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quested to conduct the enquiry in his place. A sub-Committee appointed by the Managing Body has formulated the terms of reference of the proposed enquiry.

Visits by Ex. Health and Family Welfare Minister

743. SHRIMATI MOHSINA KIDWAI:

SHRT VENKATASUB-P. BAIAH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased state:

- (a) the total number of visits made by the Ex-Minister of Health and Family Welfare to Lucknow and other parts of Uttar Pradesh from the beginning of last financial year upto date:
- (b) how many of these visits were official and how many private; and
- (c) the amount paid as T.A., D.A. to the Minister and the staff accompanying him during official and private visits?

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH FAMILY WELFARE (SHRI JAGDAM-BI PRASAD YADAV):

- (a) No of visits to Lucknow ... No. of visit to other parts of Uttar Pradesh 20 Total No. of visits 42
- (b) Shri Raj Narain, former Minister of Health and Family Welfare, has not made any TA/DA claim so far. As such, information regarding official and private visits are not available.
- (c) A sum of Rs. 6920/-has been paid so far for air journeys on the tours of the former Minister were certified as 'Official' by his personal staff.

A sum of Rs. 8248.05 has been paid so far on TA/DA claims of personal staff who accompanied the former Minister on the above tours.

Medical Facilities in Remote Areas

- 744. SHRI RAJ KRISHNA DAWN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased state.
- (a) what steps are being taken by the Government to extend the medical facilities to the majority of our population who live in remote and cut off places: and
- (b) is there any proposal under the consideration of Government to reserve a fixed quota and a number of scholarships in medical colleges for the rural students as a part of solution to the above problem?

MINISTER OF STATE IN THE THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAM-BI PRASAD YADAV): (a) The Government of India have introduced Scheme under which village population upto 1,000 will have a Community Health Worker to look after the preventive and promotive aspects of their health and also to attend to elementary curative needs involving minor ail-This scheme has been ments only. introduced in 741 selected Primary Health Centres from 2nd October. 1977. Three batches of the Community Workers have already been trained and the fourth batch is undergoing training.

The Government have also proposed to attach 3 Primary Health Centres to each Medical College of modern medicine in the country. It is proposed to provide one mobile clinic to each of these Primary Health Centres to provide expert medical care to the population in remote rural areas by doctors and faculty members of these Medical Colleges. This would enable these doctors. faculty members Colleges. This would Medical themselves with the community health problems in order to be better equipped for solving such problems.