

aspects, considerable work is being done in basic medical sciences.

**SHRI C. MADHAV REDDI :** Sir, the Statement says that certain research projects have been terminated. My question was whether these projects have been abandoned. There is a difference in abandoning a project and terminating a project, after successful completion. I would like to know that these five projects which have been terminated, have been terminated after the successful completion—because every project has got three years or so and after that it is supposed to be terminated successfully. I would like to know as to whether they have been abandoned or terminate because they are unworkable or useless or not fit further processing or so...

**THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P.V. NARASIMHA RAO) :** In the spirit in which the question was asked : these five projects were those abandoned mid-way before they were terminated or before they were allowed to run their course for the simple reason that even mid-way, it was found that either they were becoming infructuous or there was very little hope of their succeeding or certain findings were arrived at which pointed to the inevitable failure of the project eventually. So, that is how for these reasons, for different reasons, they were abandoned mid-way—only five of them while many others are still in operation.

**SHRI C. MADHAV REDDI :** I am very happy that a large number of research projects are being taken up by the ICMR in several areas of health care. But, has it come to the notice of the Government that several of these projects are in the blue-sky area *i.e.* fundamental research and very few are the applied type ?

**SHRI P.V. NARASIMHA RAO :** That is not strictly true. There is need for a blue-sky area also because unless we have a good grounding in fundamental research, the applied side will not take us very far. But as far as I have studied the scheme, each of them, has some very important bearing on the health aspects of the country, of the people on the applicational side. I do not think that there is any project which

has no applicational-side at all and is only meant as an Ivory-Tower exercise. I do not think so. But, if the hon. Member can point out any such scheme, I will certainly look into it.

#### **Expenditure on Medical care in Rural and Urban Areas**

\*605. **SHRI PARASRAM BHARDWAJ :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what percentage of amount is being spent on medical care in urban and rural areas; and

(b) what steps Government propose to take to remove the imbalance, if any ?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) :** (a) and (b). A Statement is laid on the table of the Sabha.

#### **Statement**

While Plan funds are not allocated in terms of rural and urban areas, the Minimum Needs Programme has been designed for ensuring adequate allocation of funds for rural areas. In the VII Five Year Plan, an allocation of Rs. 1,096 crores out of Rs. 3,393 crores allocated for health, is intended for the Rural Sector. Apart from this, a major portion of the allocation of Rs. 1,000 crores intended for control of communicable diseases like Malaria, Leprosy, T.B. and Blindness will also be available to the rural areas.

The scheme of Primary Health Care Services was introduced mainly with a view to ensuring availability of preventive, promotive and curative care facilities in rural areas. This programme aims :

- (i) to provide one Health Guide for every village and atleast one trained Dal in every village;
- (ii) to provide a sub-centre and one male and female multi-purpose worker for every 5,000 rural population in general and for every 3,000 population in tribal and hilly areas;

(iii) to open new PHCs so as to ultimately have one Primary Health Centre for every 30,000 rural population in general and for every 20,000 population in tribal and hilly areas;

(iv) to provide facilities for treatment in basic specialities as upgraded PHCs, Community Health Centres, to be established in a phased manner, so that ultimately there is one Upgraded PHC/CHC for every one lakh rural population.

It is hoped to provide by 1990 all these institutions, excepting the Community Health Centres, which will cover only 50% of areas by them. With the establishment of these Rural Health Centres and gradually building them up into a well-knit preventive and promotive health services, it would be possible to ensure that the rural areas receive their due share of health services.

[*Translation*]

SHRI PARASRAM BHARADWAJ : Mr. Speaker, Sir, the hon. Minister has stated that sub-centres for primary health will be opened in the rural and hilly areas but when we visit a sub-centre, we find that medicines are not available there. Perhaps the Budget which is allocated is spent in the urban areas. Will the hon. Minister make provisions for a separate Budget allocation for the rural areas ?

MR. SPEAKER : You are starting the custom of reading from a paper once again.

[*English*]

The Question Hour is over.

## WRITTEN ANSWERS TO QUESTIONS

[*English*]

### Projects of Indian Council of Historical Research

\*594. SHRI K. RAMAMURTHY : Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state :

(a) the reasons for not approving the two prestigious projects of the Indian Council of Historical Research, viz. (i) Translation of History Books into regional languages and (ii) Towards India Project, which are pending for several years; and

(b) the action taken by the Council to translate into regional languages over 280 manuscripts selected for the purpose ?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI) : (a) and (b). Under the Programme of Translation of Textbooks or reference literature in History for Higher Education, for translation into 12 Indian languages, 86 titles were selected by the Indian Council of Historical Research. 340 translated manuscripts were prepared in different languages, out of which 41 were published till September, 1978. The scheme was reviewed by the Government in September, 1978 and it was decided that Indian Council of Historical Research should not proceed further with translation of pending titles and the translated manuscripts should be got published through private publishers, Granth Akademies, Text Book Boards, etc., since it was felt that the Council was not expected to be an agency for translation of books. 63 books have been published so far and action for the publication of the rest of the manuscripts is in progress.

There is no project known as "Towards India Project" pending with the ICHR. However, the ICHR is implementing a project in collaboration with the National Archives of India for publication of relevant records including private papers and allied material pertaining to transfer of power in India and the partition of the country for the period 1937-47. It is proposed to bring out 10 volumes under the Project. The first volume covering the year 1937 was published in 1985 and the work on the publication of the rest of the volumes is in progress.

A meeting of the Advisory Committee of the Project was held recently and a plan of action was prepared for completion of the Project at the earliest.