

(b) Even the existing rate of berth charges for fishing trawlers in Visakhapatnam fishing harbour is a subsidised rate. Further reduction is, therefore, not possible.

DTC Buses between Nauroji Nagar and Central Sectt.

3512. SHRI CHINTAMANI JENA: Will the Minister of SHIPPING AND TRANSPORT be pleased to state:

(a) the bus route number which is available from Nauroji Nagar to Central Secretariat on Sundays and holidays; and

(b) the name of the colonies in New Delhi/Delhi which are centrally located but not having regular bus service connection with Central Secretariat?

THE MINISTER OF STATE IN THE MINISTRY OF SHIPPING AND TRANSPORT (SHRI BUTA SINGH): (a) Nauroji Nagar at 'M' Avenue is connected to Central Sectt. by the direct services of route No. 610 on all days operating between R. K. Puram and Central Sectt. The Colony is also connected by services of Route 52 with Central Sectt. Complex at Rail Bhawan/Krishi Bhawan. Further, Nauroji Nagar is also connected with Central Sectt. with change-over facilities available at a number of places.

(b) All the centrally located colonies of the city are connected to Central Sectt. by either direct bus services or with change-over facilities available at a large number of places.

Recruitment in Dredging Corporation of India

3513. SHRIMATI VIDYA CHENNUPATI: Will the Minister of SHIPPING AND TRANSPORT be pleased to state:

(a) whether Government are aware of the various irregularities

committed by the Dredging Corporation of India in recruiting the staff;

(b) what action has the Government taken to rectify these irregularities; and

(c) the full details thereof?

THE MINISTER OF SHIPPING AND TRANSPORT (SHRI VEERENDRA PATIL): (a) The recruitment to various posts in Dredging Corporation of India Ltd. is made according to rules and procedures of the Corporation.

(b) and (c). In view of (a), the question does not arise.

Inter Country Workshop of School Health organised by W.H.O. at Bangalore

3514. SHRI SURAJ BHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any official representative was deputed to the Inter country workshop on 'School Health Service' organised by the W.H.O. at Bangalore from August, 25—30, 1980;

(b) if not, the reasons therefore; and

(c) if so, the conclusions of the workshop?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI NIHARANJAN LASKAR): (a) Three persons were nominated by the Govt. of India to participate in the work-shop.

(b) Does not arise.

(c) A copy of the Statement showing conclusions and recommendations of the Seminar is attached.

Statement

Conclusions and recommendations of Seminar on School Health, Bangalore, 25—30 August, 1980.

1. Although the mortality and morbidity rates among school-age children are lower than in the younger age group, they constitute a vulnerable group from the physical, mental and social point of view. Therefore, they need to be given priority attention in the national health programme of the country.

2. The objectives, priorities and strategies of the school health programme should be clearly defined and expressed individually by each country. For this purpose it is recommended that strategy guidelines for a school health programme be developed within the national policy and strategies for providing "health for all by 2000 A.D."

3. The process of initiating the development of strategy guidelines should be undertaken by the Ministry of Health with the close cooperation of the Ministry of Education and the involvement of other health-related sectors.

4. As many problems among school children originate in the home and the community (outside the school), the school system and health services should have close links and work in close cooperation with parents, the community and other health-related sectors which are relevant to child welfare, such as social service, agriculture and voluntary agencies.

5. With a view to providing universal coverage for all school children, it is necessary to integrate the school health services into the primary health care services.

6. The school health programme should not only protect the health

of the children in the schools, but should also be mobilized for promotive health activities among children in the community. Therefore, attempts should be made to make use of schools as a focal point in primary health care. One such method is the child-to-child programme.

7. The recommendations made by the School Health Seminar held in Rangoon in October, 1974 relating to a healthful school environment are still to be implemented in many countries of the Region. Efforts should be made for the effective implementation of these recommendations.

8. In order to improve and develop relevant curricula in the areas of health and nutrition, it is necessary to know the health problems of the community and the resources available in the community through the collection of relevant information. One of the methods of collecting this information is through the involvement of teachers and students. All countries should take up programmes in this direction.

9. As primary education is considered as terminal for a large number of children because of the high drop-out rate (educational wastage), school health education at the primary school level should be self-contained and directed towards bringing about certain positive behavioural changes in regard to health.

10. In addition to the traditional contents and presentations relating to hygiene and nutrition in the primary school curriculum, there is a growing need to include and strengthen active counselling on behaviour that could lead to ill-health such as abuse of tobacco, alcohol and drugs. Health information on the normal growth and

development of the child should be emphasized in the school curriculum, in teacher training programmes, and training programmes.

11. The main purpose of health education is to prepare the child to lead a happy family life and, therefore, it is necessary to include in the curriculum those topics relevant to family life education in the schools and teacher training institutes.

12. The suggested areas of research are alternative approaches to improve accessibility, coverage and quality of school health services, sexual growth standards, adolescent problems in countries of this region, and the linking of primary health care programmes with environmental education at school level.

13. At present, there is very little exchange of information and experience amongst the countries of the Region in regard to innovative projects in the field of school health in the formal education system. There is thus a need for clearing-house activities in the spirit of TCDC. It is therefore recommended the WHO and other development agencies should assist with such clearing-house activities.

14. Sufficient importance has not been given to evaluating the school health programme at periodic intervals to know the impact of the programme on the health of the children. Therefore, it is imperative that each country should evaluate the school health programme at regular intervals.

15. Attempts should be made to disseminate the concept of primary health care among all levels of workers who are involved in school health programmes. It is therefore recommended that WHO and other similar agencies should

support such training and orientation programmes in the region.

16. Steps should be taken by WHO within the shortest possible time to produce a regional manual on school health based on the guidelines indicated.

17. Similar inter-country meetings on school health to be attended by multidisciplinary groups should be held once every three years in different countries of the Region to review the progress made in school health programmes and exchange experiences and new trends.

Health Education under Medical Personnel

3515. SHRI SURAJ BHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the reasons for keeping Health Education under the control and leadership of medical personnel who have little or no orientation in the process of education, when all kinds of education i.e. medical engineering etc., are handled by the Ministry of Education?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI NIHAR RANJAN LASKAR): Medical Education, Nursing Education, Pharmaceutical Education and Dental Education are subjects allotted to the Ministry of Health and Family Welfare and not to the Ministry of Education.

As far as health Education is concerned, it is being imparted both through the formal and the non-formal systems. In both cases, educational institutions and the efforts coming under the purview of the Ministry of Education are involved. The Ministry of Health and Family Welfare has the responsibility for provision of technical inputs into health education to be imparted through the agencies and ef-