

Scheme to Employ 'Barefoot' Health Workers and Doctors

*684. SHRI NAVIN RAVANI: Will the Minister of HEALTH be pleased to state:

(a) at what stage the scheme of employing 'barefoot' health workers and doctors in every village introduced by the former Health Minister is lying at present;

(b) how many doctors and workers have been sent to villages for health care of rural poor under that as well as under other schemes; and

(c) what is the number of doctors per 1000 of rural population and what is the Sixth Plan target?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH (SHRI NIHAR RANJAN LASKAR): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) There is no scheme of 'bare-foot' health workers. Probably, the reference is to the Community Health Volunteers (originally called 'Workers') Scheme, which is being implemented in 2421 Primary Health Centres in the country at present.

(b) Under the Community Health Volunteers Scheme, 869 additional doctors (over and above the two doctors per PHC already functioning) have been appointed in the P.H.Cs. covered by the Scheme. Further more, 1,45,139 CHVs, duly trained, are also working in the villages. In addition, about 86,000 Health Workers (male) and about 49,000 Health Workers (female) are also working in the rural areas for providing health care to the rural population.

(c) On an average, as per available information, there is one Allopathic doctor for every 3,832 population in the country. In addition, there are about 3,70,000 registered practitioners of the various Indian

systems of medicine and Homoeopathy in the country. There is at present no Sixth Plan target for the posting of doctors on population basis.

SHRI NAVIN RAVANI: May I know from the hon. Minister how far this scheme of Community Health Volunteers became useful to rural people and whether the same scheme is going to be continued in future? How much expenditure incurred state-wise in each year from 1977 to 1980?

SHRI NIHAR RANJAN LASKAR: If the hon. member wants to have all these details, I can place them on the Table of the House.

SHRI NAVIN RAVANI: My specific question is this. Whether this scheme is going to be continued in future and whether this scheme is useful to the villagers or not?

SHRI NIHAR RANJAN LASKAR: This is an opinion. If we want to take it to the rural areas, this is one of the ways that we can take it to the rural areas.

SHRI NAVIN RAVANI: Whether this scheme will be continued in future. That is also a question. What are the plans and programmes for taking it to the poor people in villages containing a population of 1000 for qualified medical services?

THE MINISTER OF EDUCATION AND HEALTH AND SOCIAL WELFARE (SHRI B. SHANKARANAND): As the main answer has pointed out, there is nothing like a scheme which is called barefoot doctor there is nothing like that. The Community Health Workers Scheme is there. Perhaps my friend refers to that, but he should not mistake it to be a scheme of barefoot doctor. There is nothing like that: there is no scheme like that. Now the scheme has been modified to the extent that it is being worked on 50:50 basis between States and the Centre. Previously, it was 100 per cent/centrally sponsored scheme. In 1978-79, the States have to bear 50 per cent. But some States

have refused to accept it. There are States like Haryana, Rajasthan and Bihar which are not agreeing. Punjab has discontinued it. Karnataka is going slow. Tamilnadu, Jammu and Kashmir, Kerala, Arunachal Pradesh, they have their own alternative schemes. So, each State is examining its own scheme of rural health delivery scheme so that it reaches the rural masses.

SHRI JYOTIRMOY BOSU: Will the hon. Minister kindly tell us whether he knows that in China barefoot doctors have done wonders in the rural areas? (*Interruptions*). How happy are they? (*Interruptions*). I am glad that they are happy. Will the hon. Minister kindly tell us what are the allocations for imparting education and training for para-medical staff and how much of that has so far been consumed and how many institutions are there in the country which are imparting para-medical training which will ultimately be making barefoot doctors?

SHRI B. SHANKARANAND: The hon. member has better knowledge about the performance of China—rural health care system. (*Interruptions*).

SHRI JYOTIRMOY BOSU: I have, Sir.

SHRI B. SHANKARANAND: Chinese barefoot doctors are not in India and we don't have our own barefoot doctors. As I said earlier, what we have is the Community Health Workers Scheme the working of it is being observed; and if it is found satisfactory, we would like to continue it.

SHRI JYOTIRMOY BOSU: No. What are the allocations for imparting education and training and how much of that has been consumed and how many institutions are imparting education and training for para-medical staff? This is a very important question.

MR. SPEAKER: He wants a fresh question.

SHRI B. SHANKARANAND: I need notice. We want separate notice. (*Interruptions*).

SHRI JYOTIRMOY BOSU: Why should he require a notice? Will you accept a short notice question? No. So, in this session, I cannot give a question. So, it is not a barefoot doctor. The Minister has come unprepared; he cannot reply to my question. (*Interruptions*).

SHRI B. SHANKARANAND: We have no scheme to produce barefoot doctors.

SHRI JYOTIRMOY BOSU: I asked about para-medical staff and allocation of funds; how much has been spent and how many institutions are there.

SHRI B. SHANKARANAND: In the first two years of its inception, i.e. 1977-78 and 1978-79, the CHVS scheme was one of the centrally sponsored schemes, and 100 per cent expenditure incurred on the scheme was re-imbursed to the States, by the Government of India. However during the year 1979-80, it was decided that along with many other centrally sponsored schemes, the CSVs scheme would also become centrally assisted scheme, according to which 50 per cent of the expenditure incurred on the implementation of the CSVs scheme would be born by state governments and only 50 per cent of the expenditure would be reimbursed to them by the Government of India. Though the Government of India approved the extension of CHV scheme in 1275 PHCs from 2nd October 1979, the States of Haryana, Rajasthan and Bihar did not agree to extend the scheme to new areas due to financial constraints. For similar reasons, Punjab discontinued the scheme and Karnataka decided to go slow. The result was that though the scheme was approved for extension in 1275 PHCs it could be extended only in 688

PHCs. Thus, the CHV scheme covers 2380 PHCs, which is nearly 44 per cent of the PHCs in the country. In addition to the above coverage, Tamil Nadu, Kerala and Jammu and Kashmir are implementing alternative schemes, and Arunachal Pradesh is also implementing an alternate Scheme. With regard to financial provisions and expenditure, in 1977-78...

MR. SPEAKER: The hon. Member is no longer interested in the reply; he is not serious enough to listen to the reply.

श्री आरिफ मोहम्मद खां : अध्यक्ष महोदय, क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगे कि क्या सरकार को इस प्रकार की शिकायतें मिली हैं कि जब इस स्कीम को लागू किया गया था उस समय जनता पार्टी शासित प्रदेशों में विशेष कर उत्तर प्रदेश में एक अर्द्ध-सैनिक संस्था के कार्यकर्त्ताओं को जिन्हें स्वास्थ्य के बारे में कोई जानकारी नहीं थी, भारी संख्या में इस स्कीम के तहत नौकरियों में लिया गया और इस तरह से इस स्कीम को सेबोटेज किया गया ? इस तरह से इस स्कीम के तहत कोई मकसद पूरा नहीं हुआ । मैं जानना चाहूंगा कि क्या इस प्रकार की शिकायतें मिली हैं ? यदि हां, तो उन पर क्या कार्यवाही की गयी ?

SHRI B. SHANKARANAND: As the hon. Member has said, Government have received such complaints.

श्री आरिफ मोहम्मद खां : अगर इस प्रकार की शिकायतें मिली हैं तो सरकार ने उन पर क्या कार्यवाही की है ?

SHRI B. SHANKARANAND: Government will take proper action in those cases.

DR. KARAN SINGH: The scheme that has been referred to in the question is evidently the scheme that

I had prepared because it has specifically been mentioned. The hon. Minister has replied with regard to community level workers. The paramedical workers that were envisaged in the scheme between the MBBS and the rural population were the community level workers and health assistants for which a special training course of eighteen months was proposed so that they would be a link between the Community Level Workers and the M.B.B.S. doctors who were at the PHC level. Would the hon Minister please let the House know what has happened to the second tier in the scheme between the M.B.B.S. doctors and the Community Workers because the whole scheme revolved around the three tier approach to the rural health scheme?

SHRI B. SHANKARANAND: This three tier approach during Janata regime was so artificially worked out that the low level worker who was there at the basic health stage, was one for whom the qualifications prescribed was only sixth standard education. Can the House think that a person who has just studied sixth standard can carry the health scheme to the poor people? The entire scheme has not been properly worked out and Government is going to review the scheme.

WRITTEN ANSWERS TO QUESTIONS

Double Track between Bareilly and Moradabad

*676. **SHRI MOHD. ASRAR AHMAD:** Will the Minister of RAILWAYS be pleased to state:

(a) whether Government are considering a scheme for laying a double track between Bareilly and Moradabad;

(b) if so, when; and

(c) if not, the reasons thereof?