seminars etc together with at least 15 field visits spread over 18 months. One month's posting within the community has been incorporated as part of the requirements during the 2nd professional course. It has also been suggested that not less than three primary health centres should be attached to each medical college and students and staff of the medical college will be incharge of the medical and the health care of the area covered by the primary health centres. A close association between the district/taluk and other hospitals with the medical colleges has been envisaged with constant exchange of personnel from these centres. The Council has prescribed a separate examination in community medicine in II and half a paper along with paediatrics in the III professional examination.

Scheme of Barefoot Doctors

1520 SHRI C. N. VISVANATHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the essential principles and details of the scheme of barefoot doctors proposed to be implemented on a large scale;

(b) the magnitude of investment envisaged and the actual progress made so far,

(c) the relative contribution of the State and Central Governments for the Scheme; and

(d) whether Government have ensured enthusiastic cooperation of State Governments for the success of the Scheme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV) (a) There is no scheme known as the scheme of barefoot doctors to be implemented by the Government. The Government of India have however, launched a scheme namely, Community Health Workers Scheme on the 2nd October, 1977 in the selected Primary Health Centres in the country. A note indicating details and principles of the scheme is enclosed at statement-I.

(b) During 1977-78 it is estimated that an amount of Rs 426 crores will be spent on the implementation of the Scheme.

(c) It is a 100 per cent centrally sponsored scheme.

(d) Yes Sir

Statement I

Community Health Workers Scheme

Under this scheme, the community or the village with a population of 1000 will be asked to select a person

who is a resident of that village and who is willing to serve that community/village and enjoys their confidence This person—man or woman—will be known as Community Health Worker (jan swasthya rakshak) The person to be selected should preferably be below the age of 30 years He should be literate and be able to read and write Preferably, he or she should have had formal education atleast upto the sixth standard The community may select a person who is already practising one of the systems of medicine or who is better educated These workers would be given training for three months at the Primary Health Centre For giving training to these community health workers, one additional doctor will be appointed in each Primary Health Centre During the training, these workers will be paid stipend at the rate of Rs 200 Thereafter they will be given an allowance of Rs 600 per annum for working with the community as also Rs 600 worth of medicine per annum Since these workers would be drawn from the community they would be free to attend to their normal vocation and would be doing work relating to community health in their spare time of 2-3 hours daily The community will be responsible for their work within the normal bounds

कश्नामूलक आघार पर नौकरी देना

1521 श्री ज्ञानेश्वर प्रसाद यादव : क्या संचार मंत्री यह बताने की कृपा करेंगे कि

(क) क्या डाक व तार सेवा में सलन कर्मचारियों के मृत्योपरान्त उनके लड़कों को कश्नामूलक आघार पर नौकरी देने का प्रावधान है ;

(ख) यदि हाँ, तो क्या सरकार को इस बात की जानकारी है कि बिहार में कश्नामूलक

2576 LS-8.

आघार पर नौकरी पाने के लिये उनके आवेदन पत्र विचाराधीन पड़े हैं, और

(ग) क्या सरकार का विचार इस दिशा में तुरन्त कार्यवाही करने का है ?

संचार मन्त्रालय में राज्य मंत्री (श्री नरहरि प्रसाद सुखदेव साय) : (क) जी, हाँ।

(ख) जी हाँ।

(ग) सभी अनिर्णीत मामलों को प्रतिम रूप देने के लिए सबधित सभिल अध्यायक शीघ्रता से कार्रवाई कर रहे हैं।

Schemes to Improve Communication system in the country

1522 SHRI K LAKKAPPA Will the Minister of COMMUNICATIONS be pleased to state

(a) whether the Union Government have taken or propose to take immediate steps to make the communication system in the country better and more quick,

(b) if so, what are the new schemes undertaken for the last six months, and

(c) how many such schemes will be undertaken during the next year?

THE MINISTER OF STATE IN THE MINISTRY OF COMMUNICATIONS (SHRI NARHARI PRASAD SUKHDEO SAI) (a) Yes, Sir

Within the limitations of total resources available the Government is taking continuous steps to expand and improve the communication services in the country

(b) (1) New additions to the Telecommunication system as given below were inducted into the net work during the last six months viz 1st April, 1977 to 30 September, 1977