

reported. There have also been no reports of shortage of vital drugs in hospitals except preparation of streptomycin.

As regards Streptomycin, some shortage was reported some time back because of lesser imports on account of non-availability/scarcity of drug in the international market. Sufficient stocks have since become available and requirements of various units up to 31st March, 1978 have already been released by Indian Drugs and Pharmaceuticals Ltd. (IDPL), which is the distribution agency for this drug under the canalisation scheme. Simultaneously, instructions have been issued to State Drug Controllers to ensure curtailment of production of Strepto-Penicillin combinations so as to reduce consumption of Streptomycin in the country. State Chemicals and Pharmaceuticals Corporation of India Limited is taking steps to contract imports of adequate quantity of Streptomycin to meet the next year's requirements. At the same time, the production of this drug by IDPL and HAL is likely to improve and hence no shortage of this drug is expected.

As regards Methylated Spirit, its supply to hospitals and private medical practitioners is regulated by the State Governments under the State Excise Regulations.

As regards the suggestion that Methylated Spirit should be made available to practising doctors for their use without formalities, the matter is one which concerns the State Governments.

#### **Ban on Immigration of Indian Workers by Saudi Arabia**

1439. DR. VASANT KUMAR PANDIT: Will the Minister of PARLIAMENTARY AFFAIRS AND LABOUR be pleased to state:

(a) whether Saudi Arabia has suddenly banned immigration of skilled

and non-skilled workers from India with immediate effect;

(b) whether Government have investigated in the matter and if so, what steps have been taken in this connection;

(c) whether Government find any discrimination in the policy of Saudi Arabia; and

(d) what is the result of the negotiations which Government carried with the Government of Saudi Arabia in this respect?

THE MINISTER OF PARLIAMENTARY AFFAIRS AND LABOUR (SHRI RAVINDRA VARMA): (a) No, Sir.

(b) to (d). Do not arise.

#### **Utilising the Services of Trained Unemployed Doctors**

1440. SHRI D. B. CHANDRE GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are in a position to let the House know as to why should Government incur expenditure of crores of rupees on giving medical training to persons with education only up to sixth standard or little more while about 20,000 doctors in the country are still unemployed; and

(b) why the Government should not utilise the services of trained doctors particularly when the training of each doctor has already cost the exchequer Rs. 40,000?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV): (a) and (b). About 80 per cent of India's total population lives in the villages which are about 5.80 lakhs in number. To serve this vast population and area

we have about 5,372 Primary Health Centres and 37,775 sub-centres. A Primary Health Centre covers a population of 80,000 to one lakh and a sub-centre covers a population of about 10,000. While a Primary Health Centre has two doctors, a sub-centre has none. In a vast country and population like ours, it was considered essential to involve the community in taking care of its own health needs. It was in this context that it was decided to start the Community Health Workers Scheme under which the community or village of 1,000 population selects a person from among its own residents to serve its health needs. This person is known as Community Health Worker. He receives training for three months at the Primary Health Centre to which he belongs. His training includes fundamentals of Health and Hygiene, Maternity and Child Health, treatment of elementary and common diseases etc. His primary job would be promotion of community's health and prevention of diseases. His curative work is strictly elementary. He is not a doctor nor a substitute thereof. He is a health worker of the community. The estimated expenditure on the scheme during 1977-78 is Rs. 4.26 crores.

Under the Community Health Workers Scheme there is a provision of appointment of an additional doctor, who will be the third doctor in those primary health centres, where this Scheme has been introduced. The Government of India are aware of the need of utilizing the services of the doctors.

#### **Extension of Services of NMDC in Babu Budals Hills**

1441. SHRI D. B. CHANDRA GOWDA: Will the Minister of STEEL AND MINES be pleased to state:

(a) whether there was any proposal from Mines and Steel side to extend services of NMDC to Babu Budals Hills; and

(b) if so, whether any representation to this effect was also made by the NMDC Workers Federation; and if so, reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF STEEL AND MINES (SHRI KARIA MUNDA): (a) The National Mineral Development Corporation Ltd., was entrusted with the preparation of a feasibility study (Phase I) for the development of Bababudan Iron Ore deposits in Karnataka.

(b) Issues regarding, *inter alia*, separation of the Bababudan project from NMDC were raised by the All-India NMDC's Workers Federation in a letter dated 10th June, 1977 and this was also discussed at the NMDC Apex Joint-Council Meeting held on January 4, 1978. It was explained to the workers representatives that development of Bababudan was being considered as a joint sector project on the basis of a long-term purchase commitment and bulk of the finance required, being available from foreign buyers.

#### **Two Years Compulsory Medical Service for Doctors**

1442. SHRI K. RAMAMURTHY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the expert Committee under Dr. P. P. Goel, D.G.H.S. has disapproved the scheme of two years term of compulsory medical service for Doctors; and

(b) if so, the reasons attributed by the Committee for saying so?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV): (a) and (b). No. The Working Group set up to consider the question of compulsory rural service by medical graduates under the chairmanship of Ex-Director General of Health Services, Dr.