

ses reflect the advance in historical knowledge as well as new approaches to the study of history. So, the whole matter is constantly kept under review. If there is anything that is brought to my notice that there is any State which is violating the principles or guidelines, we will look into it. But there seems to be some controversy in regard to whether the High Court has struck it down or the Supreme Court has upheld it. I will look into it.

PROF. SAIFUDDIN SOZ : I am not raising any political controversy. I will ask a general question on the curriculum of history. (*Interruptions*) I have a straight question on the curriculum of history. The hon. Minister has said that something is being done by NCERT. But I want to ask a question. I think, the Minister must have known it that curriculum in history requires total overhaul or total review. I suggest one thing to him and I want his response. In history, throughout the country, the need is to have the core curriculum in which chapters like freedom struggle in India, was against imperialism must be taught in all schools of the country. Stories of national heroes should also be taught. As far as local cultures are concerned, local history is concerned all that can be woven into the curriculum.

For instance, in Maharashtra, they would like to read more about Shivaji; in Jammu & Kashmir, they would like to read about Sheik Mohammad Abdullah...

THE MINISTER OF STATE IN THE DEPARTMENT OF RAILWAYS (SHRI MADHAVRAO SCINDIA) : That is national history. Shivaji is not a local history.

PROF. SAIFUDDIN SOZ : You have not heard me fully. I want to say one thing. Apart from core curriculum which should be necessary throughout the country, there has to be some portion of local history in the curriculum. Now, will the hon. Minister take steps to upgrade and review the curriculum of history throughout the country and make core curriculum compulsory throughout the country? That is my point.

SHRI P.V. NARASIMHA RAO : Prof. Soz very well knows that not only in regard to history but in regard to all subject, a core curriculum has been prepared by the NCERT. History is no exception. They have paid special attention to history. I may inform the House that in the NCERT scheme, India's struggle for freedom is a glorious part of India's history. The broad framework and national objectives and policies which India has followed her Independence and the values which have inspired her are the result of this heritage.

All these things are finding a place in the curriculum. The core curriculum is at the national level.

PROF. SAIFUDDIN SOZ : Many States have not accepted that. That is my point.

#### Primary Health Centres During Seventh Plan

\*68. SHRI BALASAHEB VIKHE PATIL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the number of Primary Health Centres proposed to be set up in the country during the Seventh Five Year Plan;

(b) whether Government are aware that there will be shortage of doctors in the country to man these primary centres; and

(c) if so, what remedial steps are proposed to be taken by Government in consultation with the State Governments to meet the shortage of doctors in the country?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : (a) A total number of 12,377 Primary Health Centres are proposed to be set up in the country during the VII Five Year Plan.

(b) At present the country is producing about 12,000 doctors per year. As such, no shortage is anticipated.

(c) Question does not arise.

[*Translation*]

**SHRI BALASAHEB VIKHE PATIL :** Mr. Speaker, Sir, there are Primary Health Centres in a number of villages which do not have doctors even today. I am surprised at hearing that there are enough number of doctors and that no shortage of doctors is anticipated during the 7th Five Year Plan. I want to know how many doctors will be provided in the Primary Health Centres during the Seventh Plan. You are producing 12,000 doctors per year, but how many of them join Primary Health Centres? Will the Government consider handing over the Primary Health Centres to the voluntary organisations in the event of non-availability of doctors so that better health care is made available in the rural areas?

[*English*]

**SHRI S. KRISHNA KUMAR :** It is a composite question. Out of the 21,889 sanctioned posts of doctors in Primary Health Centres, only 2,249 posts are vacant. This is only 10.3% and it is not considered high as certain posts always remain vacant due to transfers, postings, promotions and retirements.

At the end of the Seventh Five Year Plan, we will require 33,968 doctors and the additional requirement from now on to the end of the Seventh Plan is only 14,328 and every year, we are producing 12,000 doctors. It is in this context that we have said that we do not anticipate any shortage of doctors in our Primary Health Centres.

With reference to the second part of the question, the Government is aware of the difficulty of doctors not serving in the rural areas. Generally speaking, out of 2.7 lakhs allopathic medical practitioners in the country, only 20% are serving in the rural areas where 80% of our population live and the other 80% are concentrated and are practising in the urban areas. The Ministry of Health & Family Welfare have taken up the matter with the Finance Commission and the Finance

Commission has allocated Rs. 89 crores specially to the States to provide accommodation facilities, additional allowances etc to the doctors serving in the rural areas. Also, under the direction of the Prime Minister, we have prepared Action Plans in each of the States of the country, to ensure that at the end of the Seventh Five Year Plan, there is no single post vacant in any element of our rural health infrastructure. We are monitoring this Action Plan.

[*Translation*]

**SHRI BALASAHEB VIKHE PATIL :** Mr. Speaker, Sir, the programme given by the hon. Minister that the doctors in the Primary Health Centres would be provided with accommodation facilities is, no doubt, good. I want to know what was the ratio between the rural and urban population and the doctors available at the end of the Sixth Five Year Plan? To what extent are Government going to reduce this ratio during the Seventh Five Year Plan and what concrete steps are proposed to be taken in this regard?

[*English*]

About the ratio between the doctor and the population in urban and rural areas in the Sixth Five Year Plan and Seventh Five Year Plan, how will it be reduced and what programme are you going to follow?

**SHRI S. KRISHNA KUMAR :** I have already answered this question. The ratio is 1:16. 80% of the population is served by 20% of doctors and 20% of the people is served by 80% of the doctors. The general direction in which we are moving have already indicated in the first part of the answer.

[*Translation*]

**SYED SHAHABUDDIN :** Hon. Speaker, Sir, besides doctors, medicines are also needed in the Primary Health Centres. As Government have decided to set up about 13,000 medical centres during the next five years, I would like to know the amount earmarked by Government for

medicines in these medical centres? So far as I know, this amount is Rs. 2,000 for a medical centre which caters to a population of at least one lakh. I am at a loss to understand how a medical centre can provide medical treatment to one lakh people within the limit of Rs. 2,000?

**SHRI BALKAVI BAIRAGI :** Will all the one lakh people fall sick?

**SYED SHAHABUDDIN :** At least 40 to 50 persons might be visiting a health centre per day; how can they be treated within the limit of Rs. 2,000?

[*English*]

**SHRI S. KRISHNA KUMAR :** The information of the hon. Member is not correct. The State Government gives medicines at Rs. 12,000 per annum under the Minimum Needs Programme. The Union Health Ministry gives Rs. 600/- per annum under the Village Health Guides Scheme. This does not include medicines given for malaria, leprosy, TB, sterilisation, IUD, MTP, etc. In addition we give Rs. 2000 for every sub-centre and there are 16 sub-centres in each PHC catchment area. In addition we give Rs. 600 worth of medicines to every Village Health Guide.

**KUMARI MAMATA BANERJEE :** Mr. Speaker, Sir, I want to know ..

(*Interruptions*)

**KUMARI MAMTA BANERJEE :** I come from West Bengal and I have every right to know what is happening there. Health is a Concurrent subject. I would like to know from the hon. Minister whether there are so many buildings but no activities are there in the Primary Health Centres and their condition is not that they are dying but they are dead. What steps have the Government taken to see that they work properly and they have all the medicines so that they can serve the rural people of West Bengal?

**SHRI S. KRISHNA KUMAR :** Health is a State subject and under the Central Government scheme certain inputs are

given to each of the Primary Health Centres including staff, medicines and other resources, but, basically, this has to be looked into by the State Government.

**KUMARI MAMATA BANERJEE :** But it is the concern of the Union Government to monitor their working.

**SHRI MANIK SANYAL :** May I know from the hon. Minister whether it is a fact that there is some amount of disinclination on the part of the doctors to join the Primary Health Centres and SHC in Village area because they will lose in their earnings and there is no association suitable to them? If so, what steps Govt. propose to take to ensure that doctors go to PHCs and SHC's?

**SHRI S. KRISHNA KUMAR :** I have already stated that reasons why the doctors are not willing to go to the rural areas. Some of them are : non-availability of residential accommodation, non-availability of educational facilities, decrease in the overall emoluments in some States, professional stagnation, lack of satisfaction due to absence of facilities, etc.

#### Incentives to Family Planning Workers

\*69. **SHRI E. AYYAPU REDDY :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is proposed to give more incentives to all categories of family planning workers to motivate people for adopting family planning methods;

(b) if so, what incentives are proposed to be given; and

(c) what other steps are proposed to be taken to achieve the targets set for family planning through various methods?

**THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) :** (a) to (c) Government has prepared a well defined strategy to achieve the goals set under the Family Welfare Programme. The main features of the strategy are: increasing